



MindBodyHeart Psychiatry

Integrative Holistic Psychiatry

Ketamine Assisted Psychotherapy

What is Ketamine Assisted Psychotherapy?

Ketamine Assisted Psychotherapy (KAP) is an inner-directed and supportive psychotherapy. It utilizes a combination of ketamine administration in a safe and supportive “set and setting” along with a patient’s “inner healing intelligence” and ongoing psychotherapeutic integration to help support healing from various psychological/psychiatric conditions. This therapy invokes a “non-ordinary state of consciousness” (NOSC) that has been found to help with various chronic mental health conditions.

Ketamine is a Schedule III medication and has been used safely as an anesthetic and analgesic agent since its FDA approval in 1970. It does not cause respiratory depression like other anesthetics can. It is now being used as an “off-label” treatment for depression, alcoholism, substance dependencies, PTSD, CPTSD, other psychiatric diagnoses and existential, psychological or spiritual crises and growth. The ongoing beneficial effects of ketamine that can be realized include but are not limited to general mood improvement, lessening of anhedonia, reduction of suicidal ideation, improvements in levels of anxiety, improved behavioral patterns of sleep, appetite and energy. It may yield gains in patterns of obsessive thinking or ruminations. Coupling these biological effects of ketamine with psychotherapy and behavioral change is designed to maximize benefits.

In the field, we are seeing a response rate of 40-70% in symptom reduction (although much of the research is primarily with IV low-dose ketamine drip method). Relapse or recurrence of symptoms can/do occur and may require periodic additional “maintenance” sessions. Over time, a certain small number of patients may become unresponsive to further ketamine sessions.

How does it work?

There are biological, transpersonal, somatic, and psychological mechanisms of action through which KAP and other NOSC-inducing medicines are believed to effect change.

Biologically, Ketamine is an NMDA antagonist working through the glutamate neurotransmitter system. This is a different pathway than that of other psychiatric drugs such as SSRIs, SNRIs, mood stabilizers, antipsychotics, or benzodiazepines. This pathway is thought to increase glutamate in the prefrontal cortex of the brain, which can help with executive functioning, cognition, mood, anxiety and behavior. It also appears that ketamine increases cell signaling and increases neuronal synaptic plasticity in the brain which can help the brain to think and function in a new or different way. Increases in brain-derived-neurotrophic factor (BDNF) also helps with shifting neural networks and expanding the neural connections in the brain. Often when we are experiencing psychiatric/psychological or



psychosomatic symptoms, our brain is caught in rigid thinking patterns. Expanding neural connections and increasing neuroplasticity is believed to help.

Another important component of KAP is that it encourages/invokes a “non-ordinary state of consciousness” (NOSC). As a dissociative anesthetic, Ketamine induces a NOSC or a trance-like state where one can feel a shift from one’s ordinary way of perceiving their body, reality, or usual sense of self. This is also referred to as a psychedelic state of mind. (Note: Ketamine is not a traditional “psychedelic” medicine such as psilocybin or LSD, but can have psychedelic-like properties as described). A NOSC can also be experienced by those in deep meditation, prayer, or mystical experience. NOSC has been used by countless cultures/traditions in the history of healing arts. In KAP, the goal is to shift from ordinary concerns and the usual mind, while maintaining conscious awareness of the flow of the mind under the influence of ketamine. This way of being in your body and your mind is thought to disrupt the brain’s “default mode network” or default way of thinking, acting, and feeling. This altered state, when held in a safe set and setting, can help open up important communication from the unconscious mind. Listening to and understanding the unconscious mind can help promote shifts in outlook, feelings, behavior, and ways of being in everyday life.

At MindBodyHeart Pathways (MBHP), we use two modes of administering the ketamine: sublingual lozenges or intramuscular (IM) ketamine injections. Sublingual lozenge administration tends to induce a milder anesthetic, anxiolytic, antidepressant and potentially NOSC effects. IM administration of ketamine tends to provide more of a NOSC/dissociative/psychedelic experience. Generally, we begin treatment by assessing your responsiveness to a sublingual ketamine lozenge session. This will give us a better idea of how you respond to KAP and NOSC. If we determine it’s a good fit, we will decide if we then want to try an IM Ketamine session or continue with sublingual ketamine lozenges. A typical series of KAP can be 6-10 sessions. Usually, we try to schedule the first 3 sessions closer together and then 1 session/ week after that. Some patients will opt to do a shorter “retreat” type KAP treatment course, which generally involves 1-3 KAP sessions over the course of 1-10 days. Total number of KAP sessions will be unique to each patient and their needs. If no treatment response is seen after 4-6 sessions, it is possible that KAP is not a good treatment for you.

