Ketamine-Assisted Psychotherapy Guide

Preparation, the medicine session, and integration

Mary B Therapy

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Before You Begin

Important medical distinction

Ketamine-assisted psychotherapy (KAP) combines psychotherapy with ketamine that is prescribed by a separate medical provider. Your prescribing clinician determines whether ketamine is medically appropriate, the dose and route, medication changes, fasting instructions, and other medical precautions. Your therapist does not prescribe ketamine.

This guide is educational. It is not a substitute for medical advice, your informed consent, or the written instructions from your prescribing clinician. If anything in this guide differs from your prescriber's instructions, follow your prescriber's instructions.

Racemic ketamine is FDA-approved as an anesthetic. Its use for psychiatric conditions - including sublingual or compounded formulations used in many KAP practices - is off-label and not FDA-approved for psychiatric treatment. Esketamine (Spravato) is a different formulation with specific FDA-approved psychiatric indications and a required monitoring program.

KAP is not an emergency or crisis service. For a medical emergency, call 911. If you are in the United States and experiencing a mental health or suicide crisis, call or text 988.

A note about protocol differences

The source materials used to build this guide contain different fasting windows, fluid restrictions, and medication instructions. These details can vary by prescriber, route, dose, and medical history. For safety, this guide does not treat any one timing rule as universal.

Table of Contents

This guide brings together your existing ketamine education, preparation, intention-setting, journey guideposts, session instructions, and integration material, with current regulatory and research context.

Understanding Ketamine & KAP

Ketamine is a dissociative anesthetic that has been used in medicine for decades. In the United States, it is a Schedule III controlled substance. FDA-approved ketamine products are injectable anesthetics; racemic ketamine is not FDA-approved for psychiatric disorders, although clinicians may prescribe it off-label when medically appropriate.

Ketamine-assisted psychotherapy (KAP) is a psychotherapy model in which a client uses prescribed ketamine in a therapeutic setting and receives psychological preparation, support during the medicine session, and follow-up integration. The goal is not simply to have an altered-state experience, but to place the medicine within a broader process of reflection, emotional processing, behavior change, and ongoing therapy.

In this practice

KAP is conducted in-office with prescribed sublingual ketamine. The client self-administers the medication according to the prescribing medical provider's instructions while the therapist provides psychotherapeutic support.

Ketamine can produce temporary changes in perception, body awareness, emotion, and the sense of self. Some people experience a dreamlike or spacious quality; others remain more verbally engaged. A meaningful session does not require a mystical or highly psychedelic experience.

Esketamine is different. Esketamine (Spravato) is a nasal spray derived from ketamine and has FDA-approved indications for certain adults with depression. It is administered under a separate medical protocol and should not be confused with compounded sublingual racemic ketamine used in some KAP settings.

How Ketamine May Help

1. The medicine

Ketamine can have rapid antidepressant and anxiety-reducing effects for some people. Its pharmacology differs from traditional antidepressants and involves glutamate/NMDA signaling. Symptom relief can occur even without a strongly psychedelic experience.

2. The experience

The dissociative or altered-state experience may create psychological distance from familiar thoughts and emotions, allow new perspectives, and bring memories, imagery, sensations, or symbolic material into awareness.

