

*“Psychedelics are to the study of the mind what the microscope is to biology and the telescope is to astronomy.”*

— *Stanislav Grof*

From Theory to Practice:

Irish Psychotherapists’ Perspectives on Delivering Psychedelic-Assisted Therapy

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Thesis submitted in partial fulfilment of the requirements of the BA (Hons) Counselling and Psychotherapy, Department of Psychotherapy, DBS, School of Arts.

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May 2025

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## **Acknowledgments**

I would like to express my sincere gratitude to everyone who supported me throughout the process of completing this thesis.

First and foremost, I am deeply thankful to the five psychotherapists who participated in this study. Your openness, insight, and honesty shaped the heart of this research. I am truly grateful for the time you shared and the depth of reflection you brought to our conversations.

To my supervisor, Deirdre Condon, thank you for your guidance, encouragement, and steady belief in this project. Your thoughtful feedback and gentle steering were invaluable throughout this process.

To my lecturers and peers in the counselling and psychotherapy programme, especially my dear friend Hannah Stewart. You have been an abundance of support over the last four years, and I could not have done it without you.

Finally, my fiancé Mick Ledden. Thank you for your patience, encouragement, and unwavering support, especially during the late nights and long weekends. You helped carry this with me.

## Abstract

In light of growing international interest in psychedelic-assisted therapy (PAT), this study explored what prepares Irish psychotherapists to engage with this emerging therapeutic modality. Five accredited psychotherapists working in diverse modalities were recruited to participate in semi-structured interviews. Transcripts were analysed using reflexive thematic analysis to explore their views on readiness, training, ethics, and future models of delivery. Five themes were identified: embodied readiness and the ethical necessity of lived experience; the need for specialised, experiential training and supervision; ethical complexities in client vulnerability and practitioner responsibility; structural gaps in regulation and professional governance; and a strong preference for community-based, nature-connected models of care.

Overall, the study found that while participants were open to the potential of PAT, their readiness was shaped by both internal and external factors including ethical concerns, legal ambiguity, and the absence of formal training pathways. Participants emphasised the need for culturally responsive, relationally grounded frameworks that move beyond clinical models. It is hoped that these findings contribute to an evolving conversation around safe, ethical, and inclusive psychedelic practice in Ireland, and help inform the development of future guidelines, training, and policy.

**Keywords:** psychedelic-assisted therapy, therapist readiness, Irish psychotherapy, ethics, training, integration, non-ordinary states, therapist preparation, embodied experience.

# **Chapter 1: Introduction**

## **1.1 Background and Context**

Psychedelic-assisted therapy (PAT) is emerging as one of the most significant developments in contemporary mental health care. In recent years, clinical trials have demonstrated promising outcomes for the use of psychedelics such as psilocybin, 3,4-methylenedioxymethamphetamine (MDMA), and ketamine in the treatment of conditions including depression, post-traumatic stress disorder (PTSD), and addiction (Carhart-Harris et al., 2018; Reiff et al., 2021). As public and scientific interest grows, attention is increasingly turning toward how these therapies might be implemented ethically and effectively in diverse cultural and professional contexts. In Ireland, however, psychedelic substances remain illegal, and little research has explored how psychotherapists, who may one day be asked to deliver or support this form of therapy, perceive their own readiness to engage with this emerging field.

This study is situated within this gap in Irish literature. It focuses on Irish psychotherapists' perspectives not just on PAT as a concept, but on what would be required to bridge the gap between current theoretical support and actual clinical implementation. As international progress accelerates, understanding local practitioner readiness, training needs, ethical concerns, and preferred delivery models becomes increasingly relevant.

## **1.2 Rationale for the Study**

While international research on PAT is growing rapidly, the Irish context remains relatively underexplored. Only two studies to date — O'Sullivan (2023) and Scanlon & Donohue (2024) — have examined Irish therapists' views on psychedelics in psychotherapy. Both studies identified cautious interest and the recognition of psychedelics' potential benefits, but also highlighted widespread uncertainty around training, legality, and ethical frameworks. Notably, neither study explored therapist readiness in depth, nor the specific factors that might support or hinder future implementation.

This study addresses that gap by focusing directly on Irish psychotherapists' readiness to practise PAT. It aims to capture their insights into what experiential, educational, and

structural supports are needed to feel prepared and competent in delivering such work — should legal and clinical frameworks evolve to permit it.

## **Chapter 2: Literature Review**

### **2.1 Introduction and Research Gap**

This literature review aims to explore the history and the accruing evidence base of Psychedelic Assisted Therapy (PAT) research, with a specific focus on the attitudes of psychotherapists in Ireland towards these treatments. While international research on PAT is expanding rapidly, Irish psychotherapy literature remains notably underdeveloped in this area. To date, only two studies O’Sullivan (2023) and Scanlon & Donohue (2024) have directly examined Irish therapists’ attitudes toward PAT. Both studies point to a growing openness among therapists, alongside significant concerns about training, ethics, and regulatory ambiguity. However, there remains a lack of in-depth qualitative analysis exploring how Irish practitioners understand their own readiness, ethical obligations, and vision for safe practice. This study seeks to address that gap by centring the voices of Irish psychotherapists and examining the specific cultural and structural factors that shape their engagement with PAT. This study also aims to contribute to the ongoing dialogue surrounding the integration of psychedelics into contemporary therapeutic practices, navigating the intricacies of stigma, legal status, the kinds of trainings that will need to be delivered to move it forward.

### **2.2 Definitions and Pharmacological Clarifications**

The class of psychoactive substances known as "psychedelic drugs" are substances that can cause an altered state of consciousness, including altered perception, tactile enhancement, enhanced emotions, disintegration of the self, and a sense of interconnectedness with others and the outside world (Ruban & Kołodziej, 2018). Examples of drugs usually included in this category are mescaline, psilocybin, Lysergic acid diethylamide (LSD), N,N-dimethyltryptamine (DMT) and 5-methoxy-N,N-dimethyltryptamine (5-MEO-DMT). Due to the fact that they share some psychedelic drug characteristics substances like ketamine, cannabis, and 3,4 methylenedioxymethamphetamine (MDMA) are also included in this category (Ruban & Kołodziej, 2018). Mescaline, psilocybin LSD and DMT are psychoactive and share a central pharmacological mechanism: 5-HT<sub>2A</sub> receptor agonist, which acts as a substitute for the 5-neurotransmitter serotonin (Dos Santos, 2021). While cannabis is sometimes reported to produce altered states resembling psychedelia, it is not classified as a classic psychedelic. Classic psychedelics — such as psilocybin, LSD, and DMT — primarily

act as serotonin 2A (5-HT<sub>2A</sub>) receptor agonists, leading to their characteristic hallucinogenic and consciousness-expanding effects (Nichols, 2016). Cannabis, by contrast, operates mainly through the endocannabinoid system and is better understood as a psychoactive substance with potential dissociative or hallucinogenic effects at high doses, rather than a serotonergic psychedelic (Nichols, 2016).

### **2.3 Historical and Political Context**

While psychedelic substances were first used as an adjunct to psychotherapy in the 1950s, the use of psychedelics in healing and ritual contexts predates this by centuries. Across cultures — from Native American traditions to Indigenous communities in the Amazon — psychedelics have long held spiritual, therapeutic, and communal significance (Bruen et al., 2002; Labate & Cavnar, 2013).

Despite these rich traditions, psychedelics such as psilocybin (magic mushrooms), LSD, and ayahuasca became deeply stigmatised in the United States and globally throughout the latter half of the 20th century (Goodwin et al., 2023). LSD was legal until 1968, when President Nixon launched the so-called “War on Drugs” (Barksdale & Pica, 2022). This campaign employed targeted scare tactics that portrayed psychedelics as dangerous substances capable of causing psychosis, birth defects, suicide, and brain damage — claims that were often unsupported by scientific evidence. While framed as a public health intervention, the campaign was later revealed to have been politically motivated, used to suppress countercultural movements and communities of colour (Hari, 2015).

The criminalisation of psychedelics during this period led to a decades-long halt in scientific research, despite promising early findings in psychiatry. Prior to prohibition, research had flourished: LSD was discovered by Albert Hofmann in 1943 and distributed by Sandoz Pharmaceuticals to researchers globally, fostering a surge of clinical exploration (Nutt, 2017). Though prohibition did little to curb recreational use, it effectively silenced therapeutic inquiry.

