

Ketamine Treatment Planner for Alcohol Use Disorder

A step-by-step workbook, based on real clinical trials, to set goals, manage triggers, structure ketamine sessions, and build more alcohol-free days over time

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Part 1 – Introduction & Preparation

1.1 Who This Planner Is For

This treatment planner is for people with serious alcohol problems and for therapists or treatment teams who are considering ketamine-assisted therapy as one part of care. It is based on real clinical trials where ketamine was combined with structured psychological treatment to help people drink less and stay sober longer.[1][2][3]

You can use this planner if you are:

- A person with alcohol use disorder preparing to start ketamine treatment.
- A therapist planning a structured program around ketamine sessions.
- A clinic wanting a concrete, session-by-session framework tied to the evidence.

The planner does not replace medical advice or emergency care. It is meant to help you organize your goals, structure sessions, and use the "window of change" around ketamine in a systematic way.

1.2 How to Use This Workbook

You do not need to complete every page at once. The most effective way to use this workbook is:

- **Before treatment starts:**
 - Fill out the "My Goals," "My Triggers," and "My Support Network" pages.
 - Read the overview of the protocol you are going to use (for example, the mindfulness-based relapse prevention protocol).
- **During the treatment phase (weeks with ketamine sessions):**
 - Use the pre-session pages to set intentions and plan what to focus on.
 - Use the post-session pages to record what happened, what you learned, and how your relationship with alcohol may be shifting.
- **After treatment (30 days, 90 days, 6 months):**
 - Use the follow-up sections to track alcohol-free days, heavy drinking days, cravings, and quality of life.
 - Update your relapse-prevention and maintenance plans.

You can work through this book with your therapist in session, on your own between sessions, or both. Therapists can also copy or adapt individual pages as handouts for specific sessions.

1.3 Is Ketamine-Assisted Therapy Right for You? (Quick Self-Check)

This quick checklist helps you decide whether ketamine fits your situation, based on how it was used in the main trials.[1][2]

Answer honestly: Yes / No / Not sure

1. **Have you already tried first-line treatments for alcohol use disorder?**
 - Examples: naltrexone, acamprosate, disulfiram, structured therapy such as CBT or motivational counseling.
2. **Are you willing to take part in real therapy alongside ketamine—not just show up for infusions?**

- In the best studies, people got multiple therapy sessions focused on relapse prevention and mindfulness or motivation, not ketamine alone.[1][3]

3. Can you attend several visits in a row?

- One major trial used three weekly ketamine infusions plus seven therapy sessions over a few weeks.[1][2]

4. Do you have any medical conditions that could make ketamine unsafe?

- Examples: uncontrolled high blood pressure, serious heart disease, history of psychosis, severe bladder disease.

5. Do you understand that ketamine for alcohol problems is still experimental?

- It is not FDA-approved for alcohol use disorder and we do not yet have long-term safety data.[4][5]

6. Are you looking for help to do the hard work of change—not a magic cure?

- Ketamine plus therapy gave people more alcohol-free days and delayed relapse, but it did not "erase" alcohol problems. [1][2]

If you answered "No" to several of these, talk with your clinician about whether this is the right fit or whether to focus first on other treatments.

1.4 How Ketamine Is Thought to Help

In the alcohol trials, ketamine was not used as a sedative or anesthetic. It was given at lower, "sub-anesthetic" doses in a calm, controlled setting while people were awake.[1][2]

Researchers think ketamine may help in three main ways:

- **Increasing brain flexibility (plasticity):**
 - After a ketamine session, the brain may be more open to learning new patterns and letting go of old habits, especially when therapy happens around the same time.[1][3]
- **Weakening automatic alcohol associations:**
 - In one study, people briefly re-experienced the sights, smells, and feelings linked to drinking, then received

ketamine, and later showed roughly 50% lower weekly alcohol use for months.[6]

- **Enhancing engagement with therapy:**
 - In the UK trial, the best outcomes came from combining ketamine with a structured mindfulness-based relapse prevention program, not from ketamine alone or education alone.[1][2]

This workbook is built to take advantage of that temporary "window of change" by placing specific therapy work before and after each infusion.

1.5 The Three Evidence-Based Patterns Used in This Planner

The rest of the workbook is organized around three patterns seen in actual studies:

1. **Mindfulness-Based Relapse Prevention + Ketamine** – 7 therapy sessions plus 3 weekly infusions, focused on mindfulness, coping with triggers, and building a meaningful alcohol-free life.[1][2][3][7]
2. **Memory Reconsolidation + Ketamine** – a single session that activates vivid drinking memories right before ketamine to "rewrite" those reward memories.[6]
3. **Motivational Enhancement Therapy + Ketamine** – 6 counseling sessions plus a single ketamine infusion on a planned "quit day," focused on motivation and commitment to change.[8] [9]

You and your therapist can choose one main path, or blend elements, but this planner will first walk in detail through Protocol A, the mindfulness-based relapse prevention model that was used with three ketamine infusions in the Grabski trial.[1][2]

Part 2 – Protocol A: Mindfulness-Based Relapse Prevention + Ketamine

Based on:

- Adjunctive ketamine with relapse-prevention-based psychological therapy for alcohol use disorder (Grabski et al., 2022).[1][2]
- The standard Mindfulness-Based Relapse Prevention (MBRP) manual for addictive behaviors (Bowen, Chawla, Marlatt, and colleagues).[3][7][10][11]

Real-world structure in the trial:

- 7 individual therapy sessions, 1.5 hours each.
- 3 weekly ketamine infusions (0.8 mg/kg IV over 40 minutes).
- Each infusion was **preceded** by a therapy or education session, and followed by another session about 24 hours later.[1][2]

This section turns that into a concrete, reproducible sequence you can follow.