3. Learning & integration

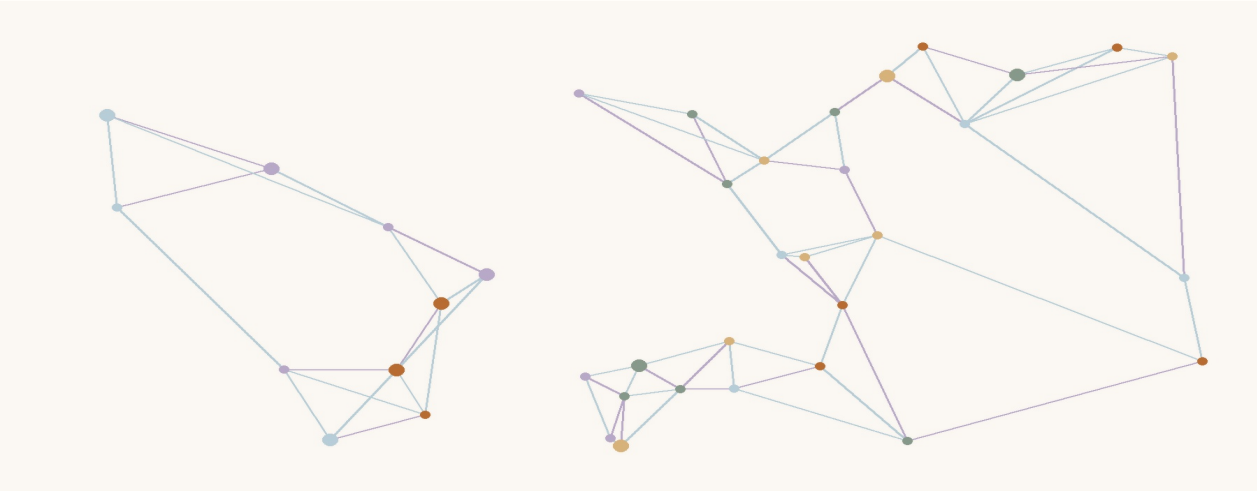
Ketamine may temporarily increase neural plasticity. Clinicians often use the hours and days after a session for therapy, journaling, art, movement, nature, and deliberate new behaviors. The exact duration of this plasticity window in humans is still being studied.

Why some people choose ketamine: it is legally prescribable in medical practice, its acute psychoactive effects are relatively short compared with many classic psychedelics, it has a long history of medical use, and it has evidence for rapid antidepressant effects. These advantages do not mean it is risk-free.

Intention-setting and psychotherapy can give the experience a direction, but the medicine can also move in unexpected ways. A useful stance is to prepare carefully, then loosen the demand for a particular outcome.

Some people describe spiritual, mystical, or deeply meaningful experiences; others do not. Neither type of session is inherently more therapeutic. The value of the work often becomes clearer through integration over time.

What the Research Says



Ketamine has one of the strongest evidence bases among rapid-acting treatments for treatment-resistant depression, although response varies widely by patient, route, dose, and treatment protocol. Earlier educational materials sometimes cite response rates near 70% and remission rates of 40-50%; broader real-world pooled estimates have been more modest. A single percentage should not be treated as a personal prediction.

Research on KAP specifically is promising but less definitive. A 2026 systematic review identified a large and growing literature, but relatively few randomized controlled trials directly test whether adding psychotherapy to ketamine produces benefits beyond ketamine itself. Other reviews have found encouraging outcomes while emphasizing major differences in diagnoses, psychotherapy approaches, dosing, route, and treatment structure.

Bottom line

Ketamine can be clinically meaningful for some people, but KAP should not be presented as guaranteed, uniformly effective, or proven to work through one single mechanism. Preparation, therapeutic fit, medical screening, and integration remain important parts of responsible care.

The research is evolving quickly. This guide uses current regulatory and review literature as of August 2026; treatment decisions should be made with your prescribing clinician and therapist.

Routes & Treatment Roles

Ketamine may be delivered through different routes. The experience, dose, onset, monitoring needs, and cost can differ substantially by route.

Route	Typical setting	Notes
IV infusion	Medical clinic	Ketamine delivered intravenously; commonly used in depression treatment clinics.
IM injection	Medical office/clinic	Administered by appropriately licensed medical staff.
Intranasal	Medical setting or prescribed protocol	Includes FDA-approved esketamine under a REMS program, as well as other off-label approaches.
Sublingual / troche	Varies by practice	Often compounded; psychiatric use is off-label. In this KAP model, the medication is prescribed by a medical clinician and self-administered in the therapist's office.

Your prescribing medical provider evaluates medical appropriateness, reviews medications and medical history, obtains medical informed consent, prescribes ketamine, and determines dose, route, timing, and frequency.

Your KAP psychotherapist provides psychotherapy: preparation, intention-setting, support during the medicine session, observation of psychological process, and integration. The therapist collaborates with the prescriber but does not make prescribing decisions.

