PSYCHEDELIC MEDICINE ASSOCIATION

Accreditation Requirements

Curriculum Competencies and Institutional & Operational Standards

Advancing the responsible integration of psychedelic therapies into healthcare

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01

PMA Competencies

The PMA Competencies provide a conceptual framework describing the essential domains of knowledge, skills, and professional behaviors required for the safe, ethical, and effective practice of psychedelic-assisted therapy. These competencies represent the foundational capabilities expected of all practitioners, while recognizing that their application may vary across professional disciplines, practice settings, and therapeutic modalities.

Accredited training programs must integrate all PMA Competencies in their curriculum and provide learners with opportunities to develop and demonstrate proficiency in each domain.

> **At completion of the program, graduates should be able to:**

MODULE 1

Foundational Ethics and The Practitioner

1.1 General Ethical Principles in Psychedelic-Assisted Care (PAC)

1.1.1 The Nature of Client Vulnerability

a. Describe the heightened psychological, emotional, spiritual, and physical vulnerability of clients during and following psychedelic-assisted care.

1.2 Boundaries, Power, and the Therapeutic Relationship

1.2.1 Enhanced Professional Boundaries

a. Understand why the standard therapeutic frame must be strengthened in PAC.

1.2.2 Power Dynamics

a. Identify and analyze the inherent power differential between practitioner and client.

b. Apply strategies that promote a collaborative, respectful, and client-centered therapeutic environment.

1.2.3 Emotional, Sexual, and Spiritual Boundaries

a. Differentiate between appropriate and inappropriate emotional, sexual, and spiritual interactions.

b. Assess the potential harms and consequences associated with boundary crossings and boundary violations.

1.3 A History of Ethical Abuses and Prevention Strategies

1.3.1 Prevention of Abuse and Exploitation

a. Identify indicators of emotional, sexual, financial, and other forms of abuse and exploitation.

b. Apply strategies to prevent abuse and promote client safety.

1.3.2 Historical and Contemporary Case Studies

a. Analyze historical and contemporary examples of ethical violations and abuses within psychedelic and related therapeutic contexts.

b. Explain the impact of Western medical systems and practices on marginalized communities, including BIPOC and LGBTQ+ populations.

1.3.3 Inclusive and Respectful Practice

a. Identify practices that may contribute to exclusion, harm, or inequity.

b. Demonstrate a commitment to inclusive, equitable, and culturally responsive care.

1.4 Practitioner Self-Awareness, Self-Work, and Bias

1.4.1 Ongoing Self-Awareness and Personal Development

a. Explain the role of ongoing self-awareness and personal development in competent psychedelic-assisted care.

b. Recognize the potential for self-aggrandizement, role inflation, and misuse of authority within practitioner roles.

1.4.2 Awareness of Personal Bias and Relational Dynamics

a. Identify personal motives, intentions, biases, and relational patterns that may influence professional practice.

b. Recognize manifestations of countertransference, implicit bias, and other factors that may affect client care.

1.4.3 Reflective Practice and Professional Support

a. Develop a framework for reflective practice and ongoing professional growth.

b. Explain the role of supervision, consultation, mentorship, and peer support in maintaining ethical and effective practice.

c. Develop a personal plan for ongoing professional support and accountability.

1.5 Scope of Practice

1.5.1 Professional Competence and Scope of Practice

a. Assess professional competence and fitness to provide psychedelic-assisted care within one's scope of practice.

b. Determine when consultation, supervision, referral, or collaboration with other professionals is indicated.

MODULE 2

Culturally Responsible and Equitable Care

2.1 Cultural Humility and Indigenous Reciprocity

2.1.1 Indigenous Traditions and Engagement

a. Describe Indigenous Ways of Knowing and Being and their relevance to psychedelic-assisted care.

b. Explain the historical and ongoing impacts of extraction, appropriation, and failure to appropriately recognize Indigenous contributions to psychedelic practices and knowledge.

c. Describe principles of reciprocity and ethical engagement with Indigenous communities connected to psychedelic medicines and traditions.

