



MDMA-Assisted Psychotherapy Code of Ethics

THE MAPS MDMA THERAPY TRAINING PROGRAM is committed to providing quality and comprehensive training and supervision to support therapy providers in delivering ethical care within a MAPS MDMA-assisted psychotherapy protocol. As an organization, we take seriously our obligation to participant safety and to reflecting internally to promote ethical growth in our programs. In service to this commitment, the MDMA Therapy Training Program has established the MAPS MDMA-Assisted Psychotherapy Code of Ethics. The Code will remain a living document to grow and adapt with the ongoing integration of feedback and evolution of needs over time.

In the process of researching and drafting the Code of Ethics, the MDMA Therapy Training Program has been grateful to draw on collective wisdom within both psychotherapeutic and psychedelic fields. We wish to acknowledge input offered by our reviewers, as well as the work of many organizations and individuals to develop existing ethical guidelines, in particular the American Psychological Association, the Council on Spiritual Practices, and *The Ethics of Caring: Honoring the Web of Life in Our Professional Healing Relationships* by Kylea Taylor, M.S., LMFT.

PREAMBLE

For the purpose of protecting the safety and welfare of participants, patients, and clients, the MAPS MDMA-Assisted Psychotherapy Code of Ethics outlines ethical principles governing treatment decisions made by providers administering MDMA-assisted psychotherapy within a MAPS protocol.

For the remainder of this document, participants, patients, and clients are referred to simply as “participants.”

As therapy providers, it is our individual and collective responsibility to aspire to the highest standards of integrity and ethical conduct. We agree to practice MDMA-assisted psychotherapy within our scope of competence and in accordance with this Code of Ethics. We directly address concerns regarding ethical issues and use clinical judgment, supervision, and consultation when ethical dilemmas arise.

The practice of MDMA-assisted psychotherapy aims to provide an environment of safety and support for a person to

engage with their own inner healing intelligence, one’s innate wisdom and ability to move towards wholeness and well-being. We act in the spirit of service to support each participant’s connection to their own inner healing intelligence. We devote ourselves to establishing therapeutic relationships based on trust, care, and attunement, and to support the participant’s own unfolding experience.

This modality involves deep work with trauma and attachment, as well as non-ordinary states of consciousness; therefore, MDMA-assisted psychotherapy carries unique ethical considerations. These considerations include the potential for greater participant suggestibility, the particular need for sensitivity regarding consent, and the likelihood of stronger and more complex transference and countertransference. Given the special considerations of this modality, we take seriously our obligation to participant safety. This work requires an elevated quality of presence, tending to the process consistently throughout long MDMA-assisted psychotherapy sessions, as well as during the phases of preparation and integration.

In order to provide impeccable care and to evolve ethically, we engage in practices of self-care, self-growth, and self-examination, aligning with our own inner healing intelligence. We give and receive feedback from mentors and colleagues, and participate in continuing education.

This modality is founded on the practices of healers, explorers, researchers, and indigenous traditions which stretch back centuries. We honor these contributions and recognize the privilege of working with non-ordinary states of consciousness. The ability to participate in these healing practices, as ancient as they are innovative, is both a gift and a responsibility.

Ultimately, we envision a world where all people can access healing. We view our participants’ challenges, as well as their growth, within a greater web of relationships, acknowledging that trauma, as well as healing, is passed between people, across cultures, and through generations. We aim to validate and support the intrinsic wisdom and healing intelligence in others as well as in ourselves, in service to collective healing, liberation, and greater engagement in the fullness of life.

CODE OF ETHICS

1. Safety

We commit to the safety of our study participants, patients, and clients.

- We ensure that a person is an eligible candidate for treatment before enrolling them, both medically and psychologically. An eligible candidate has the resources necessary to engage in treatment, ideally including supportive people in their life and a stable and safe living environment.
- We conduct thorough and comprehensive preliminary screening and preparation.
- Prior to initiating treatment, we provide participants with clear information about our availability, backup support, and emergency contacts.
- We take measures to prevent physical and psychological harm. We ask participants not to leave during medicine sessions. We inform participants that we will take precautions to ensure their safety, such as preventing falls or injuries.
- We immediately address medical emergencies.
- We have a crisis plan prepared, where a qualified professional is available in the event of participant crisis or medical complications. We maintain responsibility for addressing crises as long as the participant is under our professional care.
- We provide thorough post-session integration with participants.
- We never abandon a participant. We conduct appropriate termination, with preparation when possible, and provide referrals to other providers.
- We adhere to laws and guidelines regarding storage and security of psychedelic medicines.

