

# **Informed Consent for Group Ketamine-Assisted Psychotherapy (KAP)**

## **Introduction**

This document serves as an informed consent for clients considering or participating in Ketamine-Assisted Psychotherapy (KAP) within a group setting facilitated by LuminaThera LLC. LuminaThera LLC is a group of licensed mental health practitioners in private practice providing mental health services to the public, including the diagnosis and treatment of mental and emotional disorders through individual and group therapy. KAP is an experimental therapeutic approach that combines the clinical use of ketamine with group psychotherapy to enhance treatment outcomes for individuals with certain mental health conditions. This form is designed to provide you with comprehensive information about the process, benefits, risks, and confidentiality associated with KAP in a group therapy context.

## **Role of Group Therapy**

Group therapy is a form of psychotherapy that involves one or more therapists working with several individuals simultaneously. This therapeutic approach leverages the dynamics of group interaction and collective experience to foster personal growth, emotional healing, and behavioral change. In a group setting, therapy extends beyond individual exploration, incorporating shared experiences, mutual support, and the development of interpersonal skills within a therapeutic community.

The role of group therapy is to provide a safe and supportive environment where participants can:

- Share their experiences and feelings with others facing similar issues
- Gain insights into their own thoughts, behaviors, and emotions through feedback and observation
- Develop new ways of relating to others
- Learn from the experiences and coping strategies of group members
- Enhance empathy, understanding, and social skills

Incorporating Ketamine-Assisted Psychotherapy (KAP) into the group format adds a unique dimension, allowing participants to explore their inner worlds in a deeply personal yet shared context, enhancing the therapeutic process through collective healing experiences.

## **Benefits of Group Therapy**

Participating in group therapy offers several benefits, including:

- Feeling less isolated by recognizing shared experiences and challenges

- Receiving diverse perspectives and feedback from group members
- Witnessing the progress and successes of others, which can inspire hope and motivation
- Practicing new behaviors and roles within the safety of the group
- Enhancing self-awareness and interpersonal relationships through group interaction
- The collective energy and support of the group can amplify the therapeutic benefits of KAP, providing a unique communal healing experience

### **Risks of Group Therapy**

While group therapy is beneficial for many, it also comes with its own set of risks:

- Therapy requires active effort on the part of the client, and sometimes, the process can lead to changes in relationships or self-concept that were not initially anticipated
- Processing challenging aspects of your life may bring up uncomfortable emotions such as sadness, guilt, anger, frustration, or loneliness
- Sharing in a group setting may initially feel intimidating or exposing, leading to discomfort or anxiety
- Confidentiality relies on the commitment of all group members, and breaches, though rare, can occur
- Individuals may compare their progress to others, which can lead to feelings of inadequacy or impatience
- The dynamics of the group may trigger or re-enact challenging interpersonal issues for some members

The use of ketamine in a group therapy context also necessitates careful consideration of these dynamics, as the sometimes profound experiences facilitated by KAP may be influenced by the group's energy and interactions.

### **Background on the Medical and Mental Health Use of Ketamine**

Ketamine, a medication known for its anesthetic properties, is increasingly utilized in the treatment of various mental health conditions, including depression, PTSD, and anxiety. Its use in psychotherapy, particularly along with traditional therapeutic techniques, is considered experimental and is conducted under “off-label” guidelines. Please know that racemic ketamine is not an FDA-approved treatment for any mental health disorder even though there is emerging evidence supporting its rapid antidepressant effects, improvements in mood, psychological well-being, and a reduction in symptoms of certain mental health conditions. Clinical evidence suggests ketamine may facilitate

therapeutic breakthroughs in treatment-resistant conditions like depression by promoting neural plasticity and emotional openness during therapy sessions.

