Trauma, Autoimmunity, and the Emerging Science of Psychedelic Therapy – With Dr. Will Van Derveer Transcript

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Introduction to Trauma and Psychedelic Therapy

So many people focus on the physical side of healing yet still feel stuck. What if one of the missing pieces isn't another supplement, lab test, or protocol but unresolved trauma stored in the body and nervous system?

In this episode, we're exploring how trauma may shape not only mental health but also inflammation, autoimmunity, and yes, thyroid disorders and chronic illness.

And we are also going to be talking about a trauma therapy that you may not have heard a lot about. This is psychedelic assisted therapy. Welcome to Thyroid Pharmacists Healing Conversations podcast.

I'm Dr. Isabella Wentz, PharmD, and today we're going to be diving into this topic that's both emerging and often misunderstood. Psychedelic-assisted therapy, I know this is a very sensitive and nuanced conversation, And I want to note from the outset that this episode is not an endorsement for recreational drug use or DIY experimentation.

Rather, it's an exploration of the clinical perspective, the current research, and why some practitioners are looking at these therapies as one possible tool for trauma healing and deeper root cause work.

Joining me is the best person that I could think of in the entire world to speak on this topic, Dr. Will van der Veer, an integrative psychiatrist and co-founder of the Integrative Psychiatry Institute.

He has spent nearly 25 years helping advance a more root cause approach to mental health, and he has extensive experience in world of integrate of psychiatry and psychedelic assisted therapy.

He brings a grounded safety first lens to this conversation as we unpack what these therapies are, who they may help, and why proper screening preparation and integration makes such a huge difference.

I had the pleasure of meeting Dr. Will van der Veer while we were both living in Boulder, Colorado, and Dr Will Van der veer has a brand new book coming out called Psychedelic Therapy, a Revolutionary Approach to Restoring Your Mental Health and Reclaiming Your Life.

I hope that this will be a healing conversation for you and your loved ones. Dr. Vanderveer, I'm so glad to have you on the show. Thank you so much for taking time out of your schedule to be here with us.

Psychedelic therapy is a hot topic right now, but I really wanted to talk about how we want to make sure we're listening to the right experts and we are not necessarily DIYing it because it can get a bit hairy of a situation when we utilize psychedelics the wrong way, just as we would with any kind of drugs.

Of course, I'm so glad you're starting with that. As a physician, one of my biggest priorities is safety and making sure that people are doing things in the right way, at the time, with the support, the dose.

MDMA Research and Clinical Safety

I didn't get into psychedelics because I was looking for a good time or a recreational experience. looking for better answers for patients with difficult problems.

And so I got involved in clinical research about 15 years ago, looking initially into MDMA-assisted therapy for complex PTSD. It was quite remarkable to see what the right healing context can provide people who have struggled for decades with severe trauma.

But it's not anything like what happens in a recreational context. So I think that's a really important distinction to start with. And there are other important myths to talk about too, like, for example, these medicines that are moving through FDA research through that process toward FDA approval.

are not the same thing as other drugs that are on schedule one with DEA. They're currently on Schedule One, but they're not in the, they don't have the risks, I would say, as things like heroin and cocaine and methamphetamine and so on.

So there's a lot of misconceptions out there. I'm happy to get into those with you today. Yeah, absolutely. So I know when I was first a student, I went to college for pre-pharmacy initially.

It was kind of more of a mindset than it was a major because I wanted to be a pharmacist and I very fascinated by medications in general and psychedelics were a part of my fascination.

At the time, there wasn't really a lot of clinical trials like the one you were doing, but I had a really big interest in MDMA and how that could be used.

for therapeutic purposes. Can you tell us a little bit more about your work around that? Absolutely. Well, MDMA was already being used by therapists in the 70s and early 80s before it was put on schedule one.

And then it kind of disappeared from the conversation until this research started emerging about 20 years ago. I got involved in a phase two clinical trial and a few other trials after that.

really looking at a specific protocol where people get MDMA sessions on three occasions only. So three times, one month apart, a lot of preparation and integration work without MDM.

And the punchline is that, and this held up even in phase three studies, that more than half of the people who undergo that protocol don't meet criteria for PTSD anymore.

So it's a pretty exciting tool. It has not been FDA approved yet, but there is hope that that will happen in the next few years. I had a chance to interview one of the participants for my thyroid secret documentary series, and she had been very open about her experience.

And I can tell you that I met her before the therapy and then I meet her after and. She was completely transformed and the, opened up her life so much and opened her.

I guess, abilities to connect with people and connect, with the world and show up as her best self. And the funny thing is she was a treatment failure.

So it was kind of, she wasn't like, it, was, I just thought, found it fascinating because she, wasn' considered to be fully resolved, but the changes that she had.

Demonstrated were incredible, even without 100% turning everything around. It's it's amazing how these different tools can really open up some of those.

I guess, tricky boxes or complex patients I know. With functional medicine, we kind of look for things that can move the needle with gut health. trauma, HPA axis dysfunction.

We look at what's causing inflammation. You know, we can go down the rabbit holes of mold toxicity or parasites or all of these, I guess, root causes.