2.2 Promoting Culturally Responsible and Equitable Access to Care

2.2.1 Barriers to Access

a. Identify systemic, structural, cultural, and individual barriers that may limit access to psychedelic-assisted care for underserved and underrepresented populations.

b. Assess how social determinants of health may influence access, engagement, and treatment outcomes.

c. Apply strategies that promote equity, inclusion, and accessibility in psychedelic-assisted care.

MODULE 3

Legal Risk Management and Documentation

3.1 The Legal Landscape of Psychedelic-Assisted Care

3.1.1 Regulatory and Legal Responsibilities

a. Describe the legal and regulatory frameworks governing psychedelic-assisted care at the federal, state, local, and organizational levels.

b. Assess how regulatory requirements influence clinical practice, documentation, and professional responsibilities.

3.2 Safety and Crisis Planning

3.2.1 Emergency and Crisis Preparedness

a. Develop and implement a comprehensive safety and crisis response plan that aligns with applicable laws, regulations, and scope of practice.

b. Identify appropriate escalation pathways and referral resources for medical, psychiatric, and psychological emergencies.

3.3 The Principles of Informed Consent

3.3.1 Informed Consent as an Ongoing Process

a. Explain the principles and ethical foundations of informed consent in psychedelic-assisted care.

b. Assess and support ongoing client capacity and consent throughout the therapeutic process, including during non-ordinary states of consciousness.

3.4 The Appropriate Use of Therapeutic Touch

3.4.1 Definitions and Professional Boundaries

a. Define therapeutic touch and differentiate it from touch used for physical safety, stabilization, or other supportive purposes.

3.4.2 Consent and Psychoeducation

a. Explain the potential risks, benefits, indications, and limitations of therapeutic touch.

b. Apply informed consent practices related to the use of touch.

3.4.3 Establishing Clear Boundaries

a. Assess client history, preferences, and clinical considerations when determining whether touch is appropriate.

b. Establish and maintain clear agreements regarding touch throughout the therapeutic process.

3.5 Professional Record Keeping

3.5.1 Clinical Documentation

a. Maintain accurate, timely, and comprehensive clinical documentation.

b. Document treatment plans, informed consent, client communications, session notes, and relevant clinical data.

c. Record medicine-specific information, including dose, route of administration, time of administration, physiological monitoring, adjunctive medications, and adverse events.

MODULE 4

The Medicines: Science and Theory

4.1 Pharmacology and Medicine Profiles

4.1.1 Clinical and Experiential Effects

a. Describe the physical, psychological, and experiential effects of commonly used psychedelic medicines.

b. Explain fundamental pharmacokinetic and pharmacodynamic principles relevant to psychedelic-assisted care.

c. Interpret clinical and experiential presentations associated with varying dose ranges.

4.1.2 Neuroplasticity and Brain Function

a. Explain current theories regarding the effects of psychedelic medicines on neuroplasticity, brain connectivity, and neural network functioning.

b. Describe proposed mechanisms associated with changes in cognition, perception, emotion, and behavior.

4.1.3 Phenomenology of Psychedelic Experiences

a. Describe common and medicine-specific features of the subjective experience of psychedelic medicines.

b. Differentiate shared and distinct experiential characteristics across psychedelic compounds.

4.2 Dosing Strategies and Administration

4.2.1 Principles of Dosing

a. Explain dose-response relationships across micro, low, moderate, and high-dose psychedelic experiences.

b. Assess factors that may influence dosing decisions, including client characteristics, treatment goals, and clinical context.

c. Describe approaches to dose titration, secondary dosing, and timing considerations.

4.2.2 Routes of Administration

a. Compare routes of administration used in psychedelic-assisted care, including oral, sublingual, intramuscular, intravenous, and other clinically relevant methods.

b. Apply route-specific considerations when evaluating safety, efficacy, onset, duration, and client experience.

MODULE 5

Medical Risk Management and Client Safety

5.1 Medical and Psychological Risk Assessment

5.1.1 Screening for Contraindicated and High-Risk Conditions:

a. Assess medical, psychiatric, and psychosocial factors that may influence the safety or appropriateness of psychedelic-assisted care.

b. Identify contraindications, risk factors, comorbidities, and clinical considerations relevant to psychedelic treatment.

