



KETAMINE ASSISTED PSYCHOTHERAPY(KAP)

INFORMED CONSENT

Introduction

This consent form contains information about the use of sub-anesthetic dosages of ketamine for psychiatric purposes including depression. Ketamine was approved by the FDA for use as an anesthetic agent several decades ago. The administration of ketamine in lower, sub-anesthetic doses to treat pain, depression, or other psychiatric diagnoses is a newer, off-label use of ketamine. Psychiatric use of ketamine has become relatively wide-spread in recent years, has been studied and promoted by researchers at the National Institute of Mental Health, and has had front-page publicity as the newest anti-depressant. Ketamine has been administered by intravenous (IV), intramuscular (IM), sub-lingual, oral, and intra-nasal routes. Often, it has been used after other treatment approaches have been unsuccessful.

Ketamine is now an increasingly clinically applied “off-label” treatment for various chronic “treatment-resistant” mental conditions. Ketamine is a Schedule III medication that has long been used safely as an anesthetic and analgesic agent and now, often effectively for treatment of depression, alcoholism, substance dependencies, PTSD and other psychiatric diagnoses. Ketamine is classified as a dissociative anesthetic, dissociation meaning a sense of disconnection from one’s ordinary reality and usual self. At the dosage level administered to you, you will most likely experience mild anesthetic, anxiolytic, antidepressant and, potentially, psychedelic effects. Recent work has demonstrated the possibility of an anti-depressant response to low dosages of ketamine—administered intravenously, intra-nasally and sublingually (orally)—that produce minimal psychedelic effects; this anti-depressant effect tending to be more sustained with repeated use—in other words, a cumulative effect. It is our view that psychedelic, ‘dissociative’ experiences may well be instrumental in providing a more robust effect. This may well include a positive change in outlook and character that we term a ‘transformative’ response. We may employ both methods together as will be described herein.

Essential to both methods is a time-out of usual experience, this period being of varying duration, usually 30 minutes to 2 hours, that tends to be dose and method of administration related. Relaxation from ordinary concerns and usual mind, while maintaining conscious awareness of the flow of mind under the influence of ketamine is characteristic. This tends to lead to a disruption of negative feelings and obsessional preoccupations. It is our view that this relief and the exploration and experience of other possible states of consciousness are singularly impactful.



Monitoring

It is essential that you be followed very closely during and after your treatment. This will include blood pressure and pulse measurements—as appropriate, and psychological assessment tools administered before your first and subsequent sessions to measure effects. Follow-up will be by telephone and/or email and in-person contact as needed. When in a KAP session, you will not be left alone.

How Long Will It Take Before I Might See Beneficial Effects?

You may experience important changes in personality, mood and cognition during treatment, in the aftermath, and in the days and weeks that follow. Some experiences may be temporarily disturbing to you. The ketamine experience itself is designed to enable your own healing wisdom to be accessed and beneficial to you. The psychotherapy support you will receive will aid you in making your experience(s) valuable and understandable to you. We will endeavor to assist you in changing patterns of mind and behavior that are of concern and cause you difficulty.

Method of Administration

Ketamine may be administered through Intravenous or Intramuscular injections, through a nasal spray, or sublingually (orally). Harford Psychedelic Therapy only participates in KAP with sub-lingual ketamine at this time.

Sub-lingual ketamine lozenge sessions may generate a robust anti-depressant, or other (PTSD, etc.) benefit that often occurs over time with repetition of administration of the lozenges.

The literature indicates a 70% response rate to ketamine; and a remission rate for patients with treatment resistant depression (using the low dose IV drip method, or the sublingual method) of 40-50%—the percentage of patients having remissions from their symptoms, this with multiple sessions. Relapses do occur and may require periodic additional sessions. Over time, a certain number of patients may become un-responsive to further ketamine sessions. We believe that combining ketamine with intensive psychotherapy enhances these response rates.

ELIGIBILITY FOR KETAMINE TREATMENT

Once you indicate that you have understood the benefits and risks of this treatment, you will be asked to sign this form at your first visit to participate in this treatment. This process is known as giving informed consent.



By signing this document, you indicate that you understand the information provided and that you give your consent to the initial psychological consultation and understand that the medical screening will be done by an outside provider.

Please read this consent form carefully, and feel free to ask questions about any of the information in it.

Some of this information will be gathered by Harford Psychedelic Therapy Inc., Medical screening information and records will be completed by an outside/independent prescriber.

Before participating in ketamine treatment, you will be carefully interviewed to determine if you are eligible for ketamine therapy, including a medical/psychiatric history, review of your medical/psychiatric records if necessary, and administration of brief psychological tests to assess your state of mind.

