

The Ketamine Psychotherapy Associates (KAP) Code of Ethics— Applied to KAP and as a Guide to the General Practice of Using Alternative Psychedelic Substances

The urgency to create a standard of behavior for psychedelic psychotherapy by which all practitioners would be guided and practice adherence to that standard has been fostered by violations that have harmed some patients, damaged or destroyed the careers of the practitioners involved, and have had the potential of tarnishing our emerging field. Ethical standards and the consequences to their violations have been developing over decades as psychotherapy and psychiatry have been taken to task for offenses that break the core of explicit understandings for the safety of patients, the recognition of the unequal power dynamics of the therapeutic nexus, and the sacredness of the exchange.

For a profession whose main objective is the development of trust due to the great traumatic damage to trust that is at the heart of most emotional suffering, rupturing that process is indeed a moral and can be a criminal offense. It breaks the heart of healing and the learning of discriminating connection that occurs within the psychotherapeutic vessel.

Psychiatry is still in the process of arising from its medieval purpose of confinement and punishment for aberrant behavior as defined by each dominant culture's hierarchy. It infected the treatment of humans with prejudices of all manner. In fact, psychiatry has been at its essence the exercise of prejudice and in its codifications still contain judgements about humans that limit freedom, individuality and community and pathologizes behavior. Psychiatry is still in the early phase of the recognition of the suffering and emotional/spiritual reactions caused by abuse, tyranny, sexism, racism, religious oppression, economic stratification and poverty, war and displacement, the embedded influences of trauma passed on generationally within families and communities, the impact of the ever-amassing shifts and impoverishment caused by global climate change—in essence trauma as causative. And the major factor in our chances of living a life well remains where and to whom we were born. Even this is changing with the ever-increasing unpredictability of the locations of climate catastrophes.

Only small numbers of practitioners have invoked an activism that addresses the engendering of suffering by the increasing impact of all of these factors as primary and made this coincident with also treating the impact of trauma *ex post facto*—the dominant modality. Empathy, in essence, is the putting of ourselves in other people's shoes—if they have shoes; in doing our best to feel others and not impose our own views and selves; a putting aside for the intimacy that occurs when we truly feel each other—as much as we are able to do so; and to recognize its partiality as we are separated beings and communication is the attempt to make ourselves known when empathy is operating. With empathy, respect and compassion are generated, and we tend to find what is likeable and admirable in the other—an essential aspect of building a therapeutic alliance, and/or a friendship.

As mammals we are evolutionarily blessed with mirror neurons that enable us to sense the other in the reflections that we ascertain. Mirror neurons reflect all manner of aspects and channels of expression of the other and of our environment --from threat to nurturance and love--and this reflective capacity which enables us to be social animals can serve or destroy. Trauma tends to elicit mirror neuron mistakes about the peaceful intentions of others, as well as often accurate reflections of potential aggression. One can view civilization as the amplification of positive, empathic, unthreatened mirror neuron assessments. Civilization, in other words, is how we see the other and how we can trust their intention to be safe with us and to not dominate, but rather to cooperate. Altruism is a

positive mirror neuron expressive civilizing way of behaving, and it serves the polity in its advancement as a unit.

In this context, ethics and ethical behavior are not the exclusive property of psychiatrists, therapists and those in the privileged positions unique to modern society who are paid to 'treat' suffering and mental difficulties. Rather it grows out of the realization that a just society is based on sharing, love and connection—not on dominance and injustice—and that we are at our best when these are the prevailing conditions. Meaning is a manufactured thing. We have Victor Frankel to thank for making this clear as a path of recovery for survivors of genocide. For all of us, the absence of meaning is a catastrophe for the soul. And as our generation and enactment of that which is *meaningful* to each of us is an essential vitamin, its absence is a form of aimless suffering.

