Professional Competencies for Psychedelic Therapists

An international expert consensus framework

MONASH University

Created and maintained by the Clinical Psychedelic Lab at Monash University,
in partnership with the Psychedelic Therapist Competency Expert Advisory Panel.

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BACKGROUND INFORMATION

What is the purpose of this document?

The purpose of this document is to outline key competencies for mental healthcare professionals providing psychedelic-assisted therapy (PAT). It is based on the premise that PAT is augmented therapy, whereby psychedelics and therapy act synergistically to support therapeutic change.

Who is this document for?

This document may be referred to by:

- **Psychedelic therapists**, to provide a clear roadmap for self-assessment, supervision, and continuing professional development.
- **Education providers,** to design and deliver programs for the training and assessment of psychedelic therapists.
- **Supervisors,** to identify and focus on areas relevant to supporting supervisees' growth and development.
- **Accreditors**, to establish and maintain accreditation standards for certification and practice in PAT.
- **Employers**, to guide recruitment and ensure that therapists meet required competency levels for safe and effective practice.
- **Government and health organisations,** to guide the development of health policies and regulations, aiding the safe and effective integration of PAT into broader healthcare systems.
- **Insurers,** to support evidence-informed determinations of coverage.
- **Service users,** to enhance understanding of what to expect from a course of PAT and support informed decision-making, quality assurance, and agency.

Who do the competencies in this document apply to?

The professional competencies for psychedelic therapists apply to trained mental healthcare professionals (e.g., psychologists, psychiatrists, psychotherapists, social workers, mental health/psychiatric nurses) playing a primary care role with PAT, and assume competence in one such relevant profession.

Multidisciplinary teams will often contribute to the delivery of PAT, with a range of health and allied professionals (e.g., nurses, spiritual care providers) playing central, adjacent, or supporting roles. The specific competencies required of these individuals will vary according to their professional role and the scope of their involvement in client care.

This document does not describe the competencies required of medical doctors to prescribe and administer psychedelic substances.

What competencies are assumed for this framework?

This framework assumes general therapeutic competence in areas including counselling skills, assessment and case conceptualisation, treatment planning and implementation using an evidence-based model of therapy, ethical and professional practice, and culturally safe and responsive care. These competencies vary in emphasis across professions, and practitioners may identify areas where additional professional development would support their engagement with the PAT-specific competencies.

ABOUT THE COMPETENCIES

The concept of competence

Competence can be described on a continuum from novice (precompetent) to expert (demonstrating mastery and leading expertise). There is a point on this continuum that represents the minimum level of competence required for safe and effective practice as a psychedelic therapist. Once attained, therapists must actively maintain their competence to promote client safety and ensure their practice stays aligned with advances in the field. In line with best practice, individuals providing PAT professionally should aspire to develop and maintain their competence beyond the minimum requirement.

The concept of professional competencies for psychedelic therapists

Professional competencies provide a set of benchmarks that describe the knowledge, skills, attitudes, behaviours, values, and other attributes that are needed to deliver clinical services safely and effectively. Various health professionals have their own regulatory authorities that typically set specific standards for competence in their profession. PAT represents a special area of practice that requires the acquisition of an additional set of specialised competencies as outlined in this document.

The scope of the competencies

Compared to competencies in standard Western mental healthcare, psychedelic therapist competencies included in this framework are either uniquely relevant to PAT, of enhanced importance in PAT, or present differently and require significant tailoring in PAT. The competencies are of a sufficiently high level to maintain relevance as the field evolves and not to cross over with the scope of clinical guidelines and treatment manuals.

The competencies are designed to be flexibly implemented across various substances, therapeutic modalities, and contexts. As such, they are less detailed than most modality-specific competency frameworks that aim to describe one theoretical model and its application in detail. Conversely, the competency framework is more detailed than whole-of-profession competency frameworks that are broad and high level.

Several competencies may be familiar to some clinicians from previous therapeutic training. Their inclusion in this framework highlights the need for clinicians to develop advanced knowledge and skill in applying them within the context of PAT. As such, all competencies in the framework must receive sufficient attention in training, assessment, and accreditation.

