

**CONCEPTUAL BASIS FOR
STANDARDISATION
IN THE FIELD OF
PSYCHEDELIC-ASSISTED
THERAPY**

Analytical material

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Orlov O., Fitkalo O., Yakovets I.

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This analytical paper presents a conceptual framework for standardising psychedelic-assisted therapy (PAT) in Ukraine as a professional field in mental health care.

The authors justify the relevance of PAT as an innovative approach in the context of the war-induced increase in stress-related, depressive, and anxiety disorders, while outlining regulatory restrictions on psychedelics and the need to prepare for the future institutionalisation of the industry.

The key focus of the work is on describing professional roles (clinical, educational, research, and support) and the system of competencies required to perform functional duties within these roles.

A coding system for competencies and a four-level scale of competency mastery are proposed for the formation of competency profile matrices.

The material is intended for managers in the field of mental health, educational program developers, clinicians, and researchers involved in the development of innovative methods in the field of mental health.

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Introduction

Psychedelic-assisted therapy (PAT) currently occupies a leading position among innovative approaches in the field of mental health care. The method is still considered experimental, but it is already based on a solid and constantly growing evidence base. Studies demonstrate the potential of PAT in the treatment of resistant depression, post-traumatic stress disorder, anxiety and addictive disorders, personality disorders, etc. At the same time, the effectiveness of PAT is determined not so much by the pharmacological properties of psychedelic substances as by the professionalism and ethical maturity of the specialists who accompany the patient through all stages of the therapeutic process. The complexity of using PAT, which integrates pharmacological effects with specialised psychotherapeutic support, requires specialists to possess significantly broader competencies than those provided by traditional training programmes. The depth and intensity of the experiences of PAT patients require a high level of clinical training, responsibility, and psychological competence, which necessitates the creation of a clear professional framework for this innovative field.

The need to standardise professional roles is particularly acute for Ukraine. The consequences of the full-scale war have led to an unprecedented increase in the prevalence of PTSD, depression, anxiety, and other stress-related disorders among the population of Ukraine. Traditional treatment methods often prove insufficiently effective for a significant proportion of those affected, which intensifies public demand for innovative, scientifically grounded approaches capable of ensuring rapid and effective recovery. In this context, PAT represents a potentially important instrument of the national mental health recovery system; however, its implementation requires thorough workforce training, ethical regulation, and the creation of a safe infrastructure.

Despite the high level of need, the current legal framework of Ukraine does not allow the lawful use of psychedelic substances for either therapeutic or scientific purposes (with the exception of ketamine, which is registered in Ukraine). In accordance with Resolution of the Cabinet of Ministers of Ukraine No.770 and the Law of Ukraine *“On Narcotic Drugs, Psychotropic Substances, and Precursors,”* psychedelics are classified under Schedule I of the List, the circulation of which is prohibited. While the law formally permits their use for scientific or educational purposes, the existing regulatory requirements effectively make the practical conduct of research impossible. At the same time, Ukraine possesses institutional potential for launching experimental programs based on international models, as well as for modernising the regulatory framework.

In this context, the concept of professional competencies proposed by us performs two key functions. First, it establishes standards for professional training, defines ethical and clinical requirements for specialists, and provides a foundation for the safe and responsible practice of PAT (which is already possible when ketamine is used). Second, it creates the necessary conceptual groundwork for further discussion and the integration of psychedelic therapy into Ukraine’s mental health care system.

The proposed concept is not a finalised educational standard. Rather, it is intended to serve as a basis for further professional dialogue and the development of high standards for

specialist training, as well as for the subsequent institutionalisation of PAT as a safe, scientifically grounded, and socially beneficial practice in Ukraine.

Professional roles in psychedelic-assisted therapy (PAT)

The effective and safe implementation of psychedelic-assisted therapy requires clearly structured work within a multidisciplinary team, with well-defined professional roles, responsibilities, and interaction protocols. With a clear allocation of professional duties and accountability, each specialist performs specific functions according to their role, complementing the work of other team members and forming a holistic, safe, and patient-centred therapeutic process.

The composition of a specific team and the distribution of tasks may vary depending on available resources, organisational structure, clinical model, and the conditions of a particular healthcare institution. Below are the professional roles proposed that may address various tasks in the context of the functioning of PAT as a professional field. The proposed list of roles is not exhaustive and is not intended as a rigid standard. Rather, it may serve as a systemic foundation for practical application in forming interdisciplinary teams and training specialists. The list of roles is proposed for professional discussion and further development of the PAT field in Ukraine and beyond.

CLI. Clinical Roles

CLI Clinical Roles is a group of professional roles that brings together specialists directly involved in the clinical implementation of psychedelic-assisted therapy. These include physicians and mental health professionals who conduct diagnostics, make clinical decisions, provide psychological and medical support to patients, administer substances, support the therapeutic process during the preparation phase, throughout therapeutic sessions involving altered states of consciousness, and during the integration of the psychedelic experience.

CLI.1 Psychiatrist. Conducts primary and differential psychiatric diagnosis; determines indications and contraindications for PAT; makes clinical decisions regarding the feasibility of therapy and the optimal intervention format; coordinates the treatment plan and aligns it with the patient and the team; provides clinical support throughout all stages (preparation — session — integration); performs risk assessment, monitoring, and management; assesses side effects; modifies the treatment plan; and makes decisions in complex or uncertain situations.

CLI.2 Psychotherapist / Clinical Psychologist. Conducts psychodiagnostics at all stages of PAT; conducts preparatory sessions, forms a therapeutic alliance, clarifies the patient's intentions and expectations; provides psychoeducation about the process and possible experiences; accompanies the patient during the psychedelic session in psychological and interpersonal dimensions; conducts integration sessions after the psychedelic experience; documents the psychotherapeutic process and the dynamics of change; interacts with the team to ensure continuity of care.

CLI.3 Co-therapist / Facilitator. Works alongside the psychotherapist (simultaneously) in the implementation of psychedelic-assisted therapy as an assistant, or independently in delivering auxiliary and supportive processes within the context of psychotherapy (such as organising and facilitating support groups). Maintains a safe setting and therapeutic presence throughout the psychedelic session; ensures sensitive verbal and non-verbal contact; monitors patient comfort; helps maintain boundaries and psychological safety; supports protocol adherence; responds to changes in the patient's condition and informs the lead therapist; participates in preparatory and integration sessions as needed; records observations to support team coordination. Organises and facilitates supportive forms of psychological assistance, clearly delineating the boundaries between supportive work and psychotherapy proper.

CLI.4 Anesthesiologist. Responsible for risk assessment, prescription, and safe administration of substances (in particular, ketamine in the case of ketamine-assisted therapy); conducts medical monitoring during the session, including monitoring of vital signs (pulse, blood pressure, oxygen saturation, respiration) and early detection of complications; provides emergency care within the scope of professional competence in acute conditions; ensures the availability and readiness of resuscitation equipment; coordinates dosing with the team. In the case of subanesthetic protocols, may work in collaboration with a psychiatrist who prescribes the substance.

CLI.5 Nurse. Prepares the premises, equipment, and materials for the implementation of PAT; prepares the substance for administration in accordance with safety and accountability requirements; administers the substance (by injection, infusion, or other method according to the protocol); monitors physiological indicators before, during, and after the session; maintains medical documentation and substance logs within the scope of authority; ensures compliance with sanitary standards, confidentiality, and proper organisation of the medical process.

CLI.9 Other Clinical Roles. These include general practitioners/family physicians who assess somatic status and comorbid conditions; medical specialists (cardiologists, neurologists, endocrinologists, etc.) who provide consultative support in cases of complex comorbidity, potential medical risks, or the need for interdisciplinary assessment prior to PAT; and crisis intervention specialists who respond to mental health crises or suicide risk.

EDU. Educational Roles

EDU Educational Roles are a group of roles aimed at the preparation, support, and professional development of specialists in the field of PAT. They include supervisors, lecturers, trainers, and facilitators of intervision groups who are responsible for knowledge transfer, the formation of professional skills, and the development of professional and ethical culture. Educational roles ensure the standardisation of professional training, support the quality of practice, and foster the development of an ethics- and safety-oriented reflective community of professionals.

EDU.1 Supervisor. Provides professional support and development for specialists practicing PAT; analyzes clinical cases, helps determine the boundaries of professional competence and the need for additional training; supports the ethical, clinical, and methodological quality

of practice; conducts structured supervision sessions; promotes a culture of safety and reflection within the team; assists in analyzing situations and making decisions regarding complex cases and crisis situations.

EDU.2 Lecturer (Trainer). Develops and/or delivers PAT training programs, including theoretical modules, practical exercises, simulations, and clinical case reviews; adapts training materials to the participants' level of preparation; ensures the assimilation of contemporary evidence-based approaches, safety principles, and ethical standards; assesses participants' progress and provides feedback.

EDU.3 Intervision Facilitator. Organises and supports intervision groups in which specialists discuss clinical cases, share experience, and develop joint solutions; creates a safe space for collegial reflection and professional development; monitors the structure of meetings, moderates discussions, and facilitates the development of teamwork skills.

EDU.9 Other Educational Roles. Include training programme coordinators, academic methodologists, developers of educational materials, and consultants responsible for implementing PAT standards into training courses; provide methodological and organisational support for the educational process.

RES. Research Roles

RES Research Roles are a group of roles aimed at the search, creation, organisation, and validation of scientific knowledge in the field of PAT. They include principal investigators, psychotherapist-researchers, and other members of research teams who plan, conduct, and document clinical and other scientific studies in accordance with the current state of scientific development, legal regulations, recognised standards, and ethical norms. Research roles ensure the evidence base; support the development of protocols; enable the evaluation of the effectiveness and safety of interventions; facilitate the assessment and dissemination of best PAT practices; and support the integration of new knowledge into the broader scientific and societal discourse.

