

Thomas M. Brod, MD

12304 Santa Monica Blvd. Suite 210

Los Angeles CA 90025

310-207-3337

tbrod@ucla.edu

Distinguished Life Fellow, Amer. Psychiatric Assoc.
Diplomate, Amer. Board Psychiatry & Neurology

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 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, approved by the FDA for treatment-resistant depression” 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-assisted psychotherapy is increasingly recognized as helpful in the emotional transition when end-of-life is in sight.

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 of an anti-depressant and anti-suicide response to low dosages (that is, low dose compared to anesthetic usage) 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.

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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 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.

In ketamine-assisted psychotherapy (KAP), Dr. Brod will be continually present to assure your physical safety, leaving your mind free, so to speak, to have an unencumbered series of experiences that you will integrate together after the most powerful subjective effects on your mind have passed. In the higher, psychedelic-level dosage range, there may be unfamiliar, “timeless” moments (when time and ordinary experience of mind and body seem to have disintegrated) and you might feel you will never return to ordinary consciousness. In these moments, the security of Dr. Brod’s presence and vigilance should allow you to flow with the unfamiliar experience, knowing that you are safe. Our experience with the psychotherapeutic reflection together (KAP) is that review of perturbing moments of the session spotlights “messages” from the session that might otherwise be forgotten/suppressed. However, it is important to emphasize that unpleasant or frightening experiences provoked by ketamine are NOT necessary or essential for the benefits to occur—the benefits and lessons of KAP are most frequently received as benign or revelatory.

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.

Three possible modes of treatment

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You may be administered ketamine via one of two methods: rapidly dissolving sublingual oral lozenges, or intra-muscular injection. Each of these of these methods are covered in this one consent as your provider we may switch between these methods to give you the best response possible. They each have specific benefits possible.

#1. The purpose of the intra-muscular ketamine experience is to create a non-ordinary (“altered”) state of consciousness in order to facilitate profound transpersonal (“transcendental”, “mystical”, “spiritual”, “religious”) peak experiences.

These may prove to be auspicious in resolving your existential problems, accelerating your psycho-spiritual growth and leading to a deep personal transformation and optimization of your lifestyle. Such change is best facilitated within a structured supportive psychotherapeutic milieu in connection with therapists who have a view of your issues, hopes, desires, and struggles. As a byproduct of your experience you may well feel improvement in your emotional state and reduction in symptoms that bother you such as depression, anxiety, and post-traumatic manifestations. You may well notice that you are a bit different after a ketamine experience and that difference may well be liberating and allow for new mindfulness and new behavior.

With respect to IM ketamine, we are asking that new patients make a commitment for three IM sessions as a minimum exposure to ketamine. Additional sessions may occur if deemed appropriate and beneficial. We understand that you are able to withdraw from our treatment at any time.

#2. In almost all cases, in this office, we have found the IM route to be most effective, but occasionally we offer oral form of the medicine, which as an absorption of only about 20% of the intra-muscular. We recommend holding the dissolved tablet and the saliva stimulated in the mouth for 20 minutes and spitting out. The purpose of the sub-lingual ketamine lozenge sessions is to generate a robust anti-depressant, or other benefit that often occurs over time with repetition of administration of the lozenges, for some, in concert with the IM sessions. For some individuals, only the lozenge experience may be utilized and may well be sufficient and healing.

The literature indicates a 70% response rate to ketamine; and a remission rate for patients with treatment resistant depression 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 in order to participate in this treatment. This process is known as giving informed consent.

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By signing this document, you indicate that you understand the information provided and that you give your consent to the medical procedure to be performed during your participation in ketamine treatment.

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

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 typically not eligible because of potential effects on the fetus, or nursing child. The effects of ketamine on pregnancy and the human fetus are undetermined; animal studies with dosages twice as strong as our equivalent doses, have shown effects on developing fetus brain with indefinite consequences. Therefore, it is our policy that you protect yourself against pregnancy while exposing yourself to ketamine or in the immediate aftermath of its use. When appropriate we may offer ketamine treatment for women suffering post-partum depression and nursing mothers after assessing and discussing risks and benefits¹.