Over the past two decades, public attitudes have shifted. Psychedelics are increasingly viewed not merely as recreational substances, but as tools for consciousness exploration and personal healing. Contemporary studies have highlighted their potential to produce enduring therapeutic, existential, and spiritual benefits (Davis, 2022). This resurgence has been driven by two parallel developments: first, psychopharmacological and neuroimaging studies with

healthy volunteers, and second, a wave of small-scale clinical trials indicating potential in the treatment of depression, PTSD, and addiction (Nutt, 2017).

The legacy of stigma, however, continues to shape policy and practice. In Ireland and internationally, therapists and institutions remain cautious, constrained by legal uncertainty, ethical concerns, and reputational risk despite the growing body of evidence supporting PAT.

## **2.4 Contemporary Evidence Base**

Distinguished research centres like the Multidisciplinary Association for Psychedelic Research (MAPS), the Centre for Psychedelic Research at Imperial College, London, and the Johns Hopkins Centre for Psychedelic and Consciousness Research in the US are at the forefront of this renaissance (Ó Cobhthaigh, 2022). Currently, research is being done on psychedelic substances as adjuncts to psychotherapy (Ruban & Kołodziej, 2018). Promising research has been done on the use of medications like LSD, psilocybin, ketamine, and ayahuasca for the treatment of mood disorders (Evans et al. 2018; Watts et al. 2017). This may be an alternative way to solve the problem of treatment-resistant mood disorders (Ruban & Kołodziej, 2018). Neuroscientists and psychologists have been actively investigating the characteristics of this class of psychoactive substances for the past ten years. Due to the controversy surrounding the use of psychoactive substances as well as their beneficial qualities, researchers have attempted to determine the risks and benefits associated with use of these substances (Ruban & Kołodziej, 2018). Researchers have not only shown how psychedelics affect the brain and behaviour, but they have also suggested how using psychedelics in psychotherapy for addiction, depression, anxiety, and PTSD may be beneficial (Carhart-Harris et al. 2017; Evans et al. 2018).

According to recent research, psychedelic substances may alter the brain mechanisms underlying mental illness and enhance clinical populations' functioning over the long term. The changes brought about by these medications are concentrated in a group of areas known as the default-mode network (DMN), which are involved in a number of internal processes, such as creating self-narrative and internal experience (Ruban & Kołodziej, 2018). This excessive DMN engagement seems to be a contributing factor to, or perhaps a symptom of, the severe self-deprecating rumination that depression sufferers experience. Psychedelics significantly disrupt ongoing DMN activity (Nutt, 2017). According to a more recent clinical trial that was

published in the Journal of the American Medical Association of Psychiatry, patients with major depressive disorder, who received psilocybin in a clinical setting alongside psychotherapy, produced large, rapid, and sustained antidepressant effects (Davis et al., 2020). The largest randomized controlled clinical trial of psilocybin for treatment resistant depression (TRD), was conducted by Goodwin et al (2023). In individuals with TRD, psilocybin therapy combined with psychological support from trained therapists improved both patient-reported depression measure and clinician-rated symptoms of depression. In addition to lowering negative affect, the treatment raised positive affect and decreased anxiety (Goodwin et al, 2023). Furthermore, it is also worth considering how outside of the treatment of clinical mental health conditions, psilocybin has medicinal uses that extend beyond the management of depression. Dr. Roland Griffiths of Johns Hopkins, one of the pioneers in psilocybin research, demonstrated how the drug can cause mystical experiences that can profoundly alter people's lives. To quote the late Dr. Roland Griffiths a colossal figure in the field of psychedelic research:

*“Fourteen months after participating [in one study], 94% of those who received psilocybin said the experiment was one of the top five most meaningful experiences of their lives; 39% said it was the single most meaningful experience “(Griffiths et al., 2008, pg. 1).*

Which leads us onto considering the status of psychedelics in Ireland, research being conducted here and the state of current research into the attitudes of therapists towards these therapies, psychedelic experiences and their readiness to adopt them in practice.

## **2.5 Irish Context: Research, Law, and Policy**

Worldwide, interest in PAT is growing as a result of these encouraging research findings for a range of psychological conditions. By 2024, certain psychedelic substances will have gained legal or decriminalized status in the following countries: South Africa, Australia, the Bahamas, Brazil, the British Virgin Islands, Canada, the Czech Republic, Costa Rica, Israel, Jamaica, Mexico, Nepal, the Netherlands, Panama, Peru, Portugal, Samoa, Spain, Switzerland, and some parts of Central Africa (Chesak, 2024). While these substances remain illegal in Ireland, synthetic compounds such as COMP360 psilocybin, are currently being researched in Trinity College Institute of Neuroscience and Tallaght University Hospital (Goodwin et al.,

2022). In 2022, researchers at Trinity College participated in the largest and most rigorous clinical trial to date of psilocybin for the treatment of treatment resistant depression. Psychotherapists were recruited to assist the lead Psychologists in this research, specifically diploma-level cognitive behavioural therapists including trainee therapists (Goodwin et al., 2022). This study clearly indicates that there is a growing interest in the use of psychedelics for mental health issues and that there are professionals in Ireland who want to be involved in researching PAT. Ireland's shifting stance on drug policy and growing focus on mental health make this a highly pertinent moment to explore this topic.

The Citizens' Assembly on drugs that was held in 2023 is a perfect example of Ireland's evolving policies. The Citizens' Assembly has recommended that the State abandon the current course of action and adopt a comprehensive health-led approach to drug policy, including decriminalisation for people found in possession of drugs for personal use (Citizens' Assembly on Drugs Use, 2024). While this health-led approach is mainly focused on mainstream addictive substances, if drugs were to be decriminalised in Ireland, this would include psychoactive substances and open the door for PAT to be practiced in Ireland. Understanding therapists' attitudes towards PAT could give great insight into what education programmes need to be developed to ensure safe and ethical practice of PAT. The findings from a study such as this could have profound implications for clinical practice, policy formulation, and educational programs for psychotherapists.

## **2.6 International Attitudes Among Mental Health Professionals**

While there is not an abundance of studies that give us direct insight into the attitudes of Irish psychotherapists some similar studies from the United States give us some interesting guiding principles. For instance, Davis 2022 surveyed a sample of psychologists (n=366) with on average 17.4 years practicing post qualification. They used a quasi-experimental internet survey to assess both beliefs and attitudes about psychedelics and more specifically the utility of using psilocybin with clients with depression. The results showed that while only one-quarter (23.8%) of respondents said they would be “likely to warn”, or “would definitely warn”, clients about the risks associated with engaging in spiritual or religious activities. Whereas nearly three-quarters (76.2%) of respondents said they would be “likely to warn” or “would definitely warn” their clients about the risks associated with psilocybin use (Davis, 2022). Even though a sizable portion of participants indicated they would caution clients about the dangers

of psilocybin, roughly the same percentage also stated they would view the client's experience as genuinely spiritual (73.9%) and psychologically beneficial (84.0%) (Davis, 2022).

A quantitative study done by Hearn et al (2020), used an adapted Likert scale to assess the attitudes of professional counsellors (n = 147), student counsellors (n = 74) and counsellor educators' attitudes (n = 6) towards Psychedelics. Although some participants expressed concern about psychedelics potentially causing cognitive or mental impairment, the researchers also discovered that respondents had a much more positive attitude towards psychedelic treatments when administered under medical supervision (Hearn et al, 2020). The potential use of psychedelics in therapy was disputed by 14.4% of respondents, while the idea that these drugs could enhance the results of psychotherapy was disputed by 14.3%. The study's main limitations are its self-selected study participants and apparent low response rate (10% among professional counsellors), which raises the possibility of selection bias because counsellors with strong opinions about psychedelics and Psychedelic Assisted Therapy (PAT) could be overrepresented in the sample compared to those with neutral views. Additionally, the study is constrained by its explicit focus on attitudes rather than including items that could have revealed counsellors' self-reported knowledge of PAT and psychedelics (Hearn et al, 2020).

