

BRAIN FUTURES

Psychedelic-Assisted Therapy Training Convening Summary

Introduction

Research into psychedelic-assisted therapy (PAT) has proliferated in recent years, demonstrating both safety and efficacy across this class of interventions, and building momentum for mainstream clinical application. The work has generated an attendant interest from students in learning more about the history, science, and clinical protocol of PAT. In response, a handful of universities throughout the United States introduced PAT curriculum as elective courses, with professors generating original course content and materials.

Against this backdrop, as well as the potential of Food and Drug Administration approval of the first psychedelic drug/therapy combination in summer 2024, BrainFutures hosted a Psychedelic-Assisted Therapy Training Convening in New York City over two days in April 2024. The convening welcomed leaders in the field from multiple academic institutions across psychiatry, nursing, and social work to share and discuss their recent efforts building PAT curricula, and to think more broadly about the future training landscape in the field. Specifically, the convening had four main purposes: 1) curriculum sharing and discourse, 2) interdisciplinary understanding of professional education requirements, 3) identification and discussion of major challenges to expansion of PAT training in higher education, and 4) outlining a toolkit to ease and expedite the work of the next wave of PAT training educators. Publication of the complete toolkit is expected in summer 2024.

Convening Themes

Sharing Curriculum

Six participants presented their curricula at the convening, two within social work programs and four within psychiatry programs. Five of these presenters developed curriculum on their own, while one presented on behalf of a psychiatry consortium developed by faculty at multiple institutions. In all, eight of nine participants had been involved in the development of original curricular materials, with electives developed for undergraduate through doctorate- and medical resident-level students.

Generally, curricula are focused on providing introductory knowledge of and exposure to psychedelic medicine, familiarizing students with potential therapeutic use, clinical practice and protocols, mechanisms of action, safety, and ethics. Additional topic areas include clinical trial design, drugs-in-development, phases and methods of therapeutic psychedelic journeys, the logistics of set and setting, the historical context or global history of psychedelics, policy issues, diversity in the field, and more. Participants seem to agree that, at minimum, their goal is for students to become more familiar with the foundations of psychedelic medicine, and perhaps grow more open to psychedelic interventions as viable treatment options for patients.

Notably, the convening was the first opportunity for many presenters to share their curriculum outside of their home institution and see how PAT is taught at other universities. This dynamic created an enthusiastic environment of deep engagement and curiosity. Participants asked dozens of questions of presenters, including requests to deeply study (and even use) each other's materials. The forum sparked inspiration and reflection across everyone's work.

Educational Requirements

The convening included individuals trained in medicine (psychiatry), social work, and nursing, meaning participants were educated along distinct pathways. To build appreciation for the interdisciplinary implications of challenges the group would discuss, Dr. Heidi Allen, Dr. Caroline Dorsen, and Dr. Bit Yaden each presented on the requirements of licensure and continued practice within their professional disciplines. Presentations included prerequisites, entrance exams, didactic learning requirements, clinical requirements, board exams/board certification body, degree options, specialty or subspecialty tracks, program accrediting body, and continuing education requirements.

It was quickly clear that while the social work and nursing educational pathways shared similarities, both paths were substantially different from psychiatry and physician training generally. For example, while social workers and nurses pay for all levels of education they attain, physicians *are paid to train* after medical school. This means that students face very different training incentives for higher levels of education and likely hold different expectations about the value of that education. For example, social work or nursing students may expect that the education they are receiving is uniquely developed by faculty at their institution rather than shared among multiple institutions, as in the case of the psychedelic psychiatry consortium. Similar key differences were noted throughout the convening, adding nuance to potential solutions discussed relative to expediting the expansion of PAT training.

Challenges

Throughout the two-day convening, participants engaged in discussion about major challenges facing the field. Participants identified several key hurdles to creating and expanding PAT training in universities, including the need to:

- expand the field's educational infrastructure comprising curriculum materials, a real-world clinical video library, practicum opportunities, and a more robust faculty cohort;
- overcome institutional skepticism and hesitancy related to PAT;
- use the existing infrastructure of health care and academic fields to accelerate access to educational opportunities;
- ensure high levels of professionalism among practitioners of PAT;
- build diversity in the field; and
- address government restrictions on research.

Several of these issues were repeatedly raised throughout the convening, becoming strong themes of the two-day meeting:

Mental Health Training Participants were adamant that practitioners of PAT should have comprehensive mental health training, including both didactic training and practical opportunities for

hands-on clinical experience. PAT training, while additive to a comprehensive mental health education, does not fulfill this requirement on its own. Closely tied to this, participants were adamant that the training landscape require practitioners to adhere to the highest levels of professionalism in their work, including the highest moral and ethical standards in their interactions with patients.

Institutional Hesitancy Participants almost universally encountered hesitancy and skepticism as they worked to establish PAT coursework at their universities. They expect such sentiments will continue to face educators seeking to expand PAT curriculum to new programs and institutions. Fortunately, through the toolkit, participants were able to formulate a list of strategies to overcome this institutional concern, potentially allowing the next wave of educators to overcome this hesitancy with greater speed and ease.

Existing Infrastructure Participants were generally optimistic about the prospect of using the structures of the U.S. health care and education systems, imperfect though they may be, to accelerate the adoption of PAT: undergraduate and graduate education infrastructure including program accreditation, clinical research structures and guidelines, existing licensure standards, FDA New Drug Application and approval processes, and health insurance coverage. Participants expressed concern that building infrastructure specifically for the PAT field that runs parallel to these structures only furthers the view of these treatments as outside of mainstream medicine. Additionally, some participants expressed concern that psychedelic drug developers have signaled a desire to maintain exclusivity over provider training, which could hamper efforts to scale availability of training.

The list of challenges established by participants was lengthy. Fortunately, participants characterized some of these challenges as more readily surmountable, including building and disseminating curriculum materials and addressing institutional hesitancy. These challenges were characterized as less daunting to participants given that early coursework now exists with authors willing to share work for appropriate credit, and that such courses have been accepted at multiple institutions, signaling a wider and growing acceptance. Unfortunately, participants characterized some challenges as **urgent but more difficult to address**, including expanding practicum opportunities and building a real-world video library of clinical sessions. The current limitation of PAT to the clinical trial environment makes both challenges more difficult, since the number of care sites is fundamentally low. In addition, the creation of a video library is complicated by consent, privacy, and logistical challenges. Addressing each of these challenges will be key to expediting and expanding educational opportunities in the field.

Next Steps

As the culmination of the convening's discussions, participants developed a toolkit to assist the next wave of educators who are introducing PAT training coursework. Participants imagined themselves mentoring these educators, offering best practices that might expedite the process of getting approval for PAT coursework in new academic settings. The toolkit will include recommendations in curriculum, funding, community, credibility, finding allies, and more. This toolkit will be freely available in the summer of 2024. BrainFutures will also release a series of profiles giving real-world examples of programs that have already developed PAT curriculum and integrated it into graduate- and resident-level training programs.

Acknowledgements

We're thankful for the time, effort, and knowledge from our esteemed participants:

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