2.1 Overview of the Seven Sessions

Each session has two major themes plus one specific mindfulness exercise:[2][3][7]

- **Relapse-prevention theme:** dealing with triggers, high-risk situations, thinking traps, and lapses.
- **Well-being theme:** building an enjoyable, meaningful life without alcohol.
- **Mindfulness practice:** a particular exercise (body scan, breath, urge surfing, etc.) taught and practiced in session, then at home.

The sessions align with what the trial described: dealing with high-risk situations, activity scheduling, problem-solving, thinking biases, mindfulness practice, urge surfing, and reflecting on resources for a meaningful alcohol-free life.[2][3][7]

Session 1 – Getting Oriented and Waking Up From "Automatic Pilot"

Timing in relation to ketamine:

- Delivered **before** the first ketamine infusion (often a day or the same day, before infusion).

Goals:

- Help you see how alcohol has been running on "automatic pilot."
- Clarify what you want from treatment.
- Start simple mindfulness practice (body scan).

Structure (about 90 minutes):

1. Welcome and orientation (10–15 minutes)

- "We will be combining ketamine with a mindfulness-based relapse prevention program. Ketamine can make the brain more flexible for a short time. Our job together is to use that window to build skills and patterns that help you stay sober and live a more meaningful life." [1][2]
- Review basic ground rules (confidentiality, safety, sobriety before sessions).

2. Relapse-prevention theme: "Automatic pilot and relapse"

(20–25 minutes)

- Discussion prompt: "Think of a recent time you drank more than you meant to. Walk me through what happened from the moment you woke up that day."
- Map the chain:
 - Trigger (place, emotion, person, time).
 - Automatic thoughts ("I deserve a drink," "Just one won't hurt").
 - Behaviors (stopping at a store, opening the first drink).
 - Consequences (hangover, shame, arguments, health issues).
- Emphasize: much of this happens automatically, without conscious choice.

3. Well-being theme: "What would a meaningful, alcohol-free life look like?" (20–25 minutes)

- Values exercise:

- Ask: "If alcohol were no longer in control, what would you want your life to look like in 6–12 months?"
- List domains: health, relationships, work/study, hobbies, community/spiritual life.
- Explore what "enjoyable and meaningful" means for this person (not generic).

4. Mindfulness exercise: Body scan (15–20 minutes)

- Teach that mindfulness means paying attention on purpose, in the present moment, without judgment.[3][7]
- Guided practice (scripted, ~10–15 minutes):
 - "Bring your attention to your feet. Notice sensations: warmth, coolness, pressure..."
 - Slowly move attention up through legs, torso, arms, head.
 - If the mind wanders, gently redirect attention back to the body.

5. Link to ketamine (5–10 minutes)

- "In the study this program is based on, people received ketamine once a week for three weeks, and they practiced mindfulness and relapse-prevention skills like these in between sessions.[1][2] Ketamine does not do the work for you; it opens a window. The work is what we're starting now."

6. Homework (5 minutes)

- Do the body scan at least 5 days before next session (10 minutes per day).
- Fill out "My Automatic Pilot Map" for at least two recent drinking situations.

Session 2 – Triggers, Activity Scheduling, and First Infusion Integration

Timing in relation to ketamine:

- Typically **24 hours after the first infusion**, but some clinics may do this the same week after infusion.[1][2]

Goals:

- Help you understand your personal triggers.

- Start scheduling positive, alcohol-free activities.
- Integrate what happened during the first ketamine session.

Structure (about 90 minutes):

1. Check-in and first infusion debrief (15–20 minutes)

- Questions:
 - "What do you remember about the ketamine session?"
 - "Did anything about alcohol or your life come up in a new way?"
 - "How did you feel the rest of that day and the next morning?"
- Reflect, normalize, and note any shifts in motivation or perspective.

2. Relapse-prevention theme: "Awareness of triggers and craving" (20–25 minutes)

- Use MBRP-style framing: triggers can be external (places, people) or internal (feelings, thoughts, body states).[3][7]
- Have the patient list:
 - People, places, times, emotions that usually precede drinking.
- Introduce concept of early warning signs vs. high-risk moments.

3. Well-being theme: Activity scheduling and building positive experiences (20–25 minutes)

- Explain: Stopping alcohol creates "empty space" in time and mood; it needs to be filled with meaningful activities, not left blank.
- Brainstorm enjoyable, alcohol-free activities (small and realistic).

4. Mindfulness exercise: Mindful breathing (10–15 minutes)

- Teach simple breath-focused meditation:
 - "Sit upright but relaxed. Bring attention to the feeling of air entering and leaving your nose, or the rising and falling of your chest or belly. When your mind wanders, gently bring it back to the breath, without judging yourself."
- Practice 10–15 minutes in session.

5. Homework (5 minutes)

- Use "My Weekly Plan" to follow through on at least 5 scheduled activities.
- Practice mindful breathing daily (10 minutes).
- Keep noticing triggers and adding them to "My Trigger Map."

Session 3 – Problem-Solving, Support, and Preparing for Second Infusion

Timing in relation to ketamine:

- Typically **before the second infusion** (same week, before IV).

Goals:

- Identify what got in the way during the first week and first infusion aftermath.
- Teach structured problem-solving.
- Map your support network.
- Introduce urge surfing (next session will deepen it).

Structure (about 90 minutes):

1. Review week and preparation for infusion 2 (15–20 minutes)

- "How many alcohol-free days did you have this week?"
- "Which planned activities did you complete?"
- "What got in the way?"
- Begin to set intention for second infusion: one or two focus questions about staying sober or changing patterns.

2. Relapse-prevention theme: Problem-solving (20–25 minutes)

- Teach a simple 5-step model:
 1. Define the problem clearly ("I drank on Friday after a stressful call.").
 2. List possible solutions (no filtering).
 3. Look at pros/cons of each.
 4. Choose one and create a specific plan.
 5. Try it and review what happened.