In the Irish context we can draw from the somewhat related profession of psychiatry, where a research article titled, "Amid magic and menace: psychiatrists' attitudes to psilocybin therapy," was published in the Irish Journal of Psychological Medicine in 2024. This article explores the knowledge and attitudes of psychiatrists in Ireland towards psilocybin therapy. The authors highlight the growing interest in psychedelic therapy and the need to understand clinicians' perspectives for its potential integration into clinical practice and public health. The primary objective of the study was to understand the variations in knowledge and attitudes of Irish psychiatrists regarding psilocybin therapy (Gribben et al., 2024). To achieve this, the researchers designed a 28-item questionnaire based on previous studies. The questionnaire used a 5-point Likert scale to assess attitudes and included an open-ended question for additional concerns. A total of 151 psychiatrists completed the questionnaire. The study found that a significant majority of Irish psychiatrists held positive attitudes towards psilocybin therapy. Specifically, 81.5% agreed that it shows promise in treating psychiatric disorders, and 86.8% supported funding research and would be willing to refer a patient if it were licensed and indicated. Furthermore, 78.1% would consider the treatment for themselves if indicated. Despite this positive outlook, less than half (40.0%) felt knowledgeable about psilocybin, and only 9.9% felt adequately prepared to participate in its delivery. While largely positive, some

concerns existed. 6.6% believed psilocybin therapy was unsafe even under medical supervision, and 21.9% thought it was potentially addictive. Other concerns included issues with psychological support/training, lack of personal knowledge, biases in reporting, resource intensiveness, equitable access, political and social biases, and micro-dosing. Psychiatrists who reported being knowledgeable about psilocybin held more positive attitudes towards its potential in enhancing connections with oneself, others, and nature, and as a treatment for anxiety, addiction, eating disorders, bipolar depression, and emotionally unstable personality disorder (EUPD). The authors concluded that while psychiatrists in Ireland are largely positive about the potential of psilocybin therapy, a significant knowledge gap exists. Addressing this gap through education and training, aligned with the best available evidence, will be crucial for the successful integration of psychedelic therapy into clinical settings. However, this research did not delve into what participants felt this training should entail.

## **2.7 Identified Gap and Study Rationale**

The first known published study exploring the views of psychotherapists in Ireland on psychedelics and PAT was done by Niamh O’Sullivan and published in the Irish Journal of Counselling and Psychotherapy IACP's Quarterly Journal in December 2023. This qualitative study involved semi-structured interviews with 4 accredited psychotherapists, 2 female and 2 males. Instead of concentrating on the drugs themselves, study participants' concerns were more about the environment in which the drug is taken and the mindset of the individual taking it. There were differing opinions regarding the use of psychedelics in public, but all participants agreed that they should be legalized for research and mental health treatments (O’Sullivan, 2023). A concern was expressed regarding a potential correlation between the legalization of psychedelics for the general population and a rise in addiction rates. When questioned about whether it is beneficial to draw lessons from the past applications of psychedelic drugs in Ireland or other cultures, or if they would rather see these drugs only as medications in contemporary medicine, every participant indicated that the ceremonial application of psychedelic drugs in traditional healing practices has therapeutic potential (O’Sullivan, 2023). The current legal status of psychedelics, according to the authors, exaggerates people's perceptions of their risk and is not supported by data. Results show that positive attitudes toward psychedelics' potential in therapy are correlated with higher levels of knowledge and experience with them (O’Sullivan, 2023). Given the limited scope of this study, quantitative

research is advised to obtain perspectives from the broader Irish counselling and psychotherapy community.

Research conducted by Scanlon and Donohue in 2024 and published in 2025 expanded on O'Sullivan's work by exploring the considerations for psychotherapists interested in delivering psychedelic therapy in Ireland. It examined the therapeutic conditions needed for effective outcomes, the perceived differences between standard psychotherapy and psychedelic therapy, and the challenges for therapists in the field. The main findings, based on qualitative thematic analysis of interviews with six therapists, highlighted the importance of preparation, the impact on the therapeutic alliance, and various considerations for therapists in this emerging field. These considerations include resistance to advocating for the work, whether personal use of psychedelics is necessary, and managing client expectations. Five out of six participants agreed that personal experience is vital. These therapists felt that it's important to relate to the landscape that clients are operating in. However, one therapist without personal psychedelic experience, did not agree that it was necessary for the work. Personal experience is not currently a prerequisite to delivering therapy in the field, though self-experience is a component of many emerging PAT training courses delivered internationally.

Despite the historical stigma, the recent shift in perspective is marked by a growing acceptance within the scientific and medical communities, underscored by the potential benefits highlighted in clinical studies. The limited research from Ireland indicates a cautious yet open attitude towards these treatments, recognizing their potential when administered within controlled, therapeutic settings. The perspectives of psychotherapists are critical in the integration of psychedelic therapies into clinical practice. The above studies in the Irish context, though limited by number, N4 and N6 for psychotherapists thus far, do show broad curiosity and interest in PAT. The Psychiatrists' Study also shows fascinating results in that 86.6% of N151 respondents would refer patients for this treatment if it was indicated and yet only 9.9% felt prepared to participate in delivery. As neither psychotherapy study explores specifically what Irish therapists would need from training to feel prepared to practice PAT, a gap in the literature presents itself here. As such the proposed research question for this thesis will move forward from the previously researched area of attitudes towards actionable steps and ask:

*"What factors influence Irish psychotherapists' readiness to engage with psychedelic-assisted therapy, and what training, ethical considerations, and*

*frameworks are needed to bridge the gap between theoretical support and real-world implementation?"*

This study aims to bridge these gaps by moving beyond attitudes to examine what Irish psychotherapists perceive as necessary for real-world implementation. It investigates key barriers to readiness, explores the training and support structures that would enhance competence, and examines tensions between a strictly medicalized model of PAT and more holistic or traditional frameworks. By addressing these issues, this research seeks to provide practical guidance for the development of psychedelic training programs in Ireland and to contribute to the evolving discourse on how psychotherapists can ethically and effectively engage with psychedelics in clinical practice.

To achieve these aims, a qualitative research design was chosen, employing semi-structured interviews with five psychotherapists. Thematic analysis will be used to identify patterns in participants' perspectives on readiness, training needs, ethical concerns, and the broader professional landscape of PAT. The following chapter outlines the methodological approach, including participant selection, data collection, and analysis procedures.

## Chapter 3: Methodology

**Title of Research:** What factors influence Irish psychotherapists' readiness to practice psychedelic-assisted therapy, and what training, ethical considerations, and frameworks are needed to bridge the gap between theoretical support and real-world implementation?

**Aim:** Explore the factors that influence Irish psychotherapists' readiness to practise psychedelic-assisted therapy (PAT), with particular attention to the training, ethical considerations, and structural frameworks required to support the safe and effective translation of PAT from theoretical discourse into real-world clinical practice.

### **Objectives:**

- Explore what prepares Irish therapists to practice PAT
- Identify training and support needs for therapists entering this space
- Understand therapists' ethical concerns around PAT delivery
- Examine perceived gaps in existing systems and potential structural solutions
- Explore preferred practice models for delivering PAT in Ireland

### **3.1 Participants and Recruitment**

Three fully accredited and two pre-accredited psychotherapists currently practicing in Ireland took part in this study. Participants were required to be affiliated with a recognised professional body (e.g., IACP, IAHIP, BACP) and to be in active clinical practice. Inclusion criteria also specified that participants have at least a basic awareness of psychedelic-assisted therapy (PAT) through personal, academic, or professional exposure. The criteria also required participants to be open to discussing psychedelic-assisted therapy (PAT) and their readiness to work in the field, even if they had not yet worked directly with clients in this context.

A purposive sampling strategy was used to identify psychotherapists with the capacity to offer informed perspectives on PAT. Convenience sampling was used to start the recruitment process. The researcher contacted acquaintances who knew therapists working on clinical trials in Dublin and Galway, and psychotherapists known to have an interest in PAT. Snowball sampling was also employed, whereby participants were invited to share the study invitation with colleagues. This approach ensured a range of viewpoints across different theoretical orientations and levels of experience with the topic.

The final sample comprised a diverse group in terms of theoretical orientation (including person-centred, integrative, and pluralistic), years of experience, and levels of familiarity with PAT. This diversity added richness to the dataset, allowing for an exploration of both enthusiasm and hesitancy around the potential integration of PAT in Irish clinical practice.

### **3.2 Design**

This research adopted a qualitative exploratory design, chosen for its suitability in investigating complex, and under-explored topics such as psychotherapists' attitudes and readiness to engage with PAT. This approach allowed for the exploration of personal, professional, and systemic factors influencing Irish psychotherapists' readiness to engage with PAT, and their perspectives on the training, ethical frameworks, and structural changes required to support future implementation.

The study was guided by a constructivist paradigm, acknowledging that knowledge and meaning are co-constructed through language, experience, and context (Creswell, 2014). The

data was collected via in depth semi-structured interviews and analysed using reflexive thematic analysis (Braun & Clarke, 2006). The semi-structured interviews were comprised of 5/6 questions and lasted for 40-50 minutes. According to Braun and Clarke (2013), this method of collecting data enables a much richer or innate understanding of a phenomenon.

The research question — *What factors influence Irish psychotherapists' readiness to practice psychedelic-assisted therapy, and what training, ethical considerations, and frameworks are needed to bridge the gap between theoretical support and real-world implementation?* — called for a flexible and in-depth approach that could accommodate the layered ethical and professional dimensions of the topic.

