Clinician Support Appendices

Table of Contents

1. Practical Recommendations Checklist for (Es)ketamine Treatment
2. Working With Dysregulation: Tools & Strategies
3. Liability Preparation Checklist
4. Boundaries Preparation Checklist
5. Managing Imposter Syndrome: Preparation Checklist

Practical Recommendations Checklist for (Es)ketamine Treatment

1. Preparation

- Provide thorough preparatory information to patients about the range of possible psychoactive experiences, not only 'side-effects'.
- Clarify that unusual sensations (loss of time, ego-dissolution, hallucinations, detachment) are expected and not signs of something going wrong.
- Offer coping strategies (breathing, mindfulness, music, eye mask use).
- Encourage an open and accepting attitude—'letting go' rather than resisting.

2. Guidance During Sessions

- Ensure adequate staff presence during sessions so patients never feel abandoned.
- Train staff to provide empathetic, calming reassurance when patients become anxious or overwhelmed.
- Offer grounding gestures: gentle words, a hand on the shoulder, or brief check-ins.

3. Supportive Environment (Setting)

- Create a comfortable, quiet, private space: minimize noise, interruptions, and clinical intrusiveness.
- Adjust lighting, seating/lying options, and provide blankets, music, or sensory supports for comfort and safety.
- Avoid placing multiple patients in one room unless necessary; if so, mitigate overstimulation (earplugs, headphones, partitions).

4. Integration / Aftercare

- Offer opportunities for patients to talk about and reflect on their experiences, positive or challenging.
- Acknowledge the meaningful or spiritual dimensions patients may attribute to sessions.
- Frame psychoactive experiences as potentially relevant to healing, not just side-effects.
- Encourage journaling, conversations, or structured integration sessions as part of the treatment process.

This checklist is adapted from the qualitative findings in Frontiers in Psychiatry (2022), "Holding on or letting go? Patient experiences of control, context, and care in oral esketamine treatment for treatment-resistant depression."

Working With Dysregulation: Tools & Strategies

1. Grounding & Safety First

- Body-based grounding: notice feet on the floor, weight in the chair, or hold a grounding object.
- Breathwork: slow exhalations, box breathing, or sighing to calm the nervous system.
- Environmental support: lower lights, reduce noise, offer a blanket for safety cues.
- Safe relationship cueing: calm tone, slower speech, open body language for co-regulation.

2. Naming & Normalizing

- Help the person label what's happening: 'My chest is tight, my thoughts are racing.'
- Normalize dysregulation as a nervous-system event, not a character flaw.
- Use metaphors: 'It's like your smoke alarm is sensitive right now; we're learning how to reset it.'

3. Regulation Skills Training

- Somatic tools: progressive muscle relaxation, shaking, stretching, or paced walking.
- Mindfulness micro-practices: notice one sense at a time (sounds, colors, sensations).
- Polyvagal approaches: humming, singing, rocking to stimulate the vagus nerve.
- DBT distress tolerance: TIP skills (Temperature, Intense exercise, Paced breathing, Progressive relaxation).

4. Cognitive Supports

- Externalize dysregulation: frame it as a temporary nervous-system state, not identity.
- Reality testing: gently question catastrophic thoughts when receptive.
- Structure & predictability: use rituals, consistent language, or a written plan.

5. Relational & Co-Regulation

- Your regulated nervous system is the intervention: calm breathing, steady eye contact, attunement.
- Containment: clear boundaries and structure during chaotic moments.
- Repair ruptures: model how to reconnect after conflict or distress.

6. Longer-Term Strategies

- Psychoeducation: teach about the window of tolerance, triggers, and nervous system responses.
- Trauma processing therapies: EMDR, somatic experiencing, or IFS to resolve roots of dysregulation.
- Lifestyle: prioritize sleep, nutrition, exercise, and limit substance use.
- Meaning-making: connect with values and purpose to reduce reactivity.

7. In Psychedelic/Ketamine Contexts

- Preparation: set expectations that dysregulation may arise and is part of the process.
- During sessions: remind clients to lean in, not fight; use music, breath, and presence.
- Integration: revisit dysregulation moments with curiosity—explore triggers, what helped, what was learned.
- Staff presence: calm, grounded silence often regulates more than verbal interventions.

This handout is designed as a practical quick-reference for clinicians and clients, adaptable to multiple settings including psychotherapy, crisis intervention, and psychedelic-assisted therapy.

Liability Preparation Checklist

1. Documentation & Informed Consent

- Use expanded consent forms that detail risks, off-label use, and unpredictable experiences.
- Document emergency protocols and ensure clients understand them.
- Record when clients refuse monitoring, integration, or follow-up care.

2. Scope of Practice

- Clearly define your professional role and boundaries (therapist vs. prescriber).
- Work under written agreements with collaborating prescribers when applicable.
- Avoid promises of medical outcomes; describe benefits as 'potential' or 'emerging evidence-based'.

3. Emergency Protocols

- Maintain crisis management plans for medical and psychiatric emergencies.
- Document that patients are briefed on emergency procedures.
- Ensure staff are trained in Basic Life Support (BLS/CPR).