RES.1 Principal Investigator. Bears overall responsibility for conducting clinical trials and academic research in PAT; develops the research protocol, defines research questions, inclusion/exclusion criteria, and endpoints; ensures compliance with GCP, ethical standards, and regulatory requirements; coordinates the work of the research team; makes key decisions during the conduct of the study; is responsible for data quality and participant safety; analyzes research data, draws conclusions, and presents the results.

RES.2 Psychotherapist-Researcher. Conducts clinical interviews, psychometric assessments, and evaluations of participants' condition; conducts PAT research sessions in accordance with the protocol; documents processes, changes, and events; adheres to GCP, SOPs, and ethical requirements; collaborates with the principal investigator and other members of the research team (such as study coordinators and monitors); participates in data collection and primary data interpretation.

RES.9 Other Research Roles. Include research coordinators, assistants, monitors, data managers, statisticians, and other specialists; ensure the organisation of visits, data entry and control, protocol compliance, and documentation in accordance with ALCOA principles; and participate in the preparation of materials for reporting and publications.

SUP. Other (Support) Roles

SUP Other (Support) Roles include program coordinators, case managers, clinical administrators, consultants, and other specialists who provide organisational, logistical, and other forms of support for the PAT process; they contribute to the accessibility, safety, ethical integrity, and overall coherence of service delivery.

General Structure of the Competency System in PAT

The professional competency framework in the field of Psychedelic-Assisted Therapy (PAT) proposed here is designed to systematise expectations regarding knowledge, abilities, skills, and professionally relevant worldview orientations inherent to specific professional roles. A unified list of competencies is proposed for the entire PAT field. For each role, a subset of competencies from this general list is identified as key to the activities within that role. This approach makes it possible to clearly define what a specialist is expected to know and be able to do within a given professional role, while maintaining a holistic view of the field.

The competency framework consists of five main blocks that cover different dimensions of the professional activity of specialists working in the PAT field.

Block A. Metacompetencies - describes cross-professional capacities that ensure the quality, responsibility, and ethical integrity of all activities in PAT, including professional practice, communication, ethical reasoning, interdisciplinary collaboration, self-observation, cultural sensitivity, and continuous professional development.

Block B. General Therapeutic Competencies - covers core clinical and psychotherapeutic skills, including the assessment of patient needs, diagnosis, case formulation, planning and implementation of interventions, and monitoring of therapeutic process dynamics.

Block C. PAT-Specific Competencies - focuses on the specific features of working with altered states of consciousness, such as preparation for the psychedelic session, process facilitation, experience integration, and understanding the phenomenology of psychedelic experiences.

Block D. Didactic and Supervisory Competencies - defines skills related to knowledge transmission, facilitation of the learning process, and provision of supervision necessary for the development of the professional community.

Block E. Research Competencies - includes the ability to plan, conduct, and analyse research, adhere to international standards, and disseminate newly generated knowledge.

Each block is further elaborated into specific competencies (A.1, A.2, B.1, C.1, etc.), which in turn are detailed into sub-competencies (A.1.1, B.1.2, C.1.3, etc.). This level of specification makes it possible to:

- formulate clear and measurable learning outcomes;
- create transparent and reproducible criteria for evaluating professional performance;
- design individual professional development pathways and supervision plans;
- adapt the framework to diverse clinical, educational, and research contexts.

Although the competencies are grouped into separate blocks, they function as an integrated and coherent system. Metacompetencies (Block A) establish the ethical, communicative,

and reflective foundation of all activities in PAT. General therapeutic competencies (Block B) provide the clinical logic and structure upon which PAT-specific interventions (Block C) are built. Didactic and supervisory competencies (Block D) ensure the transmission of knowledge and the maintenance of professional standards. Research competencies (Block E) support the development of the field based on principles of evidence-based practice.

To ensure consistency and ease of use, a hierarchical coding system is applied:

- a letter index indicating the block (A, B, C, D, E);
- a numerical index for the competency within the block (A.1, B.2, C.3, etc.);
- a numerical index for the sub-competency (A.1.1, B.2.3, C.3.2, etc.).

This coding system makes it possible to construct detailed competency profiles for different professional roles. To differentiate expectations regarding the level of mastery of each competency, a four-level competency proficiency scale is proposed. This scale allows for the assessment of the expected level of knowledge, abilities, skills, and professional behavioural manifestations for each role and each competency, as well as for defining boundaries of responsibility, training needs, and the need for supervision.

To avoid confusion between the competency number (denoted by Arabic numerals) and the level of mastery, the latter is coded using Roman numerals. For example, A.1.1.I indicates competency A.1.1 at Level I (introductory level); B.1.3.II indicates competency B.1.3 at Level II (core level); C.6.7.III indicates competency C.6.7 at Level III (expert level). The levels are universal and apply to all competency blocks.

0 — Not Expected. The competency is not part of the functional responsibilities of the role and is not necessary for the safe and effective performance of professional tasks. Mastery of this competency is not expected and does not affect the quality of work within the defined role. It may be considered an additional advantage but is not a mandatory condition for practice. When coding levels of competency mastery, this level is not indicated. When compiling a competency profile for a professional role, the competency (or sub-competency) is not listed.

1 — Introductory Level (Basic Awareness). The specialist has a general understanding of the content of the competency, its significance, key concepts, areas of responsibility, and main risks. At this level, the specialist is able to recognise situations in which the competency is required and to involve an appropriate professional in a timely manner, but does not perform the corresponding tasks independently. Mastery of the competency is limited to an understanding of principles; practical application is not expected. When coding the level of competency mastery, it is denoted as “I”.

2 — Core (Practical) Level. The specialist is able to independently apply the competency within the scope of their role in typical, standard, and predictable situations. Activities are carried out in accordance with established protocols, clinical guidelines, and professional standards. The specialist understands the limits of their authority, can timely initiate supervision or consultation, and is responsible for the quality of task performance within a typical clinical or organisational context. When coding the level of competency proficiency, it is designated as “II.”

3 — Advanced (Expert) Level. The specialist demonstrates a high level of competency and is capable of acting effectively under conditions of uncertainty, in complex clinical situations, crisis states, or when addressing non-standard tasks, generating new knowledge, and developing novel approaches. They can adapt methods to specific conditions, integrate interdisciplinary knowledge, substantiate decisions, and provide mentorship or supervision to other professionals. At this level, the specialist shapes professional culture and best practices and participates in the development of algorithms, standards, and training programs. When coding the level of competency proficiency, it is designated as “III.”

Thus, the proposed system creates a flexible yet structured framework for standardising training, practice, and team development in PAT. This system ensures unambiguous interpretation of competency combinations and enables the easy creation of competency matrices, on the basis of which comprehensive training programmes, individual courses, and personalised development plans can be developed.

Competencies in the Field of Psychedelic-Assisted Therapy (PAT)

A. Metacompetencies

Metacompetencies are generalised, cross-professional capacities that ensure the effective acquisition, integration, and application of diverse competencies in new, complex, or uncertain situations. They enable an individual to perform professional activities and to continuously improve as a professional.

A.1. Professional Practice

The ability to manage the full cycle of clinical work—from planning and delivery to completion and follow-up — with predictable decision-making and alignment of actions with one’s defined authority and role. This includes procedural consistency, maintenance of continuity of care, and timely use of available resources (supervision, interprofessional coordination, patient referral pathways) when required by the situation, as well as high-quality performance of professional duties within a clearly defined specialist role, encompassing technical skills and organisational-ethical aspects.

A.1.1. Clear Adherence to Professional Role Boundaries

The ability to consistently maintain clear distinctions between functions, authority, and responsibility in interactions with the patient and the team, according to one’s education and level of training. This includes timely identification of role conflicts and dual relationships, prevention of “role drift,” refusal to perform actions outside one’s scope of training, transparent communication of boundaries, initiation of involvement of other specialists when indicated, avoidance of functions for which adequate training is lacking, and timely engagement of colleagues for consultation or referral when necessary.

A.1.2. Compliance with Legal Norms and Established Requirements for Professional Activity

The ability to clearly understand and strictly comply with the current legislation of Ukraine, ethical codes, regulatory and legal acts, and professional standards in the field of mental health. This includes knowledge of requirements related to confidentiality, personal data protection, patient rights, and standards for the provision of psychotherapeutic care in both medical and non-medical settings.

A.1.3. Session Preparation

The ability to conduct comprehensive pre-session planning that includes detailed analysis of current client data, previous treatment outcomes, and the formulation of operational goals and success criteria for the session. This involves thorough verification of the readiness of session conditions (physical space, material and technical resources, post-session follow-up pathways), systematic identification of potential risks, development of contingency response scenarios for unforeseen situations, coordination of the action plan with the team, and ensuring the client’s psychological, emotional, and physical comfort within a safe therapeutic environment.

A.1.4. Documentation

The ability to systematically document the course of clinical work in structured, timely, and standardised records that clearly distinguish facts, observations, and interpretations, and include rationales for decisions, descriptions of applied interventions, and risk assessments. This ensures traceability and reproducibility of clinical decisions, continuity of care, and the possibility of independent audit through consistent compliance with personal data protection requirements, archival storage rules, and the use of standardised forms and coding systems specified in regulatory documents.