Semi-structured interviews were selected as the primary method of data collection, allowing the researcher to maintain consistency across participants while also offering space for deeper reflection and emergent themes. Thematic analysis was used to interpret the data, with a reflexive, inductive approach that foregrounds participant experience while acknowledging the researcher's interpretative role.

### **3.3 Materials**

A bespoke interview schedule was developed for this study, informed by a comprehensive review of the literature and previous Irish research in the area (e.g., Scanlon & Donohue, 2024; O'Sullivan, 2023). The schedule was designed to elicit participants' personal and professional attitudes towards PAT, their perceived readiness or reservations, and their views on what training, governance structures, and ethical considerations would be necessary to support safe and effective practice in Ireland. See Appendix A for interview schedule.

Interviews were conducted via Zoom and recorded using encrypted software to ensure secure data handling. Notes were also taken during and after each interview to capture contextual observations and support reflexive engagement with the data.

### **3.4 Procedure**

Participants were first contacted via email and provided with an information sheet outlining the study's aims, their rights as participants, and how their data would be handled. Once participants confirmed their willingness to participate, an interview time was scheduled at their convenience. All interviews were conducted remotely via Zoom and lasted between 35 and 45 minutes. At the beginning of each session, verbal and written consent was obtained, and participants were reminded of their right to pause or withdraw at any stage. The interviews were audio-recorded with consent and transcribed verbatim by the researcher.

Following transcription, all identifying information was removed, and pseudonyms were assigned to protect participant confidentiality. Transcripts were stored securely on a password-protected device, in accordance with GDPR guidelines and institutional data protection protocols. A short post-interview debrief was offered to each participant, allowing them to reflect on the process and ask questions about the research. Reflexive notes were written after each session to capture initial impressions and emerging patterns, which informed early stages of analysis.

### **3.5 Data Analysis**

Interview transcripts were analysed using reflexive thematic analysis as described by Braun and Clarke (2006, 2019). This approach was chosen for its flexibility and its recognition of the researcher's active role in theme development, a critical factor given the exploratory and interpretative nature of this study. The process followed six stages: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final analysis.

The analysis was conducted manually, with the researcher coding transcripts line-by-line and grouping codes into potential themes. An inductive approach was adopted, allowing themes to emerge directly from the data rather than being pre-imposed. Themes were reviewed through iterative reading and refined to ensure coherence and distinction. Reflexivity was maintained throughout via journaling and peer discussion, helping to identify and bracket potential researcher bias during the analytic process.

### **3.6 Ethical Considerations**

Prior to participation, all individuals received an information sheet outlining the study's purpose, potential risks, confidentiality measures, and their right to withdraw. Participants were required to provide informed consent, both in writing and verbally at the start of the interview. Due to the sensitive legal status of psychedelics in Ireland, participants were explicitly informed that the study aimed to explore professional perspectives rather than personal use, and that they would not be asked to disclose any illegal activity. Measures were taken to ensure confidentiality, and all potentially identifying information was anonymised. All data were stored securely in encrypted formats, with access restricted to the researcher. Transcripts were anonymised, and pseudonyms were used in all written work. The study adhered to GDPR.

### **3.7. Conclusion**

This methodology was designed to ethically and rigorously explore a sensitive and emerging area of psychotherapeutic interest. The use of qualitative methods allowed for rich insight into therapist experiences and perceptions, while reflexive thematic analysis enabled careful interpretation grounded in participant voice. The following chapter presents the findings organised into five key themes.

## Chapter 4: Findings

### 4.1 Introduction

This chapter presents the findings from five semi-structured interviews exploring Irish psychotherapists' attitudes toward psychedelic-assisted therapy (PAT). A thematic analysis was conducted following Braun and Clarke's (2006) six-phase framework, with an inductive, semantic approach to theme development. The analysis prioritised participants' lived experiences and perspectives, aiming to capture both the explicit content and underlying patterns across the data.

Through a careful, iterative coding process, five overarching themes were generated, reflecting the complex factors influencing therapists' readiness to practice PAT, the ethical considerations involved, and the structural reforms participants believe are necessary for safe and effective implementation in Ireland. Each theme is supported by direct quotations from participants to ground the analysis in their own words.

The five themes identified are: (1) Embodied Readiness and the Ethical Imperative of Personal Experience; (2) Training and Supervision; (3) Ethical Complexities and Client Vulnerability; (4) Regulatory and Structural Reform is Essential; and (5) Community-Based, Nature-Connected Healing Models. Each theme will now be explored in turn, with reference to participants' experiences and reflections. The table below provides an overview of the findings.

**4.1.1 Table 1: Overview of Findings**

| <b>Research Objective</b>   | <b>Main Theme</b>   | <b>Sub Themes</b>  |
|---|---|--|
| Explore what prepares Irish therapists to practice PAT                        | 1. Embodied Readiness and the Ethical Imperative of Personal Experience | <ul style="list-style-type: none"> <li>- Lived psychedelic experience as ethical necessity</li> <li>- Breathwork/altered states as minimum requirement</li> <li>- Parallels to personal therapy in psychotherapy training</li> </ul> |
| Identify training and support needs for therapists entering this space        | 2. Training and Supervision   | <ul style="list-style-type: none"> <li>- Experiential training (not just theory)</li> <li>- Trauma-informed and transpersonal components</li> <li>- Regular supervision essential for safety and reflection</li> </ul>               |
| Understand therapists' ethical concerns around PAT delivery                   | 3. Ethical Complexities and Client Vulnerability                        | <ul style="list-style-type: none"> <li>- Risk of boundary violations</li> <li>- Heightened transference/countertransference</li> <li>- Necessity of preparation and post-session integration</li> </ul>                              |
| Examine perceived gaps in existing systems and potential structural solutions | 4. Regulatory and Structural Reform is Essential                        | <ul style="list-style-type: none"> <li>- Lack of readiness in professional bodies</li> <li>- Call for new ethical guidelines and oversight</li> <li>- Multidisciplinary teams and new delivery infrastructure</li> </ul>             |
| Explore preferred practice models for delivering PAT in Ireland               | 5. Community-Based, Nature-Connected Healing Models                     | <ul style="list-style-type: none"> <li>- Preference for retreat or hybrid models</li> <li>- Importance of nature-based, collective settings</li> <li>- Accessibility and affordability through group-based delivery</li> </ul>       |

## 4.2 Theme 1: Embodied Readiness and the Ethical Imperative of Personal Experience

A dominant theme that emerged across all five interviews was the belief that therapists must have direct personal experience of altered states in order to ethically and effectively deliver (PAT). For most participants, this was not seen as an optional enhancement, but as a foundational requirement for therapeutic readiness.

Participants drew parallels between experiential learning in psychotherapy training such as the expectation that trainees attend their own therapy and what should be expected of therapists practicing PAT. For example, Jane highlighted the ethical importance of lived experience, stating: *“How can we sit with people doing this work if we haven't experienced it ourselves?”* This sentiment was echoed throughout the dataset, positioning direct exposure to psychedelic states as essential for empathy, attunement, and containment.

For some, this ethical imperative extended to the specific substances being used by clients. Jane and John both argued that therapists should ideally have experience with the same psychedelic substance their clients are using. John stated: *“If you've never expanded your own consciousness, I think you're kind of missing the point,”* suggesting that theoretical knowledge alone is insufficient when navigating the complex, layered terrain of psychedelic states.

Neil, who works clinically with psychedelics in a research context, reinforced this position strongly, expressing concern about uninitiated therapists entering these spaces. He stated: *“It's absurd to me to think that someone who has never been down that path could prepare someone else to go down that path.”* He further pointed to the embodied sensitivity required to sit with clients undergoing deep experiences: *“It's not something you can learn from a textbook. Even how you move in the room matters.”*

While most participants favoured direct psychedelic experience, some acknowledged that this may not be legally or practically feasible for all therapists. In such cases, experiential work with non-ordinary states, such as holotropic breathwork or meditation, was considered a minimum threshold. However, breathwork was generally seen as a partial substitute rather than a full replacement for psychedelic-based experience.

Across the board, participants framed embodied readiness not just as a matter of competence, but of congruence and ethical integrity. If therapists are to hold space for clients in profoundly altered states, they must themselves have “done the work” not only to understand what the experience entails, but to remain grounded, attuned, and trustworthy when clients are

most vulnerable. This belief formed a foundational layer for all other themes, particularly those related to training, ethics, and practice models.