3. Well-being theme: Building social support (20–25 minutes)

- Explore:
 - "Who in your life supports your decision to change?"
 - "Who makes it harder to stay sober?"

- Plan who to lean on and how (calls, texts, visits, meetings).

4. Mindfulness introduction to cravings: Basic urge surfing (15–20 minutes)

- Explain: A craving is like a wave. It rises, peaks, and falls.
You do not have to act on it.
- Guided mini-practice (5–10 minutes):
 - Ask the patient to recall a recent craving.
 - Have them imagine the feeling arising in the body.
 - Notice where it shows up (throat, chest, hands, stomach).
 - Observe intensity on a 0–10 scale.
 - "Ride it out" in imagination without acting.

5. Link to second infusion (5 minutes)

- "We will continue this work just before and after the next ketamine session. The more you practice these skills, the more you can take advantage of the brain changes ketamine may temporarily support." [1][2]

Session 4 – Integrating Second Infusion, Deep Urge Surfing, and Thinking Traps

Timing in relation to ketamine:

- Typically 24 hours after the second infusion.

Goals:

- Integrate second infusion experiences.
- Strengthen urge surfing as a real-time craving skill.
- Start working with thinking biases that feed relapse.

Structure (about 90 minutes):

1. Second infusion debrief (15–20 minutes)

- Similar structure to Session 2 debrief, but now also compare to first infusion:
 - "What was similar or different this time?"
 - "Did anything shift in how you see alcohol or yourself?"

2. Relapse-prevention theme: Cognitive distortions / "thinking traps" (25–30 minutes)

- Introduce common patterns:
 - All-or-nothing thinking ("I had one drink, so I've ruined everything.").
 - Catastrophizing ("If I slip once, I'll end up in the hospital.").
 - Emotional reasoning ("I feel like I need a drink, so I must need it.").
- Teach basic cognitive restructuring:
 - Notice the thought.
 - Ask: "Is this 100% true?" "What evidence do I have?"
 - Generate a more balanced alternative thought.

3. Well-being theme: Values and meaning (15–20 minutes)

- Revisit values from Session 1.
- Ask: "Have the ketamine sessions given you any new sense of meaning, purpose, or direction?"
- Plan 1–2 concrete steps that align with those values (e.g., reconnect with family, start a class, resume a hobby).

4. Mindfulness exercise: Full urge surfing practice (15–20 minutes)

- Do a longer guided practice, this time possibly using an in-session trigger (e.g., imagery of a drinking situation) while remaining safe.
- Guide patient through noticing the "wave" of urge, rating intensity every minute, watching it rise and fall, and choosing not to act.

5. Homework (5 minutes)

- Complete at least 3 thought records in real situations.
- Practice urge surfing any time a craving arises.
- Take 1–2 concrete steps toward your values plan.

Session 5 – Lapses vs Relapse, Self-Compassion, and Preparing for Third Infusion

Timing in relation to ketamine:

- Typically **before the third infusion**.

Goals:

- Help you distinguish a lapse (slip) from a full relapse and respond skillfully.
- Introduce self-compassion to reduce shame spirals.
- Consolidate all skills before the final infusion.

Structure (about 90 minutes):

- 1. Check-in on cravings, thoughts, and values actions (15–20 minutes)**
 - Review thought records and urge surfing logs.
 - Note any lapses and handle them non-judgmentally.
- 2. Relapse-prevention theme: Lapse vs relapse and "get back on track" plan (25–30 minutes)**
 - Define lapse: a brief return to drinking (e.g., one evening) that does not have to become a full relapse.
 - Define relapse: sustained return to old pattern of heavy drinking.
 - Develop a specific "If I slip, then..." plan.
- 3. Well-being theme: Self-compassion (20 minutes)**
 - Explain: harsh self-criticism after a lapse often fuels more drinking; self-compassion helps people re-engage with change.[3][7]
 - Teach a simple self-compassion break:
 - Notice: "This is a painful moment."
 - Common humanity: "Many people struggle like this; I'm not the only one."
 - Kindness: "May I be kind to myself; may I support myself in getting back on track."
- 4. Mindfulness exercise: Loving-kindness (metta) practice (15–20 minutes)**
 - Guided script:
 - Begin with self: "May I be safe. May I be healthy. May I live with ease."
 - Extend to a loved one, then a neutral person, then a difficult person, then all beings.
 - Emphasize: this is not about approval of behavior, but about wishing well and breaking cycles of self-hate that drive drinking.
- 5. Preparation for third infusion (5–10 minutes)**

- Summarize all skills learned so far (body scan, breath, triggers, activity scheduling, problem-solving, thought records, urge surfing, self-compassion).
- Set a clear intention for the final infusion:
 - "During this session, I want to deepen my commitment to a sober life aligned with my values."

Session 6 – Integrating Third Infusion and Building a 30-Day Plan

Timing in relation to ketamine:

- Typically 24 hours after the third infusion.

Goals:

- Integrate the full arc of ketamine experiences.
- Create a detailed 30-day sobriety and practice plan.

Structure (about 90 minutes):

1. **Third infusion debrief and overall reflection (20–25 minutes)**
 - "Looking back over all three ketamine sessions, what stands out?"
 - "Have your feelings about alcohol changed?"
 - "What feels possible now that didn't before?"
2. **Relapse-prevention theme: 30-day sobriety/action plan (25–30 minutes)**
 - Build a concrete plan for the next 30 days:
 - Daily mindfulness routine.
 - Weekly therapy or support contacts.
 - Strategies for high-risk situations.
 - Emergency contacts if cravings become overwhelming.
3. **Well-being theme: Concrete steps toward meaningful life (15–20 minutes)**
 - Review values one more time.
 - Plan specific actions for the next month in each valued domain.
 - Identify one "anchor" activity to do every day.
4. **Closing and transition (10 minutes)**

- Acknowledge progress and commitment.
- Plan next steps: ongoing therapy, support groups, medication management if applicable.