A.1.5. Awareness of the Limits of One's Own Competence and the Ability to Formulate a Supervision Request

The ability to clearly recognise the limits of one's professional training, knowledge, and clinical experience as they relate to a specific situation or client needs. This includes timely identification of situations that exceed one's competence and initiation of a substantiated request for supervision, consultation with a specialist from another discipline, or referral of the client to an appropriate professional, avoiding unwarranted expansion of one's mandate in order to minimise risks.

A.2. Cognitive Flexibility and Adaptability

The specialist's ability to rapidly orient in complex, dynamic, or unpredictable situations and to modify approaches in response to new data, contextual factors, or patient reactions, while maintaining therapeutic goals and ethical reference points.

A.2.1. Critical Thinking

The clinician's ability to think systemically, evaluate information from multiple sources, distinguish between facts, assumptions, and interpretations, and identify logical inconsistencies, errors in reasoning, and the influence of cognitive biases. This also includes the capacity to conduct independent assessments of clinical cases, scientific evidence, or therapeutic interventions, taking into account context, evidentiary strength, and the individual characteristics of the patient.

A.2.2. Tolerance for Uncertainty, Paradoxes, and Ambiguity

The ability to work in complex, unpredictable, or ethically ambiguous situations characteristic of deep psychotherapeutic work, including psychedelic-assisted interventions. This involves psychological flexibility, emotional resilience, the capacity to refrain from premature conclusions, to hold space for processes that have not yet taken a clear form, and to maintain therapeutic contact with the patient in situations where multiple answers may exist—or none at all.

A.2.3. Awareness of the Influence of One's Own Experience, Beliefs, and Transformations on Clinical Practice

The practising specialist's capacity for systematic self-reflection enables recognition of how personal values, biographical history, one's own therapeutic experiences, and internal beliefs influence cognitive processes, symptom interpretation, attitudes toward the client, and ethical judgments. This includes ongoing monitoring of these influences, identification of potential biases, and the development and application of strategies to minimise the risk of unconscious projection of one's own experience and discriminatory assumptions.

A.3. Ethical Practice

The ability to conduct clinical activity grounded in professional values and ethical reasoning, including respect for the patient's dignity and autonomy, justice, honesty, nonmaleficence, and proportionality of interventions.

A.3.1. Adherence to the Principles of Confidentiality and Autonomy

The ability to ensure patient privacy and control over personal information through access limitation based on the "minimum necessary" principle, a clear definition of disclosure boundaries, and documentation of justifications in cases of legally or clinically justified exceptions. This includes supporting self-determination and voluntariness of decisions, considering decision-making capacity, avoiding coercion, and respecting the patient's choices, including the right to refuse or revise previously expressed preferences.

A.3.2. Proficiency in Ethical Analysis of Complex Situations

The ability to conduct structured ethical reasoning in situations involving dilemmas with uncertain or competing values: clearly formulating the ethical question, distinguishing facts from value judgments, identifying stakeholders and their interests, aligning potential actions with relevant principles and norms, assessing the proportionality of benefits and risks, and selecting the least restrictive option.

A.3.3. Prioritisation of Client Safety, Dignity, and Well-being Throughout the Entire Process

The ability to prioritise the client's safety, dignity, and well-being above any therapeutic objectives or organisational interests, making decisions according to the principle of the least restrictive and least risky alternative. This includes continuous risk assessment and timely protective actions (de-escalation, modification, postponement, or termination of a session, activation of safeguarding protocols), prevention of exploitation and abuse of power, maintenance of conditions that minimise harm, and provision of post-session follow-up with clearly defined care pathways.

A.4. Effective Communication

The ability to ensure clear, structured, and goal-oriented transmission of information and meaning, taking into account the patient's cognitive, emotional, and cultural context. This includes the capacity to listen and clarify, summarise and verify understanding (including through the teach-back technique), formulate complex clinical concepts in accessible language, timely restoration of contact after misunderstandings, and maintain professional boundaries throughout dialogue.

A.4.1. Active Listening and Empathic Reflection

The ability to sustain a high level of attention to verbal and nonverbal cues, clarify content through paraphrasing, summarising, and clarifying questions, while simultaneously reflecting the patient's emotional states in a way that fosters a sense of being heard and understood. This includes appropriate verbalisation of affect, tolerance for pauses and silence, withholding judgments and advice until shared understanding is established, and regular verification of interpretive accuracy without imposing meanings.

A.4.2. Clarity and Transparency in Verbal Communication

The ability to formulate messages concisely, logically, and concretely, clearly separating facts from assumptions and evaluations, and avoiding jargon and ambiguity. This involves

structured message construction (purpose, key point, implications, next steps), anticipation and prevention of potential misinterpretations, and explicit signalling of areas of uncertainty or risk to ensure shared understanding and predictability of subsequent actions.

A.4.3. Therapeutic Presence and Authenticity

The ability to maintain stable, attentive “here-and-now” contact with the patient, demonstrating internal composure, genuineness, and congruence between verbal and nonverbal expressions. This includes effective self-regulation of affect and interaction pace, appropriate self-disclosure within role boundaries, a non-defensive stance toward feedback, and the capacity to remain available and empathically attuned even under conditions of high emotional intensity.

A.5. Inter- and Intra-disciplinary Collaboration

The ability to coordinate joint clinical work both within one’s own discipline and across different professions: achieving a shared case formulation and aligned goals, distributing areas of responsibility, ensuring clear and timely referrals, maintaining bidirectional feedback, and resolving disagreements through structured discussions. This includes coordinated care plans, predictable points of contact, regular team meetings, and reproducible communication channels that strengthen continuity and effectiveness of treatment.

A.5.1. Teamwork Based on Partnership

The ability to collaborate with colleagues on the principles of equality, mutual respect, and shared decision-making, combining role clarity with collective responsibility for outcomes. This involves creating a psychologically safe environment, providing systematic two-way feedback, transparently aligning expectations and success criteria, constructively resolving disagreements, and demonstrating readiness to adjust one’s own actions in the interest of an agreed-upon care plan.

A.5.2. Respect for Other Professionals

The ability to recognise the autonomy and expertise of colleagues, appropriately align one’s actions with their areas of responsibility, and refrain from intervening beyond one’s mandate. This includes appropriate consultation requests and referrals, accurate information transfer without evaluative judgments of others’ methods, willingness to accept the team’s professional decisions, and consistent communication in support of those decisions when interacting with the patient.

A.5.3. Coordination of Joint Actions and Collective Decision-Making

The ability to organise and facilitate the decision-alignment process: defining the agenda and participant roles, moderating discussions, integrating clinical data and alternatives, assessing implications and risks, and achieving consensus or documenting substantiated dissent with assignment of responsible parties. This includes formalising decisions into a clear action plan with timelines, performance criteria, and control mechanisms; ensuring effective handover; maintaining feedback loops; and conducting retrospectives (e.g., decision logs, RACI/DACI) to enhance alignment and effectiveness of team collaboration.

A.6. Continuous Professional Development

The ability to consistently maintain and enhance one's professional competence through systematic self-assessment, the setting of learning goals and measurable outcomes, regular updating of knowledge and skills, and the integration of new approaches into daily practice. This includes maintaining an individualised development plan with timelines and achievement criteria, participation in formalised education programmes and professional communities, critical monitoring of changes in the evidence base and regulatory requirements, and evaluation of the impact of learning on clinical outcomes.

A.6.1. Participation in Training Programs, Supervision, and Conferences

The ability to maintain regular engagement in accredited continuing professional development and supervision formats with predefined learning objectives and outcome criteria. This includes a reasoned selection of programs aligned with one's role, active participation (case presentations, discussions, receiving and providing feedback), and documentation of participation for subsequent evaluation of professional progress.

A.6.2. Integration of New Knowledge and Experience into Clinical Practice

The ability to translate approaches acquired through training or supervision into concrete changes in routine practice: updating clinical procedures, adapting case formulations and decision-making algorithms, discontinuing outdated practices, conducting small-scale implementations with subsequent impact evaluation (audits, process and outcome indicators), and adjusting actions accordingly.

A.6.3. Maintenance of a Professional Portfolio

The ability to systematically track one's professional development through a portfolio that includes goals, achievement plans, records of education, case logs, reflective notes, external feedback, and performance indicators. This involves periodic review of goals, adjustment of the developmental trajectory in response to new requirements and opportunities, and alignment with professional certification requirements.

A.7. Self-Monitoring and Self-Support

The ability to regularly monitor one's own condition, timely restore personal resources, and utilise external support when needed.

A.7.1. Reflection on One's Own State, Boundaries, Emotions, and Reactions

The specialist's ability to systematically monitor and document the dynamics of their emotional, cognitive, and somatic state throughout professional activity, recognising signs of accumulating fatigue, countertransference, activation of personal triggers, and fluctuations in professional boundaries. This includes regular self-reflective record-keeping (journals, logs), systematic participation in intervision groups and reflective meetings, through which patterns of psycho-emotional stress are identified, and personal strategies for risk management and restoration of both professional and personal resources are developed and dynamically adjusted.

A.7.2. Application of Self-Regulation and Recovery Techniques

The ability to maintain a personal self-regulation and recovery protocol (e.g., breathing and somatic techniques, grounding, structured breaks, sleep hygiene, workload planning) with clearly defined activation conditions in response to signs of overload. This also includes

evaluating effectiveness through functional indicators (concentration, emotional stability, consistency of decision-making) and periodically adjusting the protocol.

A.7.3. Awareness of the Need for Personal Therapy and Support and Its Implementation

The ability to timely identify the need to process themes and states outside of clinical interactions; to select an appropriate format (personal therapy, intervision, group support, etc.); to establish a working schedule; and to define boundaries that prevent role conflicts and undue influence on work with patients.