And then we also have a toolbox of healing modalities, right? And so some of them, i've tried a lot of different healing. Modalities and some. Of them are expensive and not really helpful.

and then there's other ones that can just really get to the root, I guess, and then just really target the symptoms I've

had or my clients have had, quite remarkably, where you just see a transformation, sometimes within days, sometime within months, but you know that intervention is working sometimes when nothing else has worked.

And I think psychedelics kind of fall into that category of a potential tool. Can you talk to me about how you use that into the Root Cause Framework?

Yeah, thanks for asking. So functional medicine was kind of my first departure or enlightenment maybe from conventional psychiatry. And I worked in that framework for many years before I even heard about psychedelic therapy.

I'm a huge fan of getting after root causes. In fact, I agree with you that that's what this is really about. On the medical or physical side, there's all kinds of things.

You just made a great list. There's also, of course, root causes within what I would call the category of lifestyle. So people who are not active enough or they're active in the wrong way, Their sleep is very disturbed.

Maybe they recently had a baby, you know, there's all kinds of things that happen. They have relationships in their lives that are very challenging, stressful.

maybe they have work that they need to leave the job they're in because they are never going to get past the narcissistic manager that the work for and so on.

So within the realm of the body, this is how I categorize it in my mind and what we teach at our institute is The map of illness has really, I would say, four categories.

The body, which functional medicine needs to be considered, right? We need to look at Lyme disease, we need look mold toxicity, look gut-brain connection and the microbiome and IBS and all the things.

We also need the lifestyle and then we also look the psychology.

Root Cause Medicine and Trauma

So, generally speaking, There are people who have vulnerabilities to, let's say, mood disorders or to having a response based on their genetic makeup to traumatic events that's more severe than someone else.

There people are protected by certain kinds of relationships in childhood that other people don't have the benefit of. But the root cause of trauma is something that functional medicine for too long didn't account for.

There were all of these fancy tests and things that we can look at on the biological side, but we didn' really have a great tool. And that's where I think the psychedelic therapy comes in, as combined with certain forms of psychotherapy, the psychadelic can really help open things up and get to the root cause.

The fourth category, which many of us might say, you know, shouldn't even belong under the rubric of medical care, but I think it does, is spiritual health.

So, does a person feel connected? Are they connected to their community, are they connect to themselves, or are connected the planet, the universe, to if they believe in God or a higher power, that part of their world?

So, we need to have all of these bases covered and the exciting news is that a lot of people from the functional medicine camp are coming over and training in psychedelic therapy and people in psychiatric therapy are training functional medicines.

So these silos that used to exist are really getting linked together which is so wonderful to see. Yeah, I've seen that big emergence of functional medicine practitioners becoming trained in psychedelic therapy.

And I think it's a really exciting avenue to consider. I feel like trauma, especially for people with thyroid disorders, hormonal issues, autoimmunity, this is like a underappreciated root cause.

In my experience, talking to people who have gone through who have gotten that diagnosis of something like Hashimoto's, I oftentimes will ask them what was going on in your life before you got sick or before he started having symptoms.

And many times we can trace this back to a traumatic event. My mother passed or I went through some horrific situation. Can you speak to that a little bit more about that connection between adverse childhood experiences, connection, between trauma, perhaps how that connects with autoimmune disorders and thyroid disorders?

It's such a great question. You know, we we know that for people with high levels of adverse childhood experiences that the risk of autoimmune disease is more than double in some studies, even higher in other studies.

We also see the risks of all kinds of long-term diseases of chronic inflammation. You can see this in large populational studies where you see children with Now, why would a child have an elevated IL-6 or IL 9? Why would they have pro-inflammatory cytokines that are outside the normal range for a children?

To me, it's either a gut brain issue, gut dysbiosis, got imbalances, poor food choices, food sensitivities and so on, or trauma or both. These are the two buckets that I think about as a practitioner.

And so it is starting to become part of the conversation as you said about okay this person has an autoimmune disease that's getting diagnosed in adulthood and there was no prior There was no obvious prior history until the person suffered a significant impact, emotional impact.

It can be a trigger, right? So it's common for these autoimmune diseases to get triggered off by a traumatic event. Yeah, it's been really interesting.

And I know for my own history, when I was going through, um, When I first started to have symptoms, and when i first starting getting sick, It was actually my freshman year in college.

and at the time I, was like, okay, well, I had Epstein-Barr virus. Could that have triggered it? And i was away from home and I. Was eating the college dorm diet and i.

was under stress, you know, just being away. From my family of origin and being. Away from my friends and. so on and so forth. But I also went through some traumatic breakups, and I hadn't considered that could have been a potential triggering event for what later on happened in my own health journey.

I thought, okay, this is physical, right? So it had to be a virus. It had be something, I pushed myself too hard or I stayed up too late. Then all of the emotional piece, for people, I don't know, maybe you don' see this in psychiatry, but like, as a pharmacist, I oftentimes see people tend to try to close that off.

It's like this is either psychological or it's physical, right? And it doesn't necessarily have to be one or the other, it could be a combination of both.

And both of them can feed each other right so you can have because you're under a lot of stress and emotional let's say, under stress emotionally, that can really deplete your gut secretory IGA.

