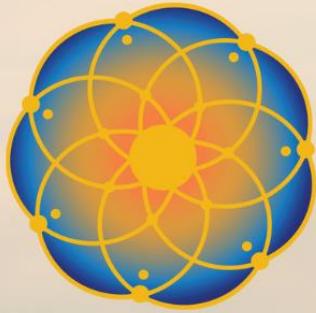


Guidelines for the Personal Use and The Clinical Administration of Ketamine

Safety and Standard of Care

Phil Wolfson, MD and Mark Braunstein, DO



ketamine
research foundation

GUIDELINES FOR THE SAFE PERSONAL USE AND THE EFFECTIVE CLINICAL USE OF KETAMINE

The Ketamine Research Foundation
<http://ketamineresearchfoundation.org/>

The first guide in this pamphlet provides in depth information to people who are contemplating using ketamine, those who are using ketamine, those who are in trouble with ketamine, and those who are involved with users supporting safe use, or recovery.

The second guide provides a comprehensive manual for people who are seeking clinical treatment with ketamine and to providers.

About Us

The Ketamine Research Foundation is a non-profit organization devoted to education, training and research with ketamine within the emerging practice of alternative medicine assisted psychotherapy. Ketamine is the only legally available medicine with psychoactive to psychedelic properties. The Ketamine Research Foundation advances the use of ketamine in therapeutic methodologies and practices to promote the well-being and balance of our patients through the application of Ketamine Assisted Psychotherapy (KAP).

Our commitment to streamlined and creative research, guided by appropriate safeguards with IRB and FDA research approvals, upholds professional standards for therapeutics, accountability, accessibility to care, education, and comprehensive training.

The Guidelines are divided into two interrelated sections. First, The Ketamine Research Foundation (KRF) recognizes the public's real world use of ketamine and other psychedelic substances and the risks this may entail. KRF does not advocate use or recommend the use of ketamine other than explicitly in appropriate clinical settings. KRF does recognize that widespread non-clinical use of ketamine is a global concern that has led to dependency, addiction, and accidental death. As a result of this reality, KRF provides information on safe and responsible personal use of ketamine, the risks, and the process of recovery. Safe use and interventions for harm reduction need to be addressed with clarity, understanding, compassion and firm boundaries.

Second, KRF seeks to establish standards for ethical and effective assisted psychotherapy practices that provide ketamine. As an organization of clinicians, KRF provides advice on the effective, safe and responsible clinical administration of ketamine.

In Part 3 of this guide are the Ketamine Psychotherapy Associates (KPA) Code of Ethics — Applied to KAP and as a Guide to the General Practice of Using Alternative Psychedelic Substances.

Non-clinical use will be referred to as personal use throughout this document. We offer you these guidelines in the spirit of democratic self-reflection, in the hope it will resonate with your own experience. We ask that you engage with this material from a place of curiosity and

compassionate self-reflection as these are the most effective tools at your disposal for determining if your personal use has become problematic.

Should you find yourself resisting self-reflection in relation to your personal use you may already be at risk for dependency and addiction. This is a time to seek warmth and to listen to feedback from those close to you. Reaching out for support is not a sign of weakness or failure but rather an act of strength and a move to heal yourself.

About These Guidelines

The Ketamine Research Foundation is committed to the wellbeing and safety of those who are interested in using ketamine, have problems using ketamine, and those who are looking for quality clinical care utilizing ketamine. To that end, KRF is widely disseminating these open access guidelines.

To access these guidelines in multiple digital formats, including Kindle and ebook options, please visit <https://ketamineresearchfoundation.org/guidelines/>

TABLE OF CONTENTS

Guidelines for the Safe Personal Use and the Effective Clinical Use of Ketamine	1
Part 1 - Guidelines for the Safe Personal Use of Ketamine And A Cautionary Story of Ketamine Dependency	5
Facts for the Personal Use of Ketamine	5
Ketamine States	5
Ketamine Use, Misuse and Dependency.....	9
Ketamine's Adverse Effects.....	10
Guidelines for Personal Use of Ketamine	11
Safety and Recognizing the Risk of Dependency	14
Integration of the Ketamine Experience	16
Getting Assistance—Paths, Realities, and Cautionaries	17
Ketamine Withdrawal	18
Treatment of Dependency and Future Possibilities.....	19
The Stigma of Dependency	20
In Conclusion	22
A Ketamine Dependency Saga as Exemplary and a Cautionary--with Recovery	24
Our Resources	27
Part 2 - Guidelines for the Effective Use of Ketamine Clinically Manifesting a Standard of Care A Reference for Consumers and Practitioners.....	29
The Basics	29
Ketamine In Its Clinical Application.....	31
The KAP Experience as Standard of Care for Ketamine Administration.....	34
The Administration of Ketamine in Clinical Settings.....	37
In Conclusion	42
Part 3 - The Ketamine Psychotherapy Associates (KPA) Code of Ethics Applied to KAP and as a Guide to the General Practice of Using Alternative Psychedelic Substances.....	44
1. Safety.....	45
2. Confidentiality and Privacy.....	45
3. Transparency	46
4. Therapeutic Alliance and Trust.....	46
5. Touch	47

6. Sexual Boundaries	47
7. Diversity.....	48
8. Special Considerations for Non-Ordinary States of Consciousness	48
9. Finances.....	48
10. Competence	49
11. Relationship to Colleagues and the Profession.....	49
12. Relationship to Self.....	49



PART 1 - GUIDELINES FOR THE SAFE PERSONAL USE OF KETAMINE AND A CAUTIONARY STORY OF KETAMINE DEPENDENCY

Facts for the Personal Use of Ketamine

Let's begin with the basic facts of ketamine use. Being informed makes for effective self observation and thoughtful, intentional practice, essential qualities for your and others safety and wellbeing.

Ketamine States

1. Ketamine can be a wonderful and enticing experience. It tends to promote a better mood, vivid imagination, and a relief from anxiety, trauma, rumination, and depression. It can be sensual, elevating, and lead to a sense of communion with the divine, and creating greater tolerance and closeness in relationships. These are the characteristics of ketamine that make it interesting and potentially useful for mental health treatment and overall wellbeing.
2. Ketamine is a very flexible medicine in its effects. The nature of its impact on you will vary with dosage, route of administration, your particular sensitivity to ketamine regardless of your body weight, where and with whom you do it, and your state of mind entering into the experience. In order for ketamine to have an effect - and whatever struggle you bring into the experience, be it depression, PTSD, relationships, attachment you have to have some degree of the actual experience of ketamine. In some clinical settings it tends to be underdosed

deliberately to avoid ketamine's psychedelic effects, and the Spravato format may be only very weakly perceived.

3. The effect most important to benefitting from ketamine is having some degree of time out from your ordinary mind, a bit of a break – what we also call ego dissolution.
4. At lower doses, in relation to the variables cited above, you will experience a sense of relaxation somatically and emotionally. Lower doses allow for communication and as with MDMA, facilitate your ability to handle difficulties you are harboring. Also, possible, as you become more available to yourself, what may arise are strong feelings with recollections, history of trauma and its residual impact on you, struggles with yourself and others, future-think, different selves that may attempt to protect you from change, and more. With low dosage, what we refer to as the psycho-revelation process, you may well be able to experience these feelings and develop a sense of growth and relief. Facilitating this process with a trained and skillful therapist is of great benefit.
5. The low dose experience may have colors or not. Generally, there are no hallucinations or journeys, or just hints of them without significant elaboration. For a person new to ketamine and psychedelics, disorientation and fear of loss of control can make for anxiety and dislike of the experience. It is essential to take care of yourself and learn the terrain of the medicine - becoming comfortable with letting go of the notion that you are in control - a false consciousness and an illusory reassurance to begin with. Starting with a low dose is the best way in. You can always take more, but you cannot overcome what you have already taken. You have to ride your experience. Best is to not fight the experience and know that 'All journeys come to an end.' Music is an essential component of a ketamine experience as it serves to anchor you in the external reality, and it moves the ketamine experience along.
6. To reiterate, it is best practice to have a skilled facilitator with you. With low dose, as with all doses of ketamine, Integration of your experience is essential. You deserve to share your experience, learn from it, work with what has arisen in the experience and subsequently, and thereby grow yourself. Ketamine is a great medicine for realization and increases the power of meditative practices, because it is in essence meditative.
7. As you increase the dose of ketamine, you are increasing its anesthetic effects and increasingly eliminating your awareness of external sensory inputs. Eventually, you will have a period of time - usually 20-30 minutes in duration - when you will have eliminated all external sensation, and you will be in a deep state - a journey - which is referred to as the k-hole. We call it the Transformational Space.

