



MAPS Code of Ethics for Psychedelic Psychotherapy

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The Multidisciplinary Association for Psychedelic Studies (MAPS) is a 501(c)(3) non-profit research and educational organization that develops medical, legal, and cultural contexts for people to benefit from the careful uses of psychedelics and marijuana. MAPS Public Benefit Corporation (MAPS PBC), a wholly owned subsidiary of MAPS, carries out MAPS-sponsored psychedelic clinical trials and clinical training programs with a mission to catalyze healing and wellbeing. The MDMA Therapy Training Program, operated by MAPS PBC, provides quality training and supervision to support therapy providers in delivering ethical care in the field of psychedelic psychotherapy. The organizations take seriously their obligation to participant safety and their role in promoting ethical growth for those who participate in clinical programs. In service to this commitment, the organization established the MAPS Code of Ethics for Psychedelic Psychotherapy to guide and inform the practice of psychotherapy within MAPS protocols. We hope this Code will inspire and support other practitioners and organizations in delivering ethical care. This Code is a living document that will continue to grow through the evolution of the field and the ongoing integration of feedback. We have been grateful to draw on the collective wisdom of reviewers from psychotherapeutic and psychedelic fields, and the work of individuals and organizations such as the American Psychological Association, Council on Spiritual Practices, and *The Ethics of Caring* by Kylea Taylor. Throughout this document, participants, patients, and clients are referred to simply as "participants."

PREAMBLE

For the purpose of protecting the safety and welfare of participants the MAPS Code of Ethics for Psychedelic Psychotherapy outlines ethical principles governing treatment decisions made by providers delivering psychedelic psychotherapy within a MAPS protocol.

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

The practice of psychedelic 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 wellbeing. 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, psychedelic 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 psychedelic 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 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.

MAPS Psychedelic Psychotherapy Code of Ethics

1. Safety

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

- We ensure that candidates are medically and psychologically eligible before enrolling them in treatment. An eligible candidate is one that 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 screening and preparation with every participant.
- Prior to initiating treatment, we provide participants with clear information about our availability, backup support, and emergency contacts.
- We take an active role in preventing physical and psychological harm. We work with medical staff to monitor vital signs and hydration, prevent physical injury or falls, and assess for suicidality and self-harm. We provide clear direction if needed to prevent imminent harm.
- We inform participants of the actions we will take to ensure their safety. We ask participants not to leave during medicine sessions and to follow instructions given to them.
- We are responsive in cases of participant crisis for the duration of time that the participant is in our professional care. We have a crisis response plan prepared.
- If a medical emergency occurs during sessions or at the treatment facility, we immediately respond by contacting local emergency services.
- We inform participants about the extent of our availability between sessions. We provide participants with appropriate local resources to contact in the event of an emergency or during times that we are unavailable.
- We provide consistent care to participants. We never abandon a participant. We conduct appropriate termination, with preparation when possible, and provide referrals to other providers as needed.
- We provide thorough post-session integration.
- We adhere to the laws and requirements regarding storage and security of psychedelic medicines.

2. Confidentiality and Privacy

We respect the privacy of participants and uphold professional standards of confidentiality.

- We do not reveal information about participants without their express permission, except when mandated.
- We stay informed about confidentiality practices and adhere to all applicable privacy laws and regulations.
- We obtain permission from participants before sharing their identifying information in consultation or supervision.
- We discuss the limitations of confidentiality with participants during informed consent and disclose any obligations we have to release information as a mandated reporter or to address issues of safety.
- When we are required to release information about participants, we follow all pertinent laws and regulations and provide the minimum amount of information necessary. We inform participants about the release of their information when possible and permissible.
- We make agreements with participants about acceptable and preferred means of communication, such as leaving voicemails, 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 each participant's right to make informed choices.

- We include participants in decisions about their treatment.
- We obtain informed consent before initiating a new treatment or technique.
- We honor each 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, and alternative treatment options.