And then all of a sudden, you're more susceptible to gut infections, and so on. So you are not going to fight off that viral infection. I feel like a lot of times people who are attempting to heal themselves and really getting themselves to feel like human again, they end up needing to not just work on the physical, but also the emotional aspect of their health, because there's probably a reason why you keep pushing yourself beyond your limits, potentially because of some traumatic event that happened to you that rewire your brain and your stress response.

Absolutely. And the HPA axis, of course, plays such a big role in immune defense against these insults that happen

to us. Life is full of, as the Buddha said, birth, old age, sickness and death and so many other things that that happened along the way.

So when I was in undergrad, I will say people attempted their own psychedelic therapy and didn't always work out for them, right? They would be like, LSD to expand my mind or I feel really calm when using marijuana or, you know, MDMA because it helps with empathy and so on and forth.

Can you talk to us about, like, what actually is psychedelic therapy? What are the specific drugs? Are they used in high doses, low doses? Give us the nitty-gritty of what that means and, again, why we should.

I'll just put a little disclaimer. Do not DIY it, right? Yeah.

Psychedelic Therapy Basics and Risks

Yeah, I mean, my business partner and co-author of the book, Psychedelic Therapy, Keith Kurlander, and had talks about when he was 19, taking psilocybin mushrooms in college and almost jumping out the window of his dorm.

And that kicked off a huge mental health crisis that lasted for many years for him. These are very potent and I would say risky tools to use on your own.

Let's just start with the big picture. The big pictures that whatever you use on your own is coming from a source that you don't know where the source is.

Okay, and so a lot of the things that are sold to, I call them kids now, but you know, college kids, high school kids young adults. don't even have the thing that they claim that the seller claims is in it, right?

So when you send off a tablet you got at a rave that was called MDMA or Mali, oftentimes there's no MDM in that at all. That's a really common phenomenon that a lot of people don't get.

So when people have difficult experiences with recreational use, some of it can be from contaminants or poisons or things that are in the pill that you took.

OK, that's the first thing. The second thing, which might be even more important, is that these drugs amplify what's inside of you. So if you are unaware or don't remember or if, you're like me, thought you had a quote-unquote good childhood but there were a lot of things that happened that you don t even appreciate or traumatic experiences, those things tend to come out when you consume one of these substances.

And so that can be incredibly scary to happen at a concert or at friend's house or in a situation where you're by yourself in the woods. And these frightening experiences can happen even not just to college kids or high school kids, but also to grownups.

I was talking to a friend of mine the other day who's my age in his 50s. And he went camping and took some mushrooms and thought it was going to be great.

And Heath wanted to kill himself the whole night and just was hanging on by the skin of his teeth until he could get down the mountain and talk to somebody about it.

and hire a therapist to figure out what the hell happened there. So it's, the metaphor that works for me is like, these are kind of like chainsaws. You don't want to put a chainsaw in the hands of a child and you certainly wanna know how to use it without hurting yourself.

You know, that brings up a lot of my memories with some of those drugs and witnessing some my friends and people that I knew essentially start taking different things and then end up with psychotic breaks one person.

Couple of people I knew were never quite the same. Other people experienced significant paranoia during the trips,

right, which were supposed to be fun, but they became paranoid or they thought they were taking MDMA.

It ended up being MDA, have less empathy and a little bit more irritable, right? And so there are a lot of things that can go wrong when you are utilizing it yourself.

And it's so interesting about whatever is underneath that it is going to surface. I think that's why it was helpful to have a trained therapist to be there with you when that paranoia is surfacing versus maybe some guy showing you screenshots or a lava lamp or something.

So you were asking also what substances do what? And before I get to that, I just want to pick up on what you just said about the lava lamp. And it's really important for therapists to be trained well in how to do this stuff.

I'll use myself as an example. Trained as a psychiatrist pretty much had the view that if someone was in therapy with me, then I needed to know how astute thing to help them see the parts of themselves that they needed to see, the patterns that couldn't recognize and so on.

So I didn't even know how much of a know-it-all I was as a psychiatrist until I got trained in MDMA therapy and they told me, you're not going to do psychiatry in here.

You're going to sit on your hands and you're gonna make sure the person's safe, but this is really about their healing and their relationship with themselves.

It's not about you. So, there are ways that therapists who are not well-trained can harm the the people in the room. Obviously, they're more egregious examples like, you know, sexually abusing someone in a room who's on MDMA.

We're not talking about that. not knowing how to hold the space correctly and allow the person's healing to unfold. And that's why we teach people extensively how be in the room with people and how how provide a safe space.

The different medicines are going through clinical trials for different indications. So you mentioned LSD. I'll start with that. Only say a couple words because it's not quite into phase three studies yet with FDA.

But there was a really big piece of news about six months ago when a company developing an LSD analog basically did a great study on generalized anxiety disorder.

So they effectively treated generalized disorder with LST. I don't think it's going to be easy for that to enter the mainstream because the LSD experience, as you know, is pharmacologist pharmacist.

It's way too long. I mean, 12 hours is too for a session. We'll see what happens with that. The more interesting compound that's almost done with phase three studies is psilocybin mushrooms, and it is already in legal use in Colorado where I live in Oregon and several other states have pending legislation.