5.1.2 Medication Assessment and Interactions

a. Assess potential interactions between psychedelic medicines and psychiatric medications, including antidepressants, mood stabilizers, antipsychotics, and monoamine oxidase inhibitors.

b. Assess potential interactions between psychedelic medicines and non-psychiatric medications and medical treatments.

c. Collaborate with prescribing clinicians when medication changes, tapering, or discontinuation may be clinically indicated.

5.1.3 Risk Communication and Psychoeducation

a. Communicate potential risks, benefits, uncertainties, and alternatives in a clear and developmentally appropriate manner.

b. Support informed decision-making through individualized risk assessment and psychoeducation.

5.1.4 Adverse Events and Risk Mitigation

a. Describe potential adverse psychological, psychiatric, medical, and perceptual effects associated with psychedelic medicines.

b. Assess risk factors for adverse outcomes, including addiction and misuse, and apply appropriate risk monitoring and mitigation strategies.

c. Assess patient readiness for discharge following psychedelic administration using structured post-administration assessment criteria.

5.2 Safety Monitoring and Emergency Management

5.2.1 Monitoring During Dosing Sessions

a. Explain the rationale, indications, and methods for physiological monitoring during psychedelic administration.

b. Recognize common physiological and psychological responses associated with psychedelic experiences.

c. Identify signs of serious or emergent adverse reactions requiring intervention.

5.2.2 Crisis Recognition and Assessment

a. Differentiate between expected therapeutic challenges and situations requiring clinical intervention or emergency response.

b. Assess and respond appropriately to psychiatric emergencies, including psychosis, mania, severe dissociation, and suicidality.

c. Assess and respond appropriately to medical emergencies, including cardiovascular events, respiratory compromise, allergic reactions, and other acute medical concerns.

d. Recognize presentations consistent with psychospiritual crisis or spiritual emergency and determine appropriate support and referral pathways.

5.2.3 Emergency Response Planning

a. Develop a written emergency response plan appropriate to the treatment setting.

b. Demonstrate the ability to assess emergent situations and implement established safety protocols.

c. Identify appropriate consultation, referral, and emergency response resources.

MODULE 6

Core Therapeutic Methods and Skills

6.1 The Role of the Practitioner Across Stages of Care

6.1.1 Practitioner Roles and Responsibilities

a. Describe the practitioner's role during screening, preparation, dosing, integration, and ongoing care.

b. Adapt practitioner stance and interventions to the clinical needs of each stage of treatment.

6.2 Working Within an Interprofessional Care Team

6.2.1 Interprofessional Collaboration

a. Demonstrate effective communication and collaboration with co-facilitators, supervisors, medical providers, and other members of the care team.

b. Recognize the roles, responsibilities, and variations in scope of practice of professionals involved in psychedelic-assisted care.

6.3 The Neurobiology of Connection and Social Engagement

6.3.1 Relational Safety and Attachment

a. Describe the role of attachment, co-regulation, and relational safety in therapeutic outcomes.

b. Recognize attachment patterns and their potential influence on the therapeutic relationship.

c. Apply strategies that foster trust, safety, and therapeutic alliance.

6.4 The Inner-Directed Therapy Approach

6.4.1 Principles of Inner-Directed Care

a. Describe the theoretical foundations and principles of inner-directed therapeutic approaches.

b. Differentiate between directive and non-directive therapeutic interventions.

6.4.2 Application of Inner-Directed Practice

a. Demonstrate the ability to track and support a client's self-directed healing process.

b. Apply non-directive, client-centered support across all dosing session phases (onset, peak, integration)

c. Execute timely directive interventions when clinically indicated or required for participant safety.

6.4.3 Clinical Decision-Making

a. Assess when active intervention is clinically indicated.

b. Evaluate the risks, benefits, and outcomes of intervention versus therapeutic presence.

6.5 Preparation Skills and Cultivating Set and Setting

6.5.1 Developing Therapeutic Alliance and Mindset

a. Establish and maintain a therapeutic relationship that promotes psychological safety and trust.

b. Assess factors that may influence client expectations, mindset, and readiness for treatment.