Session 7 – Maintenance, Long-Term Vision, and Final Integration

Timing:

- Typically **1–2 weeks after Session 6**, after the 30-day plan has been underway.

Goals:

- Review progress over the first month post-ketamine.
- Refine long-term maintenance plan.
- Close the structured protocol phase.

Structure (about 90 minutes):

1. 30-day review (20 minutes)

- "How many alcohol-free days did you have this month?"
- "What worked well? What was harder than expected?"
- Celebrate successes; problem-solve challenges.

2. Long-term maintenance plan (30 minutes)

- "What practices do you want to continue indefinitely?"
- "How will you know if you're starting to slip?"
- "What will you do if you notice warning signs?"
- Create a written maintenance plan document.

3. Reflecting on the full journey (20 minutes)

- "What has this process taught you about yourself?"
- "How has your relationship with alcohol shifted?"
- "What do you want to remember 6 months from now?"

4. Closing ritual and next steps (20 minutes)

- Review the entire treatment arc: preparation → three infusions → integration → maintenance.
- Plan follow-up check-ins (30 days, 90 days, 6 months).
- Final affirmation and gratitude.

Part 3 – Your Personalized Treatment Plan

This section contains blank worksheets and tracking tools you can fill out as you move through treatment. You can print these pages, photocopy them, or adapt them digitally.

3.1 My Goals for Treatment

Instructions: Before your first session, write down what you hope to achieve. Be specific and realistic. You can revise these as treatment progresses.

1. My main goal for this treatment is:

(Example: "I want to go from drinking 6 days a week to 2 or fewer days a week within 3 months.")

2. I will know I am making progress when:

(Example: "I have at least 5 alcohol-free days per week for two weeks in a row.")

3. Three specific changes I want to see in my life:

- Health:

- Relationships:

- Work/Hobbies:

4. What scares me most about changing:

5. What excites me most about changing:

3.2 My Automatic Pilot Map (Session 1 Worksheet)

Instructions: Think of a recent time you drank more than you intended. Fill in each box to map the automatic chain of events.

What was the trigger?	What automatic thoughts came up?
(Place, person, emotion, time of day)	("I deserve this," "Just one won't hurt," "I can't handle this feeling")
What did I do on automatic pilot?	What happened next?
-----	-----
(Stopped at store, poured a drink, called drinking buddy)	(Drank more than planned, hangover, argument, shame)
How did I feel afterward?	What would I do differently next time?
-----	-----
(Guilt, regret, sick, ashamed, numb)	(Call a friend, take a walk, use urge surfing, go to a meeting)
-----	-----

3.3 What I Want My Life to Look Like (Session 1 Worksheet)

Instructions: If alcohol were no longer in control, what would you want your life to look like in 6–12 months? Be specific.

Health:

If I were not controlled by alcohol, in this area I would be:

One small step I could realistically take in the next 2 weeks:

Relationships:

If I were not controlled by alcohol, in this area I would be:

One small step I could realistically take in the next 2 weeks:

Work/Study:

If I were not controlled by alcohol, in this area I would be:

One small step I could realistically take in the next 2 weeks:

Hobbies/Interests:

If I were not controlled by alcohol, in this area I would be:

One small step I could realistically take in the next 2 weeks:

Community/Spiritual Life:

If I were not controlled by alcohol, in this area I would be:

One small step I could realistically take in the next 2 weeks:

3.4 Body Scan Practice Log (Session 1 Homework)

Instructions: Practice the body scan for 10–15 minutes at least 5 days before your next session. Record each practice.

3.5 First Infusion Reflections (Session 2 Worksheet)

Instructions: Fill this out after your first ketamine infusion, before or during Session 2.

Three words that describe the experience:

1. _____
2. _____
3. _____

Any images or thoughts that stood out:

Anything that felt important or meaningful:

How I felt the rest of the day and the next morning:

3.6 My Trigger Map (Session 2 Worksheet)

Instructions: List your personal triggers and brainstorm alternative responses.

Trigger (person/place/f eeling/time)	Typical automatic thought	What I usually do	A different response I could try
Example: Friday 5pm, tired	"I deserve a drink after this week"	Stop at liquor store	Call my sponsor, go for a run

3.7 My Weekly Plan for a Sober Life (Session 2 Worksheet)

Instructions: Schedule 2–3 specific pleasant or meaningful activities each day. The more concrete, the better.

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

3.8 Mindful Breathing Log (Session 2 Homework)

Instructions: Practice mindful breathing for 10–15 minutes daily. Record each practice.

Date	Start Time	Duration (minutes)	What I Noticed	Difficulty (1–10)

3.9 Problem-Solving Worksheet (Session 3 Worksheet)

Instructions: Use this 5-step model when you encounter obstacles.

1. Define the problem clearly:

2. List possible solutions (no filtering—brainstorm everything):

- _____
- _____
- _____
- _____
- _____
- _____

3. Pros and cons of each solution:

Solution	Pros	Cons

4. Choose one and create a specific plan:

I will try:

When:

5. After trying it, what happened?

3.10 My Support Network Map (Session 3 Worksheet)

Instructions: Draw concentric circles. In the inner circle, write names of key support people. In the middle circle, sometimes supportive. In the outer circle, people/places to limit or avoid.

Inner Circle (key support people):

Middle Circle (sometimes supportive):

Outer Circle (people/places to limit or avoid):

Who I will reach out to this week:

3.11 Urge Surfing Practice Log (Sessions 3–4 Homework)

Instructions: When you have a craving, use this log to ride it out without acting.

Date/ Time	Tri- gger	Intensity (0– 10)	Where in my body?	How long did it last?	What I did instead

3.12 Second Infusion Reflections (Session 4 Worksheet)

Instructions: Fill this out after your second ketamine infusion.