Another important mechanism of action for KAP is its use of an individual’s “inner-healing intelligence”. This idea was originally coined by Dr. Stanislav Grof MD and later refined by Dr. Micheal Mithoefer, MD (the Clinical Investigator and Medical Director of the Multidisciplinary Association for Psychedelic Studies (MAPS)). (Please see references at the end of this packet for further reading). The notion of the “inner healing intelligence” is built on the premise that every person has an innate capacity to heal if the set and setting are optimized. For example, when you go to the emergency room to have a laceration sutured, the doctor doesn’t actually do the “healing” for you. They help to create a set and setting that optimizes the body’s healing of itself. The same is thought to be true for our psyche. KAP and other NOSC therapies help parts of the brain quiet down, so that other parts can come online and help heal inner traumas, wounds, and core-beliefs often contributing to mental health conditions. During KAP/NOSC therapy, bodywork, somatic experiencing, breathing techniques, music, art and other supplemental therapies may be used to help optimize the inner-healing intelligence. One example



includes using music and breathing techniques while in a NOSC to increase feelings of self-compassion and increased ability to release shame and guilt.

KAP and other Western NOSC medicine interventions must acknowledge many of the indigenous healing traditions that have used non-ordinary states of consciousness and sacred plant medicines for millennia. These cultures and traditions are steeped in ancient wisdom that we, in the Western world, are beginning to integrate into our own way of approaching the healing arts. We at MindBodyHeart bow deeply to those ancestors, teachers and healers from many traditions and geographic locations who significantly influence our approach to healing. May our work continue to expand on theirs respectfully and honorably.

What does a typical KAP treatment look like?

First, we begin with an initial psychiatric and medical evaluation. During this 1 hr evaluation, Dr. Michelle and her patient collaborate to evaluate goodness of fit for KAP along with their global treatment plan. We review past medical and psychiatric history, current life stressors and symptoms, current medications, and current goals/intentions. If KAP appears to be a good treatment option, then we begin the Preparation Phase of KAP and schedule preparation sessions.

Preparation sessions are 1 hour long sessions that help us prepare for the ketamine medicine session. Usually, we have 3-6 preparation sessions, but it will vary depending on the needs of a particular patient. During these sessions, we work to develop a safe therapeutic relationship, which will be important for the ketamine medicine session. This involves getting to know more deeply about an individual's history, symptoms or areas that they are challenged by, how they relate to themselves and others, and what their true desires are for themselves going forward. Some patients opt to have Jerry Cook, an additional peer support person, join the preparation sessions for added support. Collaborating with an individual's outside therapist/psychiatrist can be part of the preparation. Sometimes, Dr. Michelle will also suggest having a session with a trusted family member, friend, or spouse, so that they know what to expect of their loved one going through KAP. We will review all important aspects of KAP treatment including but not limited to expectations for a KAP session, use of therapeutic touch and safety touch in sessions, how to use breathing, movement, music, journaling etc. to enhance the KAP session. (See KAP Preparation Worksheet on page 10)

During the Preparation Phase of KAP, we will discuss dosing. Dosing of ketamine is based on a variety of dosing protocols and is patient dependent. Much research and attention has been focused on the provision of 0.5mg/kg of ketamine by IV infusion over 45 minutes. Dr. Michelle will be discussing dosing with you more specifically. Initial dosing of sublingual ketamine is usually 50-300mg with an option for an additional dose of 0-200mg about 15 minutes after the administration of the first dose.

