

KETAMINE-ASSISTED PSYCHOTHERAPY

Research Summary

Current Findings in KAP for PTSD, Burnout, Existential Distress, TBI & Grief

Heart Alchemy Institute · April 2026 · Carlsbad, California

What is Ketamine-Assisted Psychotherapy?

Ketamine-Assisted Psychotherapy (KAP) combines the rapid neurobiological effects of ketamine with structured psychotherapeutic support — specifically **preparation** and **integration sessions** — to produce healing that neither pharmacology nor therapy can achieve in isolation. KAP is legal, clinically supervised, and supported by a growing body of peer-reviewed research.

The Three-Phase Framework

Phase	What Happens	Why It Matters
Preparation (1–2 sessions)	Therapeutic alliance, intention-setting, psychoeducation, "set and setting"	Builds the inner container that determines the quality of the medicine experience
Medicine Session (ketamine-assisted)	Supported inward exploration with eye mask, curated music, therapist present	Opens neuroplastic window; facilitates access to material beyond ordinary reach
Integration (1 session per KAP)	Processing insights, meaning-making, somatic and narrative work	Translates transient breakthroughs into lasting cognitive & behavioral change

Key Research Findings by Condition

PTSD

Large, sustained effect sizes at 3 months ($d'=0.75-0.86$) and 6 months ($d'=0.61-0.73$) in a multi-site KAP study ($n=346$). 60–75% of participants achieved a minimal clinically important difference. Ketamine facilitates extinction of traumatic fear memories via glutamatergic modulation. (Yermus et al., 2024; Sicignano et al., 2023)

Burnout, Depression & Anxiety

Group KAP for frontline healthcare workers and first responders produced significant reductions in burnout, PTSD, depression, and anxiety ($p<0.002$). Ketamine's neuroplastic effects "reset" exhausted neural patterns; integration reconnects individuals with values and meaning. (Flynn et al., 2025; Robison et al., 2024)

Existential Distress

Psychedelic-assisted therapies including KAP show a promising evidence base for alleviating existential distress and improving spiritual well-being. A novel palliative care KAP model integrates two dosing sessions with goals-of-care discussion and meaning-making therapy. (Campolina & de Oliveira, 2025; Cornish et al., 2025)

TBI

Ketamine is safe for TBI patients and does not adversely affect intracranial pressure. Esketamine demonstrates neuroprotective and anti-inflammatory effects in TBI models. KAP's neuroplastic mechanisms are directly relevant to the injured brain's recovery needs. (Silva et al., 2025; Leon-Rojas et al., 2026)

Grief & Bereavement

Psychedelics including ketamine are identified as a promising treatment for Prolonged Grief Disorder (PGD). Ketamine facilitates rapid emotional processing and disrupts ruminative grief patterns. Integration therapy is essential for meaning-making and developing a continuing bond with the deceased. (Ehrenkranz et al., 2024; Gowda et al., 2016)

Outcome Data: KAP Effectiveness at 3 & 6 Months

Source: Yermus et al. (2024), *Psychedelic Medicine — Retrospective effectiveness study, n=346*

Condition	Effect Size (3 mo)	Effect Size (6 mo)	% Achieving MCID (3 mo)
Depression (PHQ-9)	d' = 0.86	d' = 0.73	75%
Anxiety (GAD-7)	d' = 0.75	d' = 0.61	50%
PTSD (PCL-6)	d' = 0.80	d' = 0.65	60%

MCID = Minimal Clinically Important Difference. Large effect sizes ($d' \geq 0.8$) indicate substantial clinical significance.

This summary is prepared by Heart Alchemy Institute for informational purposes and does not constitute medical advice. All treatment decisions should be made in consultation with qualified medical and mental health professionals. For the full research document with complete citations, please contact us at info@heartalchemyinstitute.org.