Three words that describe the experience:

1. _____
2. _____
3. _____

Compared with the first infusion, I noticed:

Any insights about alcohol or my life:

3.13 Thought Record (Session 4 Worksheet)

Instructions: When you have an automatic thought about drinking, use this worksheet to challenge it.

Situation	Automatic Thought	Feeling/Urge (0-10)	Evidence For	Evidence Against	Balanced Thought

3.14 Living My Values This Week (Session 4 Homework)

Instructions: For each value you identified, plan one concrete action this week.

Value: _____

This week I will:

Value: _____

This week I will:

Value: _____

This week I will:

3.15 My Lapse Response Plan (Session 5 Worksheet)

Instructions: If you have a slip, follow this plan to get back on track quickly.

If I have a drink, I will immediately:

1. _____

2. _____

3. _____

I will examine what led up to it by reviewing:

- My trigger map
- My thought records
- My support network

I will restart my sobriety plan the next morning without beating myself up. I will remind myself:

3.16 Self-Compassion Statements (Session 5 Worksheet)

Instructions: Write 3–5 personalized phrases to use after cravings or setbacks.

1. _____

2. _____

3. _____

4. _____

5. _____

3.17 Three Infusions: What Changed? (Session 6 Worksheet)

Instructions: Reflect on the full arc of your three ketamine sessions.

At the start, I felt:

Now I feel:

Three important things I've learned are:

1. _____
2. _____
3. _____

3.18 My 30-Day Sobriety Plan (Session 6 Worksheet)

Instructions: Create a concrete plan for the next 30 days.

Daily mindfulness routine:

Morning (time and practice):

Evening (time and practice):

Weekly therapy or support contacts:

- _____
- _____
- _____
- _____
- _____

High-risk situations I expect this month and my plan:

Situation	My Plan

Emergency contacts if cravings become overwhelming:

1. _____

2. _____

3. _____

3.19 Long-Term Maintenance Plan (Session 7 Worksheet)

Instructions: After completing the structured protocol, create a long-term plan.

Practices I will continue indefinitely:

- _____
- _____
- _____
- _____
- _____

Warning signs that I'm starting to slip:

- _____
- _____
- _____
- _____
- _____

What I will do if I notice warning signs:

1. _____

2. _____

3. _____

Ongoing support resources:

- Therapy:

- Support groups:

- Medications:

- Key supporters:

3.20 Follow-Up Tracking (30 Days, 90 Days, 6 Months)

Instructions: Complete this tracking form at each follow-up point.

Follow-up date: _____

Since last check-in:

Number of alcohol-free days: _____

Number of heavy drinking days (4+ drinks for women, 5+ for men): _____

Average craving intensity (0–10 scale):

Mindfulness practices per week: _____

Therapy or support group attendance:

Quality of life rating (0–10, where 10 is best):

What's working well:

What I'm struggling with:

Adjustments to my plan:

2.2 Protocol B: Memory Reconsolidation + Ketamine (Single-Session Approach)

Based on:

- Das et al. (2019). Ketamine can reduce harmful drinking by pharmacologically rewriting drinking memories.[6]
- Memory reconsolidation theory: Memories become temporarily malleable when retrieved, creating a window to weaken or "rewrite" them.

Real-world structure in the trial:

- Single session combining memory retrieval with ketamine infusion.
- Memory reactivation procedure immediately before ketamine (0.8 mg/kg IV over 40 minutes).
- Follow-up assessments at 1 week, 1 month, 3 months, 6 months, and 9 months.

This protocol is fundamentally different from Protocol A. Instead of multiple therapy sessions spread over weeks, this approach uses a single targeted intervention to disrupt the reward memories that drive drinking behavior.[6]

What Is Memory Reconsolidation?

Every time you retrieve a memory—bring it to mind in a vivid, detailed way—that memory briefly becomes unstable and must be "re-saved" in the brain, a process called reconsolidation.[6] During this reconsolidation window (roughly 6 hours after retrieval), the memory is vulnerable to change.[6]

For people with alcohol problems, certain cues—the sight of a favorite drink, the smell of a bar, a specific friend or place—trigger powerful memories of alcohol's rewarding effects. These maladaptive reward memories (MRMs) drive cravings and automatic drinking behavior. [6]

The theory: If you deliberately activate those alcohol reward memories and then give ketamine during the reconsolidation window, ketamine (an NMDA receptor antagonist) can interfere with the re-saving process and weaken the memory's emotional power.[6]

The result observed in the Das trial: People who received memory retrieval + ketamine showed roughly 50% lower weekly alcohol consumption for at least 9 months, with no rebound to baseline, compared to ketamine alone or memory retrieval alone.[6]

Who This Protocol May Be Right For

This single-session approach may be most appropriate for:

- People with strong, specific drinking cues tied to particular places, people, drinks, or routines.
- People who have identifiable "trigger memories" that feel automatic and hard to resist.
- People looking for a brief, targeted intervention rather than weeks of structured therapy.
- People who have already tried standard treatments and are open to experimental approaches.

This protocol is **not** a replacement for comprehensive treatment. It is best viewed as one tool that may help weaken automatic alcohol associations when combined with ongoing support, therapy, or medication management.

The Protocol: Step-by-Step

Phase 1: Preparation (Before the Session)

Work with your therapist or treatment team to:

- 1. Identify your most powerful drinking memories and cues.**
 - What drink do you most strongly associate with reward and relief? (Not just what you drink most often, but what feels most emotionally powerful.)
 - What place, person, time of day, or ritual is most tied to that drink?
 - What does the memory feel like? Describe the sights, smells, tastes, feelings in your body.
- 2. Prepare visual and sensory cues.**
 - In the Das trial, participants were shown images of beer and given a glass of their preferred drink to look at, smell, and anticipate drinking.[6]
 - Your therapist may use photos, actual drinks (in a controlled setting), or detailed guided imagery to prepare these cues.
- 3. Set realistic expectations.**
 - This is not a "cure" or a magic eraser of alcohol problems.
 - The goal is to reduce the automatic pull of drinking cues and make it easier to use other coping strategies.
 - You will still need ongoing support after the session.