### 4.3 Theme 2. Training and Supervision

A strong consensus emerged among participants that current psychotherapy training in Ireland does not adequately prepare practitioners for the complexities of psychedelic-assisted therapy (PAT). While all interviewees acknowledged the value of existing therapeutic skills, they felt that PAT required additional, specialised training particularly experiential learning and ongoing supervision.

Catherine, who expressed openness to PAT but recognised her current limitations, compared future training to established models such as EMDR: *“It would need to be something like EMDR training — very specific, focused, with supervision during and after.”* This emphasis on structure, safety, and hands-on practice was echoed throughout the interviews, with participants noting that PAT demands a deeper engagement than standard CPD offerings can provide.

The limitations of theoretical learning were especially stressed by Neil, who has real-world experience delivering psychedelic sessions in a research context. He reflected: *“Supervision was far more valuable than initial training; experience plus reflection is what really prepares you.”* His account reinforces the idea that PAT involves dimensions of human experience that cannot be fully understood through theory alone. Instead, what is needed is an iterative process of practice and supported reflection one that enables the therapist to grow in skill, self-awareness, and ethical sensitivity over time.

This perspective was shared by John who works in the area of PAT, who advocated for a higher standard of formalised training. He suggested that *“to work with psychedelic therapies, it should probably need to be a two-year master’s in and of itself,”* underscoring that readiness for this work demands far more than a short training course or certification. He emphasised the importance of combining scientific knowledge, psychotherapeutic skill, and transpersonal theory particularly Grof’s work on non-ordinary states, in preparing practitioners to navigate the deep emotional and spiritual terrain often encountered in PAT.

Another key aspect highlighted by multiple participants was the importance of trauma-informed training. Given the potential for psychedelics to surface repressed or fragmented material, several therapists stressed the need for practitioners to understand how trauma may manifest somatically, emotionally, and symbolically during sessions. Participants also called for training to include modules on preparation, harm reduction, and integration, all seen as essential for ethical and effective practice.

In addition to foundational training, the ongoing need for close supervision was a recurring concern. Both Catherine and Neil described supervision as not only protective for the client, but also as a vital container for the therapist's emotional processing, especially given the intensity of the work. Neil noted that he had access to supervision once or twice per week in his clinical role and considered this a cornerstone of ethical and effective practice.

Overall, participants viewed training and supervision as intertwined elements of a broader ethical ecosystem. Without immersive learning, trauma-informed foundations, and reflective support, therapists may be left underprepared increasing the risk of harm, burnout, or ethical breach. The theme reinforces the importance of viewing PAT as a distinct modality that demands specialist education, rather than an extension of conventional talk therapy.

#### **4.4 Theme 3. Ethical Complexities and Client Vulnerability**

Ethical concerns were a prominent and often emotionally charged topic across all interviews. Participants highlighted the heightened vulnerability of clients PAT, noting that altered states amplify suggestibility, emotional openness, and transference dynamics. This vulnerability was described as both a therapeutic opportunity and a serious ethical responsibility, one that places exceptional demands on the therapist's integrity, preparedness, and sensitivity.

Amy articulated this clearly when she stated: *“There’s a huge power imbalance. A lot could happen if it’s not closely monitored during psychedelic states.”* Her concern reflected a widespread unease about the potential for therapeutic misattunement, boundary violations, or unintentional harm, particularly when therapists are under-trained or unsupported. Participants consistently framed the therapist-client relationship in PAT as more intense and delicate than in standard therapy, due to the client's deep psychological and somatic openness during sessions.

Several interviewees expressed concern about the risks of therapists working alone, particularly in private practice contexts. Jane and Catherine both advocated for dyadic (two-therapist) models to safeguard both client and therapist. Jane noted: “*Boundaries get blurry. Clients can project a lot — you need two therapists sometimes, not just one, for safety.*” The presence of a second therapist was described not only as a practical safety net but also as a relational support for managing countertransference and difficult emotional material.

Integration emerged as a crucial ethical component of care. Participants were particularly concerned about the tendency, in both underground and medical contexts, to focus on the dosing session while neglecting pre- and post-session support. Catherine warned: “*You can’t just send someone off after a session — they need real support afterwards.*” Without proper integration, participants felt clients could be left confused, destabilised, or even retraumatised by unprocessed material. Several participants described such outcomes as ethically negligent, even when unintended.

This ethical landscape also extended to the therapist’s own vulnerability. John spoke to the need for personal support structures to manage the emotional toll of holding space in such charged settings. He remarked that therapists themselves require access to supervision, personal therapy, and communities of practice, noting: “*The transference dynamics can be a lot higher with psychedelic work.*” In this way, ethical practice was framed not just in terms of client care, but as relational, systemic, and reciprocal requiring careful attention to therapist wellbeing as part of the ethical equation.

Another ethical issue raised was the danger of combining PAT with inappropriate or underdeveloped therapeutic frameworks. Neil spoke at length about the risk of corporatised, over-protocolised models, where therapists are required to adhere strictly to a branded therapeutic approach under surveillance. He described this as “*sucking out the soul and the individuality*” of the work, potentially reducing therapists to technicians rather than relational partners. He warned that such models could unintentionally undermine the trust and intimacy that are essential for therapeutic transformation in PAT.

Overall, participants conveyed that ethical practice in PAT goes beyond compliance with codes or procedures. It demands a high level of attunement, humility, and relational presence rooted in deep preparation, ongoing reflection, and mutual care. Without these elements, participants felt that even well-intentioned therapists could become complicit in

harm. This theme reinforces the need for ethical guidance that is specific to PAT and grounded in the unique psychological, relational, and spiritual terrain it involves.

#### **4.5 Theme 4. Regulatory and Structural Reform is Essential**

Participants across all five interviews expressed significant doubt that existing psychotherapeutic and regulatory frameworks in Ireland are equipped to support the safe and ethical delivery of PAT. While participants varied in how much formal reform, they believed was necessary, there was unanimous agreement that the current systems, including professional bodies, training structures, and legal frameworks, are inadequate to address the specific demands of psychedelic work.

John was particularly direct in his assessment, stating: *“I don't think the current model is fit for purpose... you probably do need a coalition of mental health professionals doing it.”* His concerns focused on the need for infrastructure that can support safety, oversight, and integration none of which he felt were possible within the current model of private practice. Other participants echoed this sentiment, noting that the solo therapist model poses risks in terms of containment, clinical governance, and ethical accountability.

Amy also raised doubts about whether Ireland's existing professional bodies including accrediting and training institutions, have the knowledge base or regulatory insight to oversee psychedelic work. She argued: *“Current structures can't accommodate psychedelic work. It needs a totally new model with medical and psychological oversight.”* Like others, she envisioned a more formalised, interdisciplinary approach, combining psychotherapeutic, psychiatric, and medical expertise.

Neil offered a more specific critique of potential regulatory pitfalls. Drawing on his clinical research experience, he expressed concern that therapy protocols might become overly rigid and controlled by pharmaceutical or corporate interests. He warned: *“If the therapy itself gets protocolised by pharma companies, we'll lose the soul of this work.”* For Neil, the risk was not only regulatory inadequacy, but the potential for new systems to reproduce the harms of standardisation and dehumanisation undermining the relational depth that makes PAT effective.

Participants broadly agreed that any future system of regulation must be co-developed with practitioners, grounded in ethical care, and responsive to the unique qualities of psychedelic states. Several referenced models from other countries such as Oregon’s psilocybin service centres or the Dutch Guild of Guides as examples of how new frameworks could be built from the ground up, with specialised codes of conduct, practice standards, and harm-reduction philosophies at their core.

There was also consensus that supervision, accountability, and legal protections must be embedded into the infrastructure of psychedelic practice. John noted that unless therapists are supported by insurable, legally recognised structures, many may choose not to engage with PAT, regardless of personal readiness due to risk of professional liability or ethical uncertainty.

In summary, participants viewed regulatory reform as a precondition for safe implementation of PAT. Whether through national licensing bodies, retreat centre regulation, or new guild-style organisations, the message was clear: current systems are not enough. Without structural transformation, therapists, clients, and the wider field risk being exposed to harm, confusion, or exploitation as PAT continues to emerge in Ireland.

#### **4.6 Theme 5. Community-Based, Nature-Connected Healing Models**

A recurring thread across interviews was the belief that PAT should not be delivered solely through clinical or medical settings. Instead, participants advocated for community-based, retreat-style, and nature-connected environments that honour the relational and transpersonal aspects of psychedelic experiences. These models were described not only as more ethically aligned, but also more effective and culturally appropriate in the Irish context.