8. Your safety becomes paramount - as you are helpless to deal with your external world. Having a sitter, or better a skilled therapist, providing for your safety is best practice. The higher the dose, the less memory you will have of your experience to bring back for your learning and Integration. This is the zone in which you may become agitated and express what is happening in your journey externally with energy. We call this enacting the experience. Your sitter or therapist will not know what you are experiencing and may become alarmed believing you to be in great suffering. This is where experience counts. The best practice is to see this through while providing for safety. Most often, what the sitter or therapist is perceiving as suffering is brought back as consciousness returns as having been a remarkable and positive experience. That is not inevitable, and a ketamine experience can be felt internally as anxiety and past-trauma provoking. By far, most common is a quiet external demeanor and the absence of movement.
9. The Transformational Space is when there is no access to external reality and when in unsupervised experiences errors of judgement may occur and be injurious. This may occur at the beginning of the experience when an unsafe setting is chosen, or on the coming back portion when attempts at driving or other unsafe choices may be made. Another form of difficulty occurs particularly with insufflation of powder as the potency of the ketamine and the amount inhaled is not readily known. This may lead to a 'too much' scenario.
10. The experiential realm of deep ketamine journeys is as various as there are people and each person's experience is unpredictable and will differ with each experience. Having agency to direct the flow of the journey is limited. For the most part one is immersed in a visual stream that has its own quality and motion. At higher doses, the relevance of the nature of the journey to daily life and personal history is difficult to discern. Memory is variable and tends to distinguish quickly. Integration immediately after a return to near baseline is an imperative for recovery of the experience as is a follow-up session within 48 hours. Writing your 'trip report', or recording your narrative are very helpful to memory recovery and meaning making. As with all of this, having a skilled sitter or therapist facilitates the process.
11. Non-ordinary, psychedelic experiences are the nature of the higher dose ketamine experience. Because of the brevity of ketamine's action compared to other dissociation causing medicines, confusional states are less of a problem for people. Ketamine's effect on affect, or emotional status, reliably but not perfectly ranges from neutral to positive. Hence its deserved reputation as antidepressant. And it tends to serve as a clearing house, opening the door to a reformation of consciousness. Common experiences include: journeys into the cosmos; a sense of dying without fear; experiences of love of family and life; complex geometric landscapes; full themes that are like dreams; otherworldly

landscapes; flying; immersion in earth, water or the primal ooze; feeling small yet connected to all things; communication with the dead; connection to spiritual energies; to demons; a sense of purpose and mission; being pain free - the list is endless. For a fuller elaboration please visit *The Ketamine Papers*.

12. With frequent and compulsive use, the experience changes and its allure tends to be its narcissism exalting the specialness of the user and their connection to being immersed in the truths of the universe. It is also the avoidance of historical pain and the inevitable creation of a new format for pain. The Guidelines lay this out.
13. The more you take eventually you will be anesthetized, and you will be in the black hole of anesthesia. No point to that.

Ketamine Use, Misuse and Dependency

1. The overwhelming number of people who use ketamine don't get hooked. For most of us, the ketamine experience is not just an easy ride. Like most psychedelic experiences, there are inevitable stresses and rough aspects. While our experience may say 'there is more to be learned and experienced from ketamine,' we do not wish to be seduced to a compulsive repetition.
2. Most studies report no cases of misuse in the clinical setting, indicating that an appropriate and safe container significantly reduces the risk for dependence.
3. The allure to escape into an altered state and experience the physical sense of wellbeing that accompanies a ketamine experience is powerful. So powerful that despite the majority, too many have developed a dependence to ketamine that has led to addiction and in some cases death.
4. Then there are among us, those who follow a course of increasing use and get hooked. You may start slowly, at a party, with friends, at home alone. It is not an instant hook, but rather a crescendo of use that varies for each person. K has that capacity to be captivating and a lure to its use. We don't want to respond to that. A considerable risk factor is easy access to ketamine. Too frequent use is a recipe for dependence. Ketamine experiences need to be integrated into daily life and relationships - serving us for healing, growth, and consciousness.
5. K dependency is not a pretty experience. It is a state of being elsewhere; residing in a universe of the 'elsewhere'; absent the ability to ground in this reality; with loss of connection to our friends and loved ones; with loss of connection to the core of our lives lived, however difficult those lives may be.
6. It tends to be a state of grandiosity, complete or near complete self-absorption, with a feeling of separateness, importance, and Mission. It is intensely illusional, and hallucinatory, and has an appeal to it that is hard to dismiss. The theme song of being hooked goes like, 'This is it and I don't want to be anywhere else.'
7. There are dangers - ketamine may well impair memory while you are high and, in the aftermath, - forgetting when and how much your last dose was and leading to having taken more than you want to - and more frequently. There are the problems that come along with ketamine intoxication in the wrong setting; and making errors in judgement that risk your safety - like getting in a hot tub when you are about to go ketamine unconscious; or getting in an altercation when you are socially impaired; or driving much too soon. Stupid mistakes can be injurious or even fatal.
8. Ketamine dependence is difficult to overcome. It is hard to let go of; hard to let others in; hard to admit to oneself that one is hooked as the unhook is so

unappealing. To accept your personal use as problematic is to challenge your own feelings and beliefs. In the return to a shared reality, we may re-gain awareness of the reality we were seeking to escape. It is typical to fight off interventions no matter how well meaning. The involvement and concern of the family is often necessary to affect change. And once an intervention is made and is successful, ketamine cravings may cause relapse(s).

9. We don't yet have a clear profile of who is susceptible to the hook of K. There are identifiable risk factors. These include unhappiness with one's self or life, anxiety, depression, misery, grief, identity and role confusion, relationship conflicts, a trauma history, previous substance related dependency, and social isolation. There is also an internal entertainment factor to consider; a social factor of a group's increasing use, often among the high-functioning; a missionary or savior factor - ketamine's expansive revelations granting those vulnerable a confused sense of meaning and purpose. Perhaps all of us are susceptible-- depending on our state of mind, heart and spirit. Perhaps not.
10. Polypharmacy and indiscriminate use often accompany ketamine dependency. Treating ketamine and other psychoactive substances casually and just 'dropping in' is an attitude that fails to respect the potential for dependency. We have seen this lead to more frequent use and indiscriminate dosing. Both factors have led to people breaking away from a safe container, begin using without accountability, develop social isolation, and eventually fall victim to ketamine's addiction potential.

Ketamine's Adverse Effects

Adverse effects can be divided into the acute and the long-term.

Acute: Impairment of judgement and memory; agitation during use; enactment physically of the journey experience externally with loss of contact with environment and sitters; disorientation; imbalance - and falls as a result; dizziness; nausea and vomiting; diuresis; confusion; fatigue in the aftermath. Lack of memory for the experience tends to be dose related.

Long-Term - Intermittent Use: Infrequent use over time does not appear to cause adverse effects - other than the possibility of the acute effects described above - with each session. Cravings to increase dosage and frequency are a possibility.

Long-Term - Regular and Compulsive Use: Confusion; disorientation, cognitive impairment; diminishing contact with ordinary reality; with work, career, relationships; isolation and amplification of ego; denial of the impact on self and others; inflation and delusion; the sense of special mission and invulnerability; sleep deprivation; paranoia; compulsive drug seeking; impaired judgement; psychotic like experiences when not intoxicated; bladder dysfunction with high dose long-term use; K-belly; increase in polypharmacy. It is important to realize that combining

ketamine with other substances on a frequent basis, notably marijuana, may induce hypomanic and manic states for a few of us.

Guidelines for Personal Use of Ketamine

(That follow from the Ketamine Facts)

1. The first Guideline is: Life requires each of us to have a functioning Mind - and a connection with that mind - and with people outside of us. Purpose, meaning, kindness, and functioning in the world are imperatives. If personal use is all about me, my drug inflated, introverted, private cosmos will ultimately be my ruin, and not my liberation.
2. Use ketamine openly, not in secret. Tell others what you are planning and doing. Have others in proximity, or better still, with you. Remember you will be impaired and may need support. Be accountable to people who are not engaged in frequent use. Ketamine can open doors to relationship and self-awareness. You are best served by not using ketamine privately, but rather with support for your journey.
3. Treat the personal use of ketamine with respect and reverence. Viewing your experience as sacred, requiring your processing, having a witness(s), and valuing Integration. These support the creation of a safe container which enables ketamine to be of value and mitigates against compulsive use.
4. Never take ketamine for granted. It is a powerful mind altering medicine that you are choosing to interact with. Your experience is not predictable. Each ketamine experience will be different. So will you.
5. The depth of a ketamine experience depends on several factors:
 - ❖ The amount of ketamine you ingest. The more you take - by any route of administration, the deeper your experience will be. Leaving this reality entirely for the deep ketamine journey space is referred to as the k-hole and k-holing. We prefer The Transformative Space. As you will not be responsive to your environment or others, it is an imperative that you be accompanied, cared for, and watched over—if you choose to go to that depth; or if inadvertently you take an amount of ketamine that puts you there. Users naïve to ketamine can get agitated and uncomfortable without any knowledge of their actions or safety. The same is true for experienced users who may be surprised by the depth of their experience. Ketamine is fairly unpredictable, and each experience is different - both in depth and the qualities of that experience - where you go, who you are in it.

- ❖ The route of that ingestion—nasal, oral, sublingual, intramuscular, intravenous, anal, vaginal.
- ❖ Your particular sensitivity to ketamine — each person's sensitivity is different and largely independent of your weight. You learn your sensitivity by exposure to the medicine. This is true for all psychedelic experiences. Most psychedelic dosages are not calculated by your weight. You can always do more, but you cannot go back. The cautionary is to start with a low dose.
- ❖ Your mental, spiritual and emotional condition. Your honesty and openness—your set
- ❖ Your health and energy.
- ❖ Other medications and psychoactives you have on board.
- ❖ Your setting—who you are with, where you are, your sense of safety and exposure.



Safety and Recognizing the Risk of Dependency

- ABSTINENCE is the key word for avoiding dependence. STOP - take a break before you get hooked. If your frequency and dose are escalating, you are on the road.
- If you are experiencing cravings, you are in danger. Cravings are your body's signal that it is becoming dependent on the changes brought on by ketamine and is struggling to self-regulate. It is a clear indicator that a dependency is starting.
- STOP! If you are using ketamine every day.
- STOP! If you are having urinary tract/bladder symptoms such as painful urination, pelvic floor pain, or difficulty controlling your bladder.
- STOP! If you are becoming confused, grandiose, losing touch with your life, family and friends.
- STOP! If you find yourself using ketamine in secret or are avoiding accountability measures.
- STOP! If you cannot successfully remain abstinent for a predetermined period. Intentional periods of abstinence are the most effective way to assess your personal use and assess the impact it is having on your mental health, social health, and life in general. Resuming too quickly will put you right back on the road to dependency. Periods of abstinence are best intended to last for multiple weeks if not months.
- If you find that you cannot successfully maintain a period of abstinence do not be ashamed. Know that help is available and that recovery is possible.
- Powder ketamine is here and more and more abundant. Powder is often mixed with other drugs like fentanyl, cocaine, or MDMA. Don't snort untested powder. Ketamine lozenges are also being sold over the Internet legally and indiscriminately.
- It is important to check any illicit ketamine for fentanyl adulteration. Check out [DanceSafe](#) for information about testing your ketamine. Remember most dealers are in it for the money - only some are concerned with your safety and only a few with your frequency of use. Don't purchase from someone you don't know, or on the street. Don't be naïve - dealing in whatever form it may take - on the net or on the street - is about money - not about you.
- Getting rid of your stash is a good first step that typically must be followed up by engaging in a detox, inpatient, or outpatient program. This allows for social support and a physical barrier between you and your use. Many find that it is paramount to break contact with your

source, leave the company of your fellow users, and learn to lean on those who are invested in your recovery.