We tend to rely on our cultures to support our quest, but too often we are disappointed and misguided by the structures which are presented as their essential 'meanings' they ask and too often demand us to partake in, such as consumption, or mindless obedience to the State. Buddhists speak of the View, the Path, and the Fruit, which operate reciprocally and are constantly in evaluation—a pragmatics based on our experiences This is the individual's experience of evaluation of balance, happiness and pain, and the personal alignment with and in the cultural stream. This process leads to an authentic sense of an Ethics. We collaborate to generate a consensual participatory agreement that is representative and democratic in nature. Our limited ability to do so is the result of our separation—our atomization-- by the dominating hierarchies and is the great dilemma of our times—and of past times: Social control for the benefit of the few and the structures they create for that control.

The Ethics we espouse here is of that communitarian nature. It is participatory in that it requires adherence by a code of honor. It is democratic in that it can be modified by new understandings and the historical movement of circumstances. It is fixed in its devotion 'to do no harm' and 'to do our best to do good' and to conform our behavior to these two core commitments. In this evolving realm of a new approach to working with people in altered states, we are obliged to create evolving guidelines. As so much of this provisioning of altered experiences occurs outside of licensing bodies that have their own governances, rules and reporting requirements, we are left to create our own methods for reporting, and handling violations, and creating standards for best practices, including the fees charged to our recipients. This is a tall order indeed. And while we may well develop institutions to handle difficulties, enforcement will be moral and by effects on reputation. Reporting is always an issue in either underground or licensed practices and is subject to fear, false loyalties, intimidation, exposure, courage, and pessimism for just outcomes. An Ethics that embraces our alternative medicine culture—with both licensed and unlicensed practitioners--has to confront these dilemmas and create an environment that is just, protective and fair—hearing the problems in their fullness.

And then who is to do the 'hearing'? We have yet to constitute unbiased, accessible people's courts. How we do so remains a future challenge for a Code of Ethics that has strength and integrity.

Lately, we have focused on a too vague concept of 'inner healing', vague because it relies on an innate sense of rectification and the pleasure principle. Understanding of the processes that promote inner healing, how to amplify access to it, and the normative and differential natures of what this means to each person are essential. We have much to consider in elaborating a meaningful Inner healing process. Importantly, it involves dealing with our traumas and the injustices that may have been responsible for them—as well as the people. Forgiveness is most difficult when it is abstract, and the offending party has not taken responsibility and we are unable to obtain justice. I call this moving on and letting go, relieving myself of afflictive consciousness as much as possible--choosing a clear and clean present. The same applies to responsibility for our own errors and commissions. Loss

and bereavement are essential traumas and our approach to this is critical for our bonding with ourselves and others. Inner healing clearly involves living with our pasts and finding the middle way between acceptance of our pain and not coloring our present with it too intensely. And inner healing is a passionate affair of the heart and soul, complex and essential to the following of an ethical path.

2500 years ago, a truly progressive guidance code was enunciated by a singular human being confronting his own and his people's struggles to live a 'civilized' life—a path to be tested and referenced. For really, then and now, we are all over the map of desire, anger, avoidance, fear and ignorance. I know I need to have a reference to be my best self and to engage with fellow humans and nature in full ecological connection and realization of my impacts on my being and on my brothers and sisters. We are an Indra's Net of jewels radiant and reflective internally and externally. And to be my best possible jewel, I need to behave morally and ethically and empathically. The Buddha gave the best possible Eight-Fold Path for his time. In my hubris I modernized it a bit and it is included at the end of this Ethics. What follows as applicable to this strange profession of ours and its immensely powerful tools is an extension of this guide. Deviations from it constitute the breakages that define our capacity to do harm instead of generating happiness. While we have definite specifics, we also have none, save our backbones of concern for harmony and balance in ourselves and our relationships with others and the planet on which we live and depend.