6.5.2 Creating an Optimal Therapeutic Environment

a. Design a physical and interpersonal environment that supports safety, comfort, and therapeutic engagement.

b. Assess client preferences and clinical considerations when selecting environmental supports, including music and sensory elements.

6.5.3 Preparing for Challenging Experiences

a. Discuss potential challenging experiences and collaboratively develop response plans with clients prior to treatment.

6.6 The Skill of Tracking the Nervous System

6.6.1 Somatic and Relational Awareness

a. Assess verbal, nonverbal, affective, behavioral, and somatic indicators of client experience.

b. Utilize nervous system tracking to inform therapeutic decision-making and intervention.

6.7 Navigating Challenging Experiences

6.7.1 Supporting Difficult Psychological Material

a. Apply therapeutic skills to support clients experiencing intense emotions, trauma-related responses, grief, fear, shame, or existential distress.

b. Respond appropriately to attachment-related and trauma-related activation.

c. Support clients experiencing transpersonal, mystical, or spiritually significant experiences.

6.8 Therapeutic Interventions

6.8.1 Co-regulation and Self-Regulation

a. Explain the roles of co-regulation and self-regulation in psychedelic-assisted care.

b. Apply interventions that support emotional regulation, psychological safety, and therapeutic engagement.

6.8.2 Tailoring Therapeutic Approaches

a. Assess client-specific factors that may influence therapeutic needs and intervention selection.

b. Adapt interventions based on attachment patterns, trauma history, developmental considerations, and clinical presentation.

6.9 Integration Skills

6.9.1 Meaning-Making and Integration

a. Facilitate exploration and integration of insights arising from psychedelic experiences.

b. Support clients in translating insights into meaningful behavioral, relational, and psychological change.

6.9.2 Processing Challenging Material

a. Support clients in processing difficult emotions, unresolved experiences, and trauma-related material emerging after treatment.

b. Apply integration approaches appropriate to the client's goals and clinical presentation.

c. Work effectively with experiences of multiplicity, psychological parts, or internal conflict.

d. Distinguish between temporary challenging experiences during or immediately following a session and long-term, persisting adverse effects.

6.9.3 Supporting Sustainable Change

a. Assist clients in developing realistic and sustainable plans for behavior change.

b. Assess factors related to relationships, sleep, nutrition, lifestyle, and overall well-being that may influence outcomes.

c. Encourage thoughtful decision-making regarding significant life changes following psychedelic experiences.

6.9.4 Interpersonal and Social Integration

a. Support clients in making intentional decisions regarding disclosure and discussion of psychedelic experiences.

b. Assess social, cultural, and relational factors that may influence integration.

6.9.5 Addressing Integration Challenges

a. Assess barriers to integration and ongoing therapeutic progress.

b. Respond appropriately to worsening symptoms, emerging crises, uncovered memories, relational difficulties, or spiritual emergencies.

c. Recognize and address transference and countertransference processes that may affect treatment.

6.10 Advanced Practitioner Self-Awareness

6.10.1 Ongoing Professional Self-Reflection

a. Analyze the impact of countertransference, implicit bias, attachment patterns, power, privilege, and personal blind spots on clinical practice.

b. Develop strategies for ongoing self-reflection and professional growth.

6.10.2 Working with Clinical Challenges

a. Identify personal reactions and areas of difficulty that may arise in therapeutic work.

b. Utilize supervision, consultation, and reflective practice to address clinical challenges.

6.10.3 Managing Therapeutic Ruptures and Mistakes

a. Recognize common practitioner errors and their potential impact on treatment outcomes.

b. Apply strategies to address therapeutic ruptures, repair relationships, and support continued integration.

6.11 Group Facilitation

6.11.1 Group Facilitation Competencies

a. Apply skills that promote safety, cohesion, and effective group process.

b. Assess group dynamics and identify when individual intervention or support is indicated.

c. Differentiate between individual and group approaches to psychedelic-assisted care.

6.11.2 Operational and Regulatory Considerations

a. Describe operational, ethical, and regulatory considerations relevant to group-based psychedelic-assisted care.

MODULE 7

The Stages of the Therapeutic Process

7.1 Screening and Intake

7.1.1 Comprehensive Assessment

a. Conduct screening and intake assessments that evaluate safety, appropriateness, readiness, and treatment goals.

b. Collaborate with other healthcare professionals when additional assessment or consultation is indicated.