### **The Ketamine-Assisted Psychotherapy (KAP) Experience**

During KAP sessions, participants embark on a guided journey facilitated by sublingually administered ketamine, which may induce non-ordinary states of consciousness. These alterations can affect perceptions, emotions, and the sense of time, contributing to the therapeutic process by promoting personal insights and emotional breakthroughs. Such experiences, although occasionally challenging, are integral to the transformative potential of KAP, often leading to significant shifts in perspective and personal growth.

Each KAP session spans up to three hours, during which safety is paramount. You will self-administer ketamine following precise instructions from your medical provider. Throughout the session, your therapist will offer support and guidance, helping you navigate the emotional landscape that unfolds. It is essential to adhere to your therapist's directives until the session concludes and to remain at the location until you are deemed ready to depart safely.

Typically, the effects of ketamine at therapeutic doses include mild anesthesia, reduced anxiety, alleviation of depressive symptoms, and slight psychedelic effects due to its dissociative properties. The resulting experience, while profound, requires careful management; hence, participants are advised not to operate vehicles or engage in any hazardous activities post-session until fully recovered. A designated driver is strongly recommended to ensure your safe return home. To further help integrate the experience, a follow-up call or meeting will be arranged.

#### *Use of Touch*

You acknowledge and agree that your therapist may use touch therapy during your KAP sessions, unless you object orally or in writing to the proposed use of any touch therapy. Your therapist will discuss the proposed use of touch therapy with you prior to initiating any use of touch therapy and will follow your wishes if you choose to refrain from using, or discontinue the use of, touch therapy. You retain at all times the ability to revoke any consent for the use of touch therapy.

#### *Chaperone Protocol and Safety*

For those participating in sessions at our facility, we strongly advocate for the presence of a chaperone to escort you home afterwards. You are responsible for providing your chaperone's contact details, and by choosing to attend without one, you agree to do so

against clinical recommendations, absolving the practice of liability concerning your departure.

### *Involvement of Additional Practitioners*

From time to time, in the interest of advancing therapeutic education and enhancing treatment, additional practitioners such as licensed therapists or peer sitters may observe or participate in your therapy sessions. These individuals will have completed training specific to psychedelic-assisted psychotherapy and/or psychedelic integration and will be under the direct supervision of a qualified professional.

By signing this consent form, you acknowledge and agree to the potential presence of these additional practitioners. You will be informed of their specific qualifications prior to any observed or participatory session. You will also be briefed on the activities they are authorized to perform during the sessions and their ability to decline participation in specific aspects of treatment if deemed necessary.

### *Adhering to In-Session Safety Measures*

Participants are expected to follow therapist instructions regarding movement during sessions, such as for necessary restroom visits or moments needing fresh air. In-office, your therapist will escort you to maintain safety protocols. Should you elect to ignore these safety instructions, you acknowledge that you release the practice from any liability arising from such actions.

### *Emergency Protocol*

In the case of a medical emergency occurring during an in-office KAP session, an attending practitioner will immediately contact emergency services by calling 911. Clients are encouraged to discuss any potential health concerns before sessions to further personalize the emergency response plan as needed.

### **Risks of Ketamine Use in Therapy**

Ketamine, while used therapeutically in controlled settings, can induce a range of psychological effects, some of which may be challenging or distressing. These effects can vary greatly among individuals and might include:

- **Dissociation:** Often described as a feeling of detachment from one's body or the external world, dissociation can be therapeutic but also disorienting or distressing.

- **Altered Perceptions:** Users may experience changes in how they perceive time, space, and reality. While this can lead to insights, it can also provoke anxiety or confusion.
- **Hallucinations:** Visual, auditory, or tactile hallucinations can occur, which, although usually temporary, can be unsettling.
- **Emotional Volatility:** Some individuals may experience intense emotions, both positive and negative, during and shortly after ketamine use. This can include euphoria, relief from depressive symptoms, anxiety, fear, or sadness.