4. Professional Liability Coverage

- Verify malpractice insurance covers off-label ketamine use and psychedelic-assisted therapy.
- Secure specialized riders or supplemental policies if needed.

5. Supervision & Consultation

- Engage in regular peer consultation or supervision groups.
- Document supervision notes to show ongoing guidance in complex cases.

6. Screening & Exclusion Criteria

- Conduct thorough medical and psychiatric screening for each client.
- Document rationale for inclusion or exclusion based on screening results.

7. Integration & Follow-Up

- Offer integration support and follow-up sessions whenever possible.
- Document when integration support is offered, scheduled, or refused.

8. Physical & Environmental Safety

- Ensure the treatment space is free of hazards and provides adequate privacy.
- Maintain secure storage of controlled substances in compliance with DEA rules.
- Document safety walkthroughs and corrections.

9. Legal & Regulatory Compliance

- Stay updated on state and federal regulations for ketamine, psilocybin, and MDMA.
- Maintain written policies for compliance with HIPAA, OSHA, and ADA standards.

10. Communication & Boundaries

- Use professional and secure channels for communication (HIPAA-compliant).
- Document and address boundary crossings promptly.
- Be cautious with casual wording in emails and texts.

This checklist is intended to reduce liability risks by ensuring clear documentation, safety practices, and professional standards in ketamine- and psychedelic-assisted therapy.

Boundaries Preparation Checklist

1. Clarify Scope & Roles

- Provide written role statements outlining what services you do and do not provide.
- Include boundary language in informed consent (e.g., limits on contact, dual relationships, physical intimacy).
- Establish collaboration agreements with prescribers or co-therapists to clarify responsibilities.

2. Touch & Physical Space

- Develop a clear touch policy: specify when and how touch may be used (e.g., grounding hand on shoulder).
- Always obtain explicit consent for any touch, both in advance and in the moment.
- Anticipate altered state vulnerability and reaffirm touch boundaries regularly.

3. Communication Boundaries

- Use HIPAA-compliant systems for all messaging.
- Set policies for no texting or calling outside clinical scope except emergencies.
- Prohibit client contact through social media or informal channels.
- Prepare template responses for boundary-testing requests.

4. Time & Scheduling

- Define session start and end times clearly, including dosing and integration sessions.
- Create a consistent closing ritual to mark session endings.
- Apply late arrival and cancellation policies consistently.

5. Emotional & Relational Boundaries

- Prepare to acknowledge transference safely without enmeshment.
- Use co-therapy or peer consultation for boundary-challenging cases.
- Document boundary challenges and interventions clearly.
- Anticipate dependency or idealization and prepare supportive but firm responses.

6. Cultural & Ethical Awareness

- Prepare for cultural differences in boundary expectations and communicate clearly.
- Explicitly reference professional ethics codes (APA, AAMFT, state boards).
- Develop a zero-tolerance policy for boundary violations and communicate it clearly.

7. Training & Supervision

- Engage in ongoing ethics and boundary training, especially in psychedelic contexts.
- Participate in boundary-focused peer consultation or supervision groups.
- Review past boundary-testing cases to identify personal patterns and risks.

This checklist is designed to strengthen professional boundaries in therapy and psychedelic-assisted treatment, reducing liability risks and protecting client safety.

Managing Imposter Syndrome: Preparation Checklist

1. Normalize & Externalize

- Expect imposter feelings as common in high-achieving and pioneering roles.
- Name the thoughts when they arise: 'This is an imposter thought.'
- Reframe doubt as evidence of care and professional responsibility, not incompetence.

2. Strengthen Knowledge & Competence

- Overlearn fundamentals: ethics, informed consent, safety protocols.
- Keep a resource binder or manual for quick reference in sessions.
- Maintain a personal competency log of training, certifications, and client successes.

3. Supervision & Peer Connection

- Participate in regular consultation groups to reality-test judgments.
- Invite constructive feedback from supervisors and peers.
- Share imposter feelings openly in trusted professional settings.

4. Self-Compassion Practices

- Treat the inner critic as a part of the psyche, not absolute truth.
- Use grounding statements: 'I am learning and growing, and that is enough.'
- Reflect mindfully on sessions: acknowledge strengths as well as challenges.

5. Boundaries with Perfectionism

- Challenge all-or-nothing thinking ('If I'm not perfect, I'm unqualified').
- After each session, identify one strength and one area for growth.
- Avoid endless preparation cycles that mask perfectionism as diligence.

6. Mentorship & Modeling

- Connect with mentors who model humility and confidence.
- Learn from senior clinicians' stories of early self-doubt.
- Remember growth comes from practice, not waiting to 'feel ready.'

7. Protective Structures

- Use SOPs, checklists, and protocols to anchor practice in standards.
- Keep a reflective journal of positive outcomes and client feedback.

- Rely on ethical frameworks: integrity matters more than perfection.

This checklist is designed to help clinicians prepare for and manage imposter syndrome by combining reflective practices, structural supports, and professional connections.