- Remembering that access is a risk factor, the more you hoard or the bigger your stash becomes, the greater the risk that you will go down the dependency road. Abundance increases the temptation for larger doses, more frequent use, and indiscriminate use.
- There is some tolerance to ketamine with too frequent use and therefore doses must be escalated for similar effects and dependency looms.
- With ketamine powder, unverified lozenges, and non-prescription injectables comes the risk of adulteration and harm. Fentanyl lacing is a very real possibility that has taken the lives of people we love and is a serious risk to your life.
- Injury through errors of judgement while under the influence is a risk factor that exists whether a person is dependent or not. While ketamine itself is a safe medicine with anesthesia occurring before reaching a lethal dose, passing out under dangerous circumstances can and has been life threatening.
- If these apply to you, you may well be done with ketamine. Resumption will tend to put you back on the risk road. Indeed, you may think you are back in control of your use after a significant break. Generally, this is not the case.

If you cannot STOP, get help, detox, get into a program, get rid of your stash, get rid of your source, leave the company of your fellow users, lean on those who are clear and not co-dependent with you.

It follows - if you are going to use ketamine, RESPECT its potency, allure, and potential for dependency. Dependency is in fact, without doubt, a ruinous and life disrupting experience.

It follows—if you are going to use ketamine, do it for its benefits. Use it consciously, and safely. And do not keep your use a secret.



Integration of the Ketamine Experience

1. We have been writing about the power of the ketamine experience and its property of dissolving ego and producing vivid journeys. These have their own quality, astoundingness, freedom of the mind to explore - and inevitably issues and reorientation. Ketamine, like all psychedelic medicines, rearranges us for the time of its impact - and thereafter as well. At times, in the immediate aftermath, we may not notice the alterations in our view of ourselves in the world, our relationships, our sense of self, our values. Inevitably, however, these changes - subtle or profound - will occur. The aftermath of the ketamine experience is a time of opportunity for reflection and observation - and may also be a time of confusion.
2. It is our view and our practice clinically, and in our education of practitioners for all psychedelic use, that we share our experiences with others. Others may include friends, and lovers; or skilled practitioners who know the ketamine experience for themselves and can help with our integration. This will assist our processing and understanding of our experiences, meaning making, and helping us with confusion, difficulties and negativities. Having a ketamine experience and being left alone to figure out what happened in the other realities that are experienced is not much fun. This may lead to a feeling of emptiness, and isolates the experience from its richness, making for a judgement 'that this was just a weird trip' - glossing over its impact and depth. This is the usual outcome from intravenous practices and online sales of lozenges. No one is there to hear your experience and help you integrate it. There is reliance on the drug for its impact, but not reliance on your mind, heart and spirit with ketamine as a medicine that affects you fully.

Getting Assistance—Paths, Realities, and Cautionaries

1. It is not so easy to find solid practitioners who are ketamine informed. They exist, and we recommend those trained in KAP, though claims for this expertise are various and it is an imperative to inquire about practitioner experience. It is your right to know qualifications and backgrounds whenever selecting a therapist who holds a degree and a license. It is good practice to check out a potential therapist before making a commitment. Watch out for your own resistance to getting going in treatment and agreeing to know yourself in your depth enabling you to get back control of your life.
2. There are many paths that may help with Integration and practitioners from many disciplines. The therapy field and the practices of ketamine assistance are not quality controlled, except for some methodologies that require explicit training and ongoing participation in supervision. With these, you have to come to an appreciation of that methodology and its particular practitioner as you choose their service.

Unfortunately, there are still too few qualified practitioners in ketamine assisted psychotherapy (KAP). There is no formal certification program or Board for ketamine administration. Or for that matter, for any alternative medicine. This is a product of the DEA making all psychedelics Schedule I and therefore forbidden fruit--now for decades.

Our KAP training provides certificates of completion for our course as do other programs. KRF has and is providing the 'standard of care' for the field - apropos these Guidelines, but there is no obligation for any practitioner to adopt our standard. That means that ketamine is essentially unregulated and unqualified in the various medical practices in which ketamine is administered. This allows for ketamine distribution in all manner of ways that may have very low standards for patient care, such as online programs. It also makes for consumer confusion and a laxity on following patient consumption of ketamine. Too often money tends to rule over quality of care and supervision of quantities consumed. Ketamine is a competitive business with multiple formats for its distribution. In essence, there is a 'Wild West' for ketamine—and that is part of the problem that is increasing the amounts of personal consumption.

This lack of regulation, even in the licensed medical prescriptive format, makes it difficult for you as a consumer to act with discernment. The claims and advertising are both seductive and misleading. They do not emphasize ketamine's power as an experience to be taken seriously. Or its potential for dependency.

3. To date, there is no insurance coverage for ketamine, other than the esketamine nasal spray Spravato. As ketamine is a Schedule 3 regulated drug - with FDA approval in 1970 - for its use solely as an anesthetic. All other use, for example in psychiatric treatment such as for depression, is considered 'off-label.' Theoretically, ketamine is only available by prescription. Obviously, ketamine is available without prescription from multiple illicit sources. The DEA and FDA have left regulation of

ketamine without guidelines - save for the general professional rules for prescription and for ethical violations by prescribers.

Some years ago, the FDA approved one of the two stereoisomers of ketamine, the left one - esketamine - for a very restricted dosing and only for a diagnosis of 'treatment resistant depression' (TRD) and in a very restrictive psychiatric application. The public at large has yet to understand Spravato's general lack of efficacy. You can read the studies leading to FDA approval. It is also formatted in a very medicalized manner - no psychotherapy and little attention to you. As Spravato has recently gained insurance coverage, if a prospective patient has decent insurance, its attraction is its low cost. This dollar factor is undermining the far too expensive intravenous clinics, especially those that have anesthesiologists running them as they are not covered by the insurance. They are not psychiatrists as per the FDA's restriction of who may administer Spravato.

With this in mind, and with the misuse, street and underground availability of ketamine proliferating, medical and psychiatric use of ketamine is in transition. How it will stabilize and if it will stabilize is unclear - as is the case with lack of clarity about potential FDA and DEA regulation - or not.

4. The underground has many practitioners of varying skills and training. Some are licensed practitioners - others are not. Some are highly skilled in using ketamine. Some are not. The underground exists because of legality and illegality, a way to make a living using substances that are not legal. For some, this is a way to make a living avoiding the licensure issue.

When all goes well, an underground therapist who is not particularly skilled in the work and in Integration may do fine by you. When there is difficulty, an underground therapist may lack the skills to support you. The same caveat applies to the licensed therapist.

It is experience, training, interest, compassion, and skill that determine your quality of care. And when you put yourself in the hands of another - when you will be helpless for some time - you need to know those are capable hands. This applies to practitioners of any stripe - whatever they call themselves - shamans, shrinks, anesthesiologists, therapists, friends, healers - no matter.

Ketamine Withdrawal

The hallmark of ketamine withdrawal syndrome is a prolonged period - many days to weeks to months - manifesting with symptoms of anhedonia - or an overall lack of pleasure; confusion; delusional thinking; derealization; negative energy; sleep deprivation; cognitive and social impairment; physical discomfort of a variety of sorts; and intense cravings. Cravings are physiologically experienced and there is an intense desire to maintain the intensity of the inner world, hypomanic energy, messianism, grandiosity, magical thinking, and euphoria.

Cravings may center on relief from the return of the pain of life before ketamine. That pain most likely was bypassed during heavy use. Cravings may have a source in avoiding the damage

rendered during ketamine dependency. Cravings are for relief from withdrawal symptoms, as well as from neurons screaming for the drug, there is little if any information to date from the neuroscience world on the brain source of cravings. How long withdrawal lasts appears to be a combination of duration of use, dose dependency - and spiritual, relationship, and emotional misery.

Comorbid depression, anxiety, substance use disorder, and psychotic symptoms may have been present before ketamine use began. Quite often, they may occur directly as a result of extended overuse and abuse of ketamine plus attendant polypharmacy. The presence of comorbid conditions complicates and extends the withdrawal period.

The withdrawal syndrome may also include misuse of other substances, and this may continue in an effort to reduce symptoms. Or if the decision is for complete abstinence, withdrawal symptoms from other dependencies may be involved. For those who don't become completely sober, there is a risk of turning to other substances, for example, developing cocaine use problems during the withdrawal period.

The withdrawal symptoms will gradually abate over time. Cravings are more difficult and may be sustained for long periods of time and be present sub rosa, and can be invigorated from triggered memory, social connection with fellow users, exposure to ketamine, and the desire to not live again in emotional and spiritual pain - to get high again. Unfortunately, some ketamine dependent people go through multiple relapses, multiple detoxes and substance use disorder programs. This process can be a wear and tear on everyone involved with consequences to self and relationships.

Treatment of Dependency and Future Possibilities

When interventions by friends and family fail, when will-power and determination for abstinence fail, when confusion and compulsive use continue, the only choice is to enter detox and a treatment program that sustains abstinence and assists in helping to make the changes that will support abstinence when the program ends. These include Narcotics Anonymous, Intensive Outpatient Programs (IOPs), and intensive therapy. Family therapy as an involvement of partners, relatives and important friends is an essential component for successful treatment. Programs explicit for ketamine dependency are just coming into being.