Physical reactions to ketamine can include both short-term and potential long-term effects:

- **Short-term Effects:** Common immediate side effects may include nausea, dizziness, increased heart rate and blood pressure, numbness, and impaired motor functions. These effects typically resolve within hours of administration.
- **Bladder Issues:** Chronic use of ketamine has been associated with bladder problems, including cystitis, which can cause pain, urgency, and frequency of urination, and in severe cases, bladder damage.
- **Neurological Concerns:** Long-term use can lead to memory problems, difficulties with concentration, and in rare cases, a condition known as ketamine-induced neurotoxicity.

While ketamine has been shown to have a lower dependency profile compared to other substances, there is still a risk of psychological dependence, especially with unsupervised or recreational use. Dependency can develop due to the drug's rapid-acting antidepressant effects, leading individuals to seek repeated doses outside a therapeutic context.

### **Mitigating Ketamine Risks**

To minimize the risk of misuse and ensure the safety and efficacy of ketamine-assisted therapy, you are required to adhere to strict guidelines and commitments throughout the treatment process:

- **Controlled Administration:** Ketamine will be administered in a controlled, clinical setting under the supervision of qualified healthcare professionals. Participants must agree to only receive ketamine within this context and not seek out or use the substance outside of their treatment plan.

- **Comprehensive Screening:** Before beginning therapy, participants will undergo a thorough screening process to assess their medical history, mental health status, and any history of substance misuse. This helps identify any potential risk factors for ketamine abuse.
- **Open Communication:** Participants are encouraged to maintain open and honest communication with their therapy providers about all aspects of their experience, including any cravings or desires to use ketamine outside of therapy sessions. This transparency allows for timely interventions and support.

By committing to these standards, you play a crucial role in safeguarding your own well-being and maximizing the therapeutic potential of KAP.

### **Confidentiality and Privacy**

Confidentiality is a cornerstone of therapy, and we are committed to protecting your privacy. In group therapy contexts, all members agree to maintain the confidentiality of information shared within sessions. It's important to note, however, that the unique dynamics of group therapy mean complete confidentiality cannot be guaranteed by the therapist among group members. We emphasize respect for each other's privacy and a commitment to the confidentiality of the shared therapeutic experience.

We uphold strict privacy protocols, generally requiring your written consent to share treatment information. However, certain circumstances may necessitate disclosure either with or without your consent:

- **Legal Obligations:** There may be instances where LuminaThera is legally required to disclose information, such as when a government agency makes a request or if there's a need to defend against a complaint or lawsuit filed by a client.
- **Risk of Harm:** If there's a concern that someone, particularly a vulnerable individual, is at risk of harm, we may be legally compelled to report this to the appropriate authorities. Similarly, if there's an imminent danger to yourself or others, protective measures might be enacted, which could include contacting emergency contacts, seeking hospitalization, or notifying law enforcement.

Protected health information may be shared internally with our health professionals and administrative staff for treatment-related and administrative purposes. All staff adhere to confidentiality agreements, ensuring your information remains within the confines of the practice.

### **Communications**

If you choose to use electronic communication methods, such as email or text messaging, please be aware that these communications can be inherently insecure if they are unencrypted. By opting to use these unencrypted communication methods, you acknowledge and accept the confidentiality risks. Your acceptance indicates that you understand the potential for unauthorized access to these communications, which may involve sensitive information about scheduling or aspects of your therapy.

### **Professional Boundaries**

To preserve the integrity of the therapeutic relationship and client confidentiality, therapists and clients should not engage with each other on social media. This means no friend requests, following, or direct messaging on platforms like Facebook, Instagram, or LinkedIn. Respecting this boundary helps maintain the professional nature of our therapeutic work and protects your privacy.

### **Group Dynamics and Interaction**

Group therapy offers a unique opportunity for individual healing through shared experiences. Respectful communication, empathy, and non-judgmental support are foundational to our group therapy environment. Members are encouraged to actively participate, share their experiences, and offer support to fellow group members. The therapist facilitates discussions, ensuring the group remains a safe and supportive space for all.