7.2 Preparation Sessions

7.2.1 Client Orientation

a. Orient clients to the therapeutic process, expectations, risks, benefits, and responsibilities associated with treatment.

7.2.2 Treatment Planning

a. Develop individualized treatment plans that address preparation, dosing, integration, and follow-up care.

7.2.3 Expectation Management

a. Assess and address unrealistic expectations regarding treatment outcomes.

b. Support realistic, informed, and balanced understanding of psychedelic-assisted care.

7.3 The Dosing Session

7.3.1 Session Preparation

a. Prepare the physical environment and therapeutic setting to support safety and therapeutic engagement.

b. Engage in appropriate professional preparation prior to client sessions.

7.3.2 In-Session Support

a. Apply active listening, presence, inquiry, validation, and somatic awareness throughout the dosing session.

b. Respond appropriately to challenging psychological presentations and acute crises.

7.3.3 Session Closure

a. Facilitate safe and effective closure of the dosing session.

b. Develop an appropriate post-session follow-up and integration plan.

7.4 Integration Sessions

7.4.1 Post-Session Integration

a. Facilitate exploration of insights, emotions, and experiences arising from psychedelic treatment.

b. Assess the impact of treatment on relationships, goals, values, behaviors, and overall functioning.

c. Apply integration approaches appropriate to client needs and treatment goals.

7.5 Ongoing Treatment Planning and Support

7.5.1 Adaptive Care Planning

a. Assess treatment progress and modify care plans based on evolving client needs.

b. Maintain appropriate support, communication, and continuity of care between treatment sessions.

MODULE 8

Foundational Psychological and Therapeutic Frameworks

8.1 Somatic Approaches

8.1.1 Foundations of Somatic Practice

a. Describe the role of somatic experience in healing, self-regulation, and psychological change.

b. Explain the therapeutic applications of body awareness, guided imagery, mindfulness, breathwork, and related somatic approaches.

8.2 Theories of Human Behavior and Change

8.2.1 Psychological Theories and Frameworks

a. Describe foundational psychological theories and therapeutic frameworks relevant to psychedelic-assisted care, including psychodynamic, psychoanalytic, depth psychological, trauma-informed, and parts-based approaches.

b. Recognize manifestations of transference, countertransference, defense mechanisms, unconscious processes, and other psychological dynamics that may arise in psychedelic-assisted care..

8.3 Trauma-Informed Care

8.3.1 Principles of Trauma-Informed Practice

a. Describe the core principles of trauma-informed care.

b. Apply trauma-informed principles throughout screening, preparation, dosing, integration, and follow-up care.

c. Recognize the applications of trauma-focused modalities (e.g., EMDR and related evidence-based approaches), maintaining clear scope-of-practice awareness and discerning when participant needs exceed one's trauma-informed competency.

02

Applied Skills Practice

Structured opportunities for learners to practice therapeutic skills through peer role-play, simulated patient interactions, AI-based role-play, or other interactive learning modalities.

03

Faculty and Personnel

Program Director

The Program Director serves as the educational leader of the training program and is responsible for ensuring that the curriculum, faculty, and learning environment support the development of competent psychedelic-assisted therapy practitioners.

The Program Director should possess substantial experience within the field of psychedelic-assisted care.

The Program Director must maintain the professional qualifications, credentials, and standing appropriate to their discipline and area of practice, where applicable.

The Program Director should demonstrate ongoing engagement with advances in psychedelic-assisted therapy through professional practice, teaching, scholarship, supervision, research, service, or other contributions to the field.

Training programs are expected to appoint a Program Director whose background, experience, and expertise are sufficient to provide effective educational leadership and ensure the quality and integrity of the training program.

Program Director Responsibilities

The Program Director is responsible for ensuring the quality, integrity, and effective operation of the training program. This includes oversight of:

- program administration and continuous quality improvement;
- curriculum implementation and educational outcomes;
- faculty selection, development, and performance evaluation;
- learner recruitment, admissions, progression, assessment, successful completion of the program, and, when necessary, remediation or dismissal;
- learner supervision and support throughout the training experience; and
- the delivery of training in a manner that promotes safe, ethical, and competent practice.