Neil captured this vision succinctly when he stated: *“Healing must happen in connection to nature, community, and collective support — not sterile clinics.”* For him, and for others, clinical spaces risk stripping PAT of its transformative potential by failing to provide the kind of environment where deep, embodied change can occur. Participants felt that the settings in which PAT is delivered profoundly shape the outcome of the experience not just medically, but psychologically, emotionally, and spiritually.

Jane reinforced this view, drawing attention to the lineage of psychedelic use in indigenous and ceremonial contexts. She remarked: *“Indigenous models understood — it’s not*

*just individual healing, it's relational, it's collective.*" Several participants noted that the collective or communal nature of psychedelics particularly psilocybin, ayahuasca, and MDMA, often evokes experiences of connection, interdependence, and belonging. As such, these substances may be inherently more compatible with group work and retreat settings than with isolated clinical encounters.

John echoed this sentiment, offering a pragmatic rationale for group-based retreat models. He suggested that communal approaches could reduce cost barriers, provide ongoing integration support, and facilitate peer connection. *"Psychedelics are communal medicines; retreat centres where people can stay and integrate would be ideal."* For John and others, such models also addressed logistical concerns. For example, having nurses or medical staff on standby, while offering clients a soft-landing space post-session.

Participants also raised concerns about accessibility and elitism in current or future PAT delivery models. Several described the risk of PAT becoming an exclusive, high-cost intervention available only to a privileged few. Group-based or community-funded models were proposed as ways to democratise access and broaden inclusion, particularly for those from marginalised or rural communities.

Interestingly, this theme also linked back to ethical considerations. Participants felt that group-based and nature-connected settings offered not just practical or cultural benefits, but also built-in ethical safeguards. Being part of a group, with ongoing relational contact before and after sessions, was seen as protective against the isolation, disorientation, or therapeutic rupture that can follow intense psychedelic experiences.

In summary, participants articulated a clear preference for PAT models that are grounded in connection to nature, to others, and to self. Rather than replicating clinical or pharmaceutical models of care, they envisioned a culturally rooted, community-responsive, and spiritually respectful form of psychedelic therapy. This vision not only challenges dominant assumptions about mental health treatment but also opens up new possibilities for how healing might be reimagined in the Irish context.

## 4.7 Summary

This chapter has presented five key themes that emerged from interviews with Irish psychotherapists exploring their attitudes towards PAT. Participants described a strong belief in the ethical necessity of lived experience, emphasising that personal exposure to altered states is foundational for therapeutic readiness. They also highlighted the inadequacy of current training routes and the need for experiential, trauma-informed, and transpersonal approaches, supported by robust supervision structures.

Ethical concerns were central, particularly around client vulnerability, the intensity of psychedelic states, and the risks posed by underprepared therapists or unsupported delivery contexts. Participants expressed limited confidence in Ireland's existing regulatory bodies and professional structures to oversee this emerging field, calling instead for new frameworks, specialist organisations, and clearer ethical guidance. Finally, there was a shared vision for PAT to be delivered in nature-connected, community-based models that honour both relational depth and cultural relevance.

These findings offer rich insight into the readiness, concerns, and aspirations of therapists in Ireland and highlight the need for systemic, ethical, and educational reform. The following chapter will critically explore these themes in relation to existing literature, considering their implications for future training, regulation, and the evolving landscape of psychedelic psychotherapy.

## Chapter 5: Discussion

### 5.1 Introduction

The primary aim of this study was to explore the factors that influence Irish psychotherapists' readiness to practise psychedelic-assisted therapy (PAT), with particular attention to the training, ethical considerations, and structural frameworks needed to support the safe and effective implementation of PAT in an Irish context. The discussion is guided by the central research question: *What factors influence Irish psychotherapists' readiness to practise PAT, and what training, ethical considerations, and frameworks are needed to bridge the gap between theoretical support and real-world implementation?*

This chapter critically examines five key themes that emerged from the reflexive thematic analysis of participant interviews, each addressing a different dimension of practitioner readiness and system-level preparedness. These findings are interpreted in relation to existing Irish and international literature, and implications are drawn for clinical training, ethical governance, and service delivery. In this chapter, themes will be interpreted, described and related to the relevant literature presented in Chapter Two.

### 5.2 Theme 1: Embodied Readiness and the Ethical Imperative of Personal Experience

The finding that therapists view personal psychedelic experience as essential for readiness to practise PAT aligns strongly with both international and Irish literature. In this study, all participants described lived experience whether through psychedelics or non-ordinary states like breathwork, as a key ethical and relational requirement for engaging in this work.

This reflects the findings of O'Sullivan (2023), who noted that Irish psychotherapists often value experiential knowledge over formal instruction when preparing for PAT. Similarly, Scanlon and Donohue (2024) identified a theme of "preparation" in which therapists described the need for deep personal engagement before working with clients in psychedelic states. These Irish studies echo broader international trends. Davis et al. (2021) found that U.S. psychologists with direct experience of psychedelics were more likely to support their therapeutic use, while Hearn et al. (2022) reported that openness to PAT among U.S. counsellors increased when participants had either personal or close vicarious exposure to these states.

Participants in the current study framed personal experience not simply as helpful but as ethically necessary. They frequently referenced parallels to the psychotherapeutic requirement for personal therapy during training (Gavin, 2008), positioning lived psychedelic experience as similarly foundational. Several argued that without direct understanding of altered states, therapists could not reliably hold space for the depth, sensitivity, or somatic-emotional intensity involved in PAT sessions. This aligns with calls in transpersonal psychology to prepare therapists for encounters with ego dissolution, expanded states of consciousness, and spiritual emergence (Grof & Grof, 1989; Phelps, 2017).

This perspective also represents a departure from traditional Western psychotherapy models, particularly those rooted in Freudian and classical analytic approaches where therapist neutrality, anonymity, and abstinence from personal disclosure are upheld as central ethical principles (Freud, 1912; Gabbard, 2017). These models frame neutrality as a way to preserve transference and limit contamination of the therapeutic field. However, contemporary relational and humanistic perspectives argue that authenticity, embodied presence, and mutual vulnerability are crucial to building trust especially in intense or altered states of consciousness (Finlay, 2015; Totton, 2011; Mearns & Cooper, 2005). From this standpoint, embodied experience is not a bias to be eliminated, but a therapeutic asset to be cultivated and integrated ethically.

Nonetheless, the emphasis on lived experience raises a structural and ethical dilemma. Psychedelics remain illegal in Ireland, and there is no formal pathway for therapists to safely or legally gain direct exposure. While some participants pointed to breathwork as a lawful and meaningful alternative, others argued that these methods may fall short of replicating the depth and phenomenology of psychedelic states. The issue of therapist readiness thus becomes entangled in legal and regulatory constraints, raising questions about how experiential competence can be developed and validated in advance of legalisation.

### **5.3 Theme 2: Training and Supervision**

Participants in this study expressed a strong consensus that conventional psychotherapy training does not adequately prepare therapists for the complexity of PAT. Instead, they called for specialist training that includes trauma-informed care, transpersonal theory, experiential learning, and sustained clinical supervision. This aligns with existing research indicating that

most mental health professionals, though often open to PAT, feel underprepared to deliver it safely (Davis et al., 2021; Gribben et al., 2024; Phelps, 2017).

Irish-based studies support this view. O’Sullivan (2023) found that psychotherapists often lacked formal training opportunities in PAT, leading many to self-educate through books, online resources, or informal peer groups. Scanlon and Donohue (2024) similarly identified “training and support” as a core theme in their analysis of Irish therapist attitudes, with participants expressing discomfort at the idea of offering PAT without specialised instruction and ethical scaffolding.

Participants in the current study echoed these concerns, arguing that training must go beyond technical skills to encompass direct experience and a deep understanding of altered states. Several referenced EMDR as a useful training model, in which therapists undergo supervised practice, receive experiential exposure, and follow a structured accreditation pathway. This mirrors Phelps’ (2017) call for competency-based PAT training, including “inner work,” embodied awareness, and supervised client sessions as integral components.

The importance of trauma-informed approaches was also widely endorsed. Given that psychedelics can surface preverbal, somatic, and dissociative trauma responses (Grof & Grof, 1989; Watts et al., 2017), participants argued that therapists must be able to recognise and respond to trauma that emerges in non-verbal or symbolic forms. This concern reflects existing literature warning that poorly trained therapists may misinterpret or retraumatise clients in psychedelic states (Johnson et al., 2008; Carhart-Harris et al., 2018).