2. Confidentiality and Privacy

We commit to the privacy of our participants and uphold professional standards of confidentiality.

- We adhere to applicable patient privacy laws and regulations, such as the HIPAA Act, and other local, State, and Federal statutes.
- We discuss the limitations of confidentiality with our participants during the informed consent process and before initiating treatment. Depending on the licensing agency and the law, exceptions to confidentiality may include mandated reporting if there is reason to believe that a child, elderly person, or dependent adult is being abused or has been abused, if there is a serious threat to harm an identifiable victim, including oneself or another, and when required by a court order. Under these conditions, we release the minimum amount of participant information required.
- We may occasionally discuss cases as part of professional consultation and supervision, in which our consultants and super-

visors are also obligated to respect participant privacy, and we will provide the minimum amount of identifying information.

- Outside of these limitations in confidentiality, we never release personal information about participants without their explicit permission.
- We make agreements with our participants about acceptable and preferred means of communication, such as leaving voice-mails, sending text messages, hours of contact, and response time.
- We securely store treatment records and session recordings. We promptly respond to breaches in confidentiality.
- We seek legal counsel as needed to maintain participant confidentiality.

3. Transparency

We respect participants' autonomy and informed choice.

- We include our participants in treatment decisions.
- We obtain informed consent before conducting treatment and when introducing a new intervention or technique. We honor the participant's option to withhold or withdraw consent at any time.
- We inform participants of all treatment procedures, including an accurate description of medicines used, potential risks and benefits, as well as alternative treatment options.
- We discuss the process of termination with our participants at intake.
- We inform participants if we have significant reason to believe they may not be benefitting from treatment.
- We accurately represent our background and training using appropriate terms according to applicable laws and professional code.
- In advance of treatment, we inform participants of any fees and the process for collecting payment.
- We obtain consent to record sessions when applicable and to use recordings solely for purposes explicitly agreed upon by the participant, such as for training and supervision, or for the participant's personal use.
- We obtain informed consent for any physical touch by describing the type of therapeutic touch. Physical touch is never sexual and we make agreements about how the participant can stop touch at any time.
- We inform participants in advance about the possible or scheduled presence of assistants, providers, observers, or any other staff who may be a part of treatment and/or have access to patient-identifying information.
- We provide consistent care to our participants and arrange backup and emergency contact when we are unavailable to participants.

4. Therapeutic Alliance and Trust

We act in accordance with the trust placed in us by participants.

- We aspire to create and maintain therapeutic alliances built on trust, safety, and clear agreements, so that participants can engage in inner explorations.
- We respect the inner healing intelligence of our participants to guide their experience.
- We understand that the healing process is deeply personal; each participant has different needs for support.
- We set our participants' best interest above our own interests, within the bounds of our therapeutic relationship.
- We treat people receiving services or reaching out for services with respect and compassion.
- We acknowledge the inherent power differential between therapy providers and participants and act conscientiously in the service of participants' self-empowerment.
- We avoid entering into dual relationships that are likely to lead to impaired professional judgment or exploitation. In cases where there is a dual relationship, we give special attention to issues of confidentiality, trust, communication, and boundaries, and seek supervision as needed.
- We use careful judgment about any continuing interaction with existing or previous participants outside of treatment.
- When treating couples or families, we always consider potential conflicts of interest, disclose policies on communicating information between family members, and discuss continued care and treatment plan.
- When working with participants in a research study, we strive to deliver therapeutic benefit while following scientific protocol.

5. Use of Touch

When using touch as part of our practice, we commit to obtaining consent and offering touch only for therapeutic purposes.

- We only offer techniques, such as touch, if they fall within our scope of practice and competence.
- When touch is part of our practice, we discuss consent for touch during intake, detailing the purpose of therapeutic touch, how and when touch might be used and where on the body, the potential risks and benefits of therapeutic touch, and that there will be no sexual touch.
- We obtain consent for touch prior to the participant ingesting medicine, as well as in the therapeutic moment. Aside from protecting a person's body from imminent harm, such as catching them from falling, the use of touch is always optional, according to the consent of the participant.
- We discuss in advance simple and specific words and gestures the participant is willing to use to communicate about touch during therapy sessions. For example, participants may use the

word "stop," or a hand gesture indicating stop, and touch will stop.

- We practice discernment with touch, using clinical judgment and assessing our own motivation when considering if touching a participant is appropriate.

6. Sexual Boundaries

We do not initiate, respond to, or allow any sexual touch with participants.