You are an active member of the treatment team. You share accurate medical and substance-use information, ask questions, follow the medication plan, prepare transportation and aftercare, and bring your own goals, boundaries, and feedback to the work.

Medical Screening

Before ketamine is prescribed, your medical provider will assess whether it is appropriate and safe for you. Screening is individualized and may include psychiatric history, cardiovascular status, liver or urinary health, substance-use history, pregnancy status, current medications, and other medical conditions.

Conditions or histories that require careful medical review may include:

- A history of psychosis, schizophrenia, or mania, or symptoms suggesting a current psychotic or manic episode.
- Poorly controlled high blood pressure, significant cardiovascular disease, or other conditions in which a temporary rise in blood pressure or heart rate could be unsafe.
- Significant liver disease or other medical conditions that could affect ketamine metabolism or safety.
- Active substance-use problems, a history of ketamine misuse, or circumstances that raise concern about misuse or dependence.
- Medications that may alter safety, sedation, blood pressure, or the clinical response to ketamine - including benzodiazepines, stimulants, MAO inhibitors, and other psychiatric or medical medications.
- Pregnancy, breastfeeding, or other circumstances in which your prescriber recommends avoiding ketamine.

Do not stop medication on your own

Some of the original preparation materials instruct clients to hold stimulants or benzodiazepines. Whether that is appropriate depends on the medication, dose, diagnosis, and prescriber. Do not abruptly stop or change any prescribed medication unless your medical clinician specifically instructs you to do so.

You may be asked to sign releases so your medical provider and KAP therapist can coordinate. Their roles remain separate: each clinician is responsible for the part of care that falls within their own license and scope of practice.

Side Effects & Safety

Ketamine can be well tolerated in appropriately screened and monitored patients, but it is a potent prescription medication and a controlled substance. Side effects can occur even at sub-anesthetic doses.

Temporary effects may include:

- Dissociation or feeling detached from your usual sense of self, body, time, or surroundings.
- Sleepiness, sedation, dizziness, unsteadiness, slowed reaction time, or temporary confusion.
- Changes in perception, imagery, unusual sensory experiences, or anxiety during the altered state.
- Nausea or vomiting; some prescribers provide an anti-nausea medication when appropriate.
- Temporary increases in blood pressure or heart rate.
- Headache, blurred vision, or difficulty concentrating after the session.

Less common but important risks include severe agitation, loss of consciousness, breathing problems, significant blood-pressure changes, misuse or dependence, and urinary/bladder symptoms with repeated or heavy exposure. Long-term risks of repeated psychiatric ketamine treatment are still being studied.

After ketamine

Do not drive or operate machinery after a session. Plan transportation in advance. Avoid safety-sensitive activities until the medication effects have fully resolved and follow your medical provider's instructions about alcohol, cannabis, sedating medication, and other substances.

Seek emergency medical care for severe breathing difficulty, chest pain, fainting, severe confusion or agitation, an allergic reaction, or another rapidly worsening medical problem.

Set & Setting

Set refers to what you bring internally: your mindset, expectations, emotional state, intentions, fears, hopes, and current life context. Setting is the physical and relational environment: the room, music, privacy, lighting, comfort, and the people supporting you.

Preparation helps create a container for the work. Rather than treating the session as an ordinary appointment, many people find it useful to give it some space in the days leading up to it - through sleep, moderate movement, time in nature, journaling, meditation, and conversations that help clarify what matters.

On the day of the session, aim for curiosity and openness. If possible, reduce unnecessary stimulation, social media, work demands, and avoid entering the session immediately after a conflict. A short walk, journaling, meditation, or connecting with an imagined safe or calm place can help your nervous system settle.

Intention without pressure

An intention can orient the session, but it is not a demand. Holding an intention too tightly can become another form of control. Prepare a direction, then allow the experience to unfold in its own way.

Setting an Intention

An intention is a question, theme, or quality you want to bring into the session. It can be broad or specific. The point is not to force an answer, but to help your mind recognize what you are ready to explore.

