

ATMA JOURNEY

Foundations of
PSYCHEDELICS

HISTORY, VARIETIES, THERAPEUTIC USE &
CURRENT OPPORTUNITIES



ATMA



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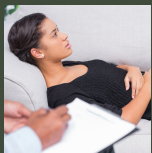
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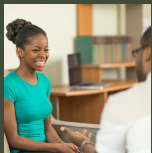
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FOUNDATIONS OF PSYCHEDELIC UNDERSTANDING

contents



What are psychedelic medicines?

Psychedelic medicines are a class of psychoactive substances that can alter perception, mood, and consciousness.

These substances produce profound changes in thought processes, sensory perception, and emotional states.

Psychedelic drugs have been used for various purposes, including recreational, spiritual and therapeutic contexts. They can have profound effects on one's perception of reality and consciousness.

Research into the potential therapeutic benefits of psychedelics is growing exponentially within the last few years.





In the ATMA Advanced Course Dr. Ben Sessa presents one classification of psychedelics according to their mode of action:

What are psychedelic medicines? 2

 **CLASSIC PSYCHEDELICS**

5-HT_{2A} receptors antagonist:
LSD, Psilocybin (derived from Psilocybin Mushrooms), DMT, 5-MEO-DMT and Mescaline



 **ENTACTOGENS**

Serotonin receptors antagonist: MDMA, MDA, MMDA – 2C-Series



 **DISSOCIATIVE ANESTHETICS**

Ketamine, PCP, Nitrous Oxide



 **THC**

Cannabinoid Receptors



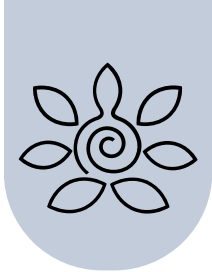
 **IBOGAINE**

Nicotinic Receptors



Presently, there exists a substantial body of research suggesting that when combined with therapy, psychedelic-assisted therapy (PaT) demonstrates high rates of effectiveness in the treatment of conditions such as depression, anxiety, eating disorders, addictions, PTSD, and certain personality disorders.

Moreover, there is a growing volume of anecdotal evidence linking the alleviation of somatic illnesses to the utilization of psychedelic substances.



Science is in its preliminary phases of comprehending how psychedelics function within the body, especially concerning the nervous system. It is established that psychedelics heighten brain activity, foster connections between brain regions that typically don't interact, and deactivate the Default Mode Network (DMN).

The DMN comprises interconnected brain regions that become active when an individual is in a state of rest, not directing their attention externally or involved in particular tasks.

Essentially, it represents the brain in idle mode.

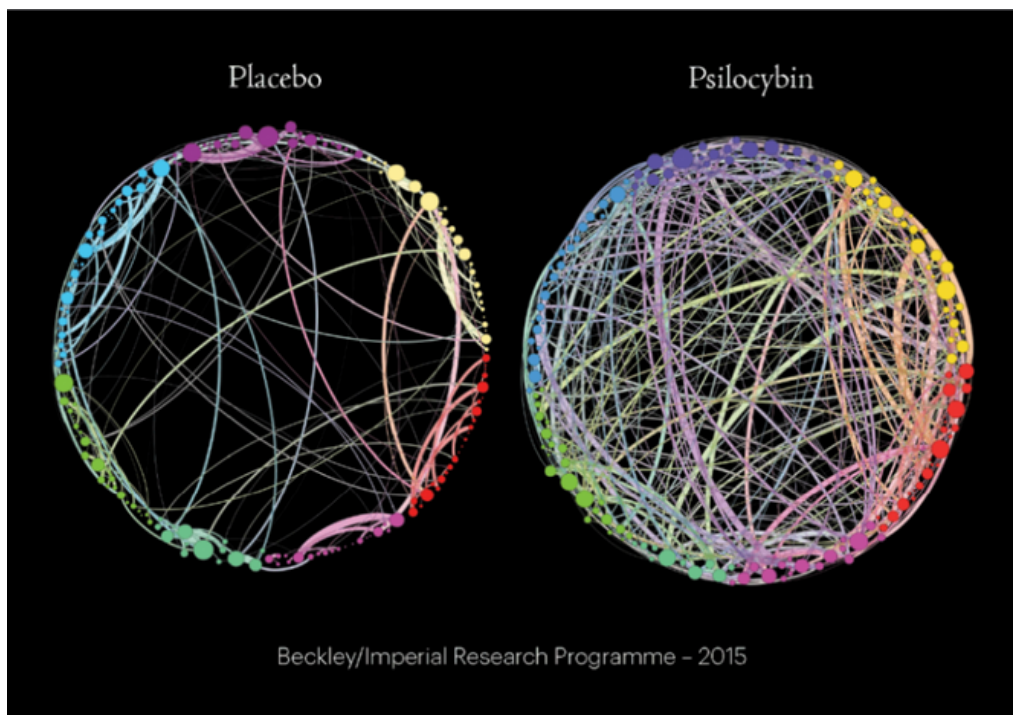
The connection between psychedelics, consciousness, and mental health remains somewhat unclear in the eyes of science.

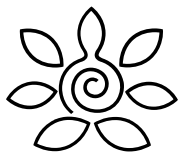
The mechanism by which psychedelics, and their associated effects, enable the reconfiguration of thought patterns, often resulting in lasting changes, is still a subject of ongoing research.

Beckley Foundation,

Increase communication between brain networks based on fMRI images.

<https://www.beckleyfoundation.org/2018/05/22/why-science-needs-psychedelics-a-paradigm-shift-for-psychiatry/>





Cuenca, Spain

The mushrooms of Selva Pascuala in situ
Photo: Juan Francisco Ruíz López



A CONDENSED HISTORY OF *psychedelics*



Cave El Miron, Spain

Early evidence of human interactions
with psychedelics
Photo: University of New Mexico

In [ATMA's Advanced Program](#), our instructor Mark Haden delivers a comprehensive lecture on the history of psychedelics.

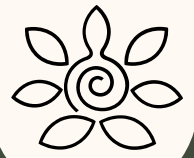
From this lecture, we can gather that throughout early stages of human development, our ancestors have employed psychedelic compounds for purposes ranging from healing and exploration of the past and future to spiritual quests and enjoyment.

These substances, which include ayahuasca, psilocybin mushrooms, 5-MEO-DMT and peyote, have facilitated profound connections with the divine, nature, and one's own self within various cultures.

Evidence of a connection between early humans and psychedelics has been uncovered in various locations around the world.

Some examples include: Cave El Miron in northern Spain, dating back approximately 18,700 years ago. This site provides evidence of early human interaction with psychedelic substances.

The discovery of the oldest reported mushroom petroglyphs in Europe at the Selva Pascuala site in Spain, dating back to around 4000 BC. These petroglyphs suggest a historical connection between early humans and psychedelic mushrooms.



TKykeon
Photo: Ayahuasca Healing Humanity

In ancient Greece, the Eleusinian Mysteries entailed the consumption of a beverage known as Kykeon, speculated to possess psychoactive properties, with some believing it to be linked to the Ergot fungus.

Prominent philosophers like Plato and Socrates participated in these mysteries, potentially establishing a connection between the ingestion of psychedelic compounds and the foundations of Western philosophy.



Sacred Mushrooms of the Mazatec
Photo: Chacruna Institute

Regarding Psilocybin mushrooms in the Americas, their utilization among indigenous cultures, such as the Mayans, is extensively documented.

For instance, the Mazatec people in Oaxaca, Mexico, have a history of using psilocybin mushrooms and Salvia for spiritual purposes.