Phase 2: Memory Retrieval Session (Day 1)

This happens 24–48 hours before the ketamine infusion.[6]

- 1. Exposure to drinking cues (10–15 minutes):**
 - You are shown images, given a glass of your preferred drink to hold and smell, and told you will be allowed to drink it after rating your craving.
 - Rate your craving and desire to drink (0–10 scale).

- Then drink the beverage while the therapist reinforces the memory (e.g., "Notice how it tastes, how it feels, what you like about it").

2. Why this step matters:

- This activates the reward memory and strengthens the association before the critical manipulation.

Phase 3: Memory Destabilization + Ketamine (Day 2 or 3)

This is the core intervention.[6]

1. Memory retrieval (5–10 minutes):

- Repeat the exact same cue exposure: images, drink in hand, rating cravings.
- **Critical twist:** This time, you are told you can drink it—but then you are **not allowed to drink it**.[6]
- This "prediction error" (expecting reward but not getting it) destabilizes the memory and makes it vulnerable to change.

2. Ketamine infusion (40 minutes):

- Immediately after memory destabilization (within 5–10 minutes), you receive intravenous ketamine (0.8 mg/kg over 40 minutes).[6]
- The infusion happens in a calm, medically supervised setting.
- You remain awake and may have mild dissociative experiences (feeling detached, dreamlike sensations).

3. Post-infusion monitoring (2–3 hours):

- Vital signs monitored.
- Psychiatric check-in before discharge.
- Brief discussion of what you noticed during the session.

Phase 4: Follow-Up and Support (Days, Weeks, Months)

The Das trial tracked participants for 9 months and found lasting reductions in drinking.[6] Your follow-up plan should include:

1. Week 1 check-in:

- Track alcohol-free days, heavy drinking days, and cravings.
- Notice whether the automatic pull toward drinking in trigger situations feels different.

2. Ongoing therapy or support:

- This protocol does not include structured therapy sessions like Protocol A, but you should continue with:
 - Individual therapy (CBT, motivational counseling, or another approach).
 - Support groups (AA, SMART Recovery, etc.).
 - Medication management if appropriate (naltrexone, acamprosate).

3. Booster sessions (if needed):

- The Das trial used a single session, but some clinics may offer repeat memory reconsolidation sessions if cravings return or new drinking cues emerge.

What to Expect: Realistic Outcomes

Based on the Das trial results:[6]

- **Week 1 after session:**

- Reduced urge to drink when exposed to previously powerful cues.
- Lower alcohol consumption (about 50% reduction in weekly drinking days and total drinks per week compared to baseline).

- **Months 1–3:**

- Sustained reduction in drinking levels.
- Participants in the retrieval + ketamine group drank less frequently and consumed less alcohol than control groups.

- **Months 6–9:**

- Benefits persisted with no rebound to baseline drinking levels observed during the trial period.[6]
- All groups (including controls) reduced drinking over time, but the retrieval + ketamine group showed the largest and most lasting reductions.

Important caveats:

- Participants in the trial were hazardous/harmful drinkers, not people with severe alcohol dependence requiring medical detox. [6]

- This was a small trial (90 participants), and results need replication in larger, more diverse samples.
- Not everyone responded equally; individual variation was significant.

Why This Works: The Science

Ketamine blocks NMDA receptors, which are critical for the process of reconsolidating (re-saving) memories after they are retrieved.[6] When you activate a drinking memory and then give ketamine during the reconsolidation window, the drug prevents the memory from being re-saved in its original, emotionally powerful form. The memory becomes weaker, less automatic, less compelling.[6]

Key finding from the Das trial:

Blood levels of ketamine and its metabolites during the reconsolidation window predicted beneficial outcomes **only** in the group that had memory retrieval first.[6] This strongly suggests the mechanism is reconsolidation interference, not just a general mood or motivation effect from ketamine.

Practical Worksheets for Protocol B

Worksheet B1: My Drinking Memories and Cues

Instructions: Before the memory retrieval session, identify your most powerful drinking memories.

1. My most emotionally powerful drink:

(Not just what you drink most, but what feels most rewarding, comforting, or automatic.)

—

2. Where and when I most strongly associate this drink with reward:

—

3. What I see, smell, taste, and feel in this memory:

- Sights:

- Smells:

- Tastes:

- Body sensations:

4. What this drink "does for me" emotionally:

(Relief? Reward? Escape? Connection? Celebration?)

Worksheet B2: Memory Retrieval Session Log (Day 1)

Date: _____

Drink used for memory retrieval:

My craving level before seeing the drink (0–10):

My craving level after seeing and smelling it (0–10):

After drinking it, what I noticed:

Worksheet B3: Memory Destabilization + Ketamine Session (Day 2 or 3)

Date: _____

My craving level before seeing the drink again (0–10):

My craving level after being told I can't drink it (0–10):

What I felt during the "prediction error" (expecting the drink but not getting it):

During the ketamine infusion, I noticed:

How I felt 2–3 hours after the infusion:

Worksheet B4: Post-Intervention Tracking

Week	Alcohol-free days	Heavy drinking days	Craving intensity (average 0–10)	What I noticed about my trigger cues
Week 1				
Week 2				
Week 4				
Month 3				
Month 6				
Month 9				

2.3 Protocol C: Motivational Enhancement Therapy + Ketamine (Quit-Day Approach)

Based on:

- Dakwar et al. (2020). A single ketamine infusion combined with motivational enhancement therapy in alcohol dependence.[8]
- Miller & Rollnick's Motivational Interviewing framework.[9]

Real-world structure in the trial:

- 6 individual motivational enhancement therapy sessions over 5 weeks.
- Single ketamine infusion (0.71 mg/kg IV over 52 minutes) on a pre-planned "quit day" during week 2.