Once we have completed the Preparation Phase, you will proceed to the KAP medicine sessions. On the day of a ketamine medicine session, you are required to have someone drop you off and pick you up from the office. A ketamine medicine session is typically 3 hrs. We will spend some time at the



beginning reviewing the intentions you set for the session, your current mindset and revisiting your informed consent. We will take your blood pressure, pulse, temperature, and oxygen saturation measurements prior to your session. **Your consent to receive ketamine may be withdrawn by you and you may discontinue your participation at any time up until the actual injection or lozenge has been given.** Assuming your vitals and mental status are stable, and that you continue to give informed consent, you will either self-administer the ketamine sublingual lozenge or Dr. Michelle will administer the IM ketamine injection in your deltoid muscle.

After taking the medicine, you will likely experience 30min-2hrs in the NOSC depending on dose and method of administration. Some patients receive a booster dose of ketamine. You are invited to lay down during the experience, wear eye shades and listen to a curated playlist that assists in the therapy. Some individuals talk a lot during their sessions. Others prefer a more inward experience. Dr. Michelle and possibly a peer support guide will be with you throughout the entire experience and will process the experience with you during the session. It is our view that the shift out of the ordinary state of consciousness and the exploration/experience of other states of consciousness is singularly impactful.

During the KAP session, you will be asked to make three agreements with Dr. Michelle in order to ensure your safety and wellbeing:

- 1) You agree to follow any direct instructions given by Dr. Michelle/MBHP staff until it is determined that the session is over, and you are ready to leave.
- 2) You agree to “safety touch” during the KAP session (e.g., physical assistance to the bathroom).
- 3) You agree to remain at the location of the session until Dr. Michelle assesses that you are ready to leave.

After a ketamine medicine session, you will then have integration sessions. These are 1 hour sessions where we help integrate what happened during the ketamine medicine session and emphasize possibilities for change. Everyone is different, but at least one integration session is needed and usually more than one. If you have an outside therapist, it may be helpful to include them in our integration sessions or schedule a collaboration call between Dr. Michelle and your therapist to collaborate on your care.

What are the beneficial effects of KAP and how long before I might see the beneficial effects?

You may experience important changes in personality, mood, anxiety, behavior and cognition during treatment, in the aftermath, and in the days and weeks to follow. Some experiences may be temporarily disturbing to you. Ketamine and NOSC can be non-specific amplifiers of material in the unconscious or preconscious realms. The ketamine experience itself is designed to enable your own healing wisdom to be accessed and beneficial to you, which at times means feeling difficult emotions or content. For example, you may experience feelings or visions around death, rebirth, awe, sadness, joy or love. The psychotherapy support you will receive will aid in making your experience valuable and



understandable to you. We will endeavor to assist you in changing patterns of mind, body and behavior that are of concern and causing you difficulty.

What are the potential adverse effects of KAP?

- Falling asleep during the session and having less declarative memory of the experience
 - It can be argued that if this were to happen it is because your inner-healing intelligence requested sleep, so it would be part of your process. You also still get the biological effects of ketamine listed above even if you are asleep.
- Blurred and uncomfortable vision during the session (eye shades are given and you are advised to keep your eyes mostly closed until the main effects have worn off)
- Mental confusion
- Slurred speech
- Excitability
- Diminished ability to see things that are actually present.
- Diminished ability to hear or to feel objects accurately including one's own body.
- Unsteady gait while in the medicine session
- Anxiety
- Agitation
 - If agitation is severe, we will use breathing techniques, somatic techniques and other therapeutic interventions to help you work through the agitation. "Working through" big emotions can be a very important part of the work. However, if you had agitation that was deemed contra-therapeutic, you may be offered an anti-agitation medication (lorazepam) in a pill form or intramuscular injection to help you relax.
- Nausea and vomiting
 - If you are severely nauseated, you may be offered an anti-nausea medication (Ondansetron) in a pill form prior to or after the session.
- Synesthesia (or a mixing of senses) may occur.
- A loss of a sense of time or changes in your perception of time may occur.
- Increase in blood pressure.
 - We do require a controlled blood pressure prior to treatment of <140/90. If your blood pressure is significantly increased, you may be offered an anti-hypertensive medication (Clonidine) in a pill form before or after the session.
 - Increased blood pressure is associated with risks of adverse outcomes linked to stroke and arrhythmias, which could result in loss of function or possibly death.
- Limited decrease in breathing, but rare reports of laryngospasm (throat closing) particularly in pediatric populations.