A.8. Cultural Competence

The ability to take into account the patient's individual context (cultural, linguistic, socio-economic, religious, historical, value-based, etc.). This includes adapting case formulations, communication, and procedures to relevant cultural codes without compromising professional standards; critically recognising one's own biases; and continuously expanding knowledge about diverse communities to enhance accessibility and equity of care.

A.8.1. Consideration of the Client's Individual (Cultural, Religious, Social) Context

The ability to systematically integrate cultural, religious, and socio-economic factors into case formulation, goal setting, risk–benefit assessment, and care planning, and to align models of illness and recovery with the client's beliefs without loss of professional standards.

A.8.2. Non-biased Attitude and Respect for Diversity

The ability to maintain a stance free from discrimination and evaluative labelling; active work with one's own biases and minimisation of "microaggressions." This includes ensuring equitable access to services and adjusting procedures if they disproportionately restrict certain groups.

A.8.3. Skills in Culturally Sensitive Communication

The ability to select verbal and nonverbal communication strategies in accordance with the norms of the client's community. This includes the use of professional interpreters, when necessary, avoidance of culturally ambiguous idioms, verification of understanding with regard to literacy level, appropriate framing of informed consent, and accurate encoding of meaning when addressing sensitive topics.

B. General Therapeutic Competencies

This block encompasses professional skills common to all psychotherapeutic practice: clinical reasoning and case formulation, building a working alliance, selection and appropriate dosing of interventions in accordance with therapeutic goals and clinical indications, risk management, maintenance of continuity of care, and outcome monitoring. Emphasis is placed on the coherence of theory, method, and process, as well as on adjusting the treatment plan based on the patient's clinical dynamics.

B.1. Analysis and Identification of Patient Needs

The ability of a mental health professional—psychotherapist, psychiatrist, or clinical psychologist—to conduct a systematic, comprehensive, and ethically responsible process of

collecting, analysing, and integrating information about an individual's condition in order to form a well-grounded clinical understanding of their problems, needs, and presenting request for help. This includes identification of mental symptoms and syndromes; assessment of medical and psychosomatic factors; analysis of the patient's motivations and expectations and their capacities; consideration of sociocultural, spiritual, and existential factors; and verification of legal and ethical aspects, such as the individual's capacity to provide informed consent.

B.1.1. Initial Assessment and Formulation of Clinical Hypotheses

The ability to conduct professional history taking, recognise symptoms and syndromes of mental disorders in accordance with contemporary classification systems (ICD-10/11, DSM-5), and integrate the obtained information into a biopsychosocial or other conceptual model to formulate a clinical hypothesis. This includes knowledge of psychiatry and psychopathology; proficiency in structured and semi-structured interviews; attentiveness and empathy; critical thinking and clinical scepticism; and the ability to formulate prognostic judgments.

B.1.2. Screening for Mental and Somatic Comorbidity

The ability to identify the presence and significance of physical conditions that may affect the course of mental disorders or complicate the therapeutic process. This includes foundational knowledge of internal medicine, neurology, endocrinology, and pharmacokinetics; the ability to analyse laboratory and instrumental test results; collaboration with physicians of other specialities; and a professional stance that places patient safety above any treatment-related ambitions.

B.1.3. Analysis of Patient Motivation and Therapeutic Expectations

The ability to identify the underlying reasons for the patient's help-seeking, understand the level of insight into their problem, the realism of expectations, and readiness to actively participate in the therapeutic process. This includes knowledge of motivational psychology and theories of change; skills in using open-ended questions and reframing techniques; respect for patient autonomy; and the ability to recognise signs of manipulation or avoidance.

B.1.4. Assessment of Sociocultural, Spiritual, and Existential Factors

The ability to assess sociocultural, spiritual, and existential factors that influence the patient's difficulties and may be incorporated into therapeutic work. This includes understanding how social context, culture, religion, spiritual beliefs, and questions of meaning shape an individual's perception of their condition and expectations of treatment; knowledge of social and cultural psychology and the foundations of spiritual and existential psychology; skills in conducting sensitive discussions on these topics without imposing one's own views; and cultural humility and openness.

B.2. Diagnostic Assessment and Case Formulation

The ability of a mental health professional (psychotherapist, psychiatrist, or clinical psychologist) to conduct standardised and scientifically grounded psychodiagnostic assessment of a patient/client using validated psychometric, clinical-psychological, and neuropsychological tools, and to formulate the case by integrating these data into a

comprehensive clinical model of the problem, including its genesis, maintaining mechanisms, and prognostic factors.

B.2.1. Selection of Diagnostic Methods According to Specific Clinical Tasks and Hypotheses

The ability to navigate indications, limitations, validity, and reliability of various psychometric instruments (e.g., CAPS-5 for diagnosing and severity assessment of PTSD, MADRS and BDI-II for depression, PANSS for psychotic conditions, SCID-II for personality disorders, MoCA or MMSE for cognitive screening). This includes the skill to plan the psychodiagnostic process to optimally address the clinical questions, avoid overloading the patient with tests, and adhere to principles of rational and goal-directed use of resources.

B.2.2. Administration of Psychometric Assessments

The ability to strictly adhere to testing protocols, create safe and emotionally acceptable conditions for the patient, clearly explain instructions, record results in standardised forms, and monitor the individual's psychological state during testing—especially when tasks may trigger traumatic memories or distress.

B.2.3. High-Quality and Comprehensive Interpretation of Psychodiagnostic Results

The ability to deeply understand the theoretical models underlying psychometric instruments. This includes analysing multidimensional data, identifying internal patterns and inconsistencies in results, and integrating data from different tests with clinical observations.

B.2.4. Case Formulation Based on Integration of Psychodiagnostic Results, Clinical Interview, History, and Contextual Data

The ability to construct a comprehensive model that explains the onset and maintenance of symptoms, their connection to life events, personality patterns, and the social environment. This involves accurately establishing a diagnosis, defining therapeutic goals, setting intervention priorities, and estimating the expected prognosis.

B.3. Planning and Implementation of Psychotherapeutic Interventions

The ability of a mental health professional to develop, implement, and flexibly adapt individualised therapeutic plans based on clinical assessment, psychodiagnostic data, and case formulation. This involves knowledge of various evidence-based psychotherapeutic approaches, the ability to prioritise interventions, integrate multidisciplinary resources, and conduct the psychotherapeutic process in accordance with the highest standards of professional and ethical practice.

B.3.1. Development of an Individualised Therapeutic Plan Based on Clinical Assessment and Psychodiagnostics

The ability to align case formulation with scientifically supported psychotherapeutic approaches, define key therapy goals and objectives, agree on them with the patient, and create a coherent, flexible intervention plan tailored to the unique characteristics of the individual.

B.3.2. Mastery of Evidence-Based Psychotherapeutic Methods and Techniques

The ability to navigate both theoretical foundations and practical techniques of approaches such as Cognitive Behavioural Therapy (CBT), psychodynamic therapy, Dialectical

Behaviour Therapy (DBT), EMDR, etc., depending on the clinical situation, in line with contemporary international standards and guidelines.

B.3.3. Establishing, Maintaining, and Developing the Therapeutic Alliance

The ability to build an open, empathetic, safe, trusting, and professionally defined relationship. This involves maintaining boundaries, transparent communication, and working effectively with transference and countertransference dynamics.

B.3.4. Adapting the Intervention Plan According to the Dynamics of the Therapeutic Process

The ability to respond flexibly to changes in the patient's condition, the course of therapy, and interpersonal dynamics within the therapeutic alliance. This involves continuous re-evaluation of the initial case conceptualisation, revising therapy goals, intervention tactics, and chosen methods in response to new clinical information, shifts in motivation, or changes in the client's life circumstances.

B.3.5. Readiness to Recognise and Respond to Potential Acute Exacerbations of Mental or Somatic Conditions

The ability to understand risk factors and triggers for suicidal behaviour, psychotic decompensation, severe anxiety, or dissociative crises, and to provide appropriate first aid. This includes skills in basic psychiatric and somatic emergency care, organising rapid hospitalisation or emergency medical evacuation, and collaborating with medical and emergency services, family, and other stakeholders involved in the crisis.

B.3.6. Integration of Psychotherapeutic Process Outcomes into Long-Term Support and Relapse Prevention Strategies

The ability to develop post-therapy support plans, including engagement with self-help groups, social rehabilitation, or other preventive programs, and to teach patients self-regulation and self-monitoring skills to maintain therapeutic gains.

B.4. Monitoring and Evaluation of Psychotherapeutic Intervention Outcomes

The ability of a mental health professional to systematically track the course of therapy, analyse changes in the patient's mental state and the effectiveness of interventions, timely detect risks of deterioration or lack of progress, and adjust the therapy plan based on both objective and subjective data.

B.4.1. Systematic Use of Standardised Scales, Questionnaires, and Psychometric Tools

The ability to select appropriate repeated-measure diagnostic instruments (e.g., BDI-II for depression, GAD-7 for anxiety, CAPS-5 for PTSD), interpret changes in scores in a clinical context, and communicate results to the patient in a way that supports engagement in therapy.

B.4.2. Systematic Clinical Observation of Symptom, Behavioural, and Emotional Dynamics

The ability to track subtle changes in nonverbal behaviour, mood, and cognitive reactions during and between sessions, relate them to previously identified patterns and therapy goals, and use foundational knowledge of clinical phenomenology to inform interpretation.

B.4.3. Integration of Psychometric and Clinical Observation Data

The ability to combine quantitative data from standardised assessments with qualitative clinical observations to form conclusions about therapy progress. This includes comparing current data with baseline measures, identifying trends of improvement or deterioration, assessing achievement of interim therapy goals, and detecting signs of stagnation or regression.