Taking Iboga in Gabon
Photo: Jordan May

Furthermore, the global diversity of psychedelic use in spiritual and healing contexts is exemplified by the utilization of Amanita Muscaria in Siberia and Iboga in Central Africa.

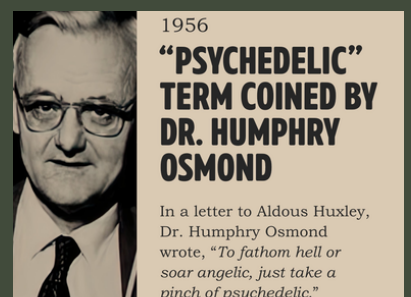
The second wave of psychedelics, occurring in the 20th century, was marked by the discovery of LSD by Albert Hofmann in 1938. Dr. Hofmann, while conducting research on analeptics for Sandoz in Switzerland, serendipitously synthesized LSD-25.

Years later, on April 1st 1943, Hofmann had his iconic bicycle ride experience under the influence of the drug.

Albert Hofmann: Bicycle Day
Art: Michael Divine



In 1956, Humphry Osmond, a psychiatrist in Canada, coined the term "Psychedelics," which means "making visible what is in the mind."



1956
**"PSYCHEDELIC"
TERM COINED BY
DR. HUMPHRY
OSMOND**

In a letter to Aldous Huxley, Dr. Humphry Osmond wrote, "To fathom hell or soar angelic, just take a pinch of psychedelic."

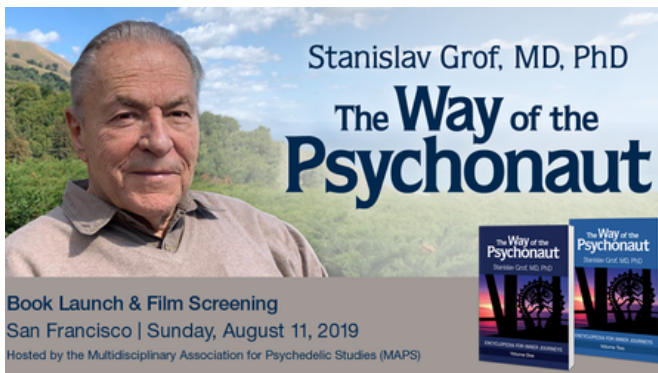
Photo posted by
Dennis McKenna

The widespread awareness of magic mushrooms in the Western world can be attributed to Gordon Wasson, a banker from New York and an amateur anthropologist. In 1956, he traveled to Mexico to study the ceremonial use of psilocybin mushrooms by indigenous communities. During his journey, he met Maria Sabina, who graciously allowed Wasson and his wife to participate in a Mazatec mushroom ritual.



Old newspaper clipping featuring Gordon Wasson
Photo: *Funga*

Stanislav Grof, born in 1931, is recognized as the pioneer in the use of psychedelic substances in mental health. Grof conducted extensive research using LSD on thousands of mental health patients in Europe, which he documented in several books.



Advertisement of Grof's book launch and film screening of: *The Way of the Psychonaut*

By: MAPS (Multidisciplinary Association of Psychedelic Studies)

Grof developed the theory of Transpersonal Psychology, and his work on mapping the mind and exploring non-ordinary states of consciousness remains valuable for those venturing into psychedelics and for integration support.

Founded in 1986, the Multidisciplinary Association for Psychedelic Studies (MAPS) has played a crucial role in advancing psychedelic research. The organization has led activism and lobbying efforts aimed at loosening regulations surrounding psychedelic research.



Another significant organization in the field is the Beckley Foundation, led by Amanda Fielding, and their collaboration with Imperial College London.

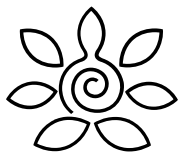


VICES • EDITORS' PICK

Queen Of The Psychedelic Renaissance: Amanda Feilding Has Been Committed To Cognitive Liberty For 55 Years



**BECKLEY
FOUNDATION**



In the broader context of the “psychedelic renaissance”, a term coined by the ATMA instructor and researcher Ben Sessa, there are other key players who have contributed to the resurgence of interest in psychedelics:



Rick Doblin

Founder of MAPS (Multidisciplinary Association for Psychedelic Studies).



Michael Pollan

A journalist and author of the book, and now a Netflix Documentary Series, "How to Change Your Mind," which has raised awareness of psychedelic medicines worldwide.



Paul Stamets

A mycologist known for discovering multiple health benefits of psilocybin and various other types of mushrooms.



Dennis McKenna

An ethnopharmacologist, along with his brother Terence McKenna, who researched psychedelics and their applications in ancient cultures in Asia and South America.



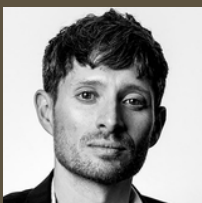
Roland Griffiths (1946 – 2023)

A psychopharmacologist at Johns Hopkins University School of Medicine, a pioneer in scientific research on psilocybin for the treatment of mental health conditions.



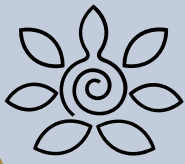
Gabor Maté

A Canadian physician specializing in trauma and addictions.



Robin Carhart-Harris

Founder of the Centre for Psychedelic Research at Imperial College London



While all of this was happening, the indigenous use of psychedelic plant medicines never stopped and continues today by shamans, taitas, spiritual guides, healers, and underground practitioners who, over the years, have worked ethically with these medicines, believing in their benefits for their communities. In recent years, there has been a renewed sense of hope that psychedelics can be more widely used for healing and personal growth. In contrast to the prohibition policies of the Nixon and Reagan administrations, current governments are increasingly supporting psychedelic research and legalization initiatives.

Global NEWS Watch World Canada Local Politics Money Health Entertainment

CANADA

Canada must study psychedelic treatment for veteran PTSD 'immediately': Senate report

By Eric Stober • Global News
Posted November 8, 2023 1:10 pm

Canadian senators urge federal government to research psychedelic-ass...
Sen. David Richards was one of two senators who released a report on Wednesday calling on the feder...

WATCH: Canadian senators urge federal government to research psychedelic-assisted therapy for war veterans - Nov 8, 2023

Forbes

Australia Approves Psilocybin And MDMA For Therapeutic Use

A.J. Herrington Contributor @
I cover cannabis and hemp news, business, and culture.

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Jun 30, 2023, 10:37am EDT

Listen to article

Psilocybin and MDMA will be available for therapeutic use in Australia beginning on Saturday after regulators approved the psychedelic drugs to treat certain mental health conditions earlier this year.

PAREA @PareaScience

An exciting day at @EUparliament as the MEP Action Group paves the way for evidence-based #PsychedelicTherapies. The future is promising for innovations in mental health, pharma, and beyond. #EUParliament #mentalhealth #innovations #pharma

10:23 AM · Nov 7, 2023 · 493 Views

Forbes

Biden Signs Defense Spending Bill Funding Psychedelic Research

A.J. Herrington Contributor @
I cover cannabis and hemp news, business, and culture.