Common themes include:

- Understanding what is holding you back or interfering with your goals.
- Healing from trauma, loss, injury, grief, or painful relationship experiences.
- Improving your relationship with yourself, other people, or your life.
- Freeing yourself from repetitive thoughts, behaviors, or emotional patterns.
- Cultivating gratitude, joy, patience, self-compassion, love, or a greater sense of possibility.

Questions that can help you find your intention:

- What drew me to this work? What am I hoping might shift?
- Where do I feel stuck, unable to gain traction, or caught in the same loop?
- What am I carrying that I am ready to understand differently?
- How do my current behaviors compare with my values and the life I want?
- What would I like to change in the way I relate to myself, others, work, or the future?

Possible intention phrases: “Help me understand what is hurting.” “Show me what I am not seeing.” “Help me experience self-compassion.” “What would it be like to feel safe, loved, or more open to joy?” “Help me find the next step in healing from this loss.”

Guideposts for the Journey

Inner Healing Intelligence

A way of remembering that the session is not about your therapist supplying the answer. When you feel lost, you can return to a simple inward question: What does the wisest part of me want me to notice?

Trust • Let Go • Be Open

If you notice fear, resistance, or an urge to control the experience, gently repeat: Trust. Let go. Be open. You do not have to force an image, memory, insight, or emotion.

Breathe & Feel Your Body

Slow breathing can help you stay connected to the body while allowing the experience to move. Notice the contact of the couch, blanket, breath, hands, feet, or the rhythm of the music.

The therapist's role during KAP is often intentionally non-directive. Rather than interpreting what an image “means” or telling you what to do, the therapist can help you stay oriented to your own experience, intention, body, and inner wisdom.

If difficult material emerges, you can talk, stay quiet, open your eyes, ask for support, orient to the room, or return to breath and physical sensation. There is no requirement to push through overwhelming content.

A useful reminder

A session can feel profound, ordinary, confusing, beautiful, uncomfortable, quiet, or mixed. Meaning often develops later. You do not need to understand everything while it is happening.

The Week Before

Treat the upcoming session as something worth preparing for - without turning the week into a cleanse, performance, or extreme wellness project. The goal is steadiness.

- Review your informed consent and write down questions for your medical provider or therapist.
- Confirm the prescription and any pharmacy or delivery details well before the appointment.
- Reduce unnecessary alcohol, cannabis, nicotine, caffeine, and other substances when it is safe and medically appropriate to do so. Do not abruptly stop prescribed medication.
- Sleep as consistently as you can.
- Eat normally and nutritiously. Avoid extreme fasting, cleanses, or major dietary changes.
- Choose moderate movement. Walking, yoga, stretching, or your usual exercise can support regulation; this is not the week for an exhausting new training challenge.
- Spend some time in nature, journal, meditate, or reflect. Begin noticing themes and questions that may shape your intention.
- Gather meaningful or grounding objects. A photo, memento, journal, drawing supplies, or a small comfort object can help connect the session to a relationship, memory, value, or intention.
- Choose a comfortable eye mask if you prefer your own.

If this is your first medicine session, it can help to leave a little more space around the appointment than you think you will need. Preparation is part of the treatment, not administrative homework.

The Day Before & Day Of

The day before: keep things steady. Hydrate, eat normally, get reasonable sleep, avoid major indulgences, and choose moderate movement rather than extremes. Confirm your ride and review the medical instructions you were given.

The day of:

- Follow your prescriber's fasting and fluid instructions exactly. The source materials used for this guide contain 3-, 4-, and 6-hour fasting instructions; the correct timing is the one specified for your medical plan.
- Take medications only as instructed by your prescriber. If an anti-nausea medication has been prescribed, take it at the time your medical provider directs.
- Limit caffeine if that is part of your medical plan; one source recommends no more than one cup the morning of the session.
- Wear soft, comfortable clothing suitable for lying on a sofa for several hours.
- Reduce stimulation. If possible, minimize work, social media, intense conversations, and unnecessary conflict before the appointment.
- Use the bathroom just before the session and silence or turn off your phone.
- Plan about 2.5 to 3 hours for the appointment and keep the rest of the day as clear and quiet as possible.
- Do not drive yourself home. Arrange transportation in advance according to your practice and medical provider's safety requirements.