A good first step is getting a psychiatrist/therapist team involved who have experience in treating substance dependency. Depending on the degree of dependency, you may well need to begin with detox. Returning to ongoing therapeutic support is essential to a positive outcome over time, including dealing with the underlying basis that may have preceded dependency.

As ketamine dependency becomes more in focus, unverified options for augmenting treatment are arising as possibilities, but without as yet having data for efficacy. These may include ibogaine detox, which is illegal in the USA; naltrexone which is in broad use for reducing cravings; and more to come. Acupuncture and alternative treatments have a role in regaining health and mental balance. None of these will be substitutes for attaining rapid abstinence and maintaining that commitment.

The Stigma of Dependency

It is unfortunately the case that we live in a world too much inhabited by negative judgements, rather than kindness and interest with appropriate boundaries. That negativity may well be self-imposed and culturally embedded in self. The dependent person's encounter with others during the dependent period and in its aftermath can be very difficult. For one, there are those who have felt damaged and are angry and upset, with broken trust. For another, there is the broader view of drug dependent people which is stigmatizing and prejudiced. Encounters with damage, prejudice and one's own sense of failure can be very difficult to handle and may result in deep shame, introversion, anger, and reactivity. There can be a kindling effect to give up and go back to using. Suicidal contemplation may occur. Coping requires support and being responsible to oneself and to others who may have suffered with you. It is about working out the guilt, knowing the self who became dependent, and developing the harmonizing self that seeks and comes to know balance and trust in oneself.

In essence the repair process is ecological. In other words, about being in truth with oneself, setting boundaries, and being in responsible compassion:

'I wish to give myself another chance at life and live authentically and in honesty. I am responsible for what I have done to myself and others and will make amends as they are needed - and I understand the consequences of my dependency. I will set clear boundaries for myself based on finding kindness for my being here in life that is from the heart. In response to encounters with prejudice, I will do my best to understand its sources and to respond with that awareness. I will ask my important relations to be open to my recovery. I am determined to establish trust in myself and thereby to develop the trust of others. I will maintain my sobriety in the higher self-interest of living well, in balance, in caring, and seek the fun of it all.'



In Conclusion

This is the work of being in life. This is the opportunity offered by having consciousness and living in connection and inter-dependency. There is no choice in this matter as it is an absolute of existence. Not everyone gets the opportunity. Trauma and suffering are inevitable, can be overwhelming, can form lives as reactive, and limited. Or too often there is a resultant hopelessness for living or living well. Too many people are needlessly hurt or extinguished by violence, unkindness, prejudice, and the many forms of injustice. In essence, these Guidelines are about mindfulness for yourself and towards others. Really, it is not about drugs and drugging. Drugs have been here for all of human history. They are not going away.

So then, what is this really about? We offer that this is how you have agency in making choices and running yourself and how you conduct your life. You can create more trauma, difficulty, and mindlessness for yourself and others. Or you can practice finding balance, healing from your pain, and feeling a sense of passion for the preciousness of this life. That is a constant necessary path for your entire life's course. Neglecting this, creating additional pain for yourself and others, turning a liberating experience into a compulsion and an obliteration of your essence is just making trouble.

Moving well through this life is not easy and guideposts are hard to find and follow. Responsible self-forgiveness and getting back on the road is the jewel of repair. Being in community, leaning on those you find trustworthy and who share with you their struggles and their paths is a necessity for moving on and healing. When you see trouble looming, seek help before you go too far.

We hope that these Guidelines have been meaningful and beneficial.

Lots of love from us.

The Ketamine Research Foundation

www.ketamineresearchfoundation.org

--*Phil Wolfson MD, Mark Braunstein DO, with Ryan Delaney LCPC*

The Ketamine Research Foundation is committed to the wellbeing and safety of those who are interested in using ketamine, have problems using ketamine, and those who are looking for quality clinical care utilizing ketamine. To that end, KRF is widely disseminating these open access guidelines.

KRF is a 501c3 organization dedicated to research, training and public education in the safe and appropriate use of ketamine and the standard of care for ketamine's clinical administration.

All Art by Helix Wolfson

Copy editing and layout by Annie Oak Harrison and Charles Lighthouse of Lucid News Community Media, www.lucid.news

The information in these guidelines solely reflects the views of the authors.



A Ketamine Dependency Saga as Exemplary and a Cautionary--with Recovery

--by an anonymous practitioner

I've been exploring recreational drugs for over 30 years, and as a licensed practitioner, the concept of addiction isn't new to me. Beyond cannabis, I've always been able to put down whatever I tried. I made a clear distinction between "soft" and "hard" drugs, fully aware of the consequences of increasing amounts and frequency of use - the tightening python grip of tolerance and dependence that can sneak up like a boa constrictor. I wanted to avoid that at all costs.

I learned early that alcohol, despite its cultural and social promotion, was a hard drug. By the time I turned 21 and could legally drink, I had already decided it wasn't for me. I found it physically unhealthy and noticed it led to poor decisions. It was around then that I discovered marijuana, which seemed to fill my need for altered consciousness. Not long after finding mj, I became aware of other natural ways of achieving that higher state of consciousness and found meditation through music and movement. Marijuana fostered opening my mind and moving my body without self-consciousness.

Around about this time, I was introduced into the technicolor, consciousness expanding world of psychedelics. I felt myself becoming more intentional in my life and shifting toward a more peaceful and vital existence. I stopped eating meat, gave up alcohol and tobacco, and began exercising regularly while immersing myself in nature. Cannabis, in many ways, felt like a gateway to wellness - especially as I began to use it to cope with my PTSD, this with minimal negative effects.

Through the years I have been a sporadic but committed user of a multitude of different mind expanding medicines: psychedelics. I developed respectful relationships with LSD, psilocybin, DMT, peyote, and ayahuasca. I would use them once a year, or once a quarter, or once a month, at times once a week - or multiple nights in a row when I rarely went on a bender. But I found that there was always a clear desire and a recognized need for me to put these substances down after a brief point. Over the years and the decades, I would pick them up and put them down without ever having a problem or a craving.

Then along came ketamine. After decades of psychedelic use, I was blown away by its beauty and comfortability as a psychedelic experience. The visions were at once both wondrous and delicious. A feeling of euphoria and blissfulness followed administration of ketamine. It was relatively short acting, and its effects wore off quickly without a hangover, allowing me to go on with my day.

The fact that ketamine was also legal as a medicine and hyped and publicized as 'good for you' encouraged my use and my feeling of ketamine's legitimacy thereby giving me an illusory confidence in my increasing usage.

Having struggled with depression and family trauma my whole life I incorrectly thought I was self-medicating my mood disorder. In reality I was becoming 'neurotoxic' making my depression worse. It was a pretty quick downhill slide to the ketamine bottom for me.

I had first met ketamine in 2016. In that early period, I never snorted enough to really go into the K-hole. I really didn't get the point of it until my first ceremonial exposure in 2017 when I experienced the most beautiful hallucinations and positive mind expanding experience I had ever had. This led to using K in group settings ceremonially and monthly for about a year. Then Covid hit.

Confined to my home, I began purchasing lozenges online. Within 12 months I was using them daily. At some point along that path I felt that I could not get enough lozenges to feed what was now my habit. I had to go elsewhere for the supply.

I found powder.

It was a lot less clunky than the lozenge. I could sneak away anywhere and do a quick bump or a line. Unlike lozenges with a supply of powder, I could just keep going, extending my high indefinitely.

In fact, insufflating powder was a more discreet and secretive practice. You can't easily hide a mouth full of saliva and a bunch of lozenges. The combination of developing a daily habit and being able to acquire an infinite supply of powder created a problem to say the least.

Once you cross that line, that commitment to limiting yourself to a sane amount and a sane frequency, there isn't any going back. In my ketamine blitz I felt alive, smarter than ever, as if driven by divine provenance. I received downloads, from somewhere or other, making me feel I had all the answers. But when I came down, I would find that I had forgotten all the downloads and was hence unable to execute on all the wonderful messages that I had received.

What I did get was a lot of time on the couch with memory problems, the symptoms of bladder toxicity, the rupture of a romantic relationship, and the worst case of depression I ever experienced.

That slide down took about a year or so after my daily use had started.

The problem with daily use is that it accelerated. I found I was wanting to be high for longer and longer periods of time. I would forget when my last usage was and use again sooner than I was planning on becoming more intoxicated and impaired than I wanted to be. Finding myself not liking how I was feeling and regretful for my usage, I got into a cycle of deciding every day that I wouldn't use the next day. Then I would wake up the following morning feeling compelled to use, knowing it was against my better judgment.

My frequency of use increased until I was high almost all of the day, every day.

I surrounded myself with other users as though to normalize my use with collective use. We had a rebellious group culture that thrived on how intelligent and different we were and that we had the solution to all of the world's problems.

This is one of the commonalities where ketamine addiction looks like any other addiction. You surround yourself with other addicts of similar ilk to enable your addictive use in multiple ways. This normalizes your behavior to you and those around you. You hide your shameful use

from your loved ones while decreasing your time and ability to connect with them in a meaningful way.

A top priority is maintaining your supply- and it's not a cheap habit.

A gram a day habit was about \$3000 a month - and that's a relatively small daily habit.

My supply wasn't always clean either - there were times I could tell the product wasn't just K and kept on using despite my awareness. I feel lucky I never found a batch laced with fentanyl.

The turning point for me was getting physically ill. I developed K-belly about 9 months into my daily use - not very long into my habit in my opinion. Developing severe abdominal pain with nausea and vomiting, I was convinced the only way to feel better was to take more ketamine. It took me about a week until I figured out it was the ketamine that was making me sick. After several days without ketamine, I finally started feeling better.

