

WILLOW & TEAK · SHARLA COOK, MA, LMFT-A, CCTP-I

# Ketamine-Assisted Psychotherapy & Addiction Concerns

Understanding the question of addiction risk, and how the structure of KAP is designed to address it.

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## UNDERSTANDING THE QUESTION

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### Is Ketamine Addictive?

Ketamine is sometimes described as addictive in public discourse. This association primarily comes from patterns of recreational, high-frequency, unsupervised use rather than structured clinical care.

In KAP, the relevant clinical question is not whether ketamine can be misused in general, but how addiction risk is shaped by context, intent, and pattern of use.

## HOW RISK ACTUALLY WORKS

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### Addiction Risk Is Context-Dependent

Addiction is not determined by pharmacology alone. It emerges from the interaction of brain response, behavioral reinforcement, and environmental structure. Ketamine has reinforcing properties in some settings, particularly when it is used frequently, self-administered, or used primarily for emotional escape or dissociation. In these conditions, the substance can become part of a repetition-based reward loop. However, reinforcement is not fixed to the substance itself – it is shaped by the behavioral and psychological context in which it is used. In clinical KAP, the structure is specifically designed to interrupt those reinforcing loops through limited dosing, therapeutic framing, and integration-based follow-up care.

#### PATTERN

Frequent or continuous use increases reinforcement density. KAP sessions are spaced over time and limited in number, structurally reducing that density from the outset.

#### INTENT

In non-clinical contexts, ketamine may function as a tool for escape or sensory reward. In KAP it is framed as a time-limited catalyst for psychological flexibility – the same agent, a different mechanism entirely.

#### STRUCTURE

Each session is embedded in preparation and integration work, shifting emphasis away from repeating the acute experience and toward applying insights in lived behavior after the session ends.

#### DEPENDENCE DISTINCTIONS

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## Psychological vs. Physiological Dependence

Ketamine does not typically produce a classic physiological withdrawal syndrome associated with substances such as alcohol, opioids, or benzodiazepines. Clinical attention therefore focuses more on psychological patterns, including attachment to emotional relief states, desire to revisit altered perceptual experiences, and avoidance of distressing emotional material outside of sessions.

These patterns are addressed through psychotherapy rather than reinforced through repeated dosing. Integration work is particularly important here – it redirects attention from the altered state itself to the question of what changes in cognition, emotion regulation, and behavior are sustained after the session ends.

## The Session as a Means, Not an End

Without integration, the acute experience can become the focus – creating conditions for the kind of state-seeking that drives psychological reinforcement. Integration inverts that dynamic by shifting attention from the experience itself to what is done with it afterward.

Sessions can take place in person or remotely. Integration sessions are ideally scheduled within the 24 to 72-hour neuroplasticity window following dosing, when the capacity for adaptive learning is most elevated and the insights from the session are most accessible.

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### INTENT AS A CLINICAL VARIABLE

## The Same Substance, a Different Mechanism

One of the most important distinctions in KAP is that addiction risk is not solely a property of the substance, but of intent and use pattern. In non-clinical contexts, ketamine may function primarily as a tool for escape, novelty, or sensory reward. In KAP, it is intentionally framed as a time-limited catalyst for psychological flexibility and therapeutic access.

The same pharmacologic agent can therefore support either reinforcement-based use patterns or interruptive therapeutic processes, depending on structure and intent. This distinction is not incidental to the model – it is the model.

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### EVIDENCE FROM CLINICAL CONTEXTS

## What the Research Shows

Clinical applications of ketamine for substance use disorders further illustrate the role of intent and structure in shaping outcomes. In research settings exploring ketamine-assisted treatment for alcohol use disorder, ketamine is not used as a substitute substance but as a psychotherapeutic catalyst aimed at disrupting rigid reward and self-referential patterns associated with addiction cycles.

Across these models, ketamine is paired with psychotherapy focused on identifying the emotional and cognitive drivers of substance use, rather than reinforcing drug-seeking behavior. The clinical mechanism is the interruption and reorganization of entrenched behavioral loops when embedded within structured therapeutic intent – not the repetition of a rewarding state.

#### CLINICAL BOTTOM LINE

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## How KAP Addresses Risk

### IN CLINICAL USE

#### Risk Is Managed Through Design

Dosing is limited and spaced over time, reducing the reinforcement density that drives addictive patterns.

Every session is embedded in psychotherapy – preparation before, integration after – so the acute experience is never the sole focus.

Reinforcement cycles are intentionally disrupted, using the neuroplastic window for therapeutic reorganization rather than repetition.

The goal is reduced reliance on all substances, including ketamine itself. KAP uses ketamine as a temporary catalyst, not a repeated source of relief.

### A NOTE ON FIT

If you have questions about how addiction history or active substance use affects KAP candidacy, that conversation belongs in our initial evaluation. Medical eligibility is assessed separately by Better U's clinical team. Reach out directly and we will talk through what the process looks like for your specific situation.