Your medical instructions take priority

Fasting, fluids, medication holds, anti-nausea medication, and dose timing are medical decisions. Ask your prescriber if anything is unclear before the day of treatment.

What to Bring

Most of what you need will be simple. The aim is comfort, orientation, and a few tools for reflection.

Your prescribed ketamine	Bring the exact medication your medical provider instructed you to bring. Do not share it or use a different dose than prescribed.
Eye mask / eye shades	Choose something soft and comfortable if you prefer your own.
Pillow or blanket	A familiar pillow, blanket, or sheet can help your body settle.
Meaningful objects	Photos, mementos, or small objects connected to your intention, a relationship, or a sense of safety.
Journal & creative materials	Journal, pen, sketch pad, pencil, or other simple materials you may want after the session.
Water & snack for afterward	A water bottle and something easy to eat after the session, if permitted by your clinician.
Prescribed as-needed medication	Bring only if your medical provider or therapist has specifically asked you to have it with you.

Your office may already provide a couch or reclined space, clean sheet, blanket, pillow, and music. Ask in advance if you are unsure what is available.

What Happens in a KAP Session

1. Arrive and settle
   You will review how you are feeling, confirm the plan, use the bathroom, turn off your phone, and get comfortable in the room.

2. Review your intention
   You and your therapist may revisit the intention you developed in preparation. You can also identify a few words or phrases you would like the therapist to remind you of if you ask.

3. Begin music and medication
   You may put on headphones and an eye mask. For sublingual ketamine, you self-administer the prescribed medication according to the medical instructions. Some protocols involve holding or swishing the medication in the mouth for roughly 12-15 minutes, then swallowing or spitting according to the plan established with the prescriber.

4. The medicine period
   You will lie back and allow the effects to develop. You can speak or remain quiet. The therapist stays present, supports safety and orientation, and may take brief notes about material you choose to share for later integration.

5. Any planned additional dose
   If a booster or additional dose is part of your prescription and treatment plan, it is handled according to the medical instructions established in advance.

6. Return and transition
   The acute effects gradually lessen. You remain in the office until you are sufficiently oriented, steady on your feet, and ready to leave according to the practice's safety protocol. Your ride is contacted when appropriate.

What You May Experience

Every medicine session is different, including sessions for the same person. The intensity of the experience does not reliably predict how useful the session will be.

Possible experiences include:

- A sense of physical heaviness, lightness, floating, spaciousness, or disconnection from the body.
- Changes in the sense of time, distance, identity, or ordinary reality.
- Dreamlike imagery, colors, memories, scenes, symbolic material, or a “bird's-eye” perspective on your life.
- A temporary decrease in the grip of depressive or repetitive thoughts.
- Emotion that feels easier to approach because there is more distance from it - or, at times, emotions that feel unexpectedly strong.
- Spiritual, mystical, loving, expansive, or deeply meaningful states for some people.
- Periods that feel blank, confusing, anxious, ordinary, or difficult to put into words.

Ketamine can create psychological distance from painful material, which may allow curiosity where overwhelm was previously dominant. It can also bring up difficult content. Your therapist can help you orient, slow down, return to breath and body, or open your eyes.

You do not have to talk continuously. Silence can be part of the work. If you do share what is happening, your therapist can hold the thread without rushing to interpret it.

Avoid instant conclusions

Novel thoughts can feel unusually certain or important in an altered state. Treat them as material to explore, not as instructions that require immediate action. Major relationship, financial, legal, or life decisions are usually better evaluated after you are fully back to baseline and have had time to integrate.

After the Session

The hours after a KAP session are part of the treatment. If possible, keep the rest of the day low-demand and allow your mind and body to settle.