There are specifics to be considered in the creation of a Code of Ethics for ketamine and other psychedelics. A major struggle in the practice of administering ketamine is the split between those who use ketamine as a drug with little or no interest in the internal experience of the recipient versus those who recognize ketamine as a powerful psychedelic agent creating subjective experiences that are both valuable for the evolution of consciousness and behavior and deserve to be embedded in a psychotherapeutic experience. These experiences require their sharing and integration into the personal structure of being. Not doing so is to suppress the value of the subjective nature of the ketamine experience and the need for expression and being held in kindness, safety and with personal regard. KAP regards this as an ethical imperative. All modes of ketamine's administration can be constituted to serve the need for the subjective experience to be valued as key to healing, new consciousness and behavior. Truly, the psychedelic experience is personal, idiosyncratic, outside of space and time, needing of support and sharing, often confusing, sometimes frightening and disorienting, and best served by a practitioner's receptive kindness. We call this the 'setting' that serves the 'set' of the person(s) journeying.

It can be anticipated that as psychedelic medicines become available for prescription, this split will apply to all in varying degrees. Commercialization, the profit motive, the academies of the various associations—particularly the medical, the schools that are fundamental to the maintenance of the professional guilds—all will have their various approaches to suppressing interest in our experiences and their value for healing and connection versus symptom relief and treating humans as black boxes. Pharma consciousness has been dominant for several decades and psychedelic psychotherapy threatens its hold. Our Code of Ethics is about elaborating and elevating a standard of care and practitioner behavior that honors, explores, and holds the subjective experience—the person in all their human aspects-- as the *source*.

The MAPS Code of Ethics as Applied to KAP PRACTICE

We regard this as the best ethics formulation to date and hold to it within the considerations elaborated above. That is to say it is situated within an overarching ethics for life and emanates from this. It is not separate but is an integral expression of our life path and in this format particularly pertains to our practices using alternative, psychedelic medicines. We believe it also informs the

entire practice of psychiatry/psychotherapy.

We have taken the liberty of replacing MAPS with KAP and making alterations that reflect any specificity for ketamine.

PREAMBLE

For the purpose of protecting the safety and welfare of participants the KAP Code of Ethics for Psychedelic Psychotherapy outlines ethical principles governing treatment decisions made by providers delivering psychedelic psychotherapy, and explicitly with ketamine.

As therapy providers, it is our individual and collective responsibility to adhere to the highest standards of integrity and ethical conduct. We agree to practice psychedelic psychotherapy within our scope of competence and in accordance with this Code. We directly address concerns regarding ethical issues and use clinical judgment, supervision, and consultation when ethical dilemmas arise.

The practice of psychedelic psychotherapy aims to provide an environment of safety and support for a person to engage with their own inner healing intelligence, one's innate wisdom and ability to move towards wholeness and wellbeing. We act in the spirit of service to support each participant's connection to their own inner healing intelligence. We devote ourselves to establishing therapeutic relationships based on trust, care, and attunement, and to support the participant's own unfolding experience.

This modality involves deep work with trauma and attachment, as well as non-ordinary states of consciousness in which recipients of ketamine will often be in states of inner consciousness and not able to act outwardly in their own interests; therefore, psychedelic psychotherapy carries unique ethical considerations. These considerations include the potential for greater participant suggestibility, the particular need for

sensitivity regarding consent, and the likelihood of stronger and more complex transference and countertransference. Given the special considerations of this modality, we take seriously our obligation to participant safety. This work requires an elevated quality of presence, tending to the process consistently throughout psychedelic psychotherapy sessions, as well as during the phases of preparation and integration.

In order to provide impeccable care and to evolve ethically, we engage in practices of self-care, self-growth, and self-examination, aligning with our own inner healing intelligence. We give and receive feedback from mentors and colleagues and participate in continuing education.

This modality is founded on the practices of healers, explorers, researchers, and indigenous traditions which stretch back centuries. We honor these contributions and recognize the privilege of working with non-ordinary states of consciousness. The ability to participate in these healing practices, as ancient as they are innovative, is both a gift and a responsibility.