Pregnant women and nursing mothers are not eligible 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 our policy that you protect yourself against pregnancy while exposing yourself to ketamine or in the immediate aftermath of its use.

Untreated hypertension is a contra-indication to ketamine use as the substance causes a rise in BP. Similarly, a history of heart disease may make you ineligible to participate.

Ketamine should not be taken if you have untreated hyperthyroidism. There have also been reports of some decrease in immune function in patients receiving surgical doses of ketamine.

Ketamine has an extensive and consistent record of safety when used at much higher doses for surgical anesthesia.

OVERVIEW OF KETAMINE THERAPY

During the Ketamine administration session, you will be asked to make two (2) agreements with the therapist(s) to ensure your safety and well-being:

1. You agree to follow any direct instructions given to you by the therapist(s) until it is determined that the session is over, and
2. You agree to remain at the location of the session until the therapist(s) decides you are ready to leave.



The length of ketamine sessions varies from person-to-person and from experience-to-experience. You will be mostly internally focused for the first 30 minutes to one-hour or more. With the sub-lingual lozenges, we refer to this state as a light trance. You will remain conscious of your experience. With either method or in combination, you will continue to remain under ketamine's influence at a lesser level for at least one hour.

Lozenges dissolve slowly and we ask you not to swallow your saliva until after your lozenge has dissolved, typically about five minutes. Ketamine will penetrate the oral mucosa—lining of your mouth—and will be absorbed rapidly in that manner. This will give us a measure of your reaction to ketamine.

Preparation for a ketamine session requires assessment by your therapist of your readiness and a sense of connection between you and your therapist. We are engaging in a therapeutic endeavor to benefit you and those who are affected by you. Together, we are creating a state of mind (set) in safe and conducive setting. After ketamine sub-lingual use, you will have follow-up sessions that focus on integration of your experience and may lead to further Integrative sessions, if you so wish, and if that is in accord with your therapist's view of your treatment.

You may ask the therapist(s) any questions you may have concerning the procedure or effects of ketamine at any time. 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 ingested.

POTENTIAL RISKS OF KETAMINE THERAPY

You will be asked to lie still during the ketamine administration because your sense of balance and coordination will be adversely affected until the drug's effect has worn off—generally two and up to four hours after the injection. It is possible you may fall asleep, though this is a rare event. Other possibilities for adverse effects include blurred and uncomfortable vision (you are advised to keep your eyes closed until the main effects have worn off), slurred speech, mental confusion, excitability, diminished ability to see things that are actually present, diminished ability to hear or to feel objects accurately including one's own body, anxiety, nausea and vomiting. Visual, tactile and auditory processing are affected by the drug. Music that may be familiar may not be recognizable. Synesthesia—a mingling of the senses may occur. Ordinary sense of time will morph into time dilation.

Because of the risk of nausea and vomiting, please refrain from eating and drinking for at least the 3–best is 4– hours preceding the session. And eat lightly when you do. Hydrate well in that same time frame.



Ketamine generally causes a significant but not dangerous increase in blood pressure but usually not pulse rate. It is important to monitor your blood pressure before and after your KAP session. We are able to help contact your ketamine Prescriber if necessary.

The administration of Ketamine may also cause the following adverse reactions: tachycardia (elevation of pulse), diplopia (double vision), nystagmus (rapid eye movements), elevation of intraocular pressure (feeling of pressure in the eyes) and anorexia (loss of appetite). The above reactions occurred after rapid intravenous administration of ketamine or intramuscular administration of high doses of ketamine (in a range of greater than 5 mg/kg used for surgical anesthesia. The dose to be used in this sub-anesthetic ketamine therapy is much lower (2mg/kg or less).

Driving an automobile or engaging in hazardous activities should not be undertaken until all effects have stopped—and if for this reason you will be required to have someone pick you up from each ketamine session and agree you will not drive until the following day.

In terms of psychological risk, ketamine has been shown to worsen certain psychotic symptoms in people who suffer from Schizophrenia or other serious Mental Disorders. It may also worsen underlying psychological problems in people with severe Personality Disorders and Dissociative Disorders.

During the experience itself, some people have reported frightening and unusual experiences. These frightening experiences, however, may be of paramount value to your transition to recovery from the suffering that brought you to your KAP work. They will stop! You will receive psychotherapeutic help and ongoing guidance from your therapist, and you will never be left alone during your KAP sessions. Comforting protocols will be discussed prior to KAP sessions, including the use of appropriate physical touch if desired.

POTENTIAL FOR KETAMINE ABUSE AND PHYSICAL DEPENDENCE

Ketamine and other hallucinogenic compounds do not meet criteria for chemical dependence since they do not cause tolerance and withdrawal symptoms. However, “cravings” have been reported by individuals with the history of heavy use of “psychedelic” drugs. In addition, ketamine can have effects on mood (feelings), cognition (thinking), and perception (imagery) that may make some people want to use it repeatedly. Therefore, ketamine should never be used except under the direct supervision of a licensed physician.