Practical aftercare:

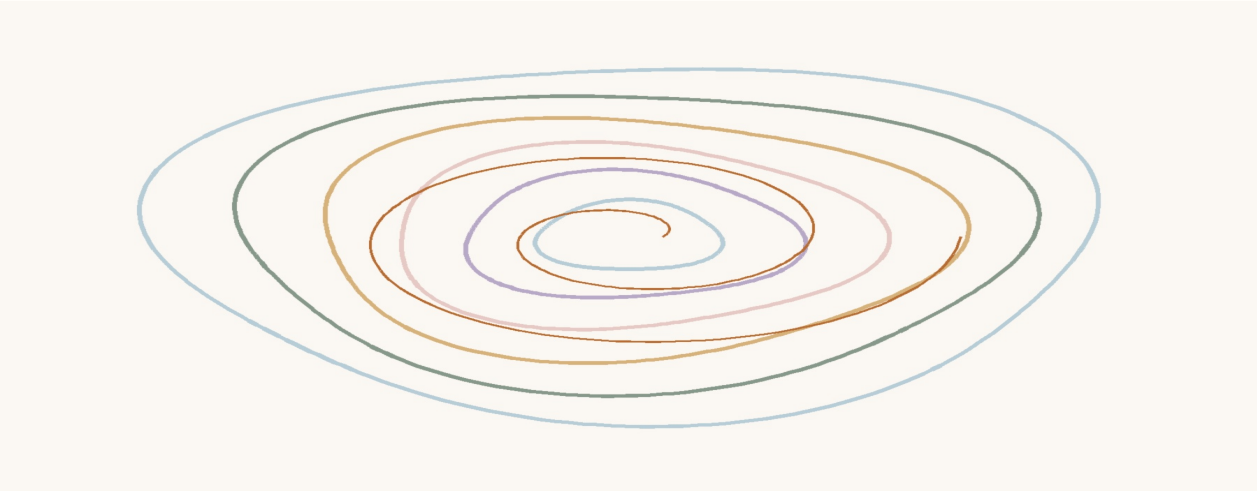
- Have your ride or support person understand that you may want quiet rather than conversation.
- Ask the person with you not to argue with, analyze, or impose their interpretation on thoughts you share immediately after the session. You can evaluate the meaning later.
- Hydrate and eat something gentle when you are ready and it is medically appropriate.
- Do not drive, operate machinery, use sharp tools in a safety-sensitive way, or do other activities that require quick reactions until the medication has fully worn off and your medical instructions allow it.
- Minimize work, email, social media, and unnecessary demands for at least the remainder of the day when possible.
- Rest, journal, draw, listen to music, spend time in nature, meditate, or connect with safe people if that feels supportive.

It is normal for the experience to continue unfolding psychologically after the acute drug effects are gone. You may remember additional details, notice emotions shifting, dream more vividly, or see familiar problems from a new angle.

If something feels off

Contact your prescribing clinician or therapist if you have a concerning reaction, persistent confusion, unusual mood elevation, severe anxiety, urinary symptoms, or other symptoms that worry you. Seek emergency care for a medical emergency.

Integration



Integration is the process of helping the experience become useful in ordinary life. Insight by itself does not automatically become change. The work is to notice what mattered, test new perspectives, and build behaviors and relationships that support what you learned.

The original preparation materials emphasize the days after treatment as a time to make use of increased psychological and neural flexibility. While the exact biological window is not settled, it is reasonable to treat the first several days as an opportunity for deliberate reflection and practice rather than rushing back into autopilot.

Helpful integration activities can include:

- Journaling without trying to make the experience perfectly coherent.
- Drawing, painting, music, movement, or other forms of creative expression.
- Therapy or a dedicated integration appointment.
- Walking, nature, meditation, yoga, or gentle body-based practices.
- Talking with a trusted person who can listen without deciding what your experience means.
- Practicing one new behavior, boundary, routine, or way of relating that fits the values or insight that emerged.

Frequent small opportunities to slow down, stay curious, and revisit the experience can be more useful than trying to capture one grand lesson.

Integration Sessions

A KAP integration session is a follow-up psychotherapy session focused on processing what happened and connecting it to your ongoing life and treatment goals.