Supervision was identified not only as a support mechanism but as an ethical imperative. Neil, one of the participants with direct clinical experience of PAT, emphasised the centrality of ongoing supervision, noting that it helped him process the emotional weight of the work and maintain attunement. This emphasis aligns with relational psychotherapy literature, which sees supervision as vital for fostering reflective practice and preventing countertransference overload (Carroll, 2009; Finlay, 2015).

There was also broad agreement that training must account for the spiritual, transpersonal, and existential dimensions of psychedelic experiences. Participants described how PAT may elicit mystical states, identity dissolution, or encounters with archetypal content, phenomena often unfamiliar or marginalised within standard psychotherapy curricula. This supports calls within the psychedelic field for training that incorporates transpersonal

psychology and frameworks for working with spiritual emergence (Grof & Grof, 1989; Luke, 2017).

Despite this clarity around training needs, participants acknowledged that no formal PAT pathways currently exist in Ireland. Some had sought international options, while others felt limited by legal uncertainty or the absence of accredited providers. The lack of recognised standards contributes to the professional ambiguity around who is “qualified” to deliver PAT and reinforces the need for Irish institutions to engage in dialogue around curriculum development, accreditation, and ethical governance.

#### **5.4 Theme 3: Ethical Complexities and Client Vulnerability**

The third theme, which centred on ethical complexities and client vulnerability in PAT, was one of the most strongly expressed concerns across all participants. Therapists consistently emphasised the unique psychological, relational, and emotional risks posed by non-ordinary states of consciousness. This theme reflects both the intensity of altered-state psychotherapy and the deep ethical responsibility therapists carry in such work.

Participants described psychedelic states as amplifying transference, reducing psychological defences, and increasing suggestibility. These characteristics are well documented in the literature (Johnson et al., 2008; Gorman et al., 2021) and are part of what makes PAT potentially powerful but also potentially dangerous if misused. Amy, for instance, highlighted the “power imbalance” inherent in these states, where clients may be “wide open” emotionally and spiritually. This mirrors warnings by Phelps (2017) and Greer & Tolbert (1998), who argue that psychedelic therapists must be acutely aware of their positional power, especially in early-phase clinical settings.

Participants expressed concern about the increased potential for boundary violations, either due to inadequate training or poor containment. Their concerns align with ethical frameworks that emphasise therapist integrity and emotional regulation as essential to protecting clients from iatrogenic harm (British Association for Counselling and Psychotherapy [BACP], 2018; American Psychological Association [APA], 2017). Several therapists advocated for dyadic models as a protective structure, consistent with emerging practice models in clinical trials (MAPS, 2021) and in community clinics such as Roots to Thrive in Canada.

Another major ethical issue raised was the risk of post-session abandonment. Participants warned that clients are often left to integrate profound experiences alone, a point also flagged in the literature as a weak link in many psychedelic protocols (Watts & Luoma, 2019). Integration was described as not just ethically important, but therapeutically essential. Catherine's concern, "You can't just send someone off after a session", reflects a growing awareness that the weeks following a psychedelic session can be as critical as the session itself.

Importantly, participants also highlighted the need for ethical protection for therapists. John and Neil both noted the emotional and energetic toll that deep psychedelic work can place on the therapist, especially in cases of trauma resurfacing, catharsis, or transpersonal crisis. This concern for the therapist's as well as the client's vulnerability resonates with humanistic and relational models of psychotherapy that view the therapeutic encounter as mutual and affective (Mearns & Cooper, 2005; Finlay, 2015). It also supports the call for structured supervision and therapist support networks as part of any ethical PAT framework (Phelps, 2017; Carroll, 2009).

Finally, participants critiqued emerging trends in commercial and medicalised models of PAT, where therapists may be required to follow rigid protocols with little room for relational flexibility. Neil's concern that "we'll lose the soul of the work" if protocols override human connection reflects wider critiques of biomedical and profit-driven approaches to psychedelic healing (Hartogsohn, 2020).

#### **5.5 Theme 4: Regulatory and Structural Reform is Essential**

A strong and consistent theme across all five interviews was participants' belief that Ireland's current regulatory frameworks are inadequate for the ethical and effective implementation of PAT. Therapists voiced concern that existing accrediting bodies and training institutions lack both the knowledge and infrastructure to oversee psychedelic practice. These critiques align with previous findings from O'Sullivan (2023) and Scanlon & Donohue (2024), who both noted practitioner unease around working with PAT in the absence of clear professional guidelines, legal clarity, or support structures.

Participants questioned whether professional bodies such as the IACP or IAHIP have the institutional flexibility or cultural readiness to adapt to the emerging landscape. Some described them as overly conservative or out of touch with the therapeutic potential of altered

states, echoing critiques found in broader psychedelic literature about the reluctance of mainstream psychology to integrate non-ordinary experiences (Grof & Grof, 1989; Luke, 2017).

This concern is not unique to Ireland. In their study of U.S. psychologists, Davis et al. (2021) found that although many therapists were open to PAT, a lack of formal institutional endorsement from licensing bodies, insurance providers, and training institutions limited their willingness to engage. Without national or regional regulation, therapists' risk professional liability or disciplinary action, even if their practice is ethically informed and client-centred (Phelps, 2017).

Several participants in this study called for the development of new oversight mechanisms or professional guilds dedicated specifically to PAT. This idea mirrors developments in the Netherlands, where groups such as the Guild of Guides have created their own ethical standards and practice networks for psychedelic facilitators. Similarly, MAPS' training model includes detailed ethical protocols and regulatory engagement, designed to meet both clinical and legal standards in the U.S. and Canada (MAPS, 2021).

In Ireland, political discourse around drug policy has begun to shift. The 2023 Citizens' Assembly on Drugs Use recommended a move toward a health-led model, with specific support for harm reduction and therapeutic alternatives to criminalisation (Citizens' Assembly on Drugs Use, 2024). While the recommendations do not explicitly address PAT, they create a policy opening for future reform, particularly if coupled with growing interest from institutions such as Trinity College Dublin and Tallaght University Hospital, which have already collaborated on psilocybin trials (Goodwin et al., 2022). Furthermore, in recent years in Ireland two organisations have emerged, PsyCare Ireland and Irish Doctors for Psychedelic Assisted Therapy (IDPAT). PsyCare Ireland a registered charity provides psychedelic and trauma informed welfare at music festivals and IDPAT hosted Ireland's first psychedelic research conference in Trinity College in October 2024.

Despite these developments the participants in this study stressed that reform must extend beyond licensure to include practical infrastructure. This includes the creation of retreat centres, multidisciplinary teams, medical-psychological partnerships, and insurable models of care. The view that PAT should not be confined to private practice was shared by all participants, not only for safety but to ensure accountability, accessibility, and professional collaboration.

## 5.6 Theme 5: Community-Based, Nature-Connected Healing Models

The final theme to emerge from participant interviews was a shared vision for PAT to be delivered in community-based, nature-connected settings, rather than through traditional clinical environments. Participants advocated for models that foreground relational healing, integration support, and access to natural environments, reflecting a broader shift away from the medicalisation of therapy toward more holistic and context-sensitive approaches.

Participants consistently described clinical settings as potentially sterile and misaligned with the relational and transpersonal qualities of psychedelic experiences. Neil, for example, warned that over-medicalised delivery risks “losing the soul of the work.” This sentiment echoes broader critiques of biomedical models of PAT, which warn that framing psychedelics purely as pharmaceutical interventions may overlook their cultural, spiritual, and communal dimensions (Hartogsohn, 2020; Roseman et al., 2018).

Instead, participants called for the development of retreat centres, multidisciplinary teams, and group-based approaches to PAT. These suggestions align with models such as *Roots to Thrive* in Canada, a community-based program integrating psychedelics with psychotherapy and group work. Group-based models are increasingly seen as both therapeutically potent and economically viable, especially in addressing issues of accessibility and systemic exclusion (Phelps, 2017; Reiff et al., 2021).

Participants also highlighted the value of nature-connected settings. Jane and John both referenced Indigenous or ceremonial traditions where psychedelics are used in communion with the land, arguing that healing should be relational not just to other people, but to the environment. This view reflects the increasing recognition of ecopsychology and eco-somatic practices within contemporary therapy (Totton, 2011; Buzzell & Chalquist, 2009), as well as research suggesting that natural settings may enhance therapeutic outcomes with psychedelics by reducing anxiety and deepening spiritual connection (Gandy et al., 2020).

Importantly, these models were not just framed as idealistic, they were seen as ethically safer. Several participants argued that being part of a cohort or communal setting provides built-in ethical containment, peer support, and accountability. Group journeys may also facilitate more meaningful integration, allowing participants to process their experiences collectively

over time, a practice supported by both empirical research (Gorman et al., 2021) and traditional healing systems (Labate & Cavnar, 2013).