Ultimately, we envision a world where all people can access healing. We view participants' challenges, as well as their growth, within a greater web of relationships, acknowledging that trauma, as well as healing, is passed between people, across cultures, and through generations. We aim to validate and support the intrinsic wisdom and healing intelligence in others as well as in ourselves, in service to collective healing, liberation, and greater engagement in the fullness of life.

KAP Psychedelic Psychotherapy Code of Ethics

1. Safety

We commit to the safety of study participants, patients, and clients.

- We ensure that candidates are medically and psychologically eligible before enrolling them in treatment. An eligible candidate is one that has the resources necessary to engage in treatment, ideally including supportive people in their life and a stable and safe living environment.
- We conduct thorough and comprehensive screening and preparation with every participant.
- Prior to initiating treatment, we provide participants with clear information about our availability, backup support, and emergency contacts.
- We take an active role in preventing physical and psychological harm. We assess for suicidality and self-harm. We provide clear direction if needed to prevent imminent harm and are present throughout KAP sessions.
- We inform participants of the actions we will take to ensure their safety. We ask participants not to leave during medicine sessions and to follow instructions given to them.
- We are responsive in cases of participant crisis for the duration of time that the participant is in our professional care. We have a crisis response plan prepared.
- If a medical emergency occurs during sessions or at the treatment facility, we immediately respond by contacting local emergency services.
- We inform participants about the extent of our availability between sessions. We provide participants with appropriate local resources to contact in the event of an emergency or during times that we are unavailable.
- We provide consistent care to participants. We never abandon a participant. We conduct appropriate termination, with preparation when possible, and provide referrals to other providers as needed.
- We provide thorough post-session integration.
- We adhere to the laws and requirements regarding storage and security of psychedelic medicines.

2. Confidentiality and Privacy

We respect the privacy of participants and uphold professional standards of confidentiality.

- We do not reveal information about participants without their express permission, except when mandated.
- We stay informed about confidentiality practices and adhere to all applicable privacy laws and regulations.
- We obtain permission from participants before sharing their identifying information in consultation or supervision.
- We discuss the limitations of confidentiality with participants during informed consent.
- When we are required to release information about participants, we follow all pertinent laws and regulations and provide the minimum amount of information necessary. We inform participants about the release of their information. Other than patient authorized release of information, we do not disclose personal information. If patients are enrolled by their consent in a KRF research project, no personal information will be released, and we will follow HIPAA requirements.
- We make agreements with participants about acceptable and preferred means of communication, such as leaving voicemails, sending text messages, hours of contact, and response time.
- We securely store treatment records and session recordings. We promptly respond to breaches in confidentiality.

3. Transparency

We respect each participant's right to make informed choices.

- We include participants in decisions about their treatment.
- We obtain informed consent before initiating a new treatment or technique.
- We honor each participant's option to withhold or withdraw consent at any time.
- We inform participants of all treatment procedures, including an accurate description of medicines used, potential risks and benefits, and alternative treatment options.

- We accurately represent our background and training using appropriate terms according to applicable laws and professional code.
- We inform participants of treatment fees and the process for collecting payment before delivering a billable service.
- We inform participants and all persons who will be present of any audio or video recording; we describe the purpose of recording and how recordings will be stored and used. We obtain consent from all persons present prior to recording sessions. We obtain explicit permission, outlining the specific use, authorized recipient(s), and terms of release, from the participant and all identifiable persons before releasing audio or video recordings.
- We obtain informed consent for any kind of physical touch that might be included in treatment. We inform participants that there may be times we need to make physical contact in order to ensure their safety, such as when taking their vitals, walking them to the restroom, or preventing a fall. Aside from preventing immediate danger, all physical touch is for therapeutic purposes and for support for agitation--and is optional; the participant can revoke their consent for touch at any time. (Refer to Code 5. Use of Touch)
- We inform participants in advance about the possible or scheduled presence of assistants, providers, observers, or any other staff who may be a part of treatment or have access to patient-identifying information. We respect the participant's right to object to the presence of others who are not essential for treatment.
- We identify when we are unable to provide clinically appropriate care and inform participants that we must discontinue treatment and refer them to other providers as necessary.