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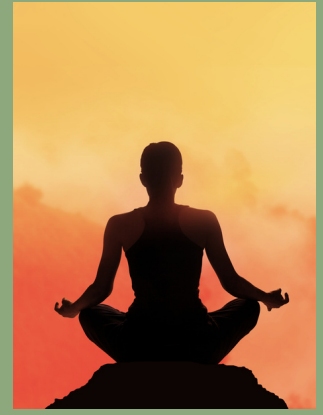
Dec 27, 2023, 03:06pm EST

Listen to article

President Joseph Biden last week signed a defense spending bill that funds clinical trials researching psychedelic drugs to treat post-traumatic stress disorder and traumatic brain injuries experienced by active-duty members of the U.S. military. The



WHAT MAKES A GOOD *psychedelic-assisted therapist?*



ATMA Journey Clinic, Calgary
Psychedelic-assisted Therapy
Simulation
Photo: *Mariana Tellez*

The effectiveness of a psychedelic-assisted therapist stems from a blend of specialized training, personal experience, self-care and ethical practice. ATMA Training Programs excel with a diverse team of instructors from fields like scientific research, psychiatry, psychology, and first nations communities, ensuring a well-rounded educational experience.

An effective therapist in this field combines responsible and ethical behavior with personal experience in psychedelic substances.

Such therapists, having experienced healing themselves, often gain a deeper empathy and understanding, enhancing their ability to assist others.

Integrating professional training with personal experience is crucial in developing a competent psychedelic-assisted therapist.



In her article “Developing Guidelines and Competencies for the Training of Psychedelic Therapists,” Dr. Janis Phelps provides a detailed framework for training in psychedelic-assisted therapy. Dr. Phelps' work offers a clear and practical approach to understanding and implementing this therapeutic method. The competencies are:

1 EMPATHETIC ABIDING PRESENCE

Guides in psychedelic therapy exhibit calm, empathetic presence, offering mindful and composed support throughout the therapy process.

2 TRUST ENHANCEMENT

Guides build trust by demonstrating reliability, fostering participants' trust in their healing, and normalizing transformative experiences.

3 SPIRITUAL INTELLIGENCE

Effective guides possess spiritual intelligence, maintaining self-awareness and using meditation to stay focused and supportive.

4 KNOWLEDGE

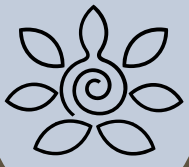
Guides need comprehensive knowledge of psychedelic drugs, including their neurobiology and pharmacology.

5 SELF-AWARENESS & ETHICAL INTEGRITY

Guides must be self-aware, ethically sound, understand therapeutic dynamics, and focus on personal growth.

6 COMPLEMENTARY TECHNIQUES PROFICIENCY

Guides employ various therapeutic methods suited to different therapy stages, such as breathwork and sensorimotor therapies with the consent of the participant.



ATMA is a leader in psychedelic therapy education, offering both introductory and advanced training.

Our courses equip students with the necessary knowledge and skills for effective therapy and personal exploration in this field.

ATMA takes a firm stand against substance use, yet acknowledge the reality of underground experiences, emphasizing the need for thorough facilitator training.

Our curriculum focuses on ethical practice and understanding key concepts in psychedelic-assisted therapy, such as informed consent, harm reduction, ethical touch, trauma-informed care, boundary setting, transference and countertransference, the importance of set and setting, alternative modalities, understanding of non-ordinary states of consciousness, the cartography of the mind and differentiating between normal and medically concerning drug reactions.

ATMA's training is more than educational; it's a journey into responsible and transformative therapeutic practices.



PSYCHOTHERAPY AND PSYCHEDELICS

By Rachel Dundas



*An extraordinary
and informative
paper...*

ATMA Journey Clinic, Calgary
Psychedelic-assisted Therapy
Simulation
Photo: Mariana Tellez

What was once only delivered by the village shaman or wise woman, psychedelics have now begun to earn their place among mainstream mental health treatments. Therapists may be curious as to how exactly psychedelic treatments compare to the traditional psychotherapy approaches, they were taught in university graduate programs. While it is true that many of the same fundamental principles apply, there are some distinct differences to keep in mind when considering traditional vs. psychedelic-assisted therapy.

SIMILARITIES

Both approaches to mental health involve the provision of individual or group counselling sessions. The same general principles apply in both cases: creating a safe and welcoming therapeutic space, providing clients with unconditional positive regard, and supporting clients in developing insights, understandings, and breakthroughs that lead to sustainable changes in their lives.

The exact modality utilized will differ depending on the clinician's training, interests, and experience, but regardless of the approach, different modalities (CBT, art therapy, somatic therapy, EMDR) are involved to increase a client's ability to identify, understand, and regulate their emotions throughout their therapeutic journey.

Clinicians in both approaches work with clients to help them develop coping skills and process experiences; through therapist-guided psychoeducation, clients will learn how to apply these principles to their lives and increase their understanding of themselves.

DIFFERENCES

The biggest and most important difference between psychedelic-assisted therapy and traditional psychotherapeutic approaches is psychedelic therapy's close ties to the medical system.

Since psychedelics alter perception, consciousness, heart rate, blood pressure, and can interact with concomitant medications, a comprehensive medical screening is required to ensure client safety. Medical screenings by a doctor or psychiatrist ensure that prospective clients are thoroughly assessed for contraindications (such as heart conditions, in some cases undiagnosed) so that unintended medical consequences are not suffered as a result of this therapy. In addition to the stringent safeguards required to ensure client safety, psychedelic therapy requires a significant commitment on behalf of both the client and the therapist.



Ketamine-assisted Therapy Simulation
Photo: ShaMynds

Further, psychedelic therapy is not a “one off” experience; there are no “solution-focused” or “single session” models of therapy in the psychedelic medicine world. Generally speaking, programs currently offering this approach (utilizing ketamine, a psychedelic-like substance) require a commitment of several sessions (8-12+). To ensure ethical care, at times, this commitment may be much greater (such as when complex clients require stabilization work or acute addiction treatment prior to psychedelic treatment). This ensures participants complete appropriate pre-experience preparation and post-experience integration, which are equally as important as the psychedelic session itself. Psychedelic therapy also involves a significant time commitment to participate in the experience, with the effects of psilocybin lasting 4-6 hours.

PSYCHEDELIC FACILITATORS VS. PSYCHEDELIC THERAPISTS

With regulatory approval looming, many therapists are curious as to what service delivery will actually entail. A psilocybin journey can last upwards of six hours, and given the physiological changes, client safety is a top priority for regulators and practitioners alike.

Given the length of time a psychedelic medicine journey can take, it is not economical for a psychologist, psychiatrist, or medical doctor to supervise the experience. Psychedelic therapy requires an entire care team to supervise clients as they partake in their therapeutic psychedelic experiences. While the exact structure of the therapy team may vary with regulatory changes, it is likely that the care team will involve a minimum of three professionals, if not more, who will support clients from start to finish.

A psychiatrist or medical doctor will provide assessment, screening, and overall supervision of the process. A fully licensed and appropriately trained therapist will provide preparation and integration psychotherapy sessions, and a psychedelic guide will provide supervision and support during the medicine journey, either independently or as part of a team. A psychedelic guide (sometimes referred to as a psychedelic facilitator) will differ in training and experience from a psychedelic therapist. Guides will not require therapist licensure as they will not engage in psychotherapy with the client during the psychedelic session. They will likely have varying backgrounds ranging from breathwork practitioners to pastoral workers, personal interest psychonauts, or alternative healing professionals. Similar to the distinction between a birth doula (guide) vs. a midwife (therapist), both roles will be supportive with the common goal of seeing clients through their experiences safely. Guides will support both the clinical staff (doctors and therapists) as well as the psychedelic therapy client.



ATMA's training programs are designed to train both psychedelic guides and psychedelic therapists. Since mental health therapists are already licensed and have substantial education and training, including supervised practice, the focus of ATMA's training programs is on the applications and intricacies of using psychedelic medicines as a therapeutic tool. Rather than training therapists to be therapists, ATMA works with therapists and aspiring psychedelic guides alike to develop competencies specific to the use of psychedelic medicines in mental health treatment.