There was also concern about accessibility. Participants noted that if PAT is only available in expensive clinical settings, it risks becoming elitist and exclusionary. Group or community-based models were viewed as more scalable and more consistent with Ireland's history of community-based mental health initiatives (Department of Health, 2020). Such models may also help avoid the commodification of psychedelics, a growing concern as private investment into psychedelic medicine expands globally (Hartogsohn, 2020).

## **5.7 Practical Implications**

The findings of this study have several practical implications for the ethical and effective implementation of PAT in Ireland. First, there is a clear need for the development of accredited training programmes that go beyond theoretical instruction to include trauma-informed care, transpersonal frameworks, and experiential learning. Institutions offering psychotherapy training may need to collaborate with international bodies and researchers to co-design culturally relevant, ethically grounded curricula.

Second, professional organisations such as IACP, IAHIP, and ICP must begin engaging with the discourse around PAT to offer guidance and regulatory clarity for members. This includes developing practice guidelines, position statements, and routes for ethical oversight.

Third, healthcare policy planners should consider funding or licensing community-based, multidisciplinary models of care including retreat centres or group therapy formats to ensure that PAT remains accessible, relationally grounded, and not confined to elite private settings. In line with recommendations from the Citizens' Assembly (2024), there is an opportunity to embed harm-reduction and integration services into broader mental health reform efforts.

Overall, these implications support a proactive, inclusive, and ethically sensitive approach to integrating PAT into Irish psychotherapy and mental healthcare systems.

## **Chapter 6: Conclusion**

### **6.1 Conclusion**

This study investigated the factors influencing Irish psychotherapists' readiness to practise psychedelic assisted therapy (PAT), as well as the training, ethical considerations, and structural frameworks required to support its safe and effective implementation. Using reflexive thematic analysis of five semi-structured interviews, five interconnected themes were identified: the ethical imperative of lived experience, the need for training and supervision beyond standard qualifications, concerns about client vulnerability and relational risk, the inadequacy of existing regulatory structures, and the call for community-based, nature-connected practice models.

Findings suggest that therapist readiness is shaped not only by individual beliefs or interest in PAT, but by systemic factors including the absence of accredited training, legal constraints on experiential learning, and a lack of professional and ethical guidance specific to psychedelic work. Participants expressed a strong desire for structured, trauma-informed, and transpersonal training pathways, supported by regular supervision and ethical accountability. Without these, readiness remains aspirational rather than actionable.

The study also highlights the need to reimagine service delivery models. Participants envisioned relational, retreat-based, and ecologically grounded frameworks in contrast to the over-medicalised, individualistic approaches that dominate conventional mental health care.

Ultimately, this study underscores the importance of preparing not just individual therapists, but the wider therapeutic and regulatory ecosystem, to engage meaningfully and ethically with the emerging field of psychedelic-assisted therapy in Ireland.

### **6.2 Recommendations for Further Research**

Given the exploratory and small-scale nature of this study, future research should aim to include a broader range of practitioner voices, including those more cautious or unfamiliar with PAT. Quantitative or Delphi studies could help establish consensus on training needs and ethical standards. Further inquiry is also needed into the development and evaluation of Irish-based PAT training programmes, integration groups, and multidisciplinary service models.

### **6.3 Limitations**

While this study offers valuable insights into Irish psychotherapists' attitudes toward PAT, several limitations must be acknowledged. First, the sample size was small ( $n = 5$ ), limiting the generalisability of findings. As a qualitative study, the aim was depth rather than breadth; however, future research with a larger and more diverse participant pool would enhance transferability.

Second, all participants were self-selected and likely already open or curious about PAT. This introduces potential bias, as more sceptical or opposed practitioners may not have volunteered to participate. As such, the findings may overrepresent enthusiasm or readiness for PAT and underrepresent critical or conservative perspectives within the profession.

Third, all interviews were conducted online via Zoom, which may have affected the depth of relational connection or disclosure, particularly when discussing personal experiences with altered states. Additionally, while every effort was made to bracket researcher assumptions, complete objectivity is not possible in reflexive thematic analysis.

Finally, given the evolving legal and cultural landscape surrounding psychedelics in Ireland, the attitudes captured in this study represent a specific moment in time. Ongoing research will be necessary to track how professional perspectives shift as training pathways, regulatory frameworks, and public discourse continue to develop.

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## **Appendix A: Interview Schedule**

1. What is your current understanding of psychedelic-assisted therapy, and how have you come to learn about it?
2. How prepared do you feel — personally and professionally — to integrate this modality into your work, if it were legalised?
3. What concerns do you have regarding the ethical delivery of PAT in Ireland?
4. What kind of training or support would you need in order to feel confident working in this space?
5. What are your thoughts on whether therapists should have personal experience with psychedelics in order to practice PAT?
6. Do you think the current psychotherapeutic and regulatory frameworks in Ireland can accommodate psychedelic-assisted therapy? Or do you believe new structures, guidelines, or bodies would need to be developed to safely and ethically support this work in practice? For example, do you think PAT could be delivered through existing clinical models like private practice or state mental health services, or would it require a distinct structure—perhaps something closer to medical-psychological teams, retreat centres, or regulated clinics?

## **Appendix B: Plain Language Statement**

I hope this message finds you well. My name is Ciara Madsen. I am a Year 4 student enrolled in BA(Hons) in Counselling and Psychotherapy at Dublin Business School. I am writing to invite you to participate in a research study which I am conducting for my thesis.

*“What factors influence Irish psychotherapists' readiness to practice psychedelic-assisted therapy, and what training, ethical considerations, and frameworks are needed to bridge the gap between theoretical support and real-world implementation?”*

The aim of this study is to explore the views of qualified psychotherapists in Ireland regarding their readiness to practice psychedelic-assisted therapy (PAT) and what training they believe needs to be provided for them to work in the field. Recent global developments within the field of PAT (legalisation Australia) and a growing body of research indicates the therapeutic potential of these treatments combined with psychotherapy. However, no studies have yet explored the learning needs of Irish therapists. Therefore, your participation in this study could valuably inform future training courses and promote healthy debate in Ireland on this important topic.

Your participation would involve participating in a confidential one-on-one interview done online using either Teams or Zoom. The interviews will be recorded. Identities of all participants will be pseudonymised. I will transcribe the interview after recording for the purpose of thematic analysis. All information will remain confidential and will be held securely on a password-protected laptop. Recordings will be deleted once the research has been published.

Your involvement in this study will be completely voluntary, and all responses will be kept confidential. The interview will take approximately 30-45 minutes to complete. If you decide to participate, you are free to withdraw at any time without any consequences.

If you are interested in participating or would like further information, please feel free to contact me directly at [ciaramadsen@hotmail.com](mailto:ciaramadsen@hotmail.com). I would be grateful for your contribution to this important research.

Thank you for considering this opportunity.

Warm regards,

Ciara Madsen

## Appendix C: Consent Form

### Consent Form

“What factors influence Irish psychotherapists' readiness to practice psychedelic-assisted therapy, and what training, ethical considerations, and frameworks are needed to bridge the gap between theoretical support and real-world implementation?”

I have read and understood the attached Information Sheet regarding this study.

Yes / No

I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions.

Yes / No

I understand that I am free to withdraw from the study at any time without giving a reason.

Yes / No

I understand that a recording device will be used to record the interview.

Yes / No

I agree to take part in the study, the results of which will be published.

Yes / No

I agree to have my data relating to this study to be stored confidentially as described in the Information Sheet.

Yes / No

I consent to participating in the study.

Yes / No

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name in print: \_\_\_\_\_

## Appendix D: Sample Analysis

|             | <b>TRANSCRIPT 1:</b><br><b>AMY</b>   | <b>QUOTE SEGMENT</b>  | <b>CODE</b>  |
|-------------|--|---|--|
| <b>AMY:</b> | <p><i>"I wouldn't feel comfortable facilitating psychedelic therapy unless I had experienced it myself in some form. It's like... how can I ethically support someone in that space if I don't know what it feels like? There's a responsibility to be grounded, and you can't fake that."</i></p> | <p>"I wouldn't feel comfortable facilitating..."</p> <p>"...unless I had experienced it myself..."</p> <p>"...how can I ethically support someone..."</p> <p>"...responsibility to be grounded..."</p> <p>"...you can't fake that."</p> | <p>Professional boundaries</p> <p>Lived experience</p> <p>Ethical concerns</p> <p>Grounded presence</p> <p>Embodied authenticity</p> |