- All staff if trained in basic life support. Dr. Michelle would also use a maneuver to help open the airway and call EMS if needed.
- Urinary tract symptoms
 - For individuals abusing ketamine at chronic high doses, permanent bladder damage can be seen in the form of cystitis. This would be at a dose and frequency much higher than what MBHP uses for KAP.
- Some reports of decrease in immune function in patients receiving surgical (higher) doses of ketamine.
- Difficulty integrating the material/experience in NOSC into “regular” consciousness or everyday life.
 - The importance of integration sessions is crucial here.
- Rare cases of allergy to ketamine
- Sedation or tiredness after session
- Can worsen psychiatric symptoms such as anxiety, mood, behavior, CPTSD related symptoms
 - Sometimes symptoms get worse before they get better. Sometimes we need to see the symptoms even more clearly before we can make change and find relief. Sometimes KAP isn’t the best treatment option for someone.
- Induce a manic or hypomanic state in individuals with Bipolar I/II.
 - We screen someone for a history of mania/hypomania/bipolar disorder to look for a risk of this. For patients with Bipolar I or II, we do require mood stabilizing medications on board to help avoid this potential adverse effect.
- Can worsen certain psychotic symptoms in people who suffer from schizophrenia or bipolar disorder.
- Can worsen underlying psychological problems in people with severe personality disorders.
 - During the initial evaluation and preparation sessions, Dr. Michelle assesses for any of these underlying psychological problems or severe personality disordered traits that may be exacerbated in KAP treatment. If identified, she will let you know and likely recommend another form of treatment.
- For those with a history of ketamine substance abuse, can cause cravings for ketamine.
- Unsafe or suicidal thoughts. Suicidal thoughts can occur during any course of psychiatric illness or treatment, can occur with KAP.
 - You will be monitored closely by Dr. Michelle/treatment team.
 - If you experience any suicidal thoughts, intent or plan to harm yourself or anyone else, you must call 911 and go to your nearest Emergency Room
- *Loss of appetite**
- *Rapid pulse**
- *Double vision**
- *Rapid eye movements**
- *Elevation of pressure in the eyes**



**These side effects italicized are seen with rapid intravenous (IV) administration of ketamine or intramuscular (IM) ketamine administration at high doses typically used for surgical anesthesia. The dose to be used in KAP at MBHP is much lower.*

Management of Adverse Effects?

Most of our management of adverse effects is listed above. It should also be noted that in the event of a serious adverse effect, Dr. Michelle and staff reserve the right to activate emergency response systems (i.e., calling 911) to help transport a patient to a higher level of care. Dr. Michelle and staff are trained in management of cardiovascular events as defined by Basic Life Support treatment protocols. Interventions are listed above and may also include CPR and use of an AED/defibrillator.

Is Ketamine Addictive?

Ketamine is a Schedule III controlled substance under the Controlled Substance Act of 1970. It is classified as a hallucinogen and can be abused like other drugs in the class. Ketamine does not cause a chemical dependency, meaning it does not cause a biological tolerance or withdrawal symptoms. Cravings for medicines in this class have been reported by individuals who have a history of heavy use of drugs in this class. When used in the right set and setting, under direct medical supervision, we do not believe ketamine causes addiction and, in fact, can potentially help those with substance use issues.

Eligibility for KAP?

Good candidates for KAP include:

- Individuals who have a history of trauma, depression, anxiety, mood disturbance, existential distress who have been in other forms of psychotherapy, but may feel “stuck” or have a desire to dive more deeply into their unconscious for healing.
- Individuals who are psychologically minded or interested in their own internal psychological/spiritual world.
- Individuals who can form therapeutic treatment alliances.
- Individuals with relatively good psychosocial supports (e.g., at home, at work, friends, family, community etc.).
- Individuals with mediation practices or spiritual practices can lend itself well to this type of treatment, but it is not a requirement.
- Individuals who have had some experience with resourcing themselves physically, emotionally and/or spiritually. This would include knowledge of how to self-regulate with breathing, exercise, meditation, music, nature bathing, mantra, prayer, heating the body, cooling the body, mobilizing healthy/reliable social supports etc. We will also explore this in the preparation sessions.