#### *Participant's Role:*

- **Active Participation:** Engage actively in sessions, which includes sharing personal experiences and listening to others.
- **Respect Group Norms:** Adhere to the agreed-upon rules and guidelines of the group. This includes respecting speaking turns and not dominating the conversation.
- **Maintain Confidentiality:** Commit to keeping what is shared in the group private.
- **Provide Support:** Offer empathy and understanding to fellow group members. Constructive feedback or sharing similar experiences can be valuable.
- **Self-Reflection:** Be open to self-exploration and considering feedback from the therapist and group members.

#### *Therapist's Role:*

- **Facilitate Discussion:** Guide conversations to ensure that each member has the opportunity to speak and contribute.

- **Maintain a Safe Environment:** Ensure that the group remains a safe space for all members to share and participate. This includes intervening in situations of conflict or disrespect.
- **Provide Guidance:** Offer professional insights and therapeutic techniques to aid in the group's overall growth and individual member's personal development.
- **Monitor Progress:** Keep track of the group's progress and individual members' development, making adjustments to the therapy approach as needed.

*Group Norms and Expectations:*

- **Punctuality and Attendance:** Attend all sessions on time.
- **Respectful Communication:** Communicate in a manner that is respectful to all group members. Avoid judgmental or harmful comments.
- **Handle Conflicts Constructively:** Address any conflicts within the group in a constructive manner, guided by the therapist.
- **Engage in the Process:** Be open to the therapy process, including giving and receiving feedback.

**Group Member Relationships and External Communication**

*Interactions Outside of Therapy:*

- **Personal Relationships:** While forming connections can be a positive outcome of group therapy, members are encouraged to maintain boundaries in their relationships outside of the group. Personal relationships should not interfere with the dynamics and effectiveness of the therapy process.

*Communication Guidelines:*

- **Respecting Privacy:** Members should respect each other's privacy and boundaries in all communication outside of the group. This includes avoiding discussing group topics or sharing personal information without explicit consent.
- **Social Media Interaction:** Exercise caution in social media interactions with fellow group members. Avoid sharing details about group sessions or personal information about group members.
- **Conflict Resolution:** If conflicts between group members arise inside or outside of group sessions, these should be brought to the group facilitators for guidance, rather than being addressed privately.

### *Support and Boundaries:*

- **Offering Support:** Members can offer support to each other, but it should not replace the therapeutic process from the therapist. Over-involvement or dependence on group members should be avoided to maintain the integrity of the group therapy process.

### **Program Fee and Payment Policy**

The group-format Ketamine-Assisted Psychotherapy (KAP) programs are integrated, comprehensive treatment packages designed to provide participants with a structured series of therapeutic preparatory and integration sessions and KAP experiential dosing sessions. To facilitate a focused and uninterrupted therapeutic experience, the program is offered for a total fee due at the start of the program. Costs for the ketamine prescription are not included and will be paid to the compound pharmacy (estimated in the \$25-50 range).

Full payment of the program fee is required before treatment begins. Payment secures the client's place in the program and helps create a committed and stable group environment. Payment can be made via credit card, HSA, or debit card. There are third-party options made available to you via Stripe, our payment processor, to pay in installments, if you'd prefer to split payments over time.

### **Refund and Cancellation Policy**

Given the comprehensive nature of the program and the upfront payment structure, we do not offer cancellations. Once enrolled and payment has been made, clients are expected to participate in the full program. There are no refunds for any portion of the program fee. This policy reflects the commitment required from both participants and facilitators to engage in the therapeutic process fully.

While our policy is that there are no refunds, we understand that extenuating circumstances may arise. In such rare cases, the decision to offer a refund will be at the discretion of the program administrators. Clients facing significant and unforeseeable challenges are encouraged to discuss their situation with a program administrator as soon as possible.

### **Group Membership and Termination**

Participation in this group is based on a mutual agreement that it is a beneficial and appropriate setting for your therapeutic goals. While group members may choose to leave the group at any time, there may also be circumstances in which the facilitators determine that it is clinically appropriate to end a group member's participation.