It is beyond the scope of this framework to outline specific training methods or assessment processes for developing competence as a psychedelic therapist. Effective and evidence-informed training approaches, including the role of experiential learning, are important topics of active interest and exploration in the field.

The format of the competencies

Core psychedelic therapist competencies are organised into five domains, each with their own descriptor:

1. **Foundational knowledge:** Builds and applies knowledge of psychedelic-assisted therapy to inform safe and effective practice.

2. **Relational skills and attributes:** Engages the therapeutic relationship to support therapeutic processes.

3. **Clinical reasoning:** Uses reflective clinical reasoning to plan, adapt, and evaluate psychedelic-assisted therapy that is responsive to the client.

4. **Clinical skills:** Applies practical abilities to deliver safe and effective psychedelic-assisted therapy.

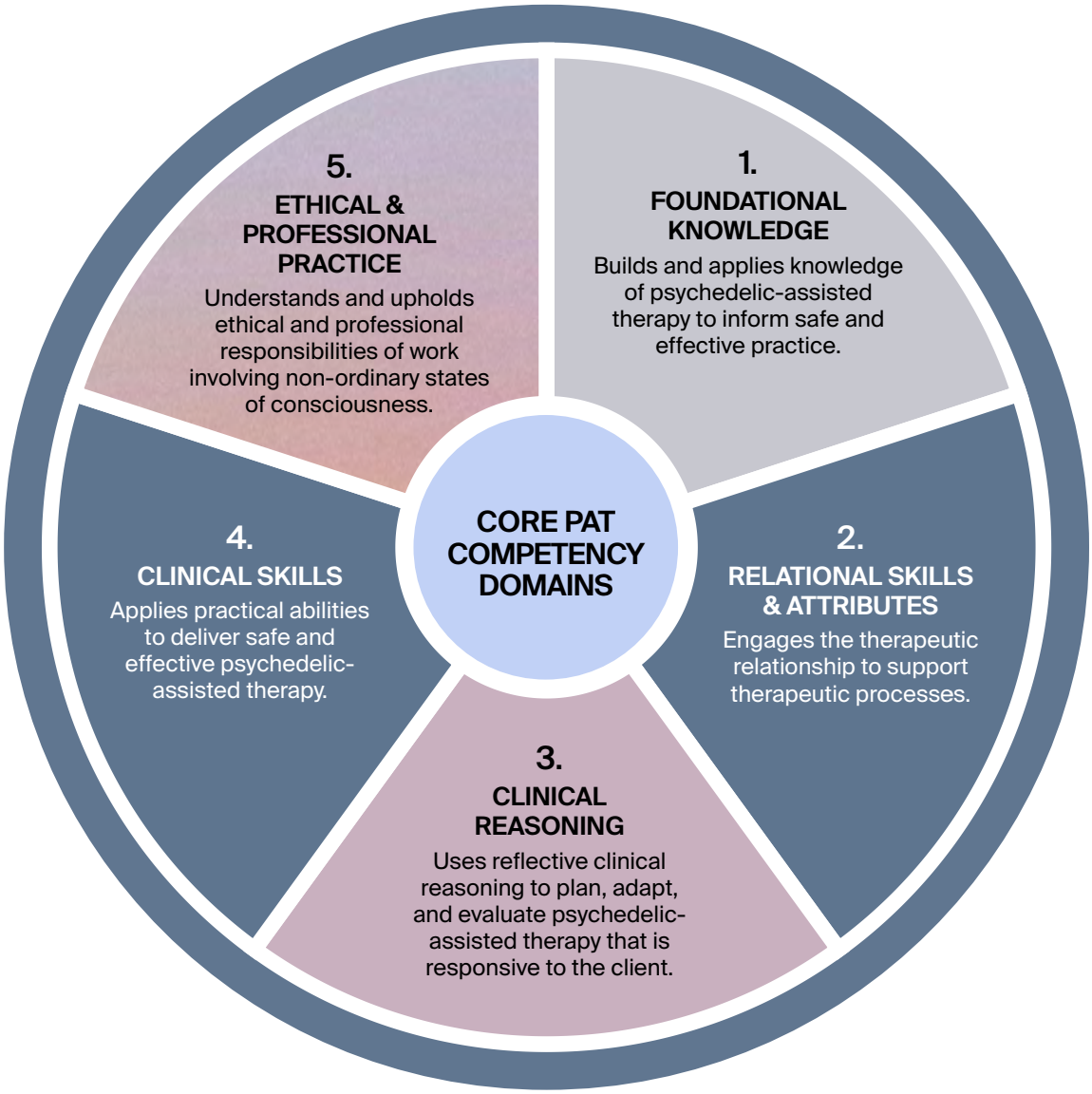
5. **Ethical and professional practice:** Understands and upholds ethical and professional responsibilities of work involving non-ordinary states of consciousness.