- Follow-up for 21 days after infusion, with urine testing to confirm abstinence.

This protocol combines the motivational counseling approach commonly used in addiction treatment with a single ketamine dose timed to coincide with a planned quit attempt.[8]

What Is Motivational Enhancement Therapy (MET)?

Motivational enhancement therapy is a brief, client-centered counseling approach designed to help people resolve ambivalence about change and strengthen their internal motivation to reduce or stop drinking.[9]

Core principles:[9]

- **Express empathy:** The therapist listens without judgment and validates the person's experience.
- **Develop discrepancy:** Help the person see the gap between their current behavior (heavy drinking) and their values or goals (health, family, work).
- **Roll with resistance:** Don't argue or force change; instead, explore ambivalence and let the person talk themselves toward change.
- **Support self-efficacy:** Build confidence that change is possible.

MET is typically delivered in 2–4 sessions, but the Dakwar trial adapted it into a 5-week, 6-session protocol around a single ketamine infusion.[8]

Why Combine MET with Ketamine?

Ketamine may temporarily increase openness to new perspectives, enhance emotional engagement with therapy, and boost motivation for change during the critical window after infusion.[8] The Dakwar trial placed the ketamine infusion on a pre-designated "quit day" to take advantage of this neuroplastic window right when motivation and commitment are highest.[8]

Key findings from the Dakwar trial:[8]

- Participants who received ketamine + MET had significantly greater odds of alcohol abstinence over the 21 days after infusion compared to those who received midazolam (a sedative control) + MET.
- Ketamine group had lower likelihood of heavy drinking and longer time to relapse.
- No participants dropped out of the ketamine group; six dropped out of the control group, with four resuming heavy drinking before dropout.[8]

Who This Protocol May Be Right For

This MET + ketamine approach may be most appropriate for:

- People who are ambivalent about quitting but open to exploring change.
- People who have tried to quit before but struggle with motivation and commitment.
- People who respond well to supportive, non-confrontational counseling.
- People with alcohol dependence who are willing to set a specific quit day and work toward abstinence (not just reduction).

This protocol is more intensive than Protocol B (multiple therapy sessions) but less intensive than Protocol A (fewer sessions, single ketamine infusion).

The Protocol: Session-by-Session

Session 1 (Week 1): Building Motivation and Exploring Ambivalence

Goals:

- Establish rapport and safety.
- Assess current drinking patterns and consequences.
- Begin to explore the person's reasons for change and reasons to stay the same.

Structure (60–90 minutes):

- 1. Welcome and overview (10 minutes)**

- "We'll be working together over the next 5 weeks. My job is not to tell you what to do, but to help you figure out what you want and how to get there."

2. Assess drinking and consequences (20 minutes)

- Timeline followback: detailed record of drinking over the past 30 days.
- "Tell me about a typical drinking day. What do you drink, when, where, with whom?"
- "What have been some of the negative consequences—health, relationships, work, legal?"

3. Decisional balance exercise (20–30 minutes)

- Draw a four-quadrant chart:
 - Top left: **Good things about drinking** (be honest; validate these).
 - Top right: **Not-so-good things about drinking**.
 - Bottom left: **Concerns about quitting**.
 - Bottom right: **Benefits of quitting**.
- Explore each quadrant without judgment.
- Summarize: "So on one hand, drinking helps you relax and connect with friends. On the other hand, it's affecting your health and your family is worried."

4. Values clarification (10–15 minutes)

- "If you could wave a magic wand and your life looked exactly the way you wanted in 6 months, what would be different?"
- "What matters most to you—what do you care about deeply?"

5. Homework (5 minutes)

- "Between now and next session, just notice: when do you drink, and what does it give you? What does it cost you?"

Session 2 (Week 1): Strengthening Commitment and Planning the Quit Day

Goals:

- Deepen discrepancy between values and behavior.
- Begin to tip the balance toward change.
- Set a specific quit day (the day of the ketamine infusion in week 2).

Structure (60–90 minutes):

1. Review observations from the week (15 minutes)

- "What did you notice this week about your drinking?"
- Reflect back themes of ambivalence and emerging change talk.

2. Change talk and commitment language (20–25 minutes)

- Listen for and amplify "change talk": statements about desire, ability, reasons, or need to change.
 - Desire: "I want to feel better."
 - Ability: "I think I could go a week without drinking."
 - Reasons: "My kids deserve a sober parent."
 - Need: "I have to quit before my liver gives out."
- Reflect these back and ask: "Tell me more about that."

3. Quit day planning (20–25 minutes)

- "We're going to pick a specific day in the next 1–2 weeks as your quit day. On that day, you'll receive the ketamine infusion, and we'll frame it as the start of your alcohol-free life."
- Discuss logistics:
 - Clear schedule for that day.
 - Remove alcohol from home before quit day.
 - Plan what to do instead of drinking that evening.

4. Coping plan for first 24 hours after quit day (10–15 minutes)

- "What will be hardest in the first 24 hours?"
- Brainstorm specific coping strategies.

5. Homework (5 minutes)

- Prepare for quit day: remove alcohol, tell support people, complete any medical clearance.

Session 3 (Week 2, Before Infusion): Final Preparation and Setting Intentions

Goals:

- Finalize quit-day readiness.
- Set intentions for the ketamine experience.
- Address last-minute fears or doubts.

Structure (60 minutes, immediately before or the day before infusion):

- 1. Check-in on readiness (15 minutes)**
 - "How are you feeling about today/tomorrow?"
 - Normalize anxiety and ambivalence.
- 2. Revisit values and reasons for change (15–20 minutes)**
 - "Why is this important to you right now?"
 - "What do you hope will be different after today?"
- 3. Intentions for ketamine session (15–20 minutes)**
 - "During the infusion, you may have insights, emotions, or images come up. If you could focus on one thing during that experience, what would it be?"
 - Examples:
 - "I want to feel what it's like to let go of alcohol."
 - "I want to connect with why my family matters more than drinking."
 - "I want to see myself as someone who can be sober."
- 4. Practical preparation (10 minutes)**
 - Review what will happen during infusion (medical monitoring, duration, dissociative effects).
 - Confirm post-infusion plan (who will pick you up, what you'll do that evening).