4. Therapeutic Alliance and Trust

We act in accordance with the trust placed in us by participants.

- We aspire to create and maintain therapeutic alliance built on trust, safety, and clear agreements, so that participants can engage in inner exploration and relational healing.

- We respect the inner healing intelligence of participants to guide their experience.
- We respect the autonomy of each participant to make decisions in their life and make meaning of their experiences.
- We acknowledge that the healing process is deeply personal, and each participant has unique needs for treatment and support.
- We prioritize the participants' therapeutic needs and treatment goals.
- We treat people receiving services or reaching out for services with respect, compassion and humility.
- We firmly maintain the responsibility of upholding clear professional boundaries.
- We acknowledge the inherent power differential between therapy providers and participants and act conscientiously in the service of participants' self-empowerment.
- We examine our own countertransference and unconscious biases.
- We avoid entering into dual relationships that are likely to lead to impaired professional judgment or exploitation. In cases where there is a dual relationship, we give special attention to issues of confidentiality, trust, communication, and boundaries, and seek supervision as needed.
- We use careful judgment about continuing interaction with existing or previous participants outside of treatment.
- When treating couples or families, we consider potential conflicts of interest, disclose policies on communicating information between family members, and discuss continued care and treatment plan.
- When working with participants in a research study, we strive to deliver therapeutic benefit while following scientific protocol.

5. Touch

When using touch in our practice, we always obtain consent and offer touch only for therapeutic purposes.

- We only offer techniques, such as touch, if they are within our scope of practice and competence. With ketamine this is particularized to support, assistance with agitation, moving patients through stuck places, accepting patient's requests for reassurance that may involve hand holding, foot and shoulder touching. We seek to disengage as soon as possible in order to preserve the integrity of the personal process.

We are explicit in stating there will be no sexual touch.

- We discuss in advance simple and specific words and gestures the participant is willing to use to communicate about touch during therapy sessions. For example, participants may use the word “stop” or a hand gesture indicating stop, and touch will stop.
- We practice discernment with touch, using clinical judgment and assessing our own motivation when considering if touching a participant is appropriate.

6. Sexual Boundaries

We do not engage in sexual touch with participants.

- We take responsibility for upholding clear professional boundaries.
- We do not engage in sexual intercourse, sexual touch, or sexual intimacy with a participant, former participant, their spouse or partner, or their immediate family member, at any point during treatment or following termination.
- We commit to examining our own sexual countertransference, to not act in ways that create ambiguity or confusion about sexual boundaries, and to seek supervision as needed.
- We respect the sexual identities and expression of participants and validate participants’ processes that might relate to sexuality and sexual healing.
- As representatives of this work, we aim to uphold clear sexual boundaries and ethics in our daily lives.

7. Diversity

We respect the value of diversity, as it is expressed in the various backgrounds, identities, and experiences of participants and colleagues.

- We do not condone or knowingly engage in discrimination. We do not refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion,

national origin, age, sexual orientation, disability or socioeconomic status.

- We take steps to examine our unconscious biases. We commit to ongoing self-reflection and to practice awareness, acceptance, and respect.
- We make every reasonable effort to include people living with physical, mental, and cognitive disabilities.
- We respect the unique experiences of participants, and practice openness towards their values, belief systems, and ways of healing.
- We are attentive to the impact of power dynamics in our relationships with participants, particularly where there are differences in privilege, gender, race, age, culture, education, and/or socioeconomic status.
- We strive to be honest with ourselves and participants about the limits of our understanding, and to hold genuine curiosity and interest as we relate to participants’ experiences.
- We aim to provide culturally-informed care with consideration of participants’ culture, race, identity, values, belief systems, and traditions.
- We commit to deepening our cultural understanding. We educate ourselves on various cultures, identities, values, belief systems, and traditions. We inform ourselves on social, political, and economic issues that are likely to impact participants.