Therapists have the skills, and ATMA has the specialized psychedelic knowledge.

Guides, who will not require specialized therapeutic training in order to offer a supportive role to clients, will also benefit from advanced knowledge of psychedelic medicines and will learn how to interact with clients who are on medicine journeys.

Given the indications that the regulatory guidelines will likely allow for psychedelic therapy (currently shaping up to be treatment-resistant depression, post-traumatic stress disorder, and end-of-life anxiety), therapists are highly encouraged to seek out trauma and somatic-specific training in addition to psychedelic therapy education. Approaches such as Eye Movement Desensitization and Reprocessing (EMDR), Accelerated Resolution Therapy (ART), Somatic Approaches, and Internal Family Systems (IFS) are all excellent companions to psychedelic therapy for therapists who have not received this type of training already.



IMPORTANCE OF INTROSPECTION AND SELF CARE WORK



Research has demonstrated that individuals in helping professions are highly susceptible to compassion fatigue and occupational burnout.

Compassion fatigue, also referred to as secondary or vicarious trauma, occurs as a result of prolonged exposure to other people's trauma, resulting in reduced empathy and compassion for others, accompanied with emotional and physical exhaustion. This can be distressing for therapists, as having high levels of empathy is often a factor that leads individuals to the helping profession in the first place. Compassion fatigue is common in trauma therapists who may be especially vulnerable due to regular involvement in trauma processing or desensitization over long periods of time. Therapists experiencing compassion fatigue suffer with negative emotions about work, may find themselves bored by or annoyed with their clients, or happy when their clients reschedule or no-show.

Occupational burnout differs slightly from compassion fatigue. It is a syndrome resulting from chronic workplace stress, and is characterized by fatigue, emotional exhaustion, negative feelings related to one's job, and decreased feelings of personal accomplishment. Individuals experiencing burnout may avoid work, arrive late, leave early, and are much more likely to break ethical boundaries in their professions (Simionata and Simpson, 2018).



Both therapists and psychiatrists alike are especially susceptible to burnout; nearly half of psychotherapists report burnout in their jobs. Common risk factors include a younger age, less work experience, and boundary issues, such as over-involvement in clients' problems.

In regards to psychiatry, a 2020 study by Summers et al. found that 78% of psychiatrists in their sample met criteria for burnout and 16% met criteria for major depressive disorder. In this study, full time scheduling, lack of control over scheduling, younger age, and non-academic work settings were all associated with higher levels of burnout.

The research is clear: therapists and psychiatrists alike are highly susceptible to burnout and compassion fatigue. Both are detrimental to the professional and client, and in addition to reduced clinical effectiveness, Delgado, Saxon, & Barkham (2018) suggest compassion fatigue and burnout are associated with poorer physical and mental health outcomes for therapists, as well as reports of therapist misconduct and ethical concerns. It can be argued that therapist self-care is even more important amongst psychedelic therapists, as these medicines place clients in highly vulnerable emotional states involving alterations in time, perception, and consciousness.

Additionally, ethical concerns such as transference and countertransference are more prevalent phenomena with this type of medicine work. In order to minimize the risks associated with negative outcomes, therapist wellness is of the utmost importance.

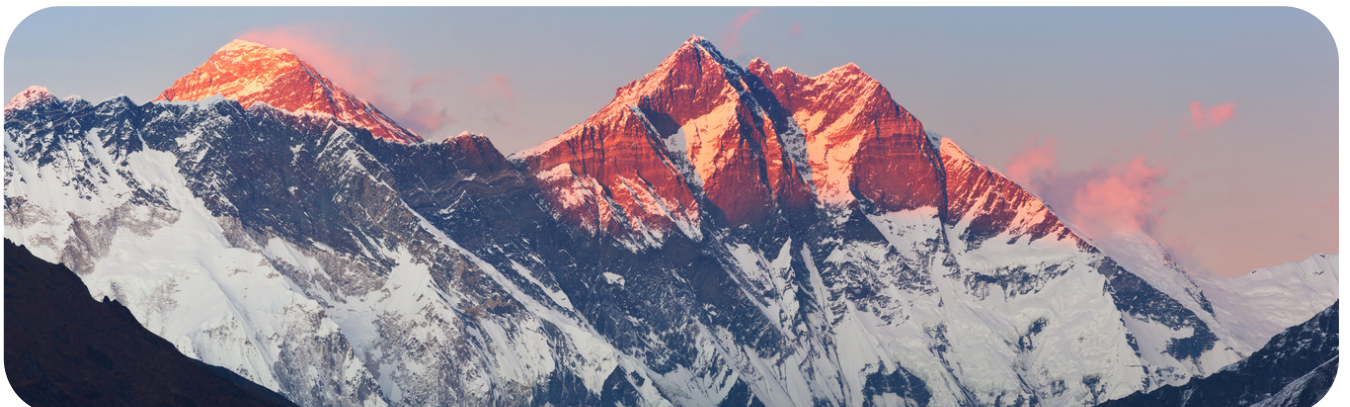
Ethically, therapists who are considering this type of work must ensure they are taking the time to nurture their own needs, not only in the interest of their own mental and physical health outcomes, but also for the safety of their clients and the clinical effectiveness of their work. As many ethical codes for psychotherapy licensing bodies state: Do No Harm.

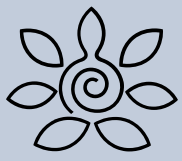
Rachel Dundas

R Psych
Writer

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CAN PSYCHEDELIC-ASSISTED THERAPY BE DELIVERED

legally?



A key consideration in the practice of psychedelic-assisted therapy is the ever-changing legal landscape. As of now, many psychedelic substances remain illegal or strictly regulated in numerous jurisdictions, although there is a growing trend towards decriminalization and clinical research.

Practitioners must stay informed and compliant with the current laws and regulations, which can vary significantly from one region to another.

Ethics is another crucial aspect of this practice. Ethical considerations include informed consent, ensuring patients are aware of the potential risks and benefits; the management of potential adverse effects; and ensuring that therapy is conducted in a safe, supportive environment. The integration of a patient's experience during and after the session is essential to maximize therapeutic benefits and minimize risks.

Furthermore, psychedelic-assisted therapy is inherently multidisciplinary, involving insights and methodologies from psychiatry, psychology, neuroscience, and pharmacology. This multidisciplinary approach enriches the therapy, allowing for a comprehensive understanding of the effects of psychedelics on the human mind and how they can be harnessed for therapeutic purposes.





As research continues and the legal environment evolves, psychedelic-assisted therapy promises to become an increasingly accessible and valuable tool in mental health treatment. However, maintaining a focus on ethical practice, legal compliance, and multidisciplinary collaboration will be crucial for the safe and effective implementation of this innovative therapeutic approach.