So psilocybin is a four to six hour experience and it is being studied for treatment resistant depression and a few other conditions. But what's cool about it, is that it seems like so far what we're learning in the research is One session or two sessions can last up to six to 12 months in terms of significant reductions in symptoms of depression.

And in some cases, people are having experiences like with MDMA where it looks like they maybe don't need to engage treatment anymore after that. So pretty exciting in term of getting to that root cause.

That's really exciting. Uh, MDMA and psilocybin and what about, uh, I know a lot of times ketamine. I feel like every turn there's like a ketamin clinic.

Yeah, so ketamine is fully available everywhere in the US and globally even. It is quite popular as a treatment resistant depression tool. I've prescribed several thousand sessions of ketamine therapy and provided it myself personally for several hundred people.

And it has a unique benefit in its immediate effect on depression and especially suicidal thinking. So a really kind of unique profile in terms of the ability to cut through that pretty quickly for many people.

The big drawback with ketamine is, first of all, that it doesn't last very long, the benefits. So you really have to work hard on the lifestyle medicine pieces and the functional medicine, pieces that need to be those root causes that needs to addressed in parallel with the ketamine work to not need maintenance ketamine.

So as a psychiatrist who wants to get people out of the clinic and put mental health care behind my patients as much as possible. I do not like the idea of maintenance ketamine at all.

The other thing is ketamine tolerance develops very quickly. So you end up having to in the clinic, you ended up raising the dose to get the same benefits.

And out in the world ketamine is clearly a problem in terms of recreational use and addiction. And we just have to call a spade a Spade. You know, ketamine is addictive if you overdo it in a recreational way.

And I've met many people who get, you know, start out in the way that you were describing of sort of the DIY, like, oh, I'm a little depressed. I mean, it uses a lot of ketamine pick me up.

And then, a few months later, they're deep in a maladaptive pattern, and it's hard to get out of that.

MDMA, Psilocybin, and Ketamine Compared

So luckily, the other psychedelics that we're talking about are not habit-forming in that way. They don't work that. So ketamine is going to have a very, I think, a narrow niche in the long run because of these drawbacks.

That makes sense. I do remember that from the pharmacology, the different psychedelics were addictive and habit forming and so on and forth with psilocybin and MDMA not being habit-forming, though I remember MDM, and I don't know if this was a scare tactic or what your thoughts on that would be, but that it was neurotoxic.

Is that something that you've seen clinically or is that just excessive usage? Great question. So when I first got approached by the group that was starting a study in 2012, that my initial reaction was, wait a second, I read studies about the neurotoxicity of MDMA.

And what was explained to me, and I later read the research on this, is there was a guy named George Ricarte who published a paper, some kind of primate.

I can't remember if it was a rhesus monkey or a different kind a monkey and he was giving them very high dose, two groups. One got very dos methamphetamine and one got a very dose MDMA and then he did brain slices and found holes in the brain.

And this became like a very sensational headline. Someone, there was a whistleblower in his lab that discovered that the labels of the drugs got switched in the groups.

And so the monkeys that had holes in their brain were getting very high dose methamphetamine, not MDMA. But the paper was published in Nature, and by the time it got, it actually got retracted.

But when papers get retract it's usually a footnote. It's not like the same level of headline, right? So I'm sure that there are people who, you know, take too much MDMA, or they take it too often.

Or they took it from sources that are not great, as we were talking about earlier. In clinical studies, we're using doses that are relatively modest doses and we are only exposing people to MDMA three times.

So I think that the risk profile in terms of clinical work is really modest as far as neurotoxicity. There was something about, I recall, there was about Monday blues or some kind of a reaction after Raver is taking MDMA and then I

think they were utilizing compounds like 5-HTP to counteract some of those.

Do you have a protocol that you utilize with people whenever you're considering MDMA or psilocybin therapy to kind of balance them out so they're not necessarily depleted?

Because I know when I'm a pharmacist, I am like, okay, this drug, whenever I recommend this, drug this is the nutrient depletions it's going to cause.

And so how do we get the benefits of the drug and use it safely so that we don't run ourselves into trouble? Right. Well, yeah, the sort of rave lore is, I think they call it suicide Tuesdays, where you're very down after pushing.

And we're talking about people typically, you know, taking, first of all, higher doses of MDMA than what would be in a study, and then re-upping on the dose.

every time it wears off for two or three days in a row. So if you had any vesicles that had serotonin in them to begin with, they're probably pretty depleted, I would think, by the end of that process.

In the clinical trials, we looked for that and we didn't see that. We didn' see the dark depression on the days that followed, the MDMA dosing. What we did see, because we were treating people with PTSD, on average, was present for decades prior to entering the trial.

We saw people facing the reality of changes that they needed to make in their life to overcome, to, make the changes they observed as an insight during the dosing session to making those real in life.

They were facing a very daunting set of change that needed make. we're talking about social isolation and choosing to hide from the world because of trauma and having to put yourself out there and realizing that that's going to be really hard.

So we saw that kind of, I would call it a shadow maybe of the work ahead rather than some kind depletion. But in terms of supplementation, With MDMA, there are a lot of theories about different amino acids mainly that you could use.