A supplementary **Co-therapy** domain outlines the competencies required to establish and maintain a therapeutically effective and reflexive working relationship with another therapist. It is included due to the prominent role of co-therapy in clinical psychedelic research and practice, while being supplementary to reflect the increasing interest in alternative delivery models.

Each domain comprises several competencies, each with their own descriptor. A definitions section is provided at the end of the document to clarify key terminology.

Though competencies are delineated into distinct constructs and organised thematically, they are interconnected and are not acquired in a linear or isolated fashion.

DIAGRAM OF CORE AND SUPPLEMENTARY PAT COMPETENCY DOMAINS



Key terminology

Psychedelic therapist: A mental healthcare professional (e.g., psychologist, psychiatrist, psychotherapist, social worker, mental health/psychiatric nurse) trained to combine therapy with the guided use of psychedelics* to support mental health and wellbeing.

Therapy: Therapeutic methods focused on supporting mental health and wellbeing.

HOW TO APPLY THE COMPETENCIES

Professional context

When providing PAT, mental healthcare professionals are expected to act in accordance with the professional and ethical standards, and legal and regulatory requirements, relevant to their own profession in their own jurisdiction.

Contextual knowledge

Psychedelic therapists must be able to effectively translate relevant principles of conventional therapy to psychedelic therapy. They should also possess relevant knowledge about each psychedelic substance used, the particular population being treated, the context (e.g., co-therapy, group therapy) in which therapy is delivered, and each therapeutic approach used. Finally, this document should be used in concert with applicable psychedelic-specific clinical protocols, professional guidelines, ethical codes, and/or institutional governance frameworks, if relevant.

A holistic and integrative approach

The competent provision of PAT requires more than isolated technical skills—it involves the dynamic, context-sensitive integration of competencies in a way that responds to the evolving needs of the client and the therapeutic process. Rather than viewing competencies as discrete or static, therapists must be able to flexibly draw on and calibrate multiple competencies simultaneously.

ABOUT THIS DOCUMENT

How the competencies were developed

These competencies were developed as part of a research project within the Clinical Psychedelic Lab at Monash University, Melbourne, Australia with ethics approval from Monash University Human Research Ethics Committee (Project ID: 44513). Competencies were developed in collaboration with 40 world-leading experts in PAT provision and training using a 'Delphi expert consensus' method. This is a structured, iterative process used widely in health sciences to address complex problems such as developing clinical guidelines where current evidence is limited. A group of eight experts in competency-based education were consulted to refine the structure of the competencies. See the 'contributors' section for collaborator names.

Ongoing feedback and development process

This document serves as a robust, evidence-informed foundation for articulating key competencies required to deliver safe and effective PAT. We undertook this work in recognition of the field's need for clearly articulated competencies. The framework is intended to evolve over time in response to developments in theory, research, and clinical practice, as well as the changing needs of the field. We invite ongoing feedback and conversation about the document. A formal review process is recommended approximately every five years, however it is our hope that supplementary content will be developed on an as-needed basis. For further information, to provide feedback on the competencies, or to express interest in contributing to this project, please contact: psychedelic@monash.edu.