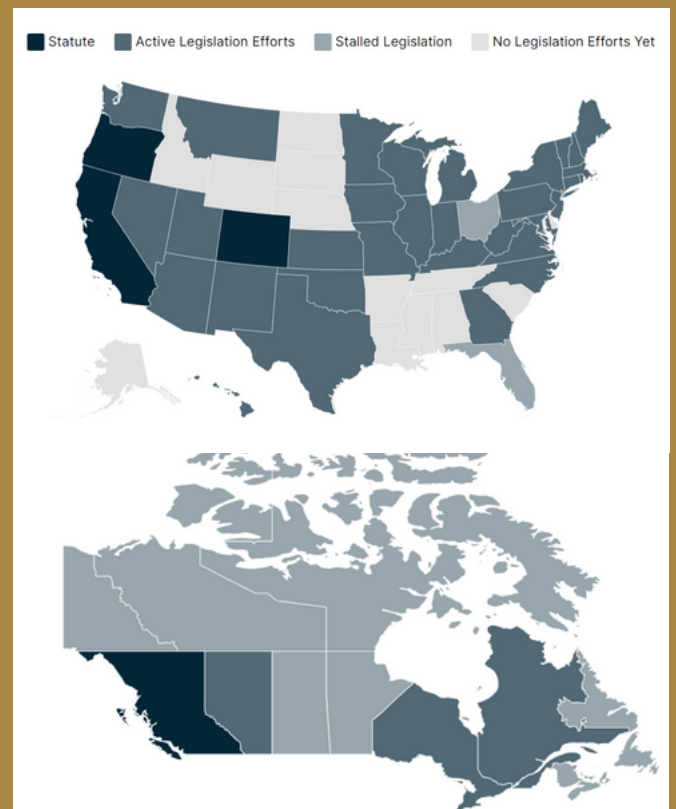
ATMA's website serves as a dynamic and informative resource for those interested in the current state of psychedelic-assisted therapy regulations in Canada, the United States and Australia. It provides an overview of the legal framework governing the use of psychedelic substances in therapeutic settings within these countries.

However, it's crucial for readers to note that regulatory landscapes are continuously evolving. Due to this, the information provided on the ATMA website, while current at the time of publishing, may not always reflect the most recent legal changes or developments.

Therefore, individuals interested in this field are strongly encouraged to conduct their own research and

verification to ensure they have the latest information. This is especially important for practitioners, researchers, and patients who are directly involved in or affected by psychedelic-assisted therapy and its legal considerations. The ATMA website should be viewed as a starting point for understanding and exploring the regulatory environment, not as the final word on legal matters in this rapidly changing field.

ATMA's Canada and USA Regulations Interactive Map Page
Photos: www.atmajourney.com





HOW TO DELIVER & ACCESS PSYCHEDELIC THERAPY LEGALLY WITH *ATMA Cena Services*



ATMA Cena services

18

PRACTITIONER SERVICES

Discover an exciting opportunity with the fast-approaching arrival of Psychedelic-assisted Therapy (PaT) in Canada and the United States. The industry is on the brink of a transformative phase, yet the standardization of PaT delivery remains a pressing challenge.

This emerging field calls for a diverse array of skilled practitioners to enhance accessibility and meet growing demands.

Many professionals are eager to engage but find themselves constrained by limited time, resources, and a complex regulatory landscape.

ATMA Cena is at the forefront, preparing diligently for the expected surge in demand for PaT practitioners following legalization. We are committed to empowering practitioners with the necessary tools, knowledge, and support to thrive in this groundbreaking domain.

To learn more, [visit our page here](#), or [inquire now!](#)



CLINIC NETWORK

ATMA Cena is at the forefront of transforming network clinics into pivotal service hubs across Canada in anticipation of the imminent arrival of Psychedelic-assisted Therapy (PaT).



ATMA Cena's Clinic Network Location Vision
By: *ATMA Journey*

While the industry buzzes with the potential of PaT, the challenge lies in establishing the necessary infrastructure for its standardized delivery. Many clinics eager to join this movement often find themselves constrained by limited time, resources, and a complex web of emerging regulations and accreditation standards.

Recognizing this gap, ATMA Cena is proactively gearing up to meet the surge in demand for PaT clinics, ensuring they are well supported with clinical and regulatory requirements and ready to navigate the landscape of this groundbreaking therapy in the new era of legalization.



Psychedelic-assisted Therapy Room, ATMA Journey Clinic
By: *ATMA Journey, Calgary*

SAP SERVICES

ATMA Cena Services is dedicated to simplifying the Special Access Program (SAP) process in Canada, a crucial pathway for healthcare professionals to obtain unapproved drugs like psychedelics for patients with serious conditions.

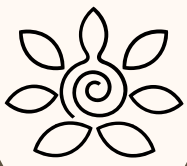
Recognizing the complexity and time-intensive nature of SAP applications and the delivery of psychedelic-assisted therapy, we offer comprehensive support that streamlines everything from application to treatment.



Ketamine-assisted Therapy at Qi Integrated Health
By: *Qi Integrated Health, Vancouver*

Our services extend beyond SAP, encompassing Ketamine-assisted Therapy (KaT) and other psychedelic treatments, ensuring adherence to the highest safety standards and emerging regulatory guidelines. This streamlined approach not only facilitates access for patients in need but also significantly eases the burden on practitioners, enabling them to focus on what they do best – caring for their patients.

[Visit our site page](#) or [inquire here!](#)



TYPES OF PSYCHEDELIC MEDICINES

Psilocybin

4-phosphoryloxy-N,N-dimethyltryptamine



Found in over 200 species of mushrooms, psilocybin is an indole alkaloid that greatly resembles serotonin in structure and is rapidly metabolized into psilocin upon human ingestion. Once converted, psilocin stimulates serotonin (5-HT) receptors, which creates alterations in perceptive consciousness. When psilocin binds to the 5-HT_{2A} receptor, it stimulates a heightened sensory experience that includes hallucinogenic effects, synaesthesia (experiencing one sense as another), shifts in perception, and reorientation of spatial and chronological relationships.

An experience with psilocybin lasts for approximately 4-6 hours, with the range being affected directly by dosage and external factors such as set (mindset and preparation) and setting (location and surrounding influences). The duration of the experience, coupled with the perception altering effects, creates a journey-like atmosphere for the user. Because there can be distortions of spatial and time-based awareness, the individual can explore the nature of their imagination and the recesses of their mind. This can easily produce circumstances that connect the user to long forgotten memories and awaken a strong sense of spiritual activation.

Due to the wide range of possibilities, guidance from experienced and trained supporters can help to create a safe environment for inexperienced and experienced users alike where any and all of the negative components of the journey can be confidently and seamlessly navigated.

Since the inception of the Controlled Substance Act in the 1970s, psilocybin has been labeled as a Schedule I substance, resulting in it being largely excluded from any conversations relating to therapeutic use and mental wellness. However, since the early 2000s, clinical trials have been consistently evolving across the globe and demonstrating increasingly effective results in treating a wide range of disorders and diseases. As a result, many states and provinces across North America are beginning to legislate the clinical and therapeutic use of psilocybin. This, along with the advancements of legalized clinical use in countries such as Jamaica, the Netherlands, and Australia, paints a picture of a rapidly expanding protocol for the integration of psilocybin as a tool in the global wellness industry.