B.4.4. Engaging the Patient in Self-Assessment and Joint Reflection

The ability to create a therapeutic space in which the patient can openly share experiences, satisfaction, doubts, or concerns about therapy, and the clinician listens without defensiveness, integrating the patient's perspective into the planning of subsequent steps.

C. PAT-Specific Competencies

These competencies ensure the structured and well-contained management of altered states of consciousness across all stages—from preparation to integration—so that transformative experiences acquire therapeutic meaning without compromising safety or professional boundaries. They enable the translation of experiential phenomenology into sustained functional change, while maintaining a balance between clinical appropriateness, pharmacological risks, and the patient's cultural meaning-making frameworks.

C.1. Preparation for the Psychedelic Session

This competency encompasses a set of clinical, ethical, communicative, and organisational skills required for the safe and effective conduct of the preparatory phase of Psychedelic-Assisted Therapy (PAT).

C.1.1. Understanding the Pharmacological Profile of Psychedelic Substances (Pharmacokinetics, Pharmacodynamics, Contraindications)

The ability to understand the mechanisms of action of major classes of psychedelic agents, to differentiate their duration, phase structure, and risk profiles, and to recognise situations in which their use may be clinically unsafe or ineffective.

C.1.2. Establishment of the Therapeutic Alliance in a Context of Heightened Vulnerability

The ability to create a space of trust, safety, equality, and acceptance that enables the client to openly express concerns and expectations within a sensitive and attuned mode of interaction.

C.1.3. Pre-Session Screening for Psychiatric Risks and Medical Contraindications.

The ability to assess risk factors (e.g., history of psychosis, suicidal ideation, cardiovascular conditions) through clinical interviews, standardised rating scales, medical history review, and, when necessary, interdisciplinary consultation.

C.1.4. Clinical Decision-Making Regarding the Appropriateness (or Inappropriateness) of PAT.

The ability to integrate clinical data, client motivation, current life circumstances, and contextual factors in order to determine whether psychedelic-assisted therapy is an appropriate form of therapeutic intervention in a given case.

C.1.5. Clarification of Client Intent and Psychoeducation Regarding Expected Effects, Risks, and Aftereffects of the Psychedelic Experience

The ability to support the formulation of the client's intent, explain the possible range of experiences (including challenging ones), post-session effects, and the role of integration in the process of change.

C.1.6. Organisation of the Therapeutic Setting

The ability to apply principles of a safe and supportive physical environment and ensure appropriate selection of lighting, sound, temperature, and furnishings; provision of necessary equipment, including an emergency medical kit; ensure confidentiality; and establish communication protocols in the event of an emergency.

C.2.1. Maintenance of a Safe Therapeutic Environment—Physical, Psychological, and Interpersonal

The ability to create and sustain conditions in which the client feels physically and emotionally safe, including stability, clear interactional boundaries, sensitivity to nonverbal cues, and an empathic, non-intrusive presence.

C.2.2. Communication in Altered States of Consciousness

The ability to engage in verbal and nonverbal communication with clients in altered states of consciousness, including the use of simple, supportive, non-directive language; recognition of communication needs in deep or diffuse states; and the capacity to maintain presence and attentiveness during moments of disorientation or intense emotional activation.

C.2.3. Selection and Application of Adjunct Psychotherapeutic Techniques During the Psychedelic Session

The ability to employ supportive techniques (e.g., breathing practices, grounding techniques, body-oriented interventions, verbal interventions, and supportive touch - when prior informed consent has been obtained) with caution, taking into account the client's individual boundaries, the experiential context, and the principle of minimal intervention.

C.2.4. Monitoring the Client's Physiological and Psychoemotional State During the Session

The ability to observe, record, and interpret changes in breathing, skin colour, muscle tension, posture, facial expression, speech, and behaviour, as well as to identify signs of overload, excessive dissociation, or loss of contact with reality.

C.2.5. Ability to Recognise and Competently Respond to Emergency Situations

The ability to provide first aid in the event of medical or psychiatric crises (e.g., acute agitation, cardiac events, severe and uncontrolled aggression, loss of consciousness). This includes knowledge of basic emergency protocols, coordination with the medical team, availability of emergency stabilisation resources, and strict adherence to safety algorithms.

C.3. Integration of the Psychedelic Experience

This competency encompasses the ability to support the client in making sense of, verbalising, and integrating the psychedelic experience into the broader context of their personal life, ongoing psychotherapeutic work, and internal transformation.

C.3.1. Facilitation of Verbalisation and Awareness of the Transformative Experience

The ability to create a space for the client's free and honest expression of their psychedelic experience, even when it is unusual, mystical, or seemingly illogical in nature. This involves the use of open-ended questions and support for translating internal imagery, metaphors, and bodily sensations into verbal form, while maintaining a non-judgmental and accepting stance.

C.3.2. Use of Psychotherapeutic Integration Techniques

The ability to competently apply evidence-informed integration techniques, including Gestalt-based methods (body-oriented approaches), elements of narrative, existential, psychodynamic, or cognitive-behavioural therapy, as well as art-therapeutic and somatic practices, depending on the nature of the client's experience, their available resources, and therapeutic goals.

C.3.3. Construction of an Integrative Narrative (Linking Experience to Life Context)

The ability to support the client in making meaning of the experience in relation to their life events, systemic dynamics, personal history, values, and goals. The development of a coherent narrative enables the transformation of experiential fragments into elements of personal growth, spiritual insight, or decisions regarding real-life change.

C.4. Expertise in Transformative Experience

The ability to develop a comprehensive understanding of the nature of the psychedelic experience as a potential source of psychotherapeutic transformation, "spiritual insight and profound personal growth," while simultaneously recognising its potential risks of psychological disorganisation.

C.4.1. Orientation in the Phenomenology of Altered States of Consciousness

The ability to recognise, describe, and interpret core categories of psychedelic experience, including sensory alterations, feelings of unity with the environment, dissolution of ego boundaries, regressive or archetypal imagery, somatic visions, and temporal distortions. This includes the capacity to avoid pathologising such experiences and instead recognise their potential function within the therapeutic process.

C.4.2. Awareness of Existential, Mystical, and Metacognitive Aspects of the PAT Experience

The ability to understand phenomena such as spiritual awakening, reduction or loss of fear of death, experiences of unity, profound ethical transformation, and metacognitive observation of one's own consciousness. This competency involves a readiness to work with such experiences without reductionism and with respect for their subjective significance for the client.

C.4.3. Understanding the Distinction Between Therapeutic Experience, Crisis, and Psychotic Episode

The ability to differentiate between deep yet contained transformative processes and disorganised dynamics requiring crisis intervention. This includes knowledge of criteria that allow for the timely recognition of signs of destabilisation or psychotic decompensation.

C.4.4. Readiness to Navigate Complex and Paradoxical Experiences Without Losing Therapeutic Focus

The ability to cultivate and maintain psychological maturity and flexibility that allow the practitioner to remain present with the client during experiences that lack clear logical or verbal expression—such as fear, emptiness, mystical insight, transcendence, absurdity, or shifts in identity—while simultaneously maintaining safety, meaning, and therapeutic presence.

C.4.5. Integration of Knowledge from Adjacent Fields (Spiritual Practices, Art, Philosophy)

The ability to draw on interdisciplinary approaches to understand and work with transformative experiences. This includes familiarity with mystical traditions; integrative approaches from body-oriented, art-based, and transpersonal psychotherapy; and the capacity to reflect on such experiences through the lenses of philosophy, ethics, and cultural studies.

D. Didactic and Supervisory Competencies

This section encompasses a set of knowledge, skills, professional behaviours, and personal attitudes required for the transmission of theoretical and practical knowledge, experience, values, and standards of professional practice to other professionals or students in the field of mental health.

D.1. Teaching and Mentorship

The ability to effectively transmit professional knowledge, develop practical skills among learners, and support their ongoing professional development.

D.1.1. Application of Andragogical Principles of Learning

The ability to draw on core theoretical concepts of andragogy, including adult learning characteristics, the role of prior experience, autonomy, the need for practical relevance, and critical reflection on information.

D.1.2. Formulation of Learning Objectives Relevant to Participants' Level of Training and Clinical Context

The ability to define clear, achievable, and measurable learning objectives that correspond to participants' level of knowledge and practical experience, while reflecting current demands and challenges arising in clinical settings.

D.1.3. Development of Structured Programmes and Methodological Materials in Line With Contemporary Standards

The ability to design coherent educational programmes that include a logical sequence of topics, integration of theoretical and practical components, and appropriate teaching materials (e.g., slides, clinical case studies, workbooks). This involves grounding educational content in evidence-based practice, educational standards, and the specific requirements of psychotherapeutic work, particularly in the context of altered states of consciousness.

D.1.4. Adaptation of Teaching Methods to Individual Learning Styles and Needs

The ability to recognise different adult learning and information processing styles (visual, auditory, kinesthetic, introspective, etc.), while taking into account participants' professional roles, motivation, and prior experience.

D.1.5. Creation of a Psychologically Safe Learning Environment

The ability to facilitate the learning process so that participants feel able to express themselves openly, ask questions, express doubts, and make mistakes without fear of evaluation. This involves developing emotional attunement, awareness of group dynamics, and the capacity to respond respectfully to signs of tension, resistance, or confusion.

D.2. Conducting Supervision and Intervention

The ability of the professional to transmit knowledge and clinical experience to colleagues or students, systematically supporting the development of their professional, ethical, clinical, and personal qualities within a safe, supportive, and professionally structured environment.

D.2.1. Knowledge of Core Theoretical Models of Supervision

The ability to navigate key approaches to supervision and to adapt the supervisory process to the level of training, learning style, and needs of supervisees.