Major contraindications for KAP:

- Those experiencing active suicidal thoughts, intent, or plan.
- Pregnant or nursing mothers because of potential effects on the fetus or nursing child. The effects of ketamine on pregnancy and the fetus are undetermined, and therefore, it is advisable to protect against pregnancy while exposing yourself to ketamine or in the immediate aftermath of its use.
- Individuals with uncontrolled hypertension/high blood pressure. Ketamine does cause a further rise in blood pressure and significantly elevated blood pressures can cause cardiovascular problems, stroke or other serious medical problems.
- Individuals with a history of heart disease due to potential effects of ketamine on blood pressure, heart rate, etc.
- Individuals with a traumatic brain injury in the last 12 months.
- Individuals with severe obstructive sleep apnea or respiratory disease
- Individuals with severe obesity (usually greater than 300 lbs)
- Individuals with a history of bladder inflammation or cystitis or other significant bladder disease
- Individuals with an allergy to ketamine
- Individuals who cannot fast from food/drink 3-4 hrs prior to session.
- Individuals who do not have the social support to receive a ride to and from a KAP session.
- Individuals with untreated hyperthyroidism.
- Individuals with a history or in active state of psychosis or mania/hypomania
- Individuals with active substance use issues need to have a robust treatment plan already in place. KAP should not be a stand-alone treatment.
- Individuals who cannot be sober from alcohol, cannabis, or other recreational/mind-altering substances for 72 hrs before KAP.
- Individuals with a history of psychedelic medicine abuse currently or in the past.
- Individuals with an active ketamine abuse disorder or history of ketamine abuse.
- Individuals who struggle with borderline personality disorder or other personality disorders would need significantly more support than just KAP in order to be eligible.

Alternative Procedures and Possibilities

No other FDA approved procedure is available in medicine that produces ketamine's effect in KAP. Major Depressive Disorder, anxiety disorders, PTSD, CPTSD, and Bipolar Disorder are usually treated with antidepressants, antipsychotics, mood stabilizers and psychotherapy. Electroconvulsive therapy (ECT) and transcranial Magnetic Stimulation (TMS) are also in use for treatment-resistant depression. Other alternative treatments for PTSD and CPTSD include eye movement desensitization and reprocessing (EMDR) and brain spotting.



Confidentiality

Your privacy and all KAP records will be kept confidential. They will be maintained with the same precautions as ordinary medical records. To allow others access to your records, you will have to provide a signed release form. The results of this ketamine therapy may be published in clinical literature. Published reports, however, will never include your name or any other identifying information.

Voluntary Nature of Participation and Off Label Use

Please be aware that the Food and Drug Administration (FDA) has not yet established the appropriateness of ketamine assisted psychotherapy and its use is considered “off-label”. The only official indication for use of ketamine is as in anesthesia and in its nasal form (Spravato) for the treatment of treatment resistant depression. Your awareness of this situation is key to understanding any liability associated with your use of ketamine. Your informed consent indicates that you are aware of this “off-label” use. It is legal and quite common to prescribe medicines for “off-label” use. For example, the use of medicines like trazodone for sleep.

KAP is a new psychiatric treatment – the primary studies have been with depression, bipolar disorder, and alcoholism. It is not yet a mainstream treatment, though there are now many studies that demonstrate that it may be an effective treatment. There is an expanding array of ketamine clinics across the country, primarily administering ketamine intravenously, and usually without a therapy component. At MBHP, we believe that ketamine should be paired with a robust, trauma-informed psychotherapeutic component. That therapeutic effect generally occurs with more than one treatment and is most robust when part of an overall treatment program. It may not permanently relieve depression or other mental health disorder symptoms. If your depressive/psychotic symptoms respond to KAP, you may still elect to be treated with medications and ongoing outside psychotherapy to help reduce the possibility of symptom relapse. Over time, you may also need additional ketamine treatments or other therapies to maintain your remission.

Your decision to consent to KAP is completely voluntary. Before you make your decision about participating in KAP, you may ask and will be encouraged to ask any questions you may have about the process.