The next 6 months followed a cycle of about 3 weeks off ketamine, followed by resumption of ketamine use that always seemed to result in a 1-week binge. After a week of guilt, shame, and symptoms of bladder toxicity, I would somehow be able to stop again. It took six months of this cycle before I realized I could never use ketamine just once - I always wanted a longer binge. And that binge always seemed to bring me more discomfort and dysphoria than pleasure. In short, the sweat to sweet ratio was increasing exponentially every week. It was the realization that what I really wanted was to be in a perpetual state of bliss when using ketamine. If one trip felt good, being high all day was better, and being high all week was even better, and so on and so forth.

Feeling grandiose, hypomanic, expansive, brilliant, and even messianic is hard to give up. The reality is it feels really good. For some of us it's harder than for others to choose to stay in this reality all the time. That break from ordinary mind that ketamine can give can be really special, and a great relief when ordinary mind is filled with depression and anxiety. Then you get the message from the media and your fellow users that this medication is good for depression and anxiety and can heal your trauma. When involved in this line of work and surrounded by all the positive talk of this medication, and your own experience of its dramatic benefits in your patients, it can make it hard to press the brake pedal on its use.

When I quit, I quit cold turkey. Being involved in this work meant that I still had to be around ketamine. I had to find a way to be around ketamine, helping people with this medicine, and singing its praises, while personally I was struggling with its dark effect on me. I'm not going to lie and say it was easy - serving ketamine medicine to people while knowing it had become my poison. This was a difficult juxtaposition that I was only able to make sense of when I started warning my clients at length of the risks of ketamine addiction, and its bivalent nature.

It's not that I didn't have other places in the mental health field to work. It's just that I still believed in this medicine more than anything else out there - even with the struggle I was personally going through.

The first 3 to 6 months without ketamine just felt boring. Nothing was as fun without ketamine as with ketamine. That was the predominant feeling for the first 3 to 6 months after having quit. Slowly though, my ability to experience joy from my own source - me - came back. My

depression lifted. My memory got better. My bladder symptoms went away. And my relationship stabilized.

I never want to take ketamine again. I'm scared of it for good reason. I don't want to ruin my life, my mind, my body, my being in the world. And I'm glad I did it. The lessons it taught me were invaluable. I integrate the messages ketamine gave me every day into my life. It continues to make me a better person. I know I can never take it again. You have to come to making a committed decision that you're done with it. You're over it for good and then you move on. Otherwise, ketamine's tentacles will hold you in its wondrous and asphyxiating grip.

Since I've gotten sober, I've helped numerous friends with their struggle with ketamine as well. Usually, it's their spouse who reaches out first telling me that their husband, girlfriend, wife, or boyfriend is out of control and scaring them. At that point, the user usually doesn't want any treatment. They refuse an intervention. They refuse any admission of their dependency. Ultimately, most of us who get caught will have to go down their own rabbit hole of addiction before realizing that we need and want to quit. As a witness to the ketamine path of dependency and addiction, it's painful and hard to watch a friend or colleague go from exploring the K-hole to going down the rabbit hole of dependence.

Wishing my readers the best of conscious life and clarity, I am telling my story in the hope that it shall serve.

Our Resources

The Center for Transformational Psychotherapy in San Anselmo, CA

www.ketaminepsychotherapy.com

The Ketamine Psychotherapy Associates Referral List

directory.ketaminepsychotherapyassociates.com



PART 2 - GUIDELINES FOR THE EFFECTIVE USE OF KETAMINE CLINICALLY MANIFESTING A STANDARD OF CARE A REFERENCE FOR CONSUMERS AND PRACTITIONERS

Presented as Information - to those contemplating using ketamine for healing and therapy, for potential consumers seeking information on the best practice of clinical ketamine administration, and for ketamine providers as a standard of care reference for the clinical practice of ketamine.



The Basics

Situating the Therapeutic Use of Ketamine as a Psychedelic Medicine

- Ketamine has an FDA indication - its 1970 approval - for administration as an anesthetic to humans and in veterinary medicine.

- At lower dosages than those necessary for producing anesthesia, ketamine produces effects that impact consciousness. This is dependent on the dosage of the medicine administered, the rapidity of its absorption (which depends on how it is given - the route of administration), and the particular sensitivity of the recipient.
- Presently, ketamine is the only psychedelic medicine that is legal to use.
- This has come about because ketamine is indicated for anesthesia as a DEA Schedule 3 medicine. Its 'off-label' use has been vigorously explored for psychiatric indications in the last 25 years and ketamine is being supplied under varying degrees of medical supervision - from mail order distribution with virtually no supervision, to highly developed clinical centers that recognize its potential, its risks, and its therapeutic value. For its legal use, ketamine must be prescribed by a licensed practitioner - the medical specialty not having been specified.
- Like all psychedelic medicines, ketamine's effects are not confined to specific diagnoses or conditions. Ketamine when utilized clinically may be of therapeutic value for depression, trauma, PTSD, OCD, eating disorders, identity struggles, relational issues, sexuality, social connection, etc. This depends on the context, training and development of the practitioner, as well as the presentation and situation of the patient(s).
- All psychedelic medicines were made illegal and put out of reach by the DEA into Schedule I at varying dates. MDMA has gone through rigorous clinical trials and is still awaiting approval for clinical use. Psilocybin (mushrooms) is going through the FDA hurdles. Cannabis remains illegal at the Federal level of proscription but has variously been decriminalized in the majority of states - and some states and localities have partially decriminalized MDMA, mushrooms and other psychedelics.
- Beginning in the 1800s (cannabis use may extend as far back as 8000 years ago) and escalating in the 1960s to the present, mind altering substances have moved center stage in Western public use and gradually in clinical medicine and psychiatry/psychotherapy. A most welcome awareness has occurred of the worldwide Indigenous peoples embedded use of psychedelic medicines in their cultures. In the times when there was no prohibition, such as in the 1960s, and the 1980s for MDMA, their use in clinical medicine changed the nature of psychiatric/psychotherapy medicine.
- Medicines that have the potential for rapidly altering consciousness and the course of lives revolutionized the therapeutic practice attendant on their administration. Many hours long sessions, Integration practices, the greater intimate exposure of practitioners to their patients, the nature of the effects and therefore the requirement for ongoing support, the breakage of the monopoly of the 50-minute analytic hour, the need for provision of safe and attractive settings for sessions - these and more created a new opportunity for assisting human beings in their troubles, struggles, and opportunities.

- Moreover, the Pharma world basically has been static in its production of new types of medicines with improved clinical impacts - this for too many years. Ketamine and psychedelics represent a breakout from the partially successful conventional treatments. The unfortunate continued criminalization of their use has stultified the potential for mind altering medicines to be applied legally and for their methodological development to benefit humans.
- *This is where ketamine assisted psychotherapy provides a path for both significant patient benefits and the development of strategies for its application.*

Ketamine In Its Clinical Application

- Ketamine provides a psychedelic experience that varies in its depth and effects. As an alteration in how we think, feel and experience ourselves and the world, however momentary, *that experience deserves to be heard, shared, and processed in a format we call Integration.* This enables exploration of what has been experienced; how we may be different and changed from it; the handling of confusion and difficulty; the provision of support, interest, and concern by the practitioner making connection and helping to protect from isolation and introversion; and the retention and incorporation of the values, insights, and the naked transformative experiences of the journey undertaken. This is the essential basis of harm reduction. It is the catalyst for personal liberation and healing.
- Historically, we have come to call this process 'assisted psychotherapy' and it differentiates the application of psychedelic medicines from 'drugs.' For ketamine, there has been a split in how it has been administered, the most widespread applications being clinics providing intravenous ketamine generally without the sharing possibility or support provided as above. The same is true for the basically unsupported distribution of lozenges over the web. We view this as ketamine being treated as a drug, much like any other - the problem being that ketamine is a potent psychedelic and subject to misuse if not clinically monitored.
- Misuse of ketamine has been studied in in-person clinical settings and reassuringly has only rarely occurred there - and this with those who have had pre-existing drug dependencies. In comparison, ketamine misuse and dependency has been widely reported among recipients of mail-order distribution.
- Psychedelic medicines are mind altering and it is our view that any practitioner providing such medicine be personally familiar with the medicine and its effects. This has been the process historically with psychedelic medicine and an essential part of the workup of MDMA for prescriptive use. Ignorance of the medicine means that a practitioner has little sense of what their patient is experiencing and cannot relate to the effects on their patient - and generally is not interested in the experience and its impact on the person. This tends to be the experience reported by patients receiving ketamine in medicalized settings. Anesthesiologists tend to have been at the forefront of the creation of ketamine intravenous clinics and

generally are not trained in psychiatry and psychotherapy though they are administering ketamine for psychiatric indications.

- While administering ketamine as a drug has a success rate - about 30% for remission from Treatment Resistant Depression, the basis for this is complex and most likely includes a direct effect of ketamine, and importantly the time-out from usual mind that is psychologically valuable and impactful. Ketamine assisted psychotherapy (KAP) has a much higher success rate when practiced fully to the standard of care discussed herein.
- Methodologies for practicing ketamine psychotherapy are as various as there are schools of psychotherapy. There are many approaches to being with human beings as healing strategies. There is no single best way, although there are many claims and navigation of the field by consumers can be difficult. Assisted psychotherapy adds another dimension as the understanding of best practices evolves to surround the ketamine experience. This includes modifications of existing psychotherapeutic strategies and breaking ground that encompasses the new paradigm forming for psychedelic psychotherapy.
- There is no uniformity to the methodology of KAP practices and the duration of sessions will vary from practitioner to practitioner. A minimum stay is 2 hours, but up to 3 hours is more desirable. A quiet space for recovery after a session concludes is a must. KAP therapists need to sit for their patients as long as necessary for their recovery and no patient should be sent home until they are safe to be released. Rides and supportive persons giving rides are preferred.
- The most important measure found in studies of psychotherapeutic success has been the experience of the warmth, attention, and openness of the therapist to their patients. With the prolonged and vulnerable nature of ketamine and psychedelic sessions in general, this is even of greater importance.



The KAP Experience as Standard of Care for Ketamine Administration

The particulars of the actual administration of ketamine are left to practitioners and can be found in references below.

- The KAP experience has many components that include:
 - A comprehensive evaluation and assessment of the patient, their history, their experiences with substances, their history of trauma, their relationship history, their social and family histories and current situations, work and financial statuses, psychotherapy, and more. It needs to be an approach to as complete an understanding of the patient and their situation as is possible.
 - In person preparatory meetings with prescribers and therapists center on becoming familiar with the person, their pain and struggles, their view of themselves and the world, a sense of their positive attributes and values. The process is intended to create an engagement that is designed to lead to the trust necessary for having ketamine treatment.
 - Finances and insurance will be discussed. While ketamine treatment itself is not covered by insurance, psychotherapy may be covered by the specific insurance plan and a partial reimbursement made possible. Some practitioners volunteer to offer a sliding scale.
 - Based on this thorough assessment and a meticulous Informed Consent process, an initial treatment plan is created and discussed with the patient.
 - The ability to predict the course of treatment is limited and tends to become somewhat more defined after a first session reveals the patient's sensitivity to ketamine and any side effects such as nausea, as well as any difficult emotional reactions.
 - KAP is explained, discussed and questions answered. Consultation with providers is arranged. Important relationships are included as indicated and/or as requested by patients. For adolescents, family therapy is a component part. KAP is available to couples and to families. Inclusion of collateral relations may evolve during treatment.
 - The treating team will decide on who the principal therapist will be, and if a dyadic approach is necessary, especially at the inception of treatment. This will be based on the complexity of the problems to be addressed, medical issues, and emotional reactivity.

- The ingredients of a KAP session include music, comfort, reclining chairs, eyeshades, and an office setting that is conducive to relaxation and suggests that warmth and compassion are present.
- The essential components of a KAP session are:
 - The Opening Period which sets the stage, frames the work, creates the connection between therapist(s) and patient, reviews and updates stresses and concerns, and prepares for receiving the medication.
 - The Ketamine Experience
 - The Integration - focusing on what was experienced, its impact and meaning, any difficulties, going home and concerns about the aftermath.
- Follow-up and Integration Sessions should occur within days of the session. A sense of the course of treatment will begin to take shape.
- Given ketamine's flexibility as a medicine, there are many approaches possible using different strategies for doses, session intervals, combinations of routes of administration, psychotherapeutic strategies, and the creation of protocols specific to diagnoses, and specific to the particular needs of patients.



The Administration of Ketamine in Clinical Settings

- Ketamine is administered through multiple routes. The most common and reliable for absorption are the intravenous (IV), the intramuscular (IM), the mouth, (lozenges and rapid dissolving tablets) and the nose (Intranasal RS and Spravato-esketamine.) Ketamine is readily absorbed through the mucosal linings of the mouth, and nose. The anus and vagina are also lined with mucosa, but these routes are much less frequently used in clinical practice. Absorption from the gastrointestinal tract from swallowing ketamine is generally less robust and can increase nausea. Injections via subcutaneous administration are sometimes used but absorption is irregular.
- The rapidity of effect varies with each route. There is essentially full absorption when ketamine is administered by IV or IM routes.

Generally, the IV route is administered as a drip over 40-60 minutes depending on the practice. Onset takes some time for sufficient ketamine to be delivered. Proponents of the IV method claim they have better control of the ketamine experience as they are able to regulate the rate of the drip administration and can easily shut the drip off. The truth is that ketamine is not an on-off experience and once ketamine is in you, it persists according to the rate of your metabolism of the medicine. Ketamine's half-life is 2.2 hours and its only active metabolite - norketamine - has a half-life of about 1.2 hours.
- The IM administered ketamine tends to have a rapid onset - two to three minutes and a rapid peak. Control of the amount administered and the depth of the experience is related to the dose administered and if there is repetition of the injection. Two to three injections spaced apart is a common practice and can amplify the depth of the experience and its duration.
- There are two forms for the provision of oral-buccal (mouth) administration of ketamine - waxy troches and rapid dissolving tablets (rdts, or odts). A common mistake is to believe the lozenge/rdt is the source of the ketamine and when they dissolve, ketamine has been absorbed and one can spit out or swallow the saliva. This myth has also fueled online distribution of ketamine for over prescription of rdt's and preparation of unnecessarily high doses of the rdts - plus recommendations for too short a holding period of the material in the mouth.
- The lozenge/rdts are a ketamine delivery vehicle much like coffee delivers caffeine. The dissolution of the lozenge/rdt puts the ketamine contained in them into the saliva. It is the saliva that makes contact with the mucosa enabling the absorption of ketamine into the bloodstream and then the brain. The saliva needs to be retained in the mouth and circulated—we call it 'swishing' to increase contact with the mucosa and have the ketamine absorbed.

- The intranasal route of administration provides ketamine directly to the mucosal lining of the nose. It is formulated with agents that increase viscosity to help its retention, though dripping down the back of the throat can be uncomfortable. The dosage of intranasal preparations varies depending on practitioners and formulating pharmacies. Time of onset of the ketamine experience and amount absorbed tend to be somewhat more rapid with greater absorption than the oral-buccal route. Early on in our learning about how to practice with ketamine, we observed patients who had become ketamine dependent through intranasal overuse of the spray. They would go from nostril to nostril instilling the spray. As the lozenge/rdts are of a fixed dose and less comfortable to overuse, we focused our practice on using that method. Occasionally, we utilize the nasal spray route but only in-office.
- In general, the higher the dose, the deeper the experience and the less memory of the experience. The higher the dose the more the five senses are diminished in their ability to be appreciated. The higher the dose, the greater the separation from this reality and the greater the sense of disorientation and orientation to other realities.
- Some degree of 'ego-dissolution'/letting go/dissociation/psychedelic is essential for ketamine's effect. This is an inherent part of the ketamine experience and its healing and mind-heart opening potential. It is spurious to downplay this - and it confuses patients and practitioners alike. The altered states of consciousness that ketamine engenders present the opportunity for change and the necessity for processing and integration.

A view of common and safe dosages for each route of administration:

* To begin, an important caveat - ketamine dosages are often expressed in milligrams per kilogram (mg/kg), in other words based on the recipient's weight. While this has some value in terms of calculating the possible effect of a dose and has a relationship to much higher anesthetic doses - we call our dosage range 'pre-anesthetic.'

* The effect of ketamine - and this is true for all psychedelic medicines - is based on each individual's sensitivity to ketamine. This is not a given and cannot be predicted in advance of the experience itself. Therefore the rule is, 'You can always give more, but you cannot take away what has been given.' In our experience, some very small individuals require high doses for effect. And some very large individuals require only moderate doses.

* Fortunately, ketamine is an extraordinarily safe medicine and has been in clinical use since 1970. Ketamine does not impair respiration. It has been used - and is in use - in a large variety of situations at much higher dosages than those that are used in psychiatric/psychotherapy practices.

* IV Dose Range: Original clinical practice - in an unsuccessful effort to avoid dissociative/psychedelic experiences - was and often still is 0.5mg/kg

administered over 40-60 minutes. With experience and in the interest of efficacy, the range has expanded to 1.5mg/kg, even 2.0 mg/kg. Obviously, attention to the individual response to the dose has become influential on increasing the range of IV administration.

*** IM Dose Ranges (actual doses, not mg/kg):**

- a) 4mg-15 mg for a softening letting go that enables a psychotherapy session - barely perceived.
- b) 10mg-35mg depending on sensitivity for what we term *psycho revelation* sessions in which the ability to process inner experiences therapeutically is present and easier, usually after a short deeper period. Access to mental contents and the ability to engage with the therapist is present.
- c) 25mg-60mg - a low to moderate dose that depending on a person's sensitivity may be profound.
- d) 60mg-130mg - generally the range for profound experiences - The Transformational Space - out of body, out of time and this reality.
- e) 130mg-200mg - for those who have been previously assessed for degree of effect and require more ketamine to reach The Transformational Space.
- f) >200 mg - generally not a good idea. This is where in the use of ketamine outside of clinical practices, individuals make mistakes of poor judgement.

*** Oral-Buccal Lozenge/Rdt Ranges:**

- a) Our clinic uses 50mg and 100mg rdts. We don't use lozenges - or troches as they are called - as the rdt dissolves in a minute or so putting ketamine into the saliva much more quickly than the troche does. In fact, we developed the rdt that is in common use in collaboration with our formulating pharmacy and sharing our formula with other practices.
- b) We generally start our evaluation of a new patient's sensitivity to ketamine with a single 100mg rdt. In that dosage escalation session, we may increase at an interval up to an additional 2-100mg rdts. This process allows us to understand sensitivity and plan future sessions - IM and/or rdts - plus the dose for at-home sessions with rdts when patients are ready to supplement their office work with supervised at-home sessions. The same dosage escalation assessment may be done with IM injections.
- c) Our dosage range is from 100-400mgs. In other words, 1-4 rdts at once.

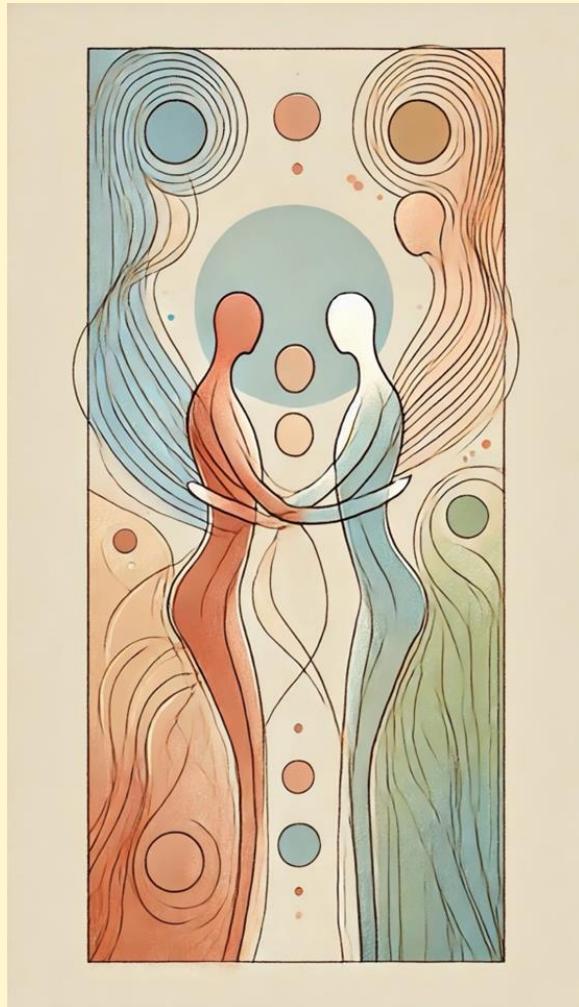
- d) The time period in which the saliva is circulating in the mouth is critical for good absorption. Unfortunately, there are no studies of time optimization. We practice and recommend 15 minutes for saliva to be in the mouth. As only a portion of the ketamine available in the saliva is absorbed - perhaps 20-40% - the longer the saliva is held in the mouth, the more ketamine is absorbed.
- e) Rdt dosages prescribed at large are various, as are the ketamine amounts per rdt, as are the times suggested for holding saliva. 200mg rdts are common, 400mg rdts are distributed and even 800mg rdts. We are aware of some online distributors suggesting doses of 1200mg and having patients swallow when the rdt dissolves, or suggesting a very limited time for holding saliva in the mouth. All this is good for repeat prescriptions.
Our suggestion is using up to 400mg in a session held for 15 minutes. This applies to in-office and supervised at-home sessions.
- f) Minimally supervised distribution for home-use of higher doses is an encouragement for misuse, diversion, and dependence.
- g) This goes to the heart of the matter. For the essential benefit of ketamine comes from some degree of a time-out, a break from usual life, its struggles and obsessions. While we are proponents of the benefit of the psychedelic Transformational Space, healing and new mind comes from the meditative time-out and the reformation that accompanies that interval of freedom. Psychedelic journeys can be a wonderful transformative aspect of ketamine - and are best pursued in the clinical setting. But letting go and reforming oneself is the essential medicine.

*** Intranasal:**

- a) The spectrum of ketamine's applications is still enlarging. Spravato, which is esketamine, one of the two isomers or components of ketamine in its usual prescriptive form, was approved by the FDA for psychiatrists treating treatment resistant depression. Recently, it has received insurance coverage making it desirable from a consumer's financial point of view. The caveat is that it has limited effect according to the clinical trials that led to its approval. Also, it is provided under restricted circumstances. Importantly, it is not provided within an assisted psychotherapy format. As it is now inexpensive when insurance covers it, consumers are attracted to its prescription along with the bona fide provided by FDA approval.
- b) There is an illusion created by patenting and advertising that esketamine is unique and different from the ketamine that has been

prescribed now for about 55 years. The fact is that the commonly prescribed ketamine is 50% esketamine and that anyone receiving ketamine in any of its formats is receiving esketamine. Given the limitation on Spravato's actual dose, it has been the case that over many years' time, practitioners using intranasal ketamine for psychiatric purposes have exceeded the Spravato dose - no doubt achieving greater efficacy and at a fraction of the cost.

- c) Nasal preparations of ketamine (the RS common format) are in widespread use within in-office practices. They come in a variety of strengths - generally 10mg per squirt, a squirt being 0.1ml of liquid - and up to 20 mg/squirt. Intranasal administration is an effective method for introducing ketamine to new patients gradually, assessing the impact of progressive administrations in a timed sequence. It is effective for low dose *psycho revelation* sessions; for a gradual relaxation before having the higher dose IM experience; and for a moderate ketamine experience. We suggest a limit of 200mg per intranasal session. The cautionary is for the misuse potential of at home distribution.



In Conclusion

- There are considerations for awareness in accessing ketamine treatment of any sort. As ketamine is an anesthetic, inappropriate behavior under its influence occasionally has taken place. Touch may be reassuring for anxiety, but is always by consent and limited to what is termed 'non-invasive touch.' Any practitioner is prohibited from using their patients for their personal needs which include sexual, sensual, financial, fame, and emotional work.
- The Ketamine Code of Ethics is an important part of these Guidelines.
- Selecting a practitioner in whom you have confidence, who has had training in ketamine and psychotherapy, who is interested in you, and has personal knowledge of ketamine, this is our best advice for a successful ketamine treatment experience.

While it is certainly true that not everyone wishes to examine themselves and their lives and therefore will choose what is essentially a drug experience that may have psychedelic effects. The view presented in these Guidelines is that comprehensive and effective treatment with ketamine is best served by the KAP experience. Please let us know how that goes for you. We are in a dynamic, learning process that we believe to be shaping a new and positive approach to healing human suffering - and conscious living, loving and kindness.

We hope that this has been beneficial to you as a patient or a provider. We are available through our Ketamine Research Foundation.

--Phil Wolfson MD and Mark Braunstein DO
Guidelines.krfguidelines@gmail.com

<http://ketamineresearchfoundation.org/>

References

<https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyg.2024.1209419/full>

Wolfson, P., & Hartelius, G. (Eds.). (2016). *The Ketamine Papers: Science, Therapy, and Transformation*. Multidisciplinary Association for Psychedelic Studies.



PART 3 - THE KETAMINE PSYCHOTHERAPY ASSOCIATES (KPA) CODE OF ETHICS APPLIED TO KAP AND AS A GUIDE TO THE GENERAL PRACTICE OF USING ALTERNATIVE PSYCHEDELIC SUBSTANCES

Preamble:

For the purpose of protecting the safety and welfare of participants, the KPA Code of Ethics for Psychedelic Psychotherapy outlines ethical principles governing treatment decisions made by providers delivering psychedelic psychotherapy, and explicitly with ketamine.

As therapy providers, it is our individual and collective responsibility to adhere to the highest standards of integrity and ethical conduct. We agree to practice psychedelic psychotherapy within our scope of competence and in accordance with this Code. We directly address concerns regarding ethical issues and use clinical judgment, supervision, and consultation when ethical dilemmas arise.

The practice of psychedelic psychotherapy aims to provide an environment of safety and support for a person to engage with their own inner healing intelligence, one's innate wisdom and ability to move towards wholeness and wellbeing. We act in the spirit of service to support each participant's connection to their own inner healing intelligence. We devote ourselves to establishing therapeutic relationships based on trust, care, and attunement, and to support the participant's own unfolding experience.

This modality involves deep work with trauma and attachment, as well as non-ordinary states of consciousness in which recipients of ketamine will often be in states of inner consciousness and not able to act outwardly in their own interests; therefore, psychedelic psychotherapy carries unique ethical considerations. These considerations include the potential for greater participant suggestibility, the particular need for sensitivity regarding consent, and the likelihood of stronger and more complex transference and countertransference. Given the special considerations of this modality, we take seriously our obligation to participant safety. This work requires an elevated quality of presence, tending to the process consistently throughout psychedelic psychotherapy sessions, as well as during the phases of preparation and integration.

In order to provide fully ethical and impeccable care, we engage in practices of self-care, self-growth, and self-examination, aligning with our own inner healing intelligence. We give and receive feedback from mentors and colleagues and participate in continuing education.

This modality is founded on the practices of healers, explorers, researchers, and Indigenous traditions which stretch back centuries. We honor these contributions and recognize the privilege of working with non-ordinary states of consciousness. The ability to participate in these healing practices, as ancient as they are innovative, is both a gift and a responsibility.

Ultimately, we envision a world where all people can access healing. We view participants' challenges, as well as their growth, within a greater web of relationships, acknowledging that trauma, as well as healing, is passed between people, across cultures, and through generations. We aim to validate and support the intrinsic wisdom and healing intelligence in others as well as in ourselves, in service to collective healing, liberation, and greater engagement in the fullness of life.

KPA PSYCHEDELIC PSYCHOTHERAPY CODE OF ETHICS

1. Safety

We commit to the safety of study participants, patients, and clients.

- We ensure that candidates are medically and psychologically eligible before enrolling them in treatment. An eligible candidate is one that has the resources necessary to engage in treatment, ideally including supportive people in their life and a stable and safe living environment.
- We conduct thorough and comprehensive screening and preparation with every participant.
- Prior to initiating treatment, we provide participants with clear information about our availability, backup support, and emergency contacts.
- We take an active role in preventing physical and psychological harm. We assess for suicidality and self-harm. We provide clear direction if needed to prevent imminent harm and are present throughout KAP sessions.
- We inform participants of the actions we will take to ensure their safety. We ask participants not to leave during medicine sessions and to follow instructions given to them.
- We are responsive in cases of participant crisis for the duration of time that the participant is in our professional care. We have a crisis response plan prepared.
- If a medical emergency occurs during sessions or at the treatment facility, we immediately respond by contacting local emergency services.
- We inform participants about the extent of our availability between sessions. We provide participants with appropriate local resources to contact in the event of an

emergency or during times that we are unavailable.

- We provide consistent care to participants. We never abandon a participant. We conduct appropriate termination, with preparation when possible, and provide referrals to other providers as needed.
- We provide thorough post-session integration.
- We adhere to the laws and requirements regarding storage and security of psychedelic medicines.

2. Confidentiality and Privacy

We respect the privacy of participants and uphold professional standards of confidentiality.

- We do not reveal information about participants without their express permission, except when mandated.
- We stay informed about confidentiality practices and adhere to all applicable privacy laws and regulations.
- We obtain permission from participants before sharing their identifying information in consultation or supervision.
- We discuss the limitations of confidentiality with participants during informed consent.
- When we are required to release information about participants, we follow all pertinent laws and regulations and provide the minimum amount of information necessary. We inform participants about the release of their information. Other than patient authorized release of information, we do not disclose personal information. If patients are enrolled by their consent in a KRF research project, no personal information will be released, and we will follow HIPAA requirements.

- We make agreements with participants about acceptable and preferred means of communication, such as leaving voicemails, sending text messages, hours of contact, and response time.
- We securely store treatment records and session recordings. We promptly respond to breaches in confidentiality.

3. Transparency

We respect each participant's right to make informed choices.

- We include participants in decisions about their treatment.
- We obtain informed consent before initiating a new treatment or technique.
- We honor each participant's option to withhold or withdraw consent at any time.
- We inform participants of all treatment procedures, including an accurate description of medicines used, potential risks and benefits, and alternative treatment options.
- We accurately represent our background and training using appropriate terms according to applicable laws and professional code.
- We inform participants of treatment fees and the process for collecting payment before delivering a billable service.
- We inform participants and all persons who will be present of any audio or video recording; we describe the purpose of recording and how recordings will be stored and used. We obtain consent from all persons present prior to recording sessions. We obtain explicit permission, outlining the specific use, authorized recipient(s), and terms of release, from the participant and all identifiable persons before releasing audio or video recordings.
- We obtain informed consent for any kind of physical touch that might be included in

treatment. We inform participants that there may be times we need to make physical contact in order to ensure their safety, such as when taking their vitals, walking them to the restroom, or preventing a fall. Aside from preventing immediate danger, all physical touch is for therapeutic purposes and for support for agitation--and is optional; the participant can revoke their consent for touch at any time.

- We inform participants in advance about the possible or scheduled presence of assistants, providers, observers, or any other staff who may be a part of treatment or have access to patient-identifying information. We respect the participant's right to object to the presence of others who are not essential for treatment.
- We identify when we are unable to provide clinically appropriate care and inform participants that we must discontinue treatment and refer them to other providers as necessary.

4. Therapeutic Alliance and Trust

We act in accordance with the trust placed in us by participants.

- We aspire to create and maintain a therapeutic alliance built on trust, safety, and clear agreements, so that participants can engage in inner exploration and relational healing.
- We respect the inner healing intelligence of participants to guide their experience.
- We respect the autonomy of each participant to make decisions in their life and make meaning of their experiences.
- We acknowledge that the healing process is deeply personal, and each participant has unique needs for treatment and support.
- We prioritize the participant's therapeutic needs and treatment goals.

- We treat people receiving services or reaching out for services with respect, compassion and humility.
- We firmly maintain the responsibility of upholding clear professional boundaries.
- We acknowledge the inherent power differential between therapy providers and participants and act conscientiously in the service of participant's self-empowerment.
- We examine our own countertransference and unconscious biases.
- We avoid entering into dual relationships that are likely to lead to impaired professional judgment or exploitation. In cases where there is a dual relationship, we give special attention to issues of confidentiality, trust, communication, and boundaries, and seek supervision as needed.
- We use careful judgment about continuing interaction with existing or previous participants outside of treatment.
- When treating couples or families, we consider potential conflicts of interest, disclose policies on communicating information between family members, and discuss continued care and treatment plan.
- When working with participants in a research study, we strive to deliver therapeutic benefits while following scientific protocol.

5. Touch

When using touch in our practice, we always obtain consent and offer touch only for therapeutic purposes.

- We only offer techniques, such as touch, if they are within our scope of practice and competence. With ketamine this is particularized to support, assistance with

agitation, moving patients through stuck places, accepting patient's requests for reassurance that may involve hand holding, foot and shoulder touching. We seek to disengage as soon as possible in order to preserve the integrity of the personal process.

We are explicit in stating there will be no sexual touch.

- We discuss in advance simple and specific words and gestures the participant is willing to use to communicate about touch during therapy sessions. For example, participants may use the word "stop" or a hand gesture indicating stop, and touch will stop.
- We practice discernment with touch, using clinical judgment and assessing our own motivation when considering if touching a participant is appropriate.

6. Sexual Boundaries

We do not engage in sexual touch with participants.

- We take responsibility for upholding clear professional boundaries.
- We do not engage in sexual intercourse, sexual touch, or sexual intimacy with a participant, former participant, their spouse or partner, or their immediate family member, at any point during treatment or following termination.
- We commit to examining our own sexual countertransference, to not act in ways that create ambiguity or confusion about sexual boundaries, and to seek supervision as needed.
- We respect the sexual identities and expression of participants and validate participants' processes that might relate to sexuality and sexual healing.
- As representatives of this work, we aim to uphold clear sexual boundaries and ethics

in our daily lives.

7. Diversity

We respect the value of diversity, as it is expressed in the various backgrounds, identities, and experiences of participants and colleagues.

- We do not condone or knowingly engage in discrimination. We do not refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability or socioeconomic status.
- We take steps to examine our unconscious biases. We commit to ongoing self-reflection and to practice awareness, acceptance, and respect.
- We make every reasonable effort to include people living with physical, mental, and cognitive disabilities.
- We respect the unique experiences of participants, and practice openness towards their values, belief systems, and ways of healing.
- We are attentive to the impact of power dynamics in our relationships with participants, particularly where there are differences in privilege, gender, race, age, culture, education, and/or socioeconomic status.
- We strive to be honest with ourselves and participants about the limits of our understanding, and to hold genuine curiosity and interest as we relate to participant's experiences.
- We aim to provide culturally-informed care with consideration of participants' culture, race, identity, values, belief systems, and traditions.
- We commit to deepening our cultural understanding. We educate ourselves on various cultures, identities, values, belief systems, and traditions. We inform

ourselves on social, political, and economic issues that are likely to impact participants.

8. Special Considerations for Non-Ordinary States of Consciousness

We attend to special considerations when working therapeutically with participants in non-ordinary states of consciousness.

- Participants in non-ordinary states of consciousness may be especially open to suggestion, manipulation, and exploitation; therefore, we acknowledge the need for increased attention to safety, sexual boundaries, and consent.
- We do not engage in coercive practices or behaviors.
- In working with non-ordinary states that can evoke unconscious material for both the participant and therapy provider, we acknowledge the potential for stronger and more complex transference and countertransference. Therefore, we practice self-awareness and self-examination and seek supervision and guidance as needed.
- We approach participant's experiences with respect, curiosity and openness. We suspend our own beliefs and opinions and cultivate an expanded perspective that embraces extraordinary states.
- We refrain from imposing our personal needs on our patients: sexual, financial, for recognitions, for use of opportunities they may present, for anything that is self-serving and self-aggrandizing.

9. Finances

We maintain clear communication with participants about fees and aspire to increase financial access to services.

- We disclose our fees and payment

- procedures before enrolling participants in treatment.
- We advocate for participants with third party payers, including health insurance reimbursement, sponsors, and donors when possible.
- We create opportunities for participants who are unable to afford the full cost of KAP to engage in treatment through our Access to Care program of the Ketamine Research Foundation and by fee reductions.
- We do not initiate or continue treatment solely for financial gain; we only provide treatment when we believe our services have therapeutic value for the participant.
- We do not accept compensation or gifts for referrals.
- We establish and maintain clear and honest business practices.

10. Competence

We practice within our scope of competence, training, and experience specific to the populations we are working with and the modalities we offer.

- We represent our work and qualifications honestly and accurately.
- We assess at intake whether a potential participant's needs can be addressed within our scope of competence and, if not, make informed referrals to other providers and services.
- We commit to ongoing professional development, seeking supervision and continuing education to further our therapeutic skills and presence.
- We maintain licensure(s) and certification(s) in good standing, including re-certification as required.
- We maintain CPR training as current.
- We train for personal awareness by experiencing the alternative medicines we

are administering - under supervision - ketamine in particular.

11. Relationship to Colleagues and the Profession

We establish and maintain compassionate and positive working relationships with colleagues, in a spirit of mutual respect and collaboration.

- To maintain the highest integrity in our practice, we consult with fellow practitioners and colleagues. We commit to asking for feedback and being open to receiving it, as well as offering feedback when it may be needed.
- If we face ethical decisions or questions about our practice that are not sufficiently addressed in the guidelines of this Code, we will seek consultation from colleagues or a supervisor.
- If we believe that a colleague has acted unethically or in violation of this Code, we will take reasonable and timely action. We discuss ethical concerns directly with colleagues. When an ethical violation has caused or is likely to cause substantial harm or when directly addressing the concern has not resolved the issue, we report the issue to the appropriate licensing board, institutional authority, and ethics committees, with consideration of confidentiality rights.
- We represent the modality of psychedelic psychotherapy with professionalism and accuracy when communicating with the public, including through the media, social media, and presentations.

12. Relationship to Self

We commit to ongoing personal and professional self-reflection regarding ethics and integrity.

- We commit to an ongoing practice of self-compassion and self-inquiry.

- We seek professional assistance and community support for our own emotional challenges or personal conflicts, especially when, in our view or in the view of colleagues, they affect our capacity to provide ethical care to participants.
- We subscribe to the value of humility, out of respect for the transformative power of the experiences we have the privilege to

witness and support, and out of respect for human dignity.

- We fully support a Code of Ethics that is compassionate, just, and collaborative. We always seek the benefit of patients and practitioners.

–Phil Wolfson MD

The Ketamine Psychotherapy Associates

***For correspondence concerning these guidelines, please address email to
krfguidelines@gmail.com***

The Ketamine Research Foundation is a 501c3 non-profit funded by your donations. The Guidelines are presented as Open Access. We appreciate your support by donating at <https://ketamineresearchfoundation.org/donate/>

Thanks so much!