Repeated, high dose, chronic use of ketamine has caused urinary tract symptoms and even permanent bladder dysfunction in individuals abusing the drug. This has not occurred within this framework (dose) of treatment.

We and our colleagues doing clinical ketamine work have not had patients become dependent on ketamine.

ALTERNATIVE PROCEDURES AND POSSIBILITIES

No other procedure is available in medicine that produces ketamine's effects. Major Depression (MDD), PTSD and Bipolar Disorders are usually treated with anti-depressant medications, tranquilizers, mood stabilizers and psychotherapy. Electroconvulsive therapy (ECT), and the recently introduced Transcranial Magnetic Stimulation (TMS) are also in use for treatment-resistant-depression. Ketamine has also been used in the treatment of addictions and alcoholism as part of comprehensive and usually residential treatment programs, primarily abroad.

CONFIDENTIALITY

Your privacy and all therapy 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.

Our work is intended to be brief, and as a catalyst to your growth and recovery. Once the treatment course for KAP is completed, we will gladly update your regular providers of your progress if you so choose.

There are general exceptions to confidentiality (both for adults and minors) for all behavioral health providers, and they are listed below. Harford Psychedelic Therapy abides by these as well.

1. You / Your child are a danger to yourself/themselves or others.
2. You/ Your child see treatment to avoid detection or apprehension or enable anyone to commit a crime.
3. You/Your child were appointed by the courts to evaluate you.
4. You/Your child's contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
5. Your contract is for the purpose of establishing your/your child's competence.
6. The contact is one in which your counselor must file a report to a public employer or has information required to be recorded in a public office, if such a report or record is open to public inspection.
7. You are under the age of 16 years and are the victim of a crime.
8. You are a minor and your counselor reasonably suspects you are the victim of child abuse.



9. You are a person over the age of 65 and your counselor believes you are the victim of physical abuse. Your counselor may disclose information if you are the victim of emotional abuse.
10. You die and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in the property.
11. You file suit against your counselor for breach of duty or your therapist files suit against you.
12. You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
13. You waive your rights to privilege or give consent to limited disclosure by your therapist.

VOLUNTARY NATURE OF PARTICIPATION

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 being anesthesia. Your awareness of this situation is key to understanding any liability associated with your use of ketamine. Your informed consent indicates you are aware of this situation.

Ketamine is a new psychiatric treatment—the primary studies have been with depression, bipolar disorders and alcoholism. It is not yet a mainstream treatment, though there are now many studies that demonstrate that it may be an effective treatment. That 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. If your depressive symptoms respond to Ketamine, you may still elect (and are encouraged) to be treated with medications and ongoing psychotherapy to try to reduce the possibility of relapse and anxiety. Over time, you may also need additional ketamine treatments or other therapies to maintain your remission.

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

WITHDRAWAL FROM KETAMINE TREATMENT IS ALWAYS YOUR OPTION!!!

Even after agreeing to undertake Ketamine Treatment, you may decide to withdraw from treatment at any time.

I understand that I am to have no food or drink at least 3 and preferably 4 hours prior to my Ketamine session. I understand that I need to have someone drive me home from the sessions, and not engage in any driving or hazardous activity until the following day.



INFORMED CONSENT ATTESTATION

By signing this form I agree that:

1. I have fully read this informed consent form describing Ketamine Treatment.
2. I have had the opportunity to raise questions and have received satisfactory answers.
3. I fully understand that the ketamine session(s) can result in a profound change in mental state and may result in unusual psychological and physiological effects.
4. I have been given a signed copy of this informed consent form, which is mine to keep.
5. I understand the risks and benefits, and I freely give my consent to participate in Ketamine treatment as outlined in this form, and under the conditions indicated in it.
6. I understand that Harford Psychedelic Therapy will refer me to an Independent medical prescriber to determine my medical appropriateness for Ketamine Assisted Psychotherapy, and if approved, that provider will be responsible for my medical wellbeing and providing prescriptions.
7. I understand that I may withdraw from Ketamine treatment at any time, up until the actual lozenge has been ingested.

SIGNATURE _____

DATE _____

PRINTED NAME _____

THERAPIST STATEMENT

I have carefully explained the nature of Ketamine treatment to

_____.

I hereby certify that to the best of my knowledge, the individual signing this consent form understands the nature, conditions, risks and potential benefits involved in participating in Ketamine treatment.

Signature of KAP Therapist: _____

Printed Name of KAP THERAPIST: _____