INFORMED CONSENT FOR EXPERIMENTAL / BEHAVIORAL INTERVENTION

Protocol: Self-Administered Aromatic Ammonia Aversion Therapy

IMPORTANT CLINICAL NOTICE & DISCLAIMER:
This document serves strictly as an archival, historical reference for a behavioral conditioning protocol. Aversive conditioning using noxious chemicals like aromatic ammonia is widely considered an outdated modality in modern clinical psychology and medical practice. Modern evidence-based standard care relies instead on safe, non-aversive interventions such as Cognitive Behavioral Therapy (CBT) and Habit Reversal Training (HRT). This template is for educational purposes only and does not constitute medical or psychological advice.

1. Purpose of the Intervention

The purpose of this behavioral program is to suppress or extinguish an unwanted target behavior or compulsive urge through a psychological mechanism known as classical standard conditioning. By immediately pairing the internal urge or behavior with a highly unpleasant, noxious olfactory stimulus (aromatic ammonia), the goal is to systematically reduce the frequency and intensity of that target behavior.

2. Detailed Procedure Description

If you voluntarily choose to participate in this protocol, you will be expected to adhere strictly to the following mechanical guidelines under self-administration:

- **Continuous Tracking:** You must carry the specified volatile containment or crushable ampoules of aromatic ammonia spirit at all times.
- **Early Detection:** You will continuously monitor internal states to identify the absolute earliest onset or prodromal stage of the target urge or thought pattern.
- **Immediate Mechanical Pairing:** At the precise apex of the urge, you will break the ampoule or uncapping the vessel.
- **Safe Spatial Delivery:** You will position the source stimulus a minimum distance of four (4) to six (6) inches away from the nostrils.
- **Brief Stimulus Inhalation:** You will take one singular, brief, and shallow nasal inhalation of the rising chemical vapors.
- **Replacing with Alternative Action:** Immediately following exposure, you will engage in a predetermined, positive alternative behavioral sequence.
- **Mandatory Data Logging:** You must document every single application in a daily clinical journal, detailing the timestamp, trigger, and behavioral outcome.

3. Expected Discomforts and Clinical Risks

Ammonia aversion therapy carries substantial physical, physiological, and psychological risks. By signing this document, you explicitly acknowledge and accept the following potential hazards:

- **Chemical and Mucosal Burns:** Direct or close-range exposure to ammonia gas is highly irritating and can cause immediate chemical burns, scarring, or ulceration of the delicate nasal mucosa, tongue, pharynx, and conjunctiva.
- **Violent Motor Reflex Withdrawal:** The sharp sensory impact routinely triggers an involuntary, sudden backward jerking of the head and neck. This rapid, uncontrolled motor movement introduces a risk of cervical muscular strain, whiplash, or secondary physical trauma.
- **Systemic Respiratory and Gastric Distress:** Regular or deep inhalation of volatile ammonia can cause acute bronchospasms, severe coughing fits, respiratory irritation, sudden headaches, nausea, or immediate vomiting.
- **Adverse Psychological Conditioning:** In addition to suppressing the target behavior, severe aversive stimuli can induce persistent generalized anxiety, situational phobias, strong emotional distress, or the development of alternative covert avoidance habits.

4. Voluntary Participation and Right to Withdraw

Your enrollment and continuation in this aversion protocol are completely voluntary. You possess the absolute right to refuse participation or to immediately terminate the use of ammonia aversion at any stage of the intervention. A decision to withdraw will not result in any penalty, loss of standard institutional benefits, or prejudice regarding alternative, non-aversive clinical treatments.

5. Client Acknowledgment and Consent Signature

By applying your signature below, you confirm that you have read this entire Informed Consent document, that you fully comprehend the explicit physiological and psychological risks listed above, and that you have had all questions regarding this procedure answered to your full satisfaction. You hereby choose to proceed voluntarily with this behavioral protocol.

Client Name (Printed): _____

Client Signature: _____ Date: _____

Witness / Clinician Signature: _____ Date: _____