It seems like it affects the catecholamines in general, not just serotonin. you'd probably want to work with precursors for not just 5-HTP, but also D-alphenylalanine and L-tyrosine, things that help build and replenish norepinephrine, dopamine, and serotonin.

But that's just a kind of a clinical opinion. It's not based in research. Hmm. Yeah, that's interesting. I'm always thinking about how to get the the most benefits without any kind of drawbacks.

And it's really interesting that people have, I guess, coming to Jesus moment, it seems like after the therapy after a sort of the euphoric benefits wear off and all the insights to stay with you, right.

I've lived my life for so long in this way because of this cloud, the trauma, cloud of trauma being over my head. And now the cloud is lifted, but I'm still living my live.

What steps do I take? And then I imagine you work on integrating that with the individuals. Yes, and people tend to, in the long-term follow-up studies, people are more well at the 12-month follow up than they are at two- month follow ups.

So there's a lot of work that happens that continues to unfold for I would say in some people more than a year of continuing to make these changes. The other thing that is interesting as a researcher to observe is that Because MDMA boosts oxytocin, the hormone of social connection and the one that is released very strongly in breastfeeding and so on, it causes you to trust your therapist way more than you would ordinarily trust a therapist who you just met in the research study.

And so there's a phenomenon that we call the therapeutic hangover where you're so open and revealed with a person who don't even know very well And if you're dealing with PTSD in your life, you are probably pretty guarded in the first place.

So you aren't like the most open person. And so the morning after the MDMA you can feel massive shame and fear and concern about how much you shared and how open you were with the therapist.

And so it's really important for people to know that that can happen. And it isn't completely normal. It's an effect that is short-term and you can work through it by talking about it.

Because otherwise people think it sort of like a side effect of the chemical. That makes sense. When you've overshared so much and allowed yourself to be vulnerable when you're typically a guarded person.

That would feel, you know, and you would off about that. Yeah, exactly. You mentioned neuroinflammation. This is going to be something that I see in people with brain fog and fatigue and a lot of thyroid symptoms.

Do you find that psychedelics impact neuro inflammation? Well, I would say yes. I think they all have either pros or cons in relationship to that. It's interesting that on the one hand psilocybin and ketamine clearly have anti-inflammatory effects on MDMA as a sort of catecholamine stimulant has pro-inflammatory effects on the body and the brain.

These are short-term effects, but it's important to keep that in mind. a rip-roaring inflammatory crisis going on and they were in the process of considering psychedelic therapy, I would hesitate to recommend MDMA under those circumstances.

I will probably wait until we got the inflammatory crises under control. Interesting. That leads me to kind of wonder because we talked about three different drugs and I feel like maybe MDMA and psilocybin tend to be your two favorite children.

I mean, they have the longest benefits. And so if the goal is to really minimize harm and keep people out of the pharmacology mill, then I think those are the two better tools.

Who would be the ideal clients for that versus perhaps the person you might be doing an intake on? And you would like, actually, that's a contraindication, right?

Because it's not going to be something that is helpful for everybody. You want to utilize it with the people that it is really going make a life-changing difference in and not in the People that potentially this might too much for or not enough for, or they might need some kind of integration or some sort of longer runway before they can get there, right?

Right. Well, the your question kind of brings to mind misadventures I've had with, you know, certain individuals where I wish I could do things differently in retrospect.

And I think that the There's this interesting phenomenon that represents a huge opportunity with psychedelics, but it also can be a big risk for certain people, which has to do with the default mode network and how we kind of relate to the world.

And many people who are dealing with mental health challenges, particularly depression, can have a very tight way or they can have a lot of rumination.

A lot negative thinking that's very difficult to penetrate. So as a therapist in the room with folks like this, you know, over the last 25 years, it's really hard to penetrate that fortress of negative-thinking.

Trauma, Dissociation, and EMDR

There's a kind of phenomenon where people with this style They really believe that they're objectively worse than, like a worse person, the judgmental thoughts is real and objective.

And when you try to challenge that and say, well, it sounds like judgment to me, doesn't sound like reality, they can double down or dig in their heels.

What's really cool about a psychedelic therapy moment for a person like that is that they often will have the experience of saying to you like, oh, I see the forest for the trees, and I also see this whole world that's my internal landscape.

That's out beyond that where I could I remember that I felt joy with that person in my life when I was younger. I Remember when? I you know rode a bike for the first time and how much how good that felt or you?

Know they they remember things that kind of undermine this deeply negative circular thought pattern. But when someone who is accustomed to that negative thought pattern, and it's been a very long time since they had any experience of life outside of that, you blow them out of the water, like I've done a few times with giving people too high of a dose of ketamine on the front end.

Don't they have what what we call an ego disillusioned experience of not knowing who they are, where they. What they, are they don't know if they're human or not.

They don' know, if their dying or. It can be very terrifying experience and people can have experiences like that with all of these. drugs if the dose is too high and if it's introduced too quickly into their system.

So that all comes down to the how-to and being careful about onramping people in a gradual way and using doses that help them begin to develop some kind of competency inside of an altered consciousness.

And I think that that's important to keep in mind is that people can have traumatic experiences on psychedelics that could have been avoided if the person was prepared better or if dosing was lower on the front end.

So interesting. So sometimes people can have these poor reactions because the dosages are too high. Absolutely. Yeah. I think the goal is to have an experience that opens you up, but doesn't completely annihilate your ability to know what's going on.

I mean, there isn't much, unless you're a teenager and you are just looking to obliterate yourself so that you have a very different experience for a few minutes, for therapeutic purposes.

We really are looking for just enough opening that people can start to feel what's outside of their usual point of view. Yeah, I mean, you don't want to be disassociated and out of your body and floating up in the sky if you are trying to work on yourself.

And I feel like I know I had heard about ketamine parties where people were just floating up in the sky and just really, I think they were called K-holes and that can be quite tricky when I'm sure to start dosing people.

How do you figure that out? Is it weight-based dosage or do just look at the person's nervous system? It's weight-based dosing. The standard kind of introductory mental health dose for ketamine is half a milligram per kilogram of body weight.

For the intramuscular or the IV route of administration, you know, where the bioavailability is 100% or close to that. There's an art to that too, but in general it's about five times more because it is about 20% of bioavailability.

But for people who are very anxious, it can work a lot better to cut that dose in half. Yeah, I was gonna say sometimes I know when I got I just had my second baby.

But when i had My first baby, i got an epidural, and the dose was like made me float in the sky, right? I Was like,

where am I? What's going on? Right?

And the second time I a tiny, tiny dose of it and it worked. I feel much better for me, even though the other dose was correct, right? But some people tend to be more sensitive with it.

Yeah, as a pharmacologist, it's kind of like, okay, this is the recommended dose, but we're not going to start you there because you tend To react to a lot of things, and you're tends to Be a little bit more Sensitive to things.

So I, I love that you are modifying that based on somebody's nervous system and, you know, potentially, it's easier to start low and increase the dose than it is to bring somebody down from a very high dose, right?

You said it the right way when you said dissociation. I mean, we really want people to stay in their body as much as possible. And with ketamine, because it's a dissociative, which is a different, you know, as an NMDA agonist, it is different from what we're dealing with with these other psychedelics.

it's more likely for people to leave their body with ketamine than it is for the other ones. It's not to say that if you leave your body, something bad happened and you should ask for a refund from your practitioner.

The goal here in any kind of trauma work is to build a relationship with your experience, not too further divorce yourself from experience. I think that's such an interesting thing that you mentioned because I know I've had some trauma in my life and sometimes you separate from the trauma, you try to grow around it.

You try have scar tissue that forms around and separate yourself from it, maybe cut off that part of you, but then it always resurfaces and you have to deal with it at some point.

Yeah. Yeah, it's amazing what the body remembers. It kind of brings up the question of what is trauma in the first place, right? If you're in a car accident and you remain fully present the entire time, there's no dissociation.

And most people don't have that experience in car accidents, but whatever the experience you are having, if you fully are present, I don't think that trauma leaves an imprint on you.

What happens is in our coping mechanism for dealing with a really difficult moment is we dissociate, we disconnect. It's a strategy, unconscious strategy that is very healthy and necessary, but it does create something that needs to be picked up later and dealt with.

Yeah, it's interesting. So many people are walking around with trauma these days and they don't even realize how big of an impact it has on their day to day life.

how it shows up for them in the decisions they make, the choices they don't make. How they care for themselves, how they for their families. And it's almost like, sometimes it is like a knee-jerk reaction to the world, rather than coming from what reality is, right?

So they might see the word through grey-colored glasses and be suspicious of people and have all of these thoughts, patterns that aren't necessarily real or true?

And that's part of the tragedy of trauma is that you're responding to the past when what's in front of you most of time is not the threatening thing. It's the thing that happened before that causing the basis of your reaction to your child or to you partner, to boss, the person who cut you off in traffic.

If we were fully present, then we would perceive the moment with fresh eyes. And that's what trauma healing is really about is being able to take those gray lenses off so that you can just experience life for what it is in front of you.

I know a lot of people in my community, they've worked with talk therapy and I feel like that can be very, very helpful. But I've also seen some people just kind of get stuck on talk therapy for years and years.

And sometimes you can be very much self-aware of your trauma and your patterns and all of these things, but somehow there's like this blockage. I have found EMDR therapy can something that's helpful in, I guess, rewiring that.

Do you feel like psychedelics act in a similar way to EMDDR or in different way? Is there a way combine both or perhaps one might be better for a person than the other?

I love EMDR. I got trained in it in the late 90s and used it extensively for the next 10 years or so. And what I find that's great about EMDR is that it's really useful for single event trauma where you know what the trauma was.

Fall from the ladder, assault, car accident, et cetera. What it is harder to get at with EM DR is the more common version of trauma, where we see layers of little T trauma or complex trauma building over years, especially in childhood, that can lead to this autoimmune flare and all these things.

So. It also depends on how recent the trauma was and how fresh. So I've seen recent trauma, you know, something in the last 12 months or last 24 months respond to EMDR where you only need one or two sessions of EM DR.

And it's absolutely beautiful and amazing. But when people have these layers of unconscious trauma that are impacting them the way you described of You know, it's coloring every interaction they have and it sort of in a way built into their personality or who they've become.

That's different and I don't find EMDR as easy to get the result that I'm looking for with those more layered nuances. And part of that is neuroscience and just understanding that when someone's trauma history starts in childhood, tends to be held in more unconscious parts of the brain that are less verbal, particularly pre-verbal trauma from the first two or three years of life is typically not reachable with more conventional treatments, talk therapy, for example.

So these are encoded in the body and episodic memory and sort of formats of memory that not narrative memory. So it's hard for people to even talk about, and this is where the somatic therapies and psychedelic therapies can come in.

I think it is interesting that Bessel van der Kolk, who is probably a name that your community recognizes, one of the leaders in trauma therapy, started out doing really beautiful EMDR research and showing that the heat or the oxygen uptake in the amygdala was dramatically reduced by EMTR therapy.

And now he's one of the biggest proponents of psychedelic therapy, so I think these are just sort of like interventions that are on a spectrum of how hard do we need to push to get the resolution.

That's really helpful insight that Makes so much sense because there's some of that pre verbal trauma that you can't really talk about right that that just makes sense that's hidden in a different part of your brain.

You mentioned spiritual disconnection how that contribute to chronic illness and how how can psychedelics help us with that connection. Well, there was a psychedelics researcher by the name of Roland Griffiths at Johns Hopkins who passed, I think it was last year or maybe the year before, no, it's last.

And his body of work over 25 years of psilocybin research was mostly focused on what he called mystical experiences that people were having on psillocyban.

And by mystical experience, he meant the melting of the boundary between self and what's me and everything outside of me. And for religious people, I don't really consider myself a religious person, but for a lot of people that can be lying in the lap of God for hours, or for someone who's maybe more spiritual but less religious, seeing the perfection in everything, including the horrifying things that humans do to each other.

There's a deep understanding of the order in the universe and that kind of thing. One way to talk about spiritual

connection is Do I feel like the universe is for my growth and for success or do I consider the Universe to be a cold and uncaring environment like an existential philosopher who many of those people killed themselves by the way.

who subscribe to that worldview that this this is a place that's uncaring it's against me you know every success that I get I have to fight tooth and nail to get and it is going to be taken away from me at any moment and this kind of assumption about what is the nature of reality is what I mean by spiritual disconnection, is a feeling that I'm not going to be taken care of.

Spiritual Health and Autoimmune Benefits

Everything that happens in my life is here to undermine me and my safety and success. Yeah, incredible. I am curious, in patients you've had with thyroid illness and autoimmunity, what are some of the benefits you have seen when they have utilized psychedelic therapy?

Well, I'd like to say that their autoimmune conditions go away completely. That has not been the case by and large, but there are definitely improvements in thyroid antibodies, for example, titers going down, less frequent attacks of auto immune gut diseases.

less severity, less need for medications. So it's definitely impactful, but I would not say that it is some kind of miracle. It's fascinating, though, that some of these, I guess, more objective markers improve, right?

Because I could see that symptoms would improve. I can say with any kind therapy, you will see an improvement in your mood or your brain fog, or whatnot, right, but it's amazing when you see these lab markers improve and That's been the experience with a lot of people that have utilized trauma therapies with psychedelics and EMDR and whatnot, where they're like, okay, these numbers actually got better.

And I just feel like that's pretty cool where you can measure both the subjective and the objective, right? Where you're, like wow, this person is seemingly doing a whole lot better, but their labs are also improving.

not not every person just has one root cause you can have trauma and you might be dealing with a horrific gut infection or you know mold colonization or something and use to treat that right.

Absolutely, totally agree. And it's sort of like, I'm curious if you have this view with the people you work with, but in my world, it seems like there's a threshold where if a person has six different things that need to be treated, Once you get a pretty good handle on two or three of them, now you're under the threshold where the symptoms are way less.

And there's just like an inflammatory load that's additive based on all these different things that people are dealing with. Oh, yeah, absolutely. And sometimes people will really focus on, like I said, the physical and they completely ignore the emotional, spiritual, psychological aspects of their healing.

Sometimes I'll work with people, I'd be like, you're really eating really well and you take these great supplements and we did all of this, but there's this elephant in the room.

You're hypervigilant about things. Um, really pushing yourself and sometimes it's like, okay. Trauma, right? Or other people might be really focused in, I don't work with a lot of people who are, you know, the highly spiritual and enlightened people tend to come to me because they're like, "I've got physical things." But I've seen people in my network on the other side of things where they are very spiritual, and they were really focussed on that part of their healing, but they missing some of those physical thing that they need to do.

Like, maybe don' t eat like McDonald's every day. if you don't wanna feel loaded, right? Like, let's think about this, all right. Yeah, absolutely. I totally agree with you.

It's interesting how different personalities gravitate toward different preferences in terms of what part of this map that we're talking about they want to pitch their tenon and kind of live in.

Some people really want their thing to be only functional medicine stuff and some people want it to only be a spiritual thing. You know, other people wanted to only be a relational thing and there's just a lot to learn and for all of us as we keep going down the road as humans, you know.

I feel like it's like different layers, right? And sometimes you need to peel back a layer to uncover that another one might need a little bit of work, And then we get to talk about like, what is your sort of resistance to looking at trauma or to look at the functional medicine stuff?

What's the meaning making that someone has that they don't want their condition to be a mental health condition? Or they want the condition of a detoxification pathway that needs to dealt with?

Yeah, I do feel like there's a stigma with having a mental health diagnosis. And I'm sure I feel for some people growing up in my generation and probably your generation, and some of the people watching Generation, maybe not as much the young whippersnappers these days, but it's been, okay, drugs, we have the war on drugs and drugs are bad and we don't want to do these things.

I think there could be some resistance for people to their path to healing when they're not open, when their not willing to do the work that they need to work and consider different therapies, right?

Definitely. Yeah, for sure. I think you're right. There are programs that are themes in different generations, Yeah, still working on getting rid of some of my programming from my generation going to pharmacy school and all of that.

So this has been really incredibly fascinating for me to learn more about your work. And you've trained 10,000 licensed professionals in integrative psychiatry and psychedelic assisted therapy.

And you also have a book that's just come out for people who want to learn more and see what this is all about and what might be right for them and some considerations.

Can you tell us more about your book and where people can get it and who's the person that you hope picks it up? Yeah, thanks. So it is coming out on March 31st, which I'm really excited about.

This is a sober introduction to the work for people who either are suffering themselves or have a family member that they care about, so this is not a technical therapy manual for therapists or doctors.

It's for the general public. And it's aimed at dispelling some of the myths that we talked about today, helping people make a well-informed decision about whether to undergo psychedelic therapy and what are the differences and nuances between the different medicines, how to pick a person to work with who can help you with that.

And also, we talk about what's broken in the mental health system and how we got to this point. So my hope is that it will save lives of people who need hope at this time.

I'm super excited to read it. Thank you so much for creating this guide. We're going to link that into the show notes. Before I let you go, can I ask you a couple of rapid fire questions?

Sure. Okay. What's the most surprising thing that you learned about psychedelic therapy? I was very surprised to discover that when people come in and they say, I'm here to work on X thing that happened to me, we almost never only work X.

We usually work things that happen to childhood. And all of these things open up in a very spontaneous way in sessions. uncommon that we just stick with the thing that the person came in to talk about.

That's interesting. It's like all the layers come up and sometimes we might be unaware of these childhood things, or maybe just like they're too hard to talk about or too to make them the focus, right?

So it could be a very vulnerable state. As somebody who has trained 10,000 licensed professionals in integrative psychiatry and psychedelic assisted therapy, what type of patient do you think will get the most benefit from?

psychedelics well right now most of the research is on working with people who have tried and failed a bunch of other treatments and in the Research particularly the MDMA trial that I worked on phase two study people on average had more than 29 years of PTSD when they came into that study.

And it raises a question for me about whether a person like that should wait that long to undergo psychedelic therapy. One person in that had study had 1,000 therapy sessions prior to entering the study, so should we be telling people that they need to try therapy for 10 years before they have psychedelic therapy, I'm starting to think that we probably shouldn't have people wait that long and that much suffering.

So I am hoping that this becomes mainstream enough that it can be accessible a lot earlier for people. As a psychiatrist specializing in psychedelics therapy.

Do you have a favorite psychedelically drug? Please tell us why. Depends on the situation, I would say. It's hard to pick one for all the different kinds of challenges people have.

For someone who can take MDMA for PTSD, medically appropriate for that person, that's probably going to be my number one choice for for PTSD.

Book Launch and Rapid-Fire Closing

But there are people who can't do that because of arrhythmias or blood pressure or things like that. For depression, I'm probably going to lean more towards psilocybin because the long-term benefits that we talked about earlier.

I'd much rather have someone take home an experience that is deeply meaningful to them. You know, top five experience in my life is kind of what people say when they come out of these psillocyben trials.

versus, okay, well, you're going to need to take this like once a month for the rest of your life or something like that. Yeah. As a psychiatrist, can you talk about the difference between psilocybin mega dose versus micro dose?

Well, so we don't have very much evidence to support microdosing. It's kind of a wellness fad, if you will. And that doesn't mean that it's a bad thing.

As a psychiatrist, I'm much more focused on helping people who are much more severely impacted by a mental health issue. So I don't think microdosing is going to help definitively accomplish the goal of getting mental healthcare behind someone who's suffering deeply.

I'm more of the macrodose type of person who would want to Use dosing that's evidence-based for the conditions that I want to see people get put behind them.

Okay, interesting. That's very fascinating. And that, of course, is in a controlled environment versus in the forest. Exactly. If the supplement police came to your house and said, I'm going to take every single one of your supplements except one, would there be a supplement that you would keep?

Oh, boy, that is a tough one. I'm just going to say Omega-3 fatty acid is a really good friend of mine. helped me keep my mood floating at a different temperature from where the set point is without it.

So yeah, I think that's probably I guess I could just eat a whole lot of salmon if I didn't have that in my cabinet. It'd be a lot. And are you mega dosing that too?

Yes, I'm taking four grams of combined of fish oil. So it's not four g of EPA, but I pay attention to how much EPA I am getting every day because it really does help me quite a bit.

Dr. Vanderveer, thank you so much for being here with us and for the incredible work that you're doing to help people heal. I so appreciate you and everything that There's just, it's hard to have an autoimmune condition.

It's. Hard to be living with depression, anxiety, and there are many people