Withdrawal from KAP is always an Option

Even after agreeing to KAP, you may decide to withdraw from treatment any time up until the administration of the medication.

Other Resources to Learn More:



- Resource for learning more about ketamine and KAP: <https://www.kriyainstitute.com/>
- Resources to learn more about psychedelic assisted psychotherapies and NOSC: <https://maps.org/about-maps/>
- To learn more about the “inner directed psychotherapy and non-ordinary state of consciousness” approach: <https://maps.org/research-archive/mdma/MDMA-Assisted-Psychotherapy-Treatment-Manual-Version7-19Aug15-FINAL.pdf>
 - This is a manual for MDMA assisted psychotherapy, but the approach is the similar for ketamine or other entheogen/psychedelic assisted psychotherapies.
- The Ketamine Papers: Science, Therapy and Transformation by Phil Wolfson

Some important References for this handout/guide:

- Ketamine Assisted Psychotherapy (KAP) handout by Driftless Integrative Psychiatry
- Polaris Insight Center KAP Consent/Information Handout



KAP Preparation Worksheet

- Creating a safe set and setting in the therapeutic relationship
 - Exploring your history with safety and feeling safe in your environment
 - Exploring boundary setting
 - What is needed for you to feel comfortable and for us to create a safe supportive holding environment for you?
 - Interpersonally, intrapersonally, physically, environmentally
 - Exploring self-care practices, grounding practices
 - Breathing techniques, hot/cold resources, music, mindfulness, progressive muscle relaxation, movement, aroma therapy, earthing, nature, meditation
 - Big feelings, expressions, vocalizations, body movements are welcomed. We agree to no hurting of self or others during the session.
 - Medications/substances that must be held before and after KAP
- Discussing and consenting to the use of bodywork/touch during treatment
 - All touch/somatic interventions in KAP are non-sexual.
 - Safety touch (e.g., walk to the bathroom, if falling off the couch)
 - Therapeutic/Supportive touch (e.g., holding a hand, touching shoulder)
 - Desire for one to energetically explore their body/environment/sensations can arise.
 - Use of pillows to protect physical safety and aid in release as needed.
- Relationship to emotional intimacy, vulnerability
- Preparing for Support before and after KAP Session
 - Clearing your schedule to allow time before and after a KAP session.
 - Option for session with spouse/partner/family member
 - Session/collaboration with outside longitudinal therapist/psychiatrist
 - Preparing for integration sessions after KAP. We usually try to schedule them the next day.
- Qualities of Self that we are working to expand:
 - Compassion, curiosity, clarity, confidence, courage, calmness, connectedness, creativity
- Expectations
 - What are your expectations going in?
 - Remember to focus on the arc of treatment and not one session.
 - Remember the process here unfolds over the course of days to weeks even longer after a session.
 - Range of experiences (internally focused vs. interpersonal engagement, biographical vs. transpersonal vs. somatic experiences)
 - Use of music and eyeshades in inner-directed psychotherapy
 - Alternating times between being “inside” and coming out and sharing.
 - I will check in with you throughout the course of the session.
 - Trajectory of a KAP session:



- Check in: We will spend a few moments getting settled and checking in to see how you are doing and if anything needs to be processed that has come up since our last visit/session.
 - Check blood pressure, temperature, oxygen saturation, anti-nausea medicine if needed.
 - Creating the (ceremonial) container: examples include ringing a gong, clearing/cleansing with sage/palo santo/copal, 1111Hz Tuning fork
 - Shifting into a more symbolic realm (symbols are the language of the unconscious mind)
 - Use of cards
 - Use of an invocation, prayer, breathing or meditative exercise
 - Medicine Administered, Music starts and NOSC work deepens (30min-2hrs)
 - Music can be stopped or changed, but staying with challenging music can be beneficial. Remember the breath.
 - Booster dose may be given about 15 minutes into the session.
 - Gently coming out of NOSC
 - Slowly taking off eyeshades, hydration, small snacks
 - Repeat blood pressure/pulse.
 - Begin to talk about and integrate the experience.
- Other important discussion points:
 - Holding challenging (shadow) and light (awe, wonder, joy) experiences with equal measure, curiosity and inquiry
 - Welcome everything: allow yourself to see and explore it.
 - “Inner-healing Intelligence”—what needs to come up will come up.
 - Relax the critical and analytical mind.
 - Embrace the beginner’s mind, explore with the eyes of a child.
 - Let the medicine and music guide you. Not getting ahead of the medicine or process
 - Memory: don’t worry about trying to remember everything. Dr. Michelle or staff will be taking notes for you.
 - Welcome everything: all movement, vocalizations, expressions.
 - Don’t worry about the time or your therapist. We will mind the time and any environmental needs.
 - You will not be left alone during the medicine session unless an extraordinary situation were to arise.
 - All requests for assistance or support will be honored to the best of our abilities and please don’t hesitate to let us know what you are needing.
 - Drop from head/thinking mind into the heart/body.
- Useful mantras:
 - Trust, surrender, receive.
 - Trust, let go, and be open.
- Intention Setting