Reasons for facilitator-initiated termination may include (but are not limited to):

- Persistent disruption of the group process or violation of group agreements
- Behavior that presents safety concerns for self or others
- Significant clinical needs emerging that are better served in an individual or different treatment setting
- Lack of engagement in the group process that hinders therapeutic benefit

Whenever possible, the facilitators will discuss concerns with the group member and make efforts to collaboratively address the issue. If termination is deemed necessary, the facilitators will support the group member with appropriate referrals and transition planning.

### **Attendance and Participation**

Clients are expected to attend all scheduled sessions within the program. The structure and effectiveness of the group therapy and KAP process rely on the consistent participation of all members, creating a supportive and cohesive group dynamic.

Missing more than one session of the program without a prior agreement and discussion with the program administrators will be cause for termination from the program. This policy is in place to maintain the integrity of the treatment process and ensure the best outcomes for all participants.

### **Commitment to Transparency and Support**

We are committed to transparency regarding the financial and participatory aspects of the Group KAP programs. We understand the significant commitment participants make in joining this program, both financially and personally. Our policies are designed to foster a dedicated and stable treatment environment, conducive to deep therapeutic work.

We encourage potential participants to consider these commitments carefully and discuss any questions or concerns with our program administrators before enrolling. Our team is here to provide information and support to ensure that all participants are well-informed and prepared for this transformative therapeutic journey.

By enrolling in the program and making the required payment, clients agree to these terms, including the program fee, payment, refund, and attendance policies outlined above.

### **Legal and Ethical Considerations**

We adhere to strict legal and ethical standards in providing KAP and group therapy services. This includes compliance with laws governing confidentiality, informed consent, and professional conduct. Participants are informed of their rights and responsibilities, with consent obtained prior to starting therapy.

### **Professional Records**

In accordance with professional standards and legal requirements, LuminaThera safeguards each client's Protected Health Information (PHI), encompassing the full scope of their therapy journey including diagnoses, treatment goals, progress, and other clinical and professional records. Clients are entitled to access their records upon written request, with the understanding that, in certain circumstances, we may opt to provide these records to an appointed mental health professional to best serve the client's interests, as governed by Ohio law and, if applicable, federal regulations. We inform clients of any fees for record duplication and transmission, as established by Ohio and federal law, which may be subject to annual adjustments. LuminaThera may also maintain separate psychotherapy notes for internal use and generally not disclosed to third parties without the client's explicit authorization.

### **ACKNOWLEDGMENT OF INFORMED CONSENT**

By signing below, I acknowledge and agree to the following terms as part of my participation in the group ketamine-assisted psychotherapy (KAP) program:

- I have received and understand my rights and protections under the HIPAA Notice of Privacy Practices.
- I have thoroughly reviewed the provided Informed Consent document, which details the nature of group KAP, including my role in the therapeutic process and the scope of treatment.
- I consent to participate in group KAP, fully aware of the risks and benefits as they have been explained to me.
- I understand that I may revoke my consent and terminate treatment at any time in writing.
- I have had the opportunity to ask questions and have received satisfactory answers regarding group KAP.
- I understand that ketamine sessions may profoundly alter my mental state and can cause atypical psychological and physiological effects.
- I am aware of the need for a designated driver to take me home post-session, acknowledging that I should not drive or undertake hazardous activities for at least 6 hours after a session, or until the effects of ketamine have fully subsided.

- I have been given a copy of this informed consent form for my records.
- I accept the risks involved with unencrypted electronic communications and consent to their use for scheduling and therapeutic communications.
- I assert my active role in care planning and acknowledge my autonomy to discontinue services at my discretion.
- I freely give my consent to participate in group KAP under the outlined conditions and agree to adhere to the stipulated terms and protocols.

My signature below indicates that I have read, comprehended, and agreed to all the above points regarding my participation in group ketamine-assisted psychotherapy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_