8. Special Considerations for Non-Ordinary States of Consciousness

We attend to special considerations when working therapeutically with participants in non-ordinary states of consciousness.

- Participants in non-ordinary states of consciousness may be especially open to suggestion, manipulation, and exploitation; therefore, we acknowledge the need for increased attention to safety, sexual boundaries, and consent.
- We do not engage in coercive practices or behaviors.
- In working with non-ordinary states that can evoke unconscious material for both the participant and therapy provider, we acknowledge the potential for stronger and more complex transference and countertransference. Therefore, we practice self-

awareness and self-examination and seek supervision and guidance as needed.

- We approach participants' experiences with respect, curiosity and openness. We suspend our own beliefs and opinions and cultivate an expanded perspective that embraces extraordinary states.
- We refrain from imposing our personal needs on our patients: sexual, financial, for recognitions, for use of opportunities they may present, for anything that is self-serving and self-aggrandizing.

9. Finances

We maintain clear communication with participants about fees and aspire to increase financial access to services.

- We disclose our fees and payment procedures before enrolling participants in treatment.
- We advocate for participants with third party payers, including health insurance reimbursement, sponsors, and donors when possible.
- We create opportunities for participants who are unable to afford the full cost of KAP to engage in treatment through our Access to Care program of the Ketamine Research Foundation and by fee reductions,
- We do not initiate or continue treatment solely for financial gain; we only provide treatment when we believe our services have therapeutic value for the participant.
- We do not accept compensation or gifts for referrals.
- We establish and maintain clear and honest business practices.

10. Competence

We practice within our scope of competence, training, and experience specific to the populations we are working with and the modalities we offer.

- We represent our work and qualifications honestly and accurately.
- We assess at intake whether a potential participant's needs can be addressed within our scope of competence and, if not, make informed referrals to other providers and services.
- We commit to ongoing professional development, seeking supervision and continuing education to further our therapeutic skills and presence.

- We maintain licensure(s) and certification(s) in good standing, including re-certification as required.
- We maintain CPR training as current.
- We train for personal awareness by experiencing the alternative medicines we are administering—under supervision--ketamine in particular.

11. Relationship to Colleagues and the Profession

We establish and maintain compassionate and positive working relationships with colleagues, in a spirit of mutual respect and collaboration.

- To maintain the highest integrity in our practice, we consult with fellow practitioners and colleagues. We commit to asking for feedback and being open to receiving it, as well as offering feedback when it may be needed.
 - If we face ethical decisions or questions about our practice that are not sufficiently addressed in the guidelines of this Code, we will seek consultation from colleagues or a supervisor.
 - If we believe that a colleague has acted unethically or in violation of this Code, we will take reasonable and timely action. We discuss ethical concerns directly with colleagues. When an ethical violation has caused or is likely to cause substantial harm or when directly addressing the concern has not resolved the issue, we report the issue to the appropriate licensing board, institutional authority, ethics committee, and to THE KPA ASSOCIATES DIRECTOR—PHIL WOLFSON with consideration of confidentiality rights. If evaluation indicates an investigation to determine the possibility of an action, the Director will convene a body of peers. In no case with KPA and its Director incur a liability for its actions or reports but will operate in entire transparency and if appropriate will make recommendations.
 - We represent the modality of psychedelic psychotherapy with professionalism and accuracy when communicating with the public, including through the media, social media, and presentations.
- We subscribe to the value of humility, out of respect for the transformative power of the experiences we have the privilege to witness and support, and out of respect for human dignity.
 - We fully support a Code of Ethics that is compassionate, just, and collaborative. We always seek the benefit of patients and practitioners.

12. Relationship to Self

We commit to ongoing personal and professional self-reflection regarding ethics and integrity.

- We commit to an ongoing practice of self-compassion and self-inquiry.
- We seek professional assistance and community support for our own emotional challenges or personal conflicts, especially when, in our view or in the view of colleagues, they affect our capacity to provide ethical care to participants.