- o What do you want to get out of the treatment as well as each individual session?
 - o Journaling before and after sessions can be very helpful for intentions setting.
- Pre-Treatment Instructions:
 - o No alcohol/recreational drug consumption for AT LEAST 72 hrs prior to treatment
 - o No solid food or milk products for 3-4 hrs before treatment
 - o No liquids for at least 3 hours before treatment
 - o Take routine morning medications with a sip of water EXCEPT for medications that must be held on the day of KAP treatment (will be discussed with Dr. Michelle)
 - o No narcotics or sedatives on the day of treatment
 - o Arrange for a ride to and from treatment as you will not be able to drive after treatment. Ubers/Lyfts are not recommended unless there is no other option for a family member/friend to pick you up.
- Questions:



KAP Medicine Session Checklist/Worksheet

- Name and number of driver(s) before and after session
- No eating or drinking 3-4 hrs before the session. Eat lightly when you do eat before the session and hydrate well with electrolyte drinks.
- Take routine morning medications with a sip of water EXCEPT for medications that must be held on the day of KAP treatment (will be discussed with Dr. Michelle)
- Items to bring:
 - Comfortable clothing/layers (ability to access your deltoid muscle if doing IM session)
 - Any particular snacks that you would prefer afterwards (we will also have light snacks and electrolyte drinks for you at the office)
 - Journal
 - If you have any important personal/spiritual items that you want present (e.g., photos, relics, crystals, essential oils etc)
- **During KAP Session:**
 - No consumption of food or beverages until Dr. Michelle assesses that you are ready for food or drink.
 - You are not able to leave before the end of treatment until Dr. Michelle has assessed that you are safe and able to go home.
- Questions:



Post-KAP Treatment Integration Worksheet

- **After Treatment:**
 - No driving or operating heavy equipment for 24 hrs
 - No alcohol or recreational drug consumption for at least 24 hrs—best if held for 10 days (during the window of increased neuroplasticity)
 - Ok to resume a regular diet as tolerated. Nausea may occur after treatment.
 - Fatigue is common after treatment so your ability to resume normal activity may vary
 - Resume routine afternoon and evening medications as discussed with Dr. Michelle
 - Don't make any major life decisions, other than stopping toxic behaviors, for at least a few weeks after a session. Discuss any urges to make changes with Dr. Michelle and your outside therapist/provider.
- Qualities of Self that we are working to expand:
 - Compassion, curiosity, clarity, confidence, courage, calmness, connectedness, creativity
- Recommended Integration activities after KAP session:
 - Journaling
 - Recording dreams
 - Art/Music
 - Walk/being in nature.
 - Gentle evening/afternoon after KAP (try not to jump right back into regular life stressors. You may be more sensitive post KAP than normally)
- Integration session or email to Dr. Michelle within 24 hrs
 - You are encouraged to reach out as needed to Dr. Michelle via phone 773-417-6213 or secure message on the ChARM portal.
- Session Feedback Questions:
 - What did you like?
 - What didn't you like?
 - What did/do you want more of?
 - What did/do you want less of?
 - What would you like differently?
 - Any reactions to therapeutic or supportive touch in the session?
 - Any reactions to the music?
- Other questions/comments:

