The Psychological Association of Manitoba
1661 Portage Ave., Suite 307 Winnipeg, Manitoba R3J 3T7
PH: 204-487-0784 www.cpmb.ca E: office@cpmb.ca

Practice Advisory

Delivering Psychedelic Assisted Therapies

Psychedelic-Assisted Therapies (PAT) are emerging psychological treatment modalities that can at present be accessed for specific clients via Health Canada's Special Access Program. The following is a practice advisory related to PAT when it is offered in Manitoba with the involvement of a member of PAM. In Canada, there is no single, federally mandated licensing body for psychedelic-assisted therapy (PAT). Instead, Health Canada and provincial regulatory colleges require practitioners to hold standard clinical licenses (e.g., as psychologists, psychotherapists, or physicians) and complete specialized, evidence-informed training.
Prescribing and administering drugs and controlled substances is not currently included in the scope of practice for psychology in Manitoba. It would therefore be expected that the controlled substances are administered by a separate regulated health professional whose scope of practice permits use of these substances.

1. Purpose and Scope

This practice advisory reviews some of the clinical, ethical, medical, and professional standards governing the provision of Psychedelic-Assisted Therapies (PAT) within Manitoba. These standards are designed to protect the public, ensure practitioner competence, and provide a structured framework for safe clinical delivery of this emerging intervention. PAT, including MDMA-Assisted Therapy and Psilocybin-Assisted Therapy, are recognized as specialized interventions requiring enhanced safeguards beyond conventional psychotherapy practice.

2. Regulatory Authority

Provision of PAT must comply with all applicable federal controlled-substance legislation, including authorization pathways established by Health Canada. No Psychologist or Psychological Associate (Independent Practice) may provide PAT without appropriate federal approval, professional authorization, and adherence to these standards. Psychology practitioners can provide PAT only in the clinics accredited by the College of Physicians and Surgeons of Manitoba.

3. Clinical Indications

PAT is currently restricted to specific indications. MDMA-AT is restricted to treatment-resistant Post-Traumatic Stress Disorder (PTSD), while Psilocybin-Assisted Therapy is typically used for treatment-resistant MDD. Treatment-resistant refers to insufficient response to evidence-based psychotherapy and/or pharmacological interventions. Any expansion of indications at this time requires formal review and approval by Health Canada.

4. Practitioner Eligibility and Competence

Psychology practitioners providing PAT must demonstrate advanced competence in specialized area of clinical care related to the specific PAT being used (PTSD, MDD), which includes risk assessment, crisis management, and complex case formulation. Completion of recognized PAT training is mandatory. Ongoing continuing education in trauma and psychedelic-assisted therapy is required. Psychology practitioners providing PAT should be trained in CPR and AED.

5. Training Requirements

Training must include pharmacology of psychedelic substances; cardiovascular and neurological risks; trauma processing models specific to PAT; management of altered states of consciousness; ethical risks; boundary protection; emergency response protocols; and integration therapy techniques. Training must include experiential components under supervision or with consultation by a regulated provider competent in this area and competency evaluation.

6. Comprehensive Assessment and Screening

A thorough biopsychosocial assessment must be completed prior to treatment. Screening must include psychiatric history, trauma history, substance use assessment, medical evaluation, medication review, and cardiovascular screening. Modality specific medical and psychological contraindications must be carefully screened for. This assessment is expected to be part of an interdisciplinary process involving appropriately credentialed medical practitioners.

7. Informed Consent Standards

Informed consent must be enhanced due to the altered state of consciousness involved. The consent process must include discussion of potential psychological distress, physiological risks, unknown long-term effects, alternative treatments, confidentiality limits, and withdrawal risks. Consent must be documented in writing and reaffirmed prior to each dosing session.

8. Treatment Protocol Structure

Treatment normally includes structured preparation sessions (minimum 2–4), monitored psychedelic dosing sessions (typically 6–8 hours), and structured integration sessions (minimum 3–6). Preparation should focus on stabilization, expectation setting, and coping skills. Integration should focus on meaning-making, behavioral change, and psychological safety.

9. Dosing Session Clinical Environment

Dosing sessions must occur in a controlled clinical setting with continuous monitoring of blood pressure, heart rate, and temperature by a suitably trained medical provider. Emergency medical equipment, including an AED, must be accessible. A co-therapy model is mandatory.

10. Ethical Safeguards and Boundary Protections

Given increased patient vulnerability during altered states, strict boundary protections apply. As is the case with other psychological treatments, sexual or romantic contact is strictly prohibited during or after treatment sessions. Dual relationships are prohibited. Any physical contact must be clinically justified, explicitly consented to prior to the dosing session, and documented. Enhanced supervision is strongly recommended.

11. Medical Oversight and Emergency Protocols

A licensed medical practitioner competent in this area of pharmacological intervention must be onsite or immediately available if needed during the procedure. Pre-treatment medical clearance is mandatory. Clear emergency protocols must be in place, including criteria for termination of session and emergency referral. Post-session monitoring and next-day follow-up are required.

12. Documentation and Outcome Monitoring

Documentation by the appropriate health care provider must include assessment findings, consent forms, session notes, vital sign logs, adverse events, and relevant standardized outcome measures. Follow-up assessments are recommended at 1, 3, and 6–12 months post-treatment.

13. Controlled Substance Handling

Psychedelic substances must be stored safely by appropriate staff in secure locked facilities in compliance with controlled-substance regulations. Chain-of-custody documentation and inventory audits are mandatory.

14. Advertising and Public Communication

Public representations must be accurate, evidence-based, and conservative. PAT must not be advertised as a cure or wellness enhancement service.

15. Quality Assurance and Oversight

The Association may conduct audits, require supervision documentation, mandate incident reporting, and require ongoing education to ensure compliance with these standards.

Approved by PAM Council on September 17, 2026