An integration session may include:

- Reflection and verbal processing: describing memories, emotions, body sensations, images, thoughts, or moments that stood out.
- Connecting insights to daily life: exploring how the session relates to relationships, self-beliefs, trauma patterns, work, grief, values, or personal goals.
- Emotional support: making room for difficult or tender material that surfaced and identifying ways to stay regulated while working with it.
- Cognitive integration: translating a new perspective into language that fits with your broader understanding of yourself.
- Goal setting and action planning: deciding what, if anything, you want to do differently - and choosing practical, proportionate next steps.
- Continued support: scheduling additional therapy or integration sessions when the material needs more time.

Integration prompts:

- What feels most alive or memorable now?
- What did I notice about the way I protect, avoid, control, or reach for safety?
- Was there a moment of compassion, distance, possibility, or truth that I want to remember?
- What deserves curiosity rather than immediate certainty?
- What is one small action that would honor the experience this week?

Quick KAP Checklist

Several days before

- ◻ Review informed consent and write down questions.
- ◻ Confirm prescription/pharmacy details.
- ◻ Reduce unnecessary substances when medically appropriate.
- ◻ Prioritize sleep, normal nutrition, moderate movement, and time to reflect.
- ◻ Begin shaping an intention.
- ◻ Gather eye mask, journal, and any meaningful object.

The day before

- ◻ Hydrate and eat normally.
- ◻ Avoid extremes or major indulgences.
- ◻ Confirm transportation home.
- ◻ Re-read your prescriber-specific medication/fasting instructions.

The day of

- ◻ Follow fasting, fluids, and medication instructions exactly.
- ◻ Wear comfortable clothes.
- ◻ Keep stimulation and conflict low when possible.
- ◻ Bring prescribed ketamine and comfort items.
- ◻ Use the bathroom and turn off your phone before starting.
- ◻ Keep the rest of the day clear.

Afterward

- ◻ Do not drive or operate machinery.
- ◻ Hydrate, eat when ready, and rest.
- ◻ Keep conversation supportive and non-interpretive.
- ◻ Journal, draw, walk, or sit quietly if that feels useful.
- ◻ Bring important material to your integration session.
- ◻ Delay major decisions until you are fully back to baseline.

Resources, References & Credits

Key regulatory and research sources

• U.S. Food and Drug Administration (FDA). Compounding Risk Alerts - warning regarding compounded ketamine products, including oral formulations, for psychiatric disorders (October 10, 2023).

• U.S. Food and Drug Administration (FDA). 2026 regulatory materials noting that FDA-approved racemic ketamine is an injectable anesthetic and is not FDA-approved for psychiatric disorders; FDA-approved esketamine (Spravato) has specific psychiatric indications and a REMS program.

• U.S. Drug Enforcement Administration (DEA). Ketamine Fact Sheet and drug scheduling information. Ketamine is a Schedule III controlled substance.

• U.S. Food and Drug Administration (FDA). Psychedelic Drugs and Psychedelic Drugs: Considerations for Clinical Investigations, final guidance (2026).

• Veraart JKE, et al. Ketamine-assisted psychotherapies for mental disorders: A historical overview and systematic review. Clinical Psychology Review. 2026.

• Kew BM, et al. Ketamine and psychotherapy for the treatment of psychiatric disorders: systematic review. BJPsych Open. 2023.

• Drozdz SJ, et al. Ketamine Assisted Psychotherapy: A Systematic Narrative Review of the Literature. Journal of Pain Research. 2022.

Educational material incorporated and adapted

• Mary B Therapy / MB Marriage & Family Therapy Corporation, prior Ketamine Therapy Guide and in-office KAP instructions.

• Karen L. Smith, MSS, LCSW. Prepare YourSelf, Your Client, and Your Practice for Ketamine Assisted Psychotherapy: A Step by Step Guide (2023). The source materials explicitly permit editing/adaptation with credit.

• April Berry-Fletcher, EdD, LICSW, MSW. Preparing for KAP Sessions.

Further learning

Multidisciplinary Association for Psychedelic Studies (MAPS) offers public educational material on psychedelic research and psychotherapy. Your original materials also reference the Psychoactive podcast episode on ketamine. Use public resources as education, not as a substitute for your own medical instructions.

This guide is intended for adult client education in coordination with licensed medical and mental-health professionals. Last updated August 2026.