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

As stated in the Introduction, in your ketamine-assisted psychotherapy (KAP), Dr. Brod will be continually present to assure your physical safety, leaving your mind free, so to speak, to have

¹ Philp Wolfson, Rob Cole, Kara Lynch, Cassandra Yun, Jason Wallach, Julane Andries & Melissa Whippo (2022) The Pharmacokinetics of Ketamine in the Breast Milk of Lactating Women: Quantification of Ketamine and Metabolites, Journal of Psychoactive Drugs, DOI: [10.1080/02791072.2022.2101903](https://doi.org/10.1080/02791072.2022.2101903)

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an unencumbered series of experiences that you will integrate together after the most powerful subjective effects on your mind have passed. In the higher, psychedelic-level dosage range, there may be unfamiliar, “timeless” moments (when time and ordinary experience of mind and body seem to have disintegrated) and you might feel you will never return to ordinary consciousness. In these moments, the security of Dr. Brod’s presence and vigilance should allow you to flow with the unfamiliar experience, knowing that you are safe. Our experience with the psychotherapeutic reflection together (KAP) is that review of perturbing moments of the session spotlights “messages” from the session that might otherwise been forgotten/suppressed. However, it is important to emphasize that unpleasant or frightening experiences provoked by ketamine are NOT necessary or essential for the benefits to occur—the benefits and lessons of KAP are most frequently received as benign or revelatory.

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 Dr. Brod until it is determined that the session is over, and
2. You agree to remain at the location of the session until Dr. Brod 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. Following IM administration of ketamine, the experience is much deeper and yet you 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. IM ketamine will be given as an intramuscular injection into the arm (or leg) at doses of 50 mg to 100 mg (130mg maximally). The choice of dose will depend on prior exposure to ketamine and psychedelic medicine, body weight, and sensitivity. Individuals experienced with psychedelics may receive a higher initial dose. Ketamine IM creates an unusual experience of formlessness and a dissolving of boundaries and has novel effects on the mind. Therefore, it is much better to have an initial learning experience with smaller dosage.

The initial IM injection may be preceded by administration of a sublingual lozenge(s) containing 50 or 100mg of ketamine. Or we will elect to do lozenges only, to begin your ketamine treatment, Lozenges dissolve slowly and we ask you not to swallow your saliva until long after your lozenge has dissolved, typically 15-20 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

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you. Together, we are creating a state of mind (set) in safe and conducive setting. After ketamine IM and sub-lingual use, you will have follow-up sessions that focus on integration of your experience and may lead to further sessions, if you so wish, and if that is in accord with your therapist's view of your treatment.

You may ask Dr. Brod 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 given.

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 and or wear an eye mask 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. For many patients, once they are familiar with the effects, it is possible to have eaten *lightly* a few hours earlier than the session. Hydrate lightly in that same time frame.

We typically offer an anti-nausea medication— odansetron—in an oral dissolving tablet form at the start of each session to reduce the likelihood of nausea and vomiting. However, we recommend that at the end of each session you try to avoid sudden or extreme head movement that will activate vestibular system (balance mechanism) reactions which can aggravate any nausea.

Ketamine generally causes a significant but not dangerous increase in blood pressure but usually not pulse rate. If blood pressure monitoring reveals that your blood pressure is too high, you may be offered clonidine to remedy this. There is also a very small risk of lowering BP and Pulse rate. Agitation may occur during the course of a ketamine session. If your agitation is severe, you may be offered lorazepam orally or by injection to help you relax. This too is an extremely rare event in our experience.

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 have occurred after rapid intravenous administration of

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ketamine or intramuscular administration of high doses of ketamine (in a range of greater than 5 mg/kg used for surgical anesthesia (consider that we are using doses well below 2mg/kg or less). Ketamine has a well-documented record of medical safety, and is especially benign in the dosages we offer.

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. You agree not to drive until at least 7 hours after your ketamine dosing in the office.

In terms of psychological risk, ketamine has been known 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. People who carry a Bipolar Disorder diagnosis can be fine with ketamine treatment, but the mood disorder should be stable and discussed carefully with Dr. Brod.

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.

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, but there have been a number of reports of patients obtaining ketamine without medical oversight and turning to compulsive overuse.

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,

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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.

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 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 for at least 6

to 12 hours or more— depending on the continued presence of effects after my session has concluded. Mild dizziness/lightheadedness is common. Many patients have found that a LIGHT MEAL after sessions helps settle these symptoms.

Please bring in

- a. Clean sheet, pillow, and light blanket for the couch;
- b. A comfortable eyeshade that allows you to open your eyes if you choose, yet still be in complete dark. We have found that the Mindfold Mask® works excellently.

Overall, be assured that Dr. Brod is committed to your personal safety and will be continually attending to your safety as you go through this inherently unfamiliar process.

Thomas M. Brod MD, DLFAPA

INFORMED CONSENT ATTESTATION By signing this form I agree that:

- a. I have fully read this informed consent form describing Ketamine Treatment.
- b. I have had the opportunity to raise questions and have received satisfactory answers.

- c. 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.
- d. I give my consent to the use of lorazepam if deemed necessary for agitation, to ondansetron for nausea, and for clonidine for high blood pressure.
- e. I have been given a signed copy of this informed consent form, which is mine to keep.
- f. 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.
- g. I understand that I may withdraw from Ketamine treatment at any time, up until the actual injection, or lozenge has been given.

SIGNATURE

DATE_

PRINTED NAME