- We accurately represent our background and training using appropriate terms according to applicable laws and professional code.
- We inform participants of treatment fees and the process for collecting payment before delivering a billable service.
- We inform participants and all persons who will be present of any audio or video recording; we describe the purpose of recording and how recordings will be stored and used. We obtain consent from all persons present prior to recording sessions. We obtain explicit permission, outlining the specific use, authorized recipient(s), and terms of release, from the participant and all identifiable persons before releasing audio or video recordings.
- We obtain informed consent for any kind of physical touch that might be included in treatment. We inform participants that there may be times we need to make physical contact in order to ensure their safety, such as when taking their vitals, walking them to the restroom, or preventing a fall. Aside from preventing immediate danger, all physical touch is for therapeutic purposes and is optional; the participant can revoke their consent for touch at any time. (Refer to Code 5. Use of Touch)
- 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 or have access to patient-identifying information. We respect the participant's right to object to the presence of others who are not essential for treatment.
- We discuss the process of termination with participants at intake.
- We identify when we are unable to provide clinically appropriate care and inform participants that we must discontinue treatment and refer them to other providers.
- We respect the inner healing intelligence of participants to guide their experience.
- We respect the autonomy of each participant to make decisions in their life and make meaning of their experiences.
- We acknowledge that the healing process is deeply personal, and each participant has unique needs for treatment and support.
- We prioritize the participants' therapeutic needs and treatment goals.
- We treat people receiving services or reaching out for services with respect, compassion and humility.
- We firmly maintain the responsibility of upholding clear professional boundaries.
- We acknowledge the inherent power differential between therapy providers and participants and act conscientiously in the service of participants' self-empowerment.
- We examine our own countertransference and unconscious biases.
- 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 continuing interaction with existing or previous participants outside of treatment.
- When treating couples or families, we 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.

4. Therapeutic Alliance and Trust

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

- We aspire to create and maintain therapeutic alliance built on trust, safety, and clear agreements, so that participants can engage in inner exploration and relational healing.

5. Touch

When using touch in our practice, we always obtain consent and offer touch only for therapeutic purposes.

- We only offer techniques, such as touch, if they are 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 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 engage in sexual touch with participants.

- We take responsibility for upholding clear professional boundaries.
- We do not engage in sexual intercourse, sexual touch, or sexual intimacy with a participant, former participant, their spouse or partner, or their immediate family member, at any point during treatment or following 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.
- We respect the sexual identities and expression of participants and validate participants' processes that might relate to sexuality and sexual healing.
- 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 backgrounds, identities, and experiences of participants and colleagues.

- 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, disability or socioeconomic status.

- We take steps to examine our unconscious biases. We commit to ongoing self-reflection and to practice awareness, acceptance, and respect.
- We make every reasonable effort to include people living with physical, mental, and cognitive disabilities.
- We respect the unique experiences of participants, and practice openness towards their 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 participants about the limits of our understanding, and to hold genuine curiosity and interest as we relate to participants' experiences.
- We aim to provide culturally-informed care with consideration of participants' culture, race, identity, values, belief systems, and traditions.
- We commit to deepening our cultural understanding. We educate ourselves on various cultures, identities, values, belief systems, and traditions. We inform ourselves on social, political, and economic issues that are likely to impact participants.

8. Special Considerations for Non-Ordinary States of Consciousness

We attend 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, sexual boundaries, and consent.
- We do not engage in coercive practices or behaviors.
- In working with non-ordinary states that can evoke unconscious material for both the participant and therapy provider, we acknowledge the potential for stronger and more complex transference and countertransference. Therefore, we practice self-

awareness and self-examination and seek supervision and guidance as needed.

- We approach participants' experiences with respect, curiosity and openness. We suspend our own beliefs and opinions and cultivate an expanded perspective that embraces extraordinary states.

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 participants in treatment.
- We advocate for 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 initiate or continue treatment solely for financial gain; we only provide treatment when we believe our services have therapeutic value for the participant.
- We do not accept compensation or gifts for referrals.
- We establish and maintain clear and honest business practices.

10. Competence

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

- We represent our work and qualifications 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 maintain licensure(s) and certification(s) 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 consult with fellow practitioners and colleagues. We commit to asking for feedback and being open to receiving it, as well as offering feedback when it may be needed.
- 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 from colleagues or a supervisor.
- If we believe that a colleague has acted unethically or in violation of this Code, we take reasonable and timely action. We discuss ethical concerns directly with colleagues. When an ethical violation has caused or is likely to cause substantial harm or when directly addressing the concern has not resolved the issue, we report the issue to the appropriate licensing board, institutional authority, ethics committee, and to MAPS Ethics Officer at (844) 627-7722, unless doing so would violate confidentiality rights.
- We represent the modality of psychedelic psychotherapy with professionalism and accuracy when communicating with the public, including through the media, social media, and presentations.

12. Relationship to Self

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

- We commit to an ongoing practice of self-compassion and self-inquiry.
- We 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.