D.2.2. Skills in Structuring the Supervision Process

The ability to effectively plan and organise supervision sessions, define objectives, establish the focus of work (e.g., clinical cases, intervention development, ethical dilemmas), select appropriate forms and methods (such as case discussions, review of recordings, role-playing, or intervention demonstrations), and document progress.

E. Research Competencies

These competencies enable the translation of clinical questions into validated scientific knowledge and its implementation in practice, ensuring the full research cycle—from conceptualisation to reproducible outcomes—while adhering to ethical and methodological standards.

E.1. Principles and Methodology of Clinical Trials.

The ability to navigate fundamental approaches to the planning, organisation, and conduct of clinical research in accordance with international evidence-based medicine standards. This includes understanding research typologies, methods for ensuring validity and reliability of findings, ethical principles, and regulatory requirements. In the context of PAT, this competency involves the ability to account for the specific characteristics of psychedelic

interventions—their psychophysiological effects, the need for specialised research settings, and heightened requirements for participant safety monitoring.

E.1.1. Orientation in the Typology and Designs of Clinical Studies

The ability to understand classifications of clinical studies and their designs (randomised controlled, observational, cohort, retrospective) and to select the optimal design for a specific scientific or clinical question.

E.1.2. Skills in Planning and Structuring a Clinical Research Protocol

The ability to navigate the stages of clinical research planning, including formulation of a working hypothesis, definition of the study population, sample size calculation, and the development of structured research protocols.

E.1.3. Development of Inclusion and Exclusion Criteria and Definition of Study Endpoints

The ability to develop inclusion and exclusion criteria, define primary and secondary endpoints, and justify the methods used for their assessment in order to enhance study validity.

E.1.4. Application of Principles and Methods of Randomisation, Placebo Control, and Blinding

The ability to understand and apply principles, methods, and procedures of randomisation, placebo control, and blinding to minimise the risk of systematic bias and the influence of placebo effects.

E.1.5. Compliance With Ethical Requirements and Preparation of Documentation for Ethical Oversight

The ability to navigate ethical requirements for the conduct of clinical trials, including mechanisms for obtaining informed consent, protection of participants' rights and confidentiality, and preparation of documentation for ethics committees.

E.2. GCP, GMP, and Other Standards and Regulations

The ability to operate in accordance with international and national standards governing the quality, safety, and ethical conduct of clinical research involving psychedelic substances. This includes understanding the principles of Good Clinical Practice (GCP) and Good Manufacturing Practice (GMP), quality control mechanisms, documentation standards, and interaction with regulatory authorities. In the context of PAT, this competency is of particular importance due to heightened safety requirements, the vulnerability of participant populations, and the complexity of procedures that integrate pharmacological and psychotherapeutic components.

E.2.1. Understanding the Principles of GMP and GCP in Clinical Research on Psychedelic Substances

The ability to navigate the key provisions of ICH-GCP and other international Good Clinical Practice standards, understand their historical development, and recognise their role in ensuring the ethical conduct and scientific quality of clinical trials. This includes the capacity to explain how these standards protect research participants and ensure the reliability of collected data.

E.2.2. Compliance With Local Regulatory Requirements and National Legislation in Clinical Research

The ability to understand the core GMP principles governing the manufacture and quality control of investigational and commercial products, including psychedelic substances intended for use in clinical trials. This involves knowledge of requirements related to purity, stability, labelling, storage conditions, and transportation of such products.

E.2.3. Research Documentation Management in Accordance with the ALCOA Standard

The ability to organise and maintain research data documentation systems in compliance with ALCOA principles (Attributable, Legible, Contemporaneous, Original, Accurate). This includes proper completion and maintenance of Case Report Forms (CRFs), Investigator Site Files (ISF), Standard Operating Procedures (SOPs), and other regulatory documents to ensure data traceability and verifiability.

E.2.4. Effective Interaction with Monitoring and Regulatory Bodies

The ability to effectively interact with clinical trial monitors, auditors, and representatives of regulatory authorities during monitoring visits, inspections, and audits. This includes demonstrating compliance with study protocols and applicable standards, promptly providing required documentation, and clearly explaining study conduct and procedures.

E.2.5. Application of Regulatory Standards in Clinical Practice

The ability to integrate GCP and GMP requirements into one's clinical and research activities, including the organisation of participant preparation, informed consent procedures, conduct of study interventions, management of adverse reactions, and reporting of Serious Adverse Events (SAEs).

E.2.6. Application of Internal Quality Control and Risk Management Mechanisms

The ability to understand the importance of quality assurance (QA) and quality control (QC) systems in research, and to participate in internal audits aimed at identifying and minimising risks that may affect data quality and participant safety.

E.3. Data Processing, Analysis, and Interpretation of Scientific Data

The ability to carry out the full cycle of scientific data work while adhering to standards of scientific rigor and validity. In the context of Psychedelic-Assisted Therapy (PAT), this competency involves working with heterogeneous outcome measures, integrating quantitative and qualitative data, and interpreting results within complex, multidimensional clinical processes. Particular importance is placed on the ability to assess the clinical significance of changes resulting from psychedelic interventions, while accounting for phenomenology, subjective experience, and therapeutic dynamics.

E.3.1. Planning Data Collection in Mental Health Research

The ability to understand principles of data collection planning in mental health research, including the identification of variables, data types (nominal, ordinal, interval), core data collection methods, and strategies to ensure data validity and reliability.

E.3.2. Use of Descriptive Statistics for Primary Analysis

The ability to apply descriptive statistical methods (means, medians, standard deviations, confidence intervals) to adequately characterise the study sample and key outcome measures at the stage of primary data analysis.

E.3.3. Interpretation of Inferential Statistical Methods in a Clinical Context

The ability to apply appropriate inferential statistical methods (t-tests, ANOVA, χ^2 tests, correlation and regression analyses, logistic regression) and to interpret p-values, effect sizes, and confidence intervals in relation to clinical significance.

E.3.4. Analysis of Complex and Multidisciplinary Data in PAT Research

The ability to understand the specific features of data analysis in psychedelic-assisted therapy research, including multidimensional datasets (questionnaires, altered states of consciousness scales, biomarkers, psychophysiological measures), and to competently work with their integration and combined analysis.

E.3.5. Practical Use of Data Analysis Software

The ability to use of statistical software packages (SPSS, R, Python, Jamovi, or others), including performing basic analyses, generating graphs, and producing tables that effectively visualise research findings.

E.3.6. Integration of Quantitative and Qualitative Findings for Drawing Conclusions

The ability to integrate quantitative results with clinical observations and qualitative data (interviews, open-ended feedback) in order to formulate comprehensive conclusions that take into account both statistical and practical significance.

E.4. Publication and Presentation of Research Findings, Including the Use of Practical Case Studies for Teaching Data Analysis Methods and Scientific Writing

The ability to effectively present research findings in accordance with international academic standards and ethical requirements. This includes the skills to prepare a high-quality scientific manuscript, professionally visualise data, work with bibliographic sources, and present research outcomes in various formats. In the context of psychedelic-assisted therapy (PAT), this competency also encompasses the ability to develop educational and clinical case studies that support the training of future professionals in data analysis methods, critical thinking, and scientific reasoning.

E.4.1. Familiarity with Scientific Journal Formats and Requirements

The ability to understand the structure of scientific publications (introduction, methods, results, discussion, conclusions), the requirements of different types of journals (peer-reviewed, open-access, specialised journals in psychiatry and psychotherapy), and to adapt one's work to their specific guidelines.

E.4.2. Writing High-Quality, Scientifically Significant Manuscripts

The ability to produce scientific manuscripts that clearly articulate scientific novelty, provide a strong rationale for the research hypothesis, accurately describe methods, and present an objective interpretation of results that takes into account both statistical and clinical significance.

E.4.3. Professional Data Visualisation

The ability to prepare high-quality graphs, tables, and infographics that accurately visualise data and comply with the requirements of scientific journals and international guidelines (e.g., CONSORT for clinical trials).

E.4.4. Bibliography Management and Accurate Referencing

The ability to work with reference management systems (EndNote, Mendeley, Zotero) and to format citations and reference lists correctly in accordance with APA, Vancouver, or other relevant standards.

E.4.5. Public Presentation of Scientific Findings

The ability to prepare oral and poster presentations for scientific conferences and to present research findings to diverse audiences (professional, multidisciplinary, and student groups), adhering to the principles of clear and responsible scientific communication.

E.4.6. Development of Educational Case Studies for Building Analytical Skills

The ability to develop practical case studies and educational materials based on one's own data or published research that demonstrate data analysis processes, data visualisation, discussion of results, and the formulation of conclusions.