The Program Director is responsible for establishing and maintaining a process for the appointment, evaluation, and, when appropriate, removal of faculty members to ensure they possess the qualifications, expertise, and professionalism necessary to fulfill their educational responsibilities.

The Program Director must foster a learning environment that is respectful, inclusive, psychologically safe, and conducive to professional growth. Learners and faculty must have opportunities to raise concerns, report misconduct or mistreatment, and provide feedback through processes that are appropriate, confidential when warranted, and free from intimidation, retaliation, or adverse consequences.

The Program Director is responsible for ensuring that the program remains in compliance with PMA accreditation standards and for implementing improvements in response to program evaluation, learner feedback, and evolving evidence and best practices in psychedelic-assisted therapy education.

Faculty

“Faculty” refers to the entire teaching force responsible for educating learners.

Accredited training programs must maintain a sufficient number of qualified faculty to deliver the curriculum, supervise learners, provide meaningful assessment and feedback, and support achievement of the program's educational objectives.

Faculty members should demonstrate expertise appropriate to the content they teach and a commitment to excellence in education, mentorship, and professional development. Faculty are expected to devote sufficient time and attention to fulfill their instructional, supervisory, and evaluative responsibilities.

Faculty members must foster a learning environment that is respectful, inclusive, and conducive to learner growth, engagement, and psychological safety.

Faculty members must possess qualifications appropriate to their area of instruction through relevant education, professional credentials, clinical practice, research, teaching, or other demonstrated expertise. When applicable, faculty must maintain any licenses, certifications, or other credentials required by their profession and jurisdiction of practice.

Program Administration

Each accredited training program must designate an individual to oversee the administrative coordination of the program. This individual may hold the title of Program Coordinator, Program Administrator, Program Manager, or another comparable role appropriate to the institution.

The program administrator supports the effective day-to-day operation of the training program and serves as a primary point of coordination among learners, faculty, program leadership, and the Psychedelic Medicine Association. Responsibilities may include managing program logistics, maintaining required records and documentation, coordinating communications, supporting accreditation activities, and assisting with implementation of program policies and procedures.

The program must ensure that sufficient administrative support is available to facilitate effective program operations and the successful delivery of the educational experience.

Faculty Evaluation

The program must maintain a process for evaluating each faculty member's performance at least annually as it relates to teaching effectiveness, learner support, professionalism, supervision, and contribution to the educational program. Evaluation findings should be used to support faculty development and continuous improvement.

Learners must have regular opportunities to provide written evaluations of faculty. Programs should encourage honest and constructive feedback through processes that protect confidentiality and, whenever feasible, anonymity.

Professional Learning Environment

The program must establish and communicate clear processes for addressing concerns related to professionalism, ethical conduct, discrimination, harassment, mistreatment, or other behaviors that may negatively affect the learning environment. Maintain a transparent student grievance policy that explicitly delineates the tiered escalation process, from informal resolution with instructors through to formal administrative appeal, ensuring protection against reprisal. Reports should be reviewed and addressed in a timely, fair, and confidential manner.

Accredited programs should foster a learning environment that promotes psychological safety, professional integrity, and personal well-being. Programs are encouraged to support practices that promote self-awareness, self-care, resilience, healthy professional boundaries, and mutual respect, recognizing that these qualities contribute to the safe and ethical

practice of psychedelic-assisted therapy. Faculty should model these behaviors and reinforce their importance throughout the educational experience.

Record Keeping

Accredited training programs must establish and maintain accurate, complete, and secure records necessary to support program administration, learner progression, and compliance with PMA accreditation standards.

Programs must retain documentation sufficient to demonstrate adherence to accreditation requirements, including, as applicable, learner admissions, attendance, assessments, completion of required training activities, faculty qualifications, program evaluations, and continuous quality improvement efforts. Records must be maintained in accordance with applicable laws, regulations, and institutional policies governing privacy, confidentiality, and record retention.

Programs must make requested records available to PMA during accreditation reviews or other quality assurance activities and must keep student records on file for a minimum of five years.