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MAP OF PROFESSIONAL COMPETENCIES FOR PSYCHEDELIC THERAPISTS

1. FOUNDATIONAL KNOWLEDGE

- 1.1 Therapeutic mechanisms
- 1.2 Safety and risk management
- 1.3 Subjective experiences
- 1.4 Historical and cultural contexts

2. RELATIONAL SKILLS & ATTRIBUTES

- 2.1 Relational engagement
- 2.2 Trust and safety facilitation
- 2.3 Therapeutic presence
- 2.4 Unconditional positive regard
- 2.5 Empathic attunement
- 2.6 Relational dynamics
- 2.7 Emotion regulation

3. CLINICAL REASONING

- 3.1 Suitability
- 3.2 Treatment planning
- 3.3 Progress monitoring
- 3.4 Reflexivity
- 3.5 Collaborative care
- 3.6 Closure and aftercare

4. CLINICAL SKILLS

- 4.1 Psychological preparation
- 4.2 Psychedelic setting
- 4.3 Physical contact
- 4.4 Epistemic engagement
- 4.5 Challenging experiences
- 4.6 Metaphysical experiences
- 4.7 Inner-directed approach
- 4.8 Integration

5. ETHICAL & PROFESSIONAL PRACTICE

- 5.1 Evidence-based practice
- 5.2 Practice standards
- 5.3 Ethical safeguarding
- 5.4 Informed consent
- 5.5 Client empowerment
- 5.6 Socio-cultural responsivity
- 5.7 Reflective practice
- 5.8 Role integrity
- 5.9 Non-ordinary states engagement

SUPPLEMENTARY

CO-THERAPY

- Co-therapy alliance
- Role clarity and flexibility
- Collaborative reflection
- Complementary skills and perspectives
- Triadic communication
- Interrelational dynamics
- Relational modelling

Core Psychedelic Therapist Competencies

Terms accompanied by an asterisk (*) are defined in the definitions section at the end of this document.

1. FOUNDATIONAL KNOWLEDGE

Builds and applies knowledge of psychedelic-assisted therapy to inform safe and effective practice

1.1 Therapeutic mechanisms

Understands key theories of how and why PAT leads to therapeutic change, how these theories relate to general change mechanisms of therapy, and how to work therapeutically to support these processes.

1.2 Safety and risk management

Ensures client safety and wellbeing through understanding the following:

- indications and contraindications for PAT;
- how to monitor and address common acute and prolonged physiological and psychological effects of PAT relevant to safety;
- relevant pharmacological considerations including interactions, contraindicated agents, and emergency response procedures; and
- when and with whom clinical consultation or referral is indicated.

1.3 Subjective experiences

Understands and effectively describes common perceptual, cognitive, emotional, physical, and behavioural experiences under relevant psychedelics, and how these experiences are influenced by extrapharmacological factors (e.g., client mindset*, setting*, interpersonal context).

1.4 Historical and cultural contexts

Understands and can communicate the diverse cultural, social, and medical history of psychedelic use.

2. RELATIONAL SKILLS AND ATTRIBUTES

Engages the therapeutic relationship to support therapeutic processes

2.1 Relational engagement

Establishes and maintains a therapeutic alliance grounded in authenticity*, mutual respect, and shared humanity*. Can engage in close emotional connection with clients, within professional and ethical boundaries.

2.2 Trust and safety facilitation

Promotes a secure and supportive environment that facilitates physical, psychological, and relational trust, safety* and openness.

2.3 Therapeutic presence

Embodies a state of being characterised by present-moment awareness, openness, connection, and equanimity for sustained periods of time.

2.4 Unconditional positive regard

Consistently conveys acceptance and valuing of the client, meeting whatever they express without judgment. Can support the expanded range and intensity of content and behaviour that clients may express during psychedelic states.

2.5 Empathic attunement

Can mentalise and contextualise key aspects of the client's experience in preparation, the psychedelic session, and integration. Tracks and responds effectively to clients' emotional, relational, and somatic states, including during peak drug effects when cognitive-linguistic capacity is limited or transference* is amplified.