Competency Matrix in Psychedelic-Assisted Therapy

Clinical Roles

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
A.1 Professional practice	III	III	II	II
A.1.1. Strict adherence to the boundaries of the professional role	III	III	III	III
A.1.2. Compliance with legal regulations and established professional standards	III	III	III	III
A.1.3. Preparation for sessions	III	III	II	II
A.1.4. Record keeping	III	III	II	II
A.1.5. Awareness of one's own scope of competence and ability to formulate a request for supervision	III	III	II	II
A.2. Cognitive flexibility and adaptability	III	III	III	II
A.2.1. Critical thinking	III	III	III	II
A.2.2. Tolerance for uncertainty, paradoxes, and ambiguity	III	III	III	II
A.2.3. Awareness of the impact of one's own experience, beliefs, and transformations on clinical practice	III	III	II	I
A.3. Ethical practice	III	III	III	III
A.3.1. Adherence to principles of confidentiality and autonomy	III	III	III	III
A.3.2. Skills in ethical analysis of complex clinical situations	III	III	II	II
A.3.3. Prioritizing the safety, dignity, and well-being of the client throughout the entire process	III	III	III	III
A.4. Effective communication	II	III	II	II

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
A.4.1. Active listening and empathic reflection	II	III	II	II
A.4.2. Clarity and transparency in verbal communication	III	III	III	II
A.4.3. Therapeutic presence and authenticity	II	III	I	I
A.5. Inter- and intra-disciplinary cooperation	III	III	III	III
A.5.1. Teamwork based on partnership principles	III	III	III	III
A.5.2. Respect for other professionals	III	III	III	III
A.5.3. Coordinating joint actions and shared decision-making	III	III	III	II
A.6. Continuous professional development	III	III	II	I
A.6.1. Participation in training programs, supervision, conferences	III	III	I	I
A.6.2. Integration of new knowledge and experience into clinical practice	III	III	II	I
A.6.3. Maintaining a professional portfolio	III	III	II	I
A.7. Self-observation and self-care	III	III	I	II
A.7.1. Reflection on one's own state, boundaries, emotions, and reactions	III	III	II	II
A.7.2. Use of self-regulation and recovery techniques	III	III	I	II
A.7.3. Recognizing the need for personal therapy and support and its implementation	III	III	I	II
A.8 Cultural competence	III	III	II	II
A.8.1. Consideration of the client's individual (cultural, religious, social) context	III	III	II	II
A.8.2. Non-judgmental attitude and respect for diversity	III	III	III	II
A.8.3. Skills in culturally sensitive communication	III	III	II	II
B.1. Analysis and identification of patient needs	III	III	I	
B.1.1. Initial diagnosis and formulation of clinical hypotheses	III	II	I	
B.1.2. Screening for psychiatric and somatic comorbidity	III	II	II	

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
B.1.3. Analysis of patient motivations and therapeutic expectations	III	III		
B.1.4. Assessment of sociocultural, spiritual, and existential factors	II	III		
B.2 Diagnostic assessment and case formulation	III	III		
B.2.1. Selection of diagnostic methods in accordance with specific clinical tasks and hypotheses	III	II		
B.2.2. Administration of psychometric assessments	II	III		
B.2.3. Qualitative and comprehensive interpretation of psychodiagnostic results	III	III		
B.2.4. Case formulation based on the integration of psychodiagnostic data, clinical interview, anamnesis, and contextual information	III	II	I	
B.3 Planning and implementation of psychotherapeutic interventions	III	III	I	I
B.3.1. Development of an individualized treatment plan based on clinical assessment and psychodiagnostic data	III	III	I	
B.3.2. Proficiency in evidence-based psychotherapeutic methods and techniques	II	III		
B.3.3. Establishment, maintenance, and development of the therapeutic alliance	III	III	I	I
B.3.4. Adaptation of the intervention plan in accordance with the dynamics of the therapeutic process	III	III	I	I
B.3.5. Readiness to recognize and respond promptly to potential exacerbations of the patient's psychiatric or somatic condition	III	III	III	II
B.3.6. Integration of psychotherapeutic outcomes into a long-	III	III		

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
term support strategy and relapse prevention				
B.4 Monitoring and evaluation of psychotherapeutic intervention outcomes	III	III	I	
B.4.1. Systematic use of standardized scales, questionnaires, and other psychometric instruments	II	III		
B.4.2. Systematic clinical observation of the dynamics of symptoms, behavior, and emotional reactions	III	III	II	I
B.4.3. Integration of data obtained from psychometrics and clinical observations	III	III	II	
B.4.4. Ability to engage the patient in self-assessment of progress and joint reflection on the therapeutic process	III	III		
C.1. Preparation for a psychedelic session	III	II	II	I
C.1.1. Understanding of the pharmacological profile of psychedelic substances	III	II	III	I
C.1.2. Building a therapeutic alliance in the context of increased vulnerability	III	III	I	I
C.1.3. Conducting preliminary screening for psychiatric risks and medical contraindications	III	I	III	
C.1.4. Making a clinical decision on the appropriateness (or inappropriateness) of PAT	III	II	II	
C.1.5. Skills in clarifying the client's intention and providing psychoeducation regarding expected effects, risks, and after-effects	III	III	I	I
C.1.6. Organization of the ecological space (setting)	III	III	I	I
C.2. Safe facilitation of the psychedelic process	III	III	II	I
C.2.1. Maintenance of a safe therapeutic environment - physical, psychological, and interpersonal	III	III	II	I

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
C.2.2. Communication within altered states of consciousness	III	III	II	II
C.2.3. Selection and application of additional psychotherapeutic techniques during a psychedelic session	III	III		
C.2.4. Monitoring the client's physiological and psycho-emotional state during the session	III	III	III	I
C.2.5. Ability to recognize and respond professionally to emergency conditions	III	III	III	II
C.3. Integration of the psychedelic experience	II	III		
C.3.1. Facilitating verbalization and awareness of transformative experiences	III	III	I	
C.3.2. Use of psychotherapeutic integration techniques	II	III		
C.3.3. Building an integrative narrative (combining experience with life context)	II	III		
C.4. Expertise in transformative experience	III	III	I	I
C.4.1. Understanding the phenomenology of altered states of consciousness	III	III	II	I
C.4.2. Awareness of the existential, mystical, and metacognitive aspects of the PAT experience	III	III	I	
C.4.3. Understanding the differences between therapeutic experience, crisis, and psychotic episode	III	III	II	I
C.4.4. Readiness to navigate complex/paradoxical experiences without losing therapeutic focus	III	III	I	I
C.4.5. Integration of knowledge from related fields (spiritual practices, art, philosophy)	II	III		
D.1 Teaching and mentoring	I	I		
D.1.1. Focus on the andragogical principles of teaching	I	I	I	
D.1.2. Defining learning objectives relevant to participants' level	I	I		

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
of training and clinical context				
D.1.3. Development of structured curricula and educational materials in accordance with current standards				
D.1.4. Adaptation of teaching methods and techniques to individual styles and needs of participants				
D.1.5. Creation of a psychologically safe learning environment				
D.2. Conducting supervision and intervision				
D.2.1. Knowledge of basic theoretical models of supervision				
D.2.2. Skills in structured supervision process management				
E.1 Principles and methodology of conducting clinical trials				
E.1.1. Familiarity with types and designs of clinical studies				
E.1.2. Skills in planning and structuring a clinical trial protocol				
E.1.3. Development of inclusion/exclusion criteria and definition of outcome measures (results)				
E.1.4. Application of principles and methods of randomization, placebo control, and blinding				
E.1.5. Compliance with ethical requirements and preparation of documentation for ethical review				
E.2 GCP, GMP, and other standards and regulations				
E.2.1. Understanding GMP and GCP principles in clinical trials of psychedelic substances				
E.2.2. Compliance with local regulatory requirements and national legislation in the field of clinical trials				
E.2.3. Maintenance of research documentation in accordance with the ALCOA standard				
E.2.4. Effective interaction with supervisory and regulatory				

Competency	Clinical Roles			
	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
authorities				
E.2.5. Application of regulatory standards in clinical practice				
E.2.6. Application of internal quality control and risk management mechanisms				
E.3 Processing, analysis, and interpretation of scientific data				
E.3.1. Planning the collection of research data in the field of mental health				
E.3.2. Application of descriptive statistical methods for primary analysis				
E.3.3. Interpretation of inferential statistical methods in a clinical context				
E.3.4. Processing complex and multidisciplinary data in PAT research				
E.3.5. Practical use of data analysis software				
E.3.6. Integration of quantitative and qualitative results to formulate conclusions				
E.4. Publication and presentation of research results, inclusion of practical cases for training in data analysis methods and writing scientific articles				
E.4.1. Understanding the formats and requirements of scientific journals				
E.4.2. Writing a high-quality, scientifically significant manuscript				
E.4.3. Professional data visualization				
E.4.4. Reference management and proper citation formatting				
E.4.5. Public presentation of scientific results				
E.4.6. Development of training cases for building research				

Competency	CLI.1 Psychiatrist	CLI.2 Psychotherapist / Clinical Psychologist	<u>Clinical Roles</u> CLI.4 Anesthesiologist (for KAT)	CLI.5 Nurse
skills				

Educational and Research Roles

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES. 1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
A.1 Professional practice	III	III	III	III	III
A.1.1. Strict adherence to the boundaries of the professional role	III	III	III	III	III
A.1.2. Compliance with legal regulations and established professional standards	III	III	III	III	III
A.1.3. Preparation for sessions	III	II	II	II	II
A.1.4. Record keeping	III	II	II	III	III
A.1.5. Awareness of one's own scope of competence and ability to formulate a request for supervision	III	III	III	III	III
A.2. Cognitive flexibility and adaptability	III	III	III	III	III
A.2.1. Critical thinking	III	III	III	III	III
A.2.2. Tolerance for uncertainty, paradoxes, and ambiguity	III	III	III	III	III
A.2.3. Awareness of the impact of one's own experience, beliefs, and transformations on clinical practice	III	III	III	III	III
A.3. Ethical practice	III	III	III	III	III
A.3.1. Respect for the principles of confidentiality and autonomy	III	III	III	III	III
A.3.2. Skills in ethical analysis of complex situations	III	III	III	II	III
A.3.3. Prioritizing the safety, dignity, and well-being of the client throughout the entire process	III	III	III	III	III
A.4. Effective communication	III	III	III	II	III