- While we respect the sexual identities and expression of our participants, and validate participants' processes that might relate to sexuality and sexual healing, we firmly maintain the responsibility as providers of upholding clear professional boundaries.
- We do not engage in sexual intercourse, sexual contact, or sexual intimacy with a participant, or a participant's spouse or partner, or immediate family member, during the therapeutic relationship or after termination.
- We commit to examining our own sexual countertransference, to not act in ways that create ambiguity or confusion about sexual boundaries, and to seek supervision as needed.
- As representatives of this work, we aim to uphold clear sexual boundaries and ethics in our daily lives.

7. Diversity

We respect the value of diversity, as it is expressed in the various identities and experiences of our participants.

- We do not condone or knowingly engage in discrimination. We do not refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, or socioeconomic status.
- We take steps to examine unconscious biases that we may hold and commit to ongoing self-reflection to unlearn oppressive patterns.
- We make every effort to include people living with physical, mental, and cognitive disabilities.
- We respect the unique experiences of our participants, and practice openness towards different peoples' values, belief systems, and ways of healing.
- We are attentive to the impact of power dynamics in our relationships with participants, particularly where there are differences in privilege, gender, race, age, culture, education, and/or socioeconomic status.
- We strive to be honest with ourselves and with our participants about the limits of our understanding, and to hold genuine curiosity and interest as we relate to our participants' experiences.

- We aim to provide culturally-informed care, and seek education in support of greater cultural understanding. We refer participants to other providers as appropriate.

8. Special Considerations for Non-Ordinary States of Consciousness

We tend to special considerations when working therapeutically with participants in non-ordinary states of consciousness.

- Participants in non-ordinary states of consciousness may be especially open to suggestion, manipulation, and exploitation; therefore, we acknowledge the need for increased attention to safety and issues of consent.
- We examine our own actions and do not engage in coercive behavior.
- In working with non-ordinary states that can evoke unconscious material for both the participant and therapy provider, we acknowledge the potential for stronger, more subtle, and more complicated transference and countertransference, and, with that in mind, we practice self-awareness and self-examination, and seek supervision as needed.
- We respect the spiritual autonomy of our participants. We practice vigilance in not letting our own attitudes or beliefs discount or pathologize our participants' unique experiences. We hold and cultivate an expanded paradigm, which includes the experiences people have in extraordinary states.
- We protect our participants' health and safety through careful preparation and orientation to the therapy, as well as thorough integration.
- We support participants who may experience crisis or spiritual emergency related to psychedelic experiences with appropriate medical and psychological care, engaging the support of outside resources as needed.

9. Finances

We maintain clear communication with participants about fees and aspire to increase financial access to services.

- We disclose our fees and payment procedures before enrolling a participant in treatment.
- We advocate for our participants with third party payers, including health insurance reimbursement, sponsors, and donors when appropriate.
- We create opportunities for participants who are unable to afford the full cost up-front to engage in treatment, by considering income-based fees, sliding scale, pro-bono work, scholarship, sponsorship, and donor-supported services.
- We do not take on or continue treating a participant solely for financial gain; we only take on or continue to treat a participant if we believe our services will have therapeutic value.

- We do not accept payment or charge money for referrals.
- We establish and maintain clear and honest business practices.

10. Competence

We agree to practice within our scope of competence, training, and experience specific to the populations we are working with and the modalities we offer.

- We agree to represent our work honestly and accurately.
- We assess at intake whether a potential participant's needs can be addressed within our scope of competence and, if not, make informed referrals to other providers and services.
- We commit to ongoing professional development, seeking supervision and continuing education to further our therapeutic skills and presence.
- We agree to maintaining our licensure and certification in good standing, including re-certification as required.

11. Relationship to Colleagues and the Profession

We establish and maintain compassionate and positive working relationships with colleagues, in a spirit of mutual respect and collaboration.

- To maintain the highest integrity in our practice, we agree to seek counsel with our fellow practitioners and colleagues, being open to feedback when given, and offering feedback when it may be needed.
- As practitioners of this modality, we are mindful of how we represent this work to the public, including through the media, social media, and public presentations.
- If we face ethical decisions or questions about our practice that are not sufficiently addressed in the guidelines of this code, we will seek consultation and advisement from a MAPS-affiliated Supervisor or ethics review committee.

12. Relationship to Self

We commit to ongoing personal and professional self-reflection regarding ethics and integrity.

- We adhere to an ongoing practice of self-compassion and self-inquiry.
- We agree to seek professional assistance and community support for our own emotional challenges or personal conflicts, especially when, in our view or in the view of colleagues, they affect our capacity to provide ethical care to participants.
- We subscribe to the value of humility, out of respect for the transformative power of the experiences we have the privilege to witness and support, and out of respect for human dignity.