2.6 Relational dynamics

Tracks and works therapeutically with patterns of interactions and emotional responses (e.g., transference*, countertransference*, rupture and repair*) and understands the enhanced intensity and rapidity with which these dynamics can occur in PAT.

2.7 Emotion regulation

Remains self-regulated and responsive to client needs while clients process challenging material and/or during periods of high arousal or dysregulation.

3. CLINICAL REASONING

Uses reflective clinical reasoning to plan, adapt, and evaluate psychedelic-assisted therapy

3.1 Suitability

Judges and monitors the suitability of PAT as an intervention based on the assessment of relevant medical, psychological, relational, social, systemic, and treatment-related factors*.

3.2 Treatment planning

Collaboratively tailors and iteratively adapts treatment plans based on the client's presentation, history, cultural background, and current circumstances. This includes selecting the appropriate substance, dose, frequency and route of administration, therapist, therapeutic approach, and setting subject to available time and resources.

3.3 Progress monitoring

Selects and utilises relevant theories of change* to assess treatment progress with sensitivity to non-linearity in client trajectories. Monitors readiness for the psychedelic session, recognising and addressing factors that may undermine safety and efficacy (e.g., timing, excessive avoidance, insufficient trust or rapport).

3.4 Reflexivity

Draws on critical examination of personal factors (e.g., therapeutic orientation, metaphysical beliefs*, prior non-ordinary state* experiences, vulnerabilities*, socio-cultural identity) and moment-to-moment factors (e.g., therapeutic impulses, triggers, countertransference*) that may influence therapeutic interactions and outcomes, to foster therapeutic responsiveness.

3.5 Collaborative care

Engages effectively with the client's support system (e.g., families, communities, healthcare providers) as appropriate, and with client consent.

3.6 Closure and aftercare

Emotionally and practically prepares the client for the end of treatment with sensitivity to relational and personal vulnerabilities. Collaboratively identifies internal and external resources (including transfer of care to psychedelic-informed practitioners) for continued integration and/or clinical care.

4. CLINICAL SKILLS

Applies practical abilities to provide safe and effective psychedelic-assisted therapy

4.1 Psychological preparation

Assists the client to prepare psychologically for the psychedelic session by exploring hopes, addressing concerns, calibrating expectations, providing safety reassurance, and facilitating intention setting*. Builds sufficient understanding around:

- logistics and practicalities;
- common subjective experiences;
- relevant details about the therapeutic approach;
- common challenges and strategies for navigating them (e.g., mindfulness, breathing techniques, self-verbalisation, supportive touch, supportive props, client-therapist communication);
- the relevance of cultivating a curious, open, and trusting stance towards the process; and
- supportive lifestyle choices (e.g., sleep, nutrition).

4.2 Psychedelic setting

Creates a safe and supportive therapeutic environment for the psychedelic session tailored to the individual, the substance, and the therapeutic goals. Understands the role and effect of music, sound, speech, and silence during the psychedelic session, and can use these as therapeutic agents.

4.3 Physical contact

Can provide effective safety-related physical contact*, instrumental touch*, and supportive touch* with sensitivity to client-related factors (e.g., history, presentation, preferences), ethical considerations (e.g., vulnerability and transference* is increased; touch is always non-sexual), and best practice (e.g., obtains explicit pre-negotiated consent).

4.4 Epistemic engagement

Engages flexibly with diverse interpretations of the psychedelic experience and accommodates paradox and ambiguity. Demonstrates epistemic humility by recognising the limits of their own frame of reference, and understanding that therapeutic processes may occur outside conscious awareness of the client and/or therapist. Demonstrates epistemic discernment by considering the therapeutic relevance* of various interpretations, and integrating them with a coherent therapeutic framework.

4.5 Challenging experiences

Normalises and responds effectively to challenging psychedelic experiences (e.g., paranoia, overwhelm, ontological shock*) to minimise the potential for psychological harm and maximise the potential for therapeutic effects.

4.6 Metaphysical experiences

Responds effectively to experiences reported by clients to be mystical, spiritual, metaphysical, existential, or transpersonal. Respects, understands, and maintains a non-pathologising stance towards the range of metaphysical experiences clients may report.