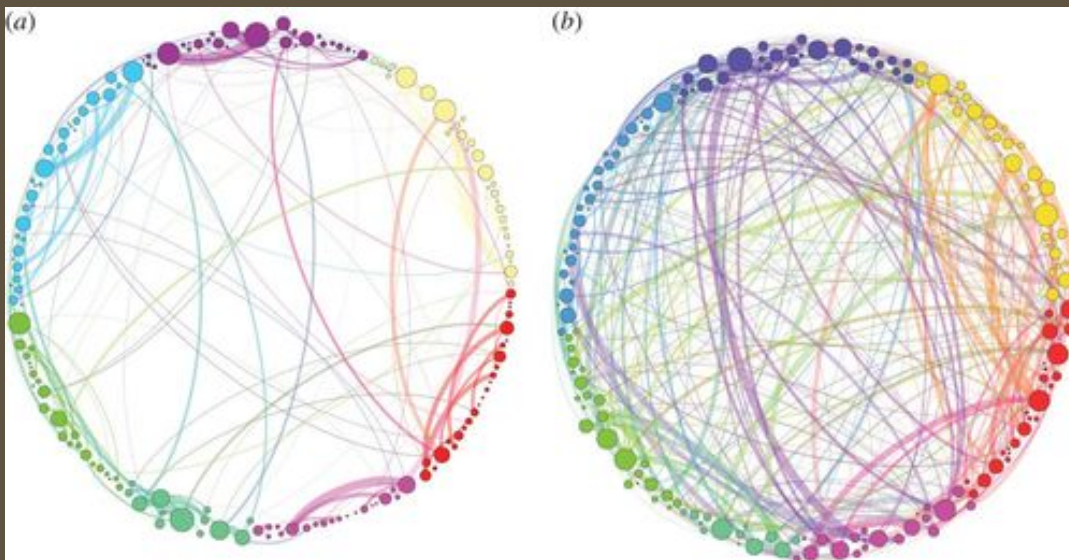


RESEARCH-VALIDATED TREATABLE CONDITIONS

- Depressive disorders including treatment-resistant depression
- Generalized anxiety disorder
- Anxiety and depression in cancer patients
- Obsessive-compulsive disorders
- Substance abuse disorders including nicotine and alcohol dependencies
- Eating disorders including anorexia nervosa
- Headache disorders including post-traumatic headache disorders and cluster headaches
- Deterioration in AIDS/HIV survivors

Brain Functional Network Diagram

Photo A: Participants who got the placebo; Photo B: Participants who got psilocybin



Homological scaffolds of brain functional networks, Volume: 11, Issue: 101, DOI: (10.1098/rsif.2014.0873)
<https://royalsocietypublishing.org/doi/10.1098/rsif.2014.0873>



POSITIVE EFFECTS

- Expansion of awareness
- Enhanced sensitivity
- Synaesthesia
- Altered visualization
- Cognitive openness
- Extra-sensory perception
- Connection to mystical and spiritual energies
- Recalibration of beliefs
- Acceptance of things as they are



NEGATIVE EFFECTS

- Nausea and/or vomiting
- Restlessness
- Paranoia
- Anxiety
- Disorientation and/or dizziness
- Muscle fatigue and/or weakness
- Light sensitivity
- Impaired focus
- Irrational thinking and/or behavior



COMMON DOSING GUIDELINE

- 25mg of psilocybin; 4-5g of *Psilocybe cubensis* mushrooms*
- Weight-adjusted dosing is not necessary

*Different species of mushrooms will yield different potencies



TYPES OF PSYCHEDELIC MEDICINES



MDMA

3,4-methylenedioxyamphetamine

MDMA is a synthetic amphetamine derivative, classified as a psychostimulant as well as an empathogen/ entactogen. Acting within the realms of euphoria and social connectedness, MDMA stimulates the release of serotonin, dopamine, and norepinephrine, as well as the hormone oxytocin, which dramatically heighten a user's emotional experience and can create conditions of openness and boundlessness that are often described as connective experiences. MDMA is also a sympathomimetic and stimulates the release of certain hormones like vasopressin and cortisol, which can translate into increases in blood pressure, heart rate, and body temperature.

The acute action of drug effect typically lasts between 6-8 hours, with the aftereffects enhancing posttreatment integration, helping to assimilate all parts of the experience. Due to the enhancement of emotional access and connection for the user, it is suggested that MDMA has great potential to help people heal acute trauma and positively transform their relationships with anxiety. A recent study has given new language to the effect that MDMA has on the brain,

where brains centers involved in anxiety show decreased activation during an MDMA experience. The resulting effect on brain chemistry translates into a noticeable sense of relaxation, allowing for individuals to face their trauma without experiencing the accompanying anxiety. This suggests that MDMA can help alleviate mood-based disorders. As demonstrated in clinical trials funded by MAPS, MDMA has primarily shown efficacy in treating patients with PTSD, including those with treatmentresistant PTSD. MDMA is also becoming regarded as a tool for spiritual growth, as it significantly enhances empathy for others. Beyond offering users a means of experiencing spiritual epiphany and broader interconnectedness, it also demonstrates use in building and repairing relationships, especially when supported by a specialized therapist or facilitator.

Because it fosters empathy and enhances communication and openness, it has potential to catalyze intimate and honest connections between people,



especially when supported by a specialized therapist or facilitator. In 2017, the FDA granted MDMA “breakthrough therapy” status to expedite the legalization process for therapeutic use. It has, however, been listed as a Schedule I drug in the U.S. since 1985. Given the current state of clinical trials for MDMA, it is possible that we will see doctors in North America prescribing MDMA as early as 2023 for PTSD treatment.



RESEARCH-VALIDATED TREATABLE CONDITIONS

- PTSD
- Anxiety disorders
- Social anxiety
- Eating disorders
- Substance abuse disorders



POSITIVE EFFECTS

- Euphoria
- Enhanced empathetic connection
- Increased energy
- Enhanced tactile, visual, and auditory senses
- Openness and self forgiveness
- Heightened self-esteem
- Therapeutic introspection



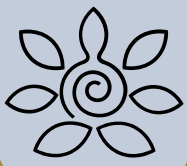
NEGATIVE EFFECTS

- Dry mouth and/or teeth grinding/jaw clenching
- Anxiety/paranoia
- Sensory distortions
- Insomnia
- Potential adverse effects on mood disorders
- Increased body temperature
- Potential “comedown” effects



COMMON DOSING GUIDELINE

- Low dose: 60-80mg
- Moderate dose: 81-130mg
- High dose: 131-200mg
- Very high dose: >200mg



TYPES OF PSYCHEDELIC MEDICINES



Ketamine

2-(2-Chlorophenyl)-2-(methylamino)cyclohexanone

Ketamine is a dissociative anesthetic drug that carries a Schedule III classification in the U.S., due to its legalized application as a treatment tool in medical settings. Acting primarily as an NMDA receptor antagonist, in low doses, ketamine can produce slight alterations in perception and acts as a sedative. In higher doses, ketamine can produce complete dissociations between mind and body, to the extent of paralyses. While ketamine has demonstrated benefits for mood and pain disorders, more research is currently being conducted to determine the long-term effects of continued use.

In the 1970s, ketamine received its FDA approval based on its use as an anesthetic; however, it also yields analgesic effects, and it is touted as an anti-obsessional and antidepressant. Further, it has been found to possess neuroprotective properties that support neuroplasticity. Ketamine's onset and duration vary widely depending on its route of administration and dosage, but typically, the onset occurs quite rapidly and the peak of the effects last between 30-120 minutes. There is some concern regarding the abuse potential of ketamine, especially when it is used in a clinical setting to treat individuals with substance abuse disorders.

The continued use of ketamine as a therapeutic drug should be in conjunction with psychotherapy due to the shorter duration of its positive effects and the need for the user to integrate their experiences with the drug. Despite its positive effects in the areas of pain management and mood disorders, there are signs that extended use of ketamine can lead to toxicity in the kidneys and the bladder, thus impacting the urinary tract. More research is necessary to determine the risk factors of using ketamine as a therapeutic treatment over the long-term.