Ketamine Infusion Session (Week 2, Quit Day)

Structure:

- **Pre-infusion (30 minutes):**
 - Brief medical check-in, vital signs, consent.
 - Relaxation and grounding (calm music, comfortable setting).
 - Reminder of intentions.
- **Infusion (52 minutes):[8]**
 - 0.71 mg/kg ketamine IV over 52 minutes.
 - Participant remains awake, may experience dissociative or introspective states.
 - Therapist or medical staff present but minimal interaction during infusion.
- **Post-infusion monitoring (2–3 hours):**

- Vital signs monitored.
- Brief psychiatric evaluation before discharge.
- Initial debrief: "What stood out? What did you notice?"

Session 4 (Week 2, 24–48 Hours After Infusion): Integration and Early Sobriety Support

Goals:

- Integrate the ketamine experience.
- Support the first days of sobriety.
- Problem-solve immediate challenges.

Structure (60–90 minutes):

1. Infusion debrief (20–25 minutes)

- "What was that experience like for you?"
- "Did anything shift in how you see alcohol or yourself?"
- "What felt important or meaningful?"

2. Early sobriety check-in (15–20 minutes)

- "How have the last 24–48 hours been?"
- "Any cravings? How did you handle them?"
- Validate challenges; celebrate any wins.

3. Problem-solving (15–20 minutes)

- Identify any obstacles that came up.
- Use structured problem-solving (same as Protocol A, Session 3).

4. Strengthening commitment (10–15 minutes)

- "What from the ketamine session do you want to hold on to?"
- "What will help you remember your reasons for quitting over the next few days?"

5. Homework (5 minutes)

- Continue abstinence, daily check-ins (text or app), use coping plan.

Session 5 (Week 3 or 4): Maintaining Momentum and Building Long-Term Skills

Goals:

- Reinforce early abstinence gains.
- Teach relapse-prevention skills.
- Address any slips or close calls.

Structure (60–90 minutes):

1. **Review week (15 minutes)**
 - Timeline followback for past week.
 - Celebrate abstinent days; explore any drinking days without judgment.
2. **Relapse-prevention skills (30 minutes)**
 - High-risk situations and coping.
 - Distinguishing lapse from relapse.
 - Urge surfing or other craving management.
3. **Social support and lifestyle (20 minutes)**
 - Who supports sobriety? Who makes it harder?
 - What positive activities have replaced drinking time?
4. **Maintenance planning (10–15 minutes)**
 - "What will help you stay sober over the next month?"

Session 6 (Week 5): Closing, Long-Term Plan, and Future Support

Goals:

- Review progress over the full 5 weeks.
- Create a long-term maintenance plan.
- Transition to ongoing care.

Structure (60–90 minutes):

1. **Full treatment review (20 minutes)**
 - "Looking back over these 5 weeks, what has changed?"
 - "What role did the ketamine session play?"
 - "What skills or insights have been most helpful?"
2. **Maintenance plan (25–30 minutes)**
 - Ongoing therapy, support groups, medications.
 - Warning signs and relapse-response plan.
 - Follow-up schedule.
3. **Closing affirmation (10–15 minutes)**
 - Reflect on strengths and growth.
 - Acknowledge the courage it takes to change.

- Encourage continued commitment.

What to Expect: Realistic Outcomes

Based on the Dakwar trial results:[8]

- **Days 1–7 after infusion:**
 - Ketamine group had significantly higher odds of abstinence compared to control group.
 - Lower likelihood of any alcohol use and lower likelihood of heavy drinking.
- **Days 8–21:**
 - Benefits persisted; ketamine group maintained longer time to relapse.
 - The trial followed participants for 21 days post-infusion; longer-term outcomes are not yet known.

Important caveats:

- This was a small trial (40 participants) with short follow-up.[8]
- All participants were engaged in motivational enhancement therapy; the effect of ketamine alone (without therapy) was not tested.
- This protocol requires a clear commitment to a quit day and abstinence goal; it may not be appropriate for people seeking harm reduction (reduced drinking) rather than abstinence.

Practical Worksheets for Protocol C

Worksheet C1: Decisional Balance (Session 1)

Good things about drinking	Not-so-good things about drinking
Concerns about quitting	Benefits of quitting

Worksheet C2: My Values and Goals (Session 1)

If my life looked exactly the way I wanted in 6 months, what would be different?

What matters most to me (my core values)?

- _____
- _____
- _____
- _____

How is drinking getting in the way of these values?

Worksheet C3: Quit Day Plan (Session 2)

My quit day is: _____

Before quit day, I will:

- Remove all alcohol from my home by:

- Tell these support people:

- Complete medical clearance (if needed):

On quit day, after the infusion, I will:

- Transportation home arranged with:

- Spend the evening:
- If I have a craving that evening, I will:

Worksheet C4: My Intentions for the Ketamine Session (Session 3)

During the infusion, I want to focus on:

One question I want to hold in my mind:

One value or relationship I want to connect with:

Worksheet C5: Ketamine Integration (Session 4)

Three words that describe the ketamine experience:

1. _____
2. _____
3. _____

What felt important or meaningful:

Did anything shift in how I see alcohol or myself?

What I want to remember from this experience:

Worksheet C6: Maintenance Plan (Session 6)

Ongoing support I will continue:

- Therapy:

- Support groups:

- Medications:

Warning signs I'm at risk of relapse:

- _____
- _____
- _____
- _____

If I notice warning signs, I will:

1. _____

2. _____

3. _____

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