4.7 Inner-directed approach

Trusts and supports the client's process by:

- being client-led*;
- supporting inward focus and engagement;
- minimising external cognitive demands (e.g., decision-making, non-essential dialogue);
- cultivating comfort with not knowing what, how, and when material will arise;
- knowing when and how to intervene during client distress and/or avoidance; and
- supporting the awareness and safe expression of emotions.

4.8 Integration

Supports the client to process their psychedelic and other relevant experiences for sustained therapeutic benefit, with sensitivity to how and when learnings may arise. Includes assisting the client to:

- work with various manifestations (e.g., somatic, affective, symbolic, subconscious, preverbal, intergenerational, ontological);
- sustain a felt sense of relevant aspects of the psychedelic session;
- identify and explore emergent themes, and embed insights into day-to-day life;
- understand the potential for, and develop strategies to manage, transient increases in symptoms, destabilisation, and compensatory psychological defenses;
- engage with complementary integration techniques*;
- enact behaviour change in service of psychological growth or healing; and
- identify and explore potentially unhelpful interpretations of the psychedelic experience (e.g., false insights*, false memories* and/or beliefs; 'spiritual bypassing'*).

5. ETHICAL AND PROFESSIONAL PRACTICE

Understands and upholds ethical and professional responsibilities of work involving non-ordinary states of consciousness

5.1 Evidence-based practice

Critically evaluates relevant contemporary clinical psychedelic research to inform practice.

5.2 Practice standards

Identifies and practices in accordance with relevant professional and ethical standards, and legal and regulatory requirements. Understands and addresses individual, institutional, and PAT-specific risk factors for violating practice standards.

5.3 Ethical safeguarding

Understands the potential for PAT to enhance clients' vulnerability, suggestibility, and openness. Mitigates against undue influence, manipulation*, and boundary transgression with the client. Recognises and responds appropriately to client behaviour under psychedelics that may cross an ethical or professional boundary, or later conflict with their needs, values, or emotional safety.

5.4 Informed consent

Understands the complexities of informed consent* in work involving non-ordinary states* (e.g., unknowability of effects; ontological changes*; epistemic risks*), engages in an ongoing consent process, and upholds clients' right to withdraw safely.

5.5 Client empowerment

Recognises and responds appropriately to client-therapist power imbalances (e.g., idealisation). Supports clients to actively engage in treatment, make autonomous decisions, provide candid feedback, and take ownership of their experiences and progress.

5.6 Socio-cultural responsivity

Demonstrates cultural humility* and culturally safe practice*. Adapts practice to align with the client's social and cultural context* across preparation, psychedelic sessions, and integration. Includes attending to the socio-cultural and positional factors shaping the client's interpretations and engaging with these interpretations respectfully.

5.7 Reflective practice

Engages in regular reflective practice to refine therapeutic skill, cultivate self-awareness, and identify self-care needs that support safe and effective practice. Meaningfully engages with individual and/or peer supervision to gain feedback, support, and exposure to multiple perspectives.

5.8 Role integrity

Works within their scope of practice, the scope of the service setting, and the agreed therapeutic role with the client. Can discern when referral is indicated.

5.9 Non-ordinary states engagement

Maintains an open, critical, and learning-oriented approach towards non-ordinary states*, and builds applied knowledge and skill through means including experiential training* (e.g., involving meditation, holotropic breathwork, psychedelics).

SUPPLEMENTARY COMPETENCIES

CO-THERAPY

Forms and sustains a therapeutically effective and reflexive co-therapy relationship

Co-therapy alliance
Establishes and maintains an effective, non-competitive working relationship with co-therapist based on trust and mutual respect. Navigates disagreements with co-therapist constructively, actively engaging in rupture and repair when appropriate.

Role clarity and flexibility
Clarifies co-therapy roles in advance. Can assume and/or alternate between lead and supportive roles when appropriate, and adjust the therapeutic approach in response to group dynamics, client needs, and therapists' scope of practice.