Ketamine-assisted Therapy
Photo: *Psych Garden*



RESEARCH-VALIDATED TREATABLE CONDITIONS

- Pain and/or pain disorders
- Mood disorders, including major depressive disorder and treatment-resistant depression
- Addiction disorders
- PTSD



Ketamine-assisted Therapy
Clinic, Field Trip
Photo: *Field Trip*



POSITIVE EFFECTS

- Dissociative
- Muscle relaxant
- Pain relief
- Detachment from fixed perspectives
- Mood improvement
- Visual hallucinations
- Transcendental experiences
- Ego dissolution



NEGATIVE EFFECTS

- Anxiety
- Paranoia
- Delusion
- Loss of coordination/ disorientation
- Dysphoria
- Psychotic instability
- Disconnection with basic bodily awareness
- Distorted perception



COMMON DOSING GUIDELINE

- For inducing anesthesia:
 - Intravenous (IV): 1-4.5mg/kg
 - Intramuscular (IM): 6.5-13mg/kg
- For analgesia:
 - IM:
 - Low dose: 0.25-0.5mg/kg
 - Moderate dose: 0.5-1mg/kg
- For inducing psychedelic effects:
 - IM: High dose: 1-2mg/kg
- Nasal: 25-300mg
- Lozenge: 50-300mg

*Dosing varies depending on route of administration and desired effect



TYPES OF PSYCHEDELIC MEDICINES



Ayahuasca

N,N-Dimethyltryptamine (DMT)

Ayahuasca is a botanical mixture that comes originally from the Amazonian basin and plays an integral part in the ethos of most cultures that are connected to both Central and South America. Most commonly, Ayahuasca is a brew that contains both *Banisteriopsis caapi* (ayahuasca vine) and *Psychotria viridis* (chacruna), which is comprised of N,N-dimethyltryptamine (DMT) and monoamine oxidase inhibitors (MAOIs). DMT is the hallucinogenic agent that stimulates 5-HT_{2A} receptors in the brain. The addition of MAOIs decreases the breakdown of DMT, allowing for it to reach its target receptors in the brain before being degraded, as well as increasing the duration of action in the brain for longer than DMT on its own. Ayahuasca has been used as a ceremonial medicine for many generations and recent research has shown that it has a very high capacity to aid in the healing of treatment-resistant disorder.

Ayahuasca is traditionally served in ceremonies for the sake of both healing and learning. It is often served by medicine men and women, and its serving is often accompanied by sacred songs known as *Icaros*.

Ayahuasca is traditionally served in the darkness of the evening to support the increased sensitivity to both light and sound. Upon drinking their dose of ayahuasca, users often experience both gradual and fastacting shifts in sensations and perceptions. Some of these shifts produce visual distortions and displays of colours and patterns. It is quite common for users to experience purgative effects such as vomiting, diarrhea, sweating, crying, and laughing. This is traditionally seen as a sign of healing and constitutes a major benefit to the user who seeks positive results from their experience. The effects of Ayahuasca typically last around four hours, but this is also dependent on many external factors.

It is only since the 1950s that Ayahuasca has been explored by Western cultures. Since this time, a massive surge of interest in its effects and potential benefits has spread across the globe. The underground culture associated with Ayahuasca ceremonies has spread worldwide as people from all over the world have sought guidance from retreat centers in Central and South America.



In response to its growing popularity, many pharmaceutical sponsors are seeking ways to approve Ayahuasca or a synthesized comparable with the FDA. This is causing some concern amongst conservationists and traditionalists alike as it threatens the ecological balance of not only the Amazonian basin but the nature of the botanicals themselves. Ayahuasca has demonstrated a huge potential to benefit human beings in the areas of health and well-being; it certainly appears that it will be effective if we are willing to respect it as a naturally occurring medicine with traditional roots in healing.



RESEARCH-VALIDATED TREATABLE CONDITIONS

- Mood disorders
- Treatment-resistant depression



POSITIVE EFFECTS

- Sensory enhancement
- Purging/Cleansing (physical and emotional)
- Transcendence of space and time
- Spiritual and cosmic experiences
- Consolidation of experiences
- Insight and epiphany
- Increased depth of understanding
- Ego dissolution



NEGATIVE EFFECTS

- Panic and/or anxiety
- Nausea and/or vomiting
- Diarrhea
- Confusion and/or psychological distress
- Muscle tension, weakness and/or pain
- Disorientation
- Over-stimulation of senses
- Paranoia
- Rapid change in conditions



COMMON DOSING GUIDELINE

- DMT concentration: 0.16-14.15 mg/ml
- THH (tetrahydroharmine) concentration: 0.49-23.80 mg/ml
- Harmaline concentration: 0.01-0.9mg/ml
- Harmine concentration: 0.45-22.85 mg/ml

*Potency varies based on the particular brew



TYPES OF PSYCHEDELIC MEDICINES



5-MeO-DMT

5-Methoxy-N,N-Dimethyltryptamine

5-MeO-DMT is a tryptamine derivative that can be extracted from some specific plant species but is most commonly taken from the venom of the *Incilius alvarius* toad (also known as *Bufo alvarius*, Sonoran Desert toad, or the Colorado River toad). The bufotoxin venom naturally contains 5-MeO-DMT and bufotenin, both of which act on 5-HT_{2A} receptors, thus triggering a high degree of psychedelic effects. These effects are fast-acting and last for a short duration compared to most other psychedelic substances, with the subjective experiences having a higher intensity than other DMT based psychedelics, especially in their capacity to enhance the user's emotional connection.

Most commonly, 5-MeO-DMT is smoked as a vaporized dose of bufotoxin. A full-dose of bufotoxin (50 mg) is approximately 10-15% 5-MeO-DMT and is enough to induce the full intensity of a transcendent experience that is typical of a high-dose psilocybin journey. When 5-MeO-DMT is smoked, the onset of the effects is typically within 30 seconds and peaks for around 15 minutes. Thirty minutes after ingestion, the effects usually dissipate. During the experience, users report having profoundly transformative experiences

that help to reshape their lives in many ways. Because of its potential, there has been a major increase in the exploitation of the *I. alvarius* toad, which has begun to cause concerns regarding the impact that this poses to local communities in the Sonoran Desert. Because 5-MeO-DMT can be synthesized easily in a laboratory, pharmaceutical sponsors are attempting to develop synthetic drugs that can not only alleviate the over-harvesting of bufotoxin from its organic vessel, but also provide a means of offering very precise doses of 5-MeO-DMT. This is of high value with a substance such as 5-MeO-DMT because of its extreme potency.

In 2011, 5-MeO-DMT was classified as a Schedule I substance in the USA. Prior to that, it was scarcely known and only began to grow in popularity in the 1970s. The use of 5-MeO-DMT as a clinical and therapeutic medicine is relatively new, and to-date, there is not much data to corroborate any major claims despite its enormous potential to aid in healing.