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
A.4.1. Active listening and empathic reflection	III	III	III	II	III
A.4.2. Clarity and transparency in verbal communication	III	III	III	II	III
A.4.3. Therapeutic presence and authenticity	III	II	III	II	III
A.5. Inter- and intra-disciplinary cooperation	III	II	III	III	III
A.5.1. Teamwork based on partnership principles	III	II	III	III	III
A.5.2. Respect for other professionals	III	III	III	III	III
A.5.3. Coordinating joint actions and shared decision-making	III	II	II	II	II
A.6. Continuous professional development	III	III	II	III	III
A.6.1. Participation in training programs, supervision, conferences	III	III	II	III	III
A.6.2. Integration of new knowledge and experience into clinical practice	III	II	II	III	III
A.6.3. Maintaining a professional portfolio	III	III	II	III	III
A.7. Self-observation and self-care	III	III	III	III	III
A.7.1. Reflection on one's own state, boundaries, emotions, and reactions	III	III	III	III	III
A.7.2. Use of self-regulation and recovery techniques	III	III	III	III	III
A.7.3. Recognizing the need for personal therapy and support and its implementation	III	III	III	III	III
A.8 Cultural competence	III	III	III	II	III
A.8.1. Consideration of the client's individual (cultural, religious, social) context	III	II	II	II	III
A.8.2. Non-judgmental attitude and respect for diversity	III	III	III	III	III
A.8.3. Skills in culturally sensitive communication	III	III	III	II	III

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
B.1. Analysis and identification of patient needs	III	II	II	II	III
B.1.1. Initial diagnosis and formulation of clinical hypotheses	III	II	II	II	II
B.1.2. Screening for psychiatric and somatic comorbidity	II	II	I	II	II
B.1.3. Analysis of patient motivations and therapeutic expectations	III	II	II	II	III
B.1.4. Assessment of sociocultural, spiritual, and existential factors	III	II	II	II	III
B.2 Diagnostic assessment and case formulation	III	II	II	III	III
B.2.1. Selection of diagnostic methods in accordance with specific clinical tasks and hypotheses	III	II	II	III	III
B.2.2. Administration of psychometric assessments	III	II	II	III	III
B.2.3. Qualitative and comprehensive interpretation of psychodiagnostic results	III	II	II	III	III
B.2.4. Case formulation based on the integration of psychodiagnostic data, clinical interview, anamnesis, and contextual information	III	II	II	III	III
B.3 Planning and implementation of psychotherapeutic interventions	III	II	II	II	III
B.3.1. Development of an individualized treatment plan based on clinical assessment and psychodiagnostic data	III	II	II	II	II
B.3.2. Proficiency in evidence-based psychotherapeutic methods and techniques	III	II	II	II	III
B.3.3. Establishment, maintenance, and development of the therapeutic alliance	III	II	II	II	III

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
B.3.4. Adaptation of the intervention plan in accordance with the dynamics of the therapeutic process	III	II	II	II	III
B.3.5. Readiness to recognize and respond promptly to potential exacerbations of the patient's psychiatric or somatic condition	III	II	II	II	II
B.3.6. Integration of psychotherapeutic outcomes into a long-term support strategy and relapse prevention	III	II	II	II	III
B.4 Monitoring and evaluation of psychotherapeutic intervention outcomes	III	II	II	III	III
B.4.1. Systematic use of standardized scales, questionnaires, and other psychometric instruments	III	II	II	III	III
B.4.2. Systematic clinical observation of the dynamics of symptoms, behavior, and emotional reactions	III	II	I	III	III
B.4.3. Integration of data obtained from psychometrics and clinical observations	III	II	I	III	III
B.4.4. Ability to engage the patient in self-assessment of progress and joint reflection on the therapeutic process	III	II	II	II	III
C.1. Preparation for a psychedelic session	III	II	II	II	III
C.1.1. Understanding of the pharmacological profile of psychedelic substances	II	II	II	III	II
C.1.2. Building a therapeutic alliance in the context of increased vulnerability	III	II	II	II	III
C.1.3. Conducting preliminary screening for psychiatric risks and medical contraindications	II	II	I	III	II

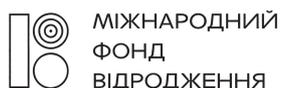
Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
C.1.4. Making a clinical decision on the appropriateness (or inappropriateness) of PAT	III	II	I	II	II
C.1.5. Skills in clarifying the client's intention and providing psychoeducation regarding expected effects, risks, and after-effects	III	II	II	II	III
C.1.6. Organization of the ecological space (setting)	III	II	II	II	III
C.2. Safe facilitation of the psychedelic process	III	II	I	II	III
C.2.1. Maintenance of a safe therapeutic environment - physical, psychological, and interpersonal	III	II	II	II	III
C.2.2. Communication within altered states of consciousness	III	II	I	II	III
C.2.3. Selection and application of additional psychotherapeutic techniques during a psychedelic session	III	II	I	II	III
C.2.4. Monitoring the client's physiological and psycho-emotional state during the session	III	II	II	II	III
C.2.5. Ability to recognize and respond professionally to emergency conditions	III	II	I	II	III
C.3. Integration of the psychedelic experience	III	II	II	II	III
C.3.1. Facilitating verbalization and awareness of transformative experiences	III	II	II	II	III
C.3.2. Use of psychotherapeutic integration techniques	III	II	II	II	III
C.3.3. Building an integrative narrative (combining experience with life context)	III	II	II	II	III
C.4. Expertise in transformative experience	III	II	II	II	III
C.4.1. Understanding the phenomenology of altered states of consciousness	III	II	II	II	III

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES. 1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
C.4.2. Awareness of the existential, mystical, and metacognitive aspects of the PAT experience	III	II	II	II	III
C.4.3. Understanding the differences between therapeutic experience, crisis, and psychotic episode	III	II	II	III	III
C.4.4. Readiness to navigate complex/paradoxical experiences without losing therapeutic focus	III	II	I	II	III
C.4.5. Integration of knowledge from related fields (spiritual practices, art, philosophy)	III	II	II	II	III
D.1 Teaching and mentoring	II	III	I	I	I
D.1.1. Focus on the andragogical principles of teaching	II	III	I	I	I
D.1.2. Defining learning objectives relevant to participants' level of training and clinical context	II	III	I	I	I
D.1.3. Development of structured curricula and educational materials in accordance with current standards	II	III	I	I	I
D.1.4. Adaptation of teaching methods and techniques to individual styles and needs of participants	II	III	I	I	I
D.1.5. Creation of a psychologically safe learning environment	II	III	I	I	I
D.2. Conducting supervision and intervision	III	III	I	I	I
D.2.1. Knowledge of basic theoretical models of supervision	III	III	I	I	I
D.2.2. Skills in structured supervision process management	III	II	I	I	I
E.1 Principles and methodology of conducting clinical trials	I	I	I	III	II
E.1.1. Familiarity with types and designs of clinical studies	I	I	I	III	II
E.1.2. Skills in planning and structuring a clinical trial protocol	I	I	I	III	II
E.1.3. Development of inclusion/exclusion criteria and definition	I	I	I	III	II

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
of outcome measures (results)					
E.1.4. Application of principles and methods of randomization, placebo control, and blinding	I	I	I	III	II
E.1.5. Compliance with ethical requirements and preparation of documentation for ethical review	I	I	I	III	III
E.2 GCP, GMP, and other standards and regulations	I	I	I	III	III
E.2.1. Understanding GMP and GCP principles in clinical trials of psychedelic substances	I	I	I	III	III
E.2.2. Compliance with local regulatory requirements and national legislation in the field of clinical trials	I	I	I	III	III
E.2.3. Maintenance of research documentation in accordance with the ALCOA standard	I	I	I	III	III
E.2.4. Effective interaction with supervisory and regulatory authorities	I	I	I	III	II
E.2.5. Application of regulatory standards in clinical practice	I	I	I	III	III
E.2.6. Application of internal quality control and risk management mechanisms	I	I	I	III	II
E.3 Processing, analysis, and interpretation of scientific data	I	I	I	III	II
E.3.1. Planning the collection of research data in the field of mental health	I	I	I	III	II
E.3.2. Application of descriptive statistical methods for primary analysis	I	I	I	III	II
E.3.3. Interpretation of inferential statistical methods in a clinical context	I	I	I	III	II

Competence	Educational Roles			Research roles	
	EDU.1 Supervisor	EDU.2 Teacher/ Trainer	EDU.3 Intervision Facilitator	RES.1 Chief Rese arche r	RES.2 Psychotherapist- Researcher
E.3.4. Processing complex and multidisciplinary data in PAT research	I	I	I	III	II
E.3.5. Practical use of data analysis software	I	I	I	III	II
E.3.6. Integration of quantitative and qualitative results to formulate conclusions	I	I	I	III	II
E.4. Publication and presentation of research results, inclusion of practical cases for training in data analysis methods and writing scientific articles	I	I	I	III	II
E.4.1. Understanding the formats and requirements of scientific journals	I	I	I	III	II
E.4.2. Writing a high-quality, scientifically significant manuscript	I	I	I	III	II
E.4.3. Professional data visualization	I	II	I	III	II
E.4.4. Reference management and proper citation formatting	I	I	I	III	II
E.4.5. Public presentation of scientific results	I	I	I	III	II
E.4.6. Development of training cases for building research skills	II	II	I	II	II

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We are a non-profit organization dedicated to advancing the clinical use of psychedelic-assisted therapies for patients with post-traumatic stress disorder who have not benefited from conventional treatments.

Together with our partners, we work to improve the legislative framework, promote expanded access programs, train healthcare professionals, and support patients and their caregivers.



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**CONCEPTUAL FOUNDATIONS OF STANDARDIZATION
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