Collaborative reflection
Engages in collaborative discussions with co-therapist to review client progress, interrelational dynamics, and the therapeutic approach, and to address challenges and plan sessions. Engages as a co-therapy dyad with ongoing peer and individual supervision.

Complementary skills and perspectives
Coherently integrates and harnesses similarities and differences in perspectives and therapeutic approaches between co-therapists to foster novel understandings.

Triadic communication
Promotes clear, consistent, and open verbal and non-verbal communication within the triad (co-therapists and client).

Interrelational dynamics
Is attuned to interrelationships within the triad and understands how relational dynamics can be amplified or unique (e.g., splitting*, triangulation*) in a co-therapy model. Recognises and navigates identity-related dynamics (e.g., gender, sexuality, ethnicity, disability, neurodiversity) between co-therapists and clients, and understands how these may interact with the client's positionality.

Relational modelling
Models healthy, respectful relationship dynamics with co-therapist. Can discern when moments of dissonance with co-therapist can be harnessed as opportunities to model skilful disagreement.

DEFINITIONS

Terms accompanied by an asterisk (*) in the competency framework are defined below.

Authenticity
Practising in a genuinely caring and self-reflective manner, free from rote or performative enactment of therapeutic identity.

Client
An individual who voluntarily engages with PAT in clinical or research contexts to address mental health difficulties and/or pursue personal growth.

Client-led
A non-directive orientation in which the client's own meanings, priorities, and pace determine the direction of therapy, while the therapist follows and facilitates the client's process through empathic and supportive responding.

Complementary integration techniques
Methods used in addition to therapy sessions to assist with integrating psychedelic experiences (e.g., journaling, creative expression, movement).

Countertransference
The therapist's conscious or unconscious reactions to the client and to the client's transference, informed by the therapist's own psychological needs, histories, and conflicts. Countertransference may illuminate both the relational dynamics the client evokes in others (including within a co-therapy dyad) and aspects of the therapist's experience that warrant reflective attention.

Cultural humility
Actively reflects on one's own social location, cultural background, limitations, and biases, and adopts an open, curious, and non-superior stance that supports attuned, respectful engagement with clients' identities and perspectives.

Culturally safe practice
Provides care that protects clients' cultural identity, dignity, and self-determination by recognising and addressing structural power dynamics, reducing the risk of cultural harm, and tailoring therapeutic processes to align with clients' cultural values and contexts.

Epistemic risks
The potential for knowledge errors when vivid, meaningful, and/or noetic psychedelic experiences are mistaken for reliable evidence about reality, or when such experiences are interpreted through suggestive, socially reinforced, or insufficiently critical frameworks. These risks include forming false, unsupported, or overly certain beliefs about oneself, others, past events, causality, spirituality, or the world, based primarily on subjective experience without adequate reflection or corroborating evidence.

Experiential training (in non-ordinary states)
Structured and intentional engagement in non-ordinary states of consciousness for the purpose of developing applied knowledge, skills, and reflective capacity relevant to professional practice.

False insights
Realisations that feel subjectively meaningful or revelatory but do not align with available evidence or reasoned reflection.

False memories
Recollections of events or experiences that feel subjectively real but are distorted or did not occur.

Informed consent
The process of gaining clients' ongoing voluntary agreement to participate in PAT, given sufficient understanding of the nature, risks, benefits, and alternatives to the given treatment approach.

Intention setting
The collaborative process of clarifying a therapeutically meaningful focus for treatment (in particular the psychedelic session) while maintaining flexibility and openness to emergent material.

Manipulation
Intentionally or unintentionally exerting influence that compromises the client's autonomy, preferences, or meaning-making in ways that serve the therapist's needs or assumptions rather than the client's therapeutic interests.

Metaphysical beliefs
Convictions or working assumptions about what ultimately exists beyond ordinary empirical experience (e.g., the nature of consciousness, the self or soul, life after death, spiritual beings, ultimate interconnectedness, or purpose in the universe).

Mindset
The client's internal psychological state, including their mood, expectations, intentions, and the broader personal histories and dispositions they bring to a psychedelic session.