RESEARCH-VALIDATED TREATABLE CONDITIONS

- Mood disorders
- Treatment-resistant depression



Psychedelic Toad
Photo: *Forbes*



Hamilton in Mexico using The Psychedelic Toad
Photo: *VICE*



POSITIVE EFFECTS

- Euphoria
- Out-of-body experiences
- Transcendence of limited perspective
- Ego dissolution
- Connection with spiritual expansion
- Broader connection to the universe
- Bliss
- Hallucinations and/or other sensory enhancements



NEGATIVE EFFECTS

- Nausea and/or vomiting
- Anxiety
- Delusions and/or disorientation
- Loss of motor control
- Muscle spasms and/or spastic movements
- Disconnection from basic bodily regulations
- Skin flushing



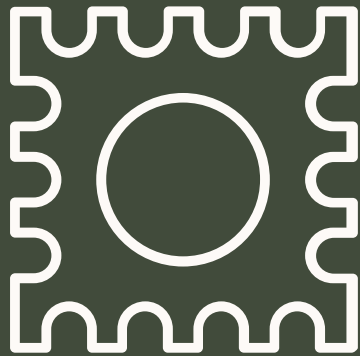
COMMON DOSING GUIDELINE

Smoked Bufotoxin (at least 10% is 5-MeO-DMT)

- Low dose (Threshold): 10 - 20mg
- Moderate dose: 20 - 50mg
- Common dose: 50 - 70mg
- Strong dose: 70 - 100mg



TYPES OF PSYCHEDELIC MEDICINES



LSD

Lysergic Acid Diethylamide

LSD is a classic psychedelic that is synthetically produced from a compound found in ergot (a fungus that infects certain grains). It is perhaps the most publicly scrutinized, tested, and clinically distributed psychedelic despite its Schedule I restrictions under the Controlled Substances Act in the U.S. The story of LSD begins with its accidental discovery in the 1940s, followed by an active quest to unlock the potential benefits that it exhibited in its creator. Clinical applications yielded impressive results, especially when applied to mental health conditions. By the 1960s, LSD had become immensely popular within the counterculture movement, and in 1970, when the Controlled Substances Act was created, it was placed in the most restrictive class.

LSD acts as a high-affinity agonist at the 5-HT_{2A} receptor, which triggers the majority of its subjective effects. It also acts on several other serotonergic receptors as well as dopaminergic and glutamatergic receptors, collectively creating a very potent experience compared to other psychedelics. Even with a relatively small amount, the typical experience lasts between 6 to 12 hours. The duration and quality of its effects

creates the conditions for a profound and consciousness-altering journey. As LSD was extensively researched decades ago, there is a large quantity of data regarding the possibilities for its therapeutic use. After a long hiatus, LSD is now being investigated again on a more active basis and it continues to show promise for people who are coping with serious anxiety disorders and end-of-life anxiety in palliative care patients.

Because of LSD's intensity, coupled with the duration of its effects, it has the potential to negatively impact some users who have significant family histories of psychotic disorders, such as schizophrenia and bipolar disorder. Like all psychedelics, its outcome largely depends on the set and setting in which it is administered. When used with great care and in controlled settings, LSD has a tendency to help with a wide range of mental health concerns.



RESEARCH-VALIDATED TREATABLE CONDITIONS

- Pain disorders
- Mood disorders
- ADHD
- Anxiety disorders (especially related to life-threatening illness)



POSITIVE EFFECTS

- Vivid visualizations
- Synesthesia
- Auditory hallucinations
- Expansive perceptions
- Heightened emotions and connectedness
- Insight and epiphany
- Transcendence of space and time
- Ego dissolution
- Spiritual experiences



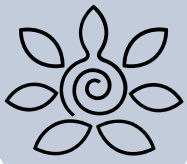
NEGATIVE EFFECTS

- Panic and/or anxiety
- Paranoia and/or confusion
- Irrational thoughts and behavior
- Disorientation
- Restlessness
- Weakness and/or numbness
- Over-stimulation of senses
- Body temperature deregulation



COMMON DOSING GUIDELINE

- Microdose: 5 - 19µg
- Low dose: 20 - 75µg
- Moderate dose: 76 - 200µg
- High dose: 201 - 400µg
- Very high dose: >400µg



TYPES OF PSYCHEDELIC MEDICINES



Ibogane

12-Methoxyibogamine

Ibogaine is a psychoactive alkaloid found in rainforest shrubs that are part of the Apocynaceae family native to Central Africa. The most known species within this family is called *Tabernanthe iboga* and has been used as part of traditional ceremonies within Central Africa for hundreds of years. Though it has traditionally been used as a healing plant and an aid in rites of passage, it has become highly touted as a very potent antiaddiction agent, particularly effective in aiding people who suffer from opioid addictions and opioid withdrawals. Outside of Mexico and West Africa, ibogaine is highly restricted and is classified as a Schedule I substance in the U.S. Controlled Substances Act.

Iboga has been used ceremonially for generations by members of the Bwiti, primarily in Gabon, Cameroon, and the Republic of Congo, where the plant was consumed to simulate near-death experiences and guide the ceremonialists through rites of passage. In other circumstances, iboga is consumed during tribal dances, ceremonies, and hunting in order to increase energy and alertness. The pharmacology of ibogaine is complex, but it is believed to act as a serotonin

reuptake inhibitor and as an agonist at three primary opioid receptors, which allows it to function as a powerful tool in alleviating the symptoms of addiction and withdrawal. Iboga experiences are often reported to be very complex, with the height of the acute “dream-like” phase lasting 4-8 hours before softening into a reflective phase that can last upwards of 20 hours. While these experiences are not considered to be pleasant or comfortable per se, they are deeply transformative; such healing processes require support from experienced guides in order for people to have safe and effective journeys.

There are several ibogaine clinics currently operating in Mexico; ibogaine is unregulated in Mexico, so while it can be possessed, there are no regulations monitoring its quality or use. In the U.S., it is a Schedule I substance, making its use completely illegal. With the big wave of new psychedelic research worldwide, new trials are currently in progress at different locations to create increased clarity around the potential therapeutic benefits of ibogaine.



RESEARCH-VALIDATED TREATABLE CONDITIONS

- Alcohol use disorders
- Methadone detoxification
- Opioid use disorders
- TBI
- Healing traumatic wounds



Iboga for addiction treatment in Mexico
Photo: WBUR News

Psychedelics re-engineered for potential use in the clinic
Photo: <https://www.nature.com/articles/d41586-020-03404-z>



POSITIVE EFFECTS

Lower doses

- Stimulant effects and increased energy
- Appetite suppression

Higher doses

- Hallucinations
- Ethereal state of consciousness
- Enhanced memory recall
- Introspection
- Clarity and discernment



NEGATIVE EFFECTS

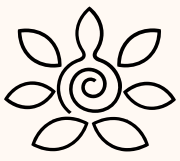
- Nausea and/or vomiting
- Acute sensitivity
- Anxiety
- Mania and/or psychotic breaks
- Tremors and/or loss of coordination
- Heart irregularities
- Increased blood pressure
- Seizures* (specifically related to acute alcohol or benzodiazepine withdrawal)
- Dehydration



COMMON DOSING GUIDELINE

- 15-20mg/kg (standard recommendation)

*Dosing protocols are extremely varied with ibogaine because of the propensity for heart palpitations, as well as the duration and intensity of the experience. Many factors are to be considered prior to an ibogaine experience, and in many cases, test doses must be given in order to determine a user's physiological reactions before full or booster doses can be safely given.



HOW TO BECOME A PSYCHEDELIC-ASSISTED *therapist or guide*



ATMA Journey Clinic, Calgary
Psychedelic-assisted Therapy
Simulation
Photo: *Mariana Tellez*

INTRODUCTION TO PAT

Step into the forefront of mental health innovation with ATMA's Introduction to Psychedelic-Assisted Therapy (PaT) Course—a vital starting point for licensed and non-licensed healthcare providers.

As psychedelics gain increased recognition in mental health care, this course is your gateway to understanding and integrating these groundbreaking treatments.

ADVANCED PAT

ATMA's Advanced Psychedelic-Assisted Therapy (PaT) Certification Program is tailored for medical and mental health care professionals seeking comprehensive knowledge and experience in psychedelic therapy.

Our program is designed for those aiming to understand psychedelic medicine and its therapeutic applications while confidently engaging in informed discussions with clients and peers on psychedelic therapy. Our curriculum provides the necessary knowledge and real-world facilitation experience required to excel in delivering psychedelic medicine.



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