Non-ordinary states
States of consciousness that differ from those experienced during ordinary wakefulness. These typically involve changes in perception, cognition, emotion, sense of self, and/or time and can be catalysed by methods including meditation, breathwork, or psychedelics.

Ontological change
A fundamental transformation in the structure of the self, worldview, or relationship to reality.

Ontological shock
A profound and sometimes challenging experience involving the destabilisation of one's fundamental assumptions about reality, self, or existence.

Physical contact

- **Instrumental touch:** Brief, task- or communication-focused contact used to orient, cue, or assist (e.g., a hand on the shoulder to gain attention while eyeshades and headphones are in use).
- **Safety-related physical contact:** Contact initiated to monitor or protect health and safety (e.g., monitoring blood pressure).
- **Supportive touch:** Physical contact offered to convey presence or comfort, typically during challenging periods (e.g., a hand on the shoulder for support during a period of client distress).

Projection

The process by which one attributes one's own individual positive or negative characteristics, affects, and impulses to another person or group.

Psychedelics

An umbrella term used throughout this document for psychoactive substances administered in psychedelic-assisted therapy contexts, including classical serotonergic psychedelics (psilocybin, LSD, mescaline, DMT) and pharmacologically distinct compounds (MDMA, ketamine, ibogaine). Despite divergent mechanisms of action, these substances share a capacity to induce non-ordinary states of consciousness and are used to augment psychotherapeutic processes.

Psychological safety

The client's experience of the therapeutic relationship as sufficiently respectful, non-punitive, and reliable to enable openness and vulnerability, including raising concerns, disagreeing, or acknowledging mistakes, without fear of adverse interpersonal consequences.

Relational safety

The client's felt sense of trust and confidence in the therapeutic relationship, grounded in the therapist's perceived competence, integrity, and reliable boundaries.

Rupture and repair

Instances of misalignment, misattunement, tension, or breakdown in the therapeutic relationship and the subsequent process of recognising, exploring, and collaboratively resolving discord so that the therapeutic alliance is restored and strengthened.

Setting

The physical and interpersonal environment in which the psychedelic session occurs, including the sensory, relational, and contextual conditions that support safety, comfort and therapeutic engagement.

Shared humanity

A relational stance marked by humility and human presence that involves recognising the subjectivity of both parties and moderating unnecessary power asymmetry while still upholding the professional role.

Social and cultural context
Factors that shape a person's lived experience (e.g., age, sex, gender, sexuality, religion, spirituality, ethnicity, socio-economic background, disability, immigration status, language, education, healthcare access, neurodivergence), and the ways these factors intersect to influence thoughts, feelings, behaviour, meaning, relationships, beliefs, values, and experiences of marginalisation, privilege, and access to safety.

Spiritual bypassing
Using spiritual beliefs, practices, or narratives to avoid or suppress unresolved psychological, emotional, or relational issues.

Splitting
A relational dynamic in which a client perceives or responds to co-therapists in contrasting or polarised ways, which can potentially contribute to tension, misunderstanding, or misalignment within the therapeutic team.

Theories of change
Conceptual models that explain how and why therapeutic interventions lead to psychological improvement.

Therapeutic relevance
The extent to which something meaningfully supports a client's insight, understanding, or therapeutic progress.

Therapist vulnerabilities
Personal psychological dynamics or states that may affect the therapist's presence, judgment, or responsiveness. These can include unresolved trauma, attachment insecurities, unconscious countertransference, or mental, physical, or emotional instability.

Transference
The process by which a client's conscious or unconscious feelings, expectations, or relational patterns from earlier significant relationships are carried into the therapeutic relationship, shaping how the client perceives and responds to the therapist and therapeutic interactions.

Treatment-related factors
Characteristics of the treatment model, protocol, and setting (e.g., psychedelic type/dose, session number and spacing, therapeutic approach, structure and flexibility of the treatment frame).

Triangulation
A relational pattern in which a client positions one therapist in contrast to another, drawing the dyad into implicit alliances or tensions that can influence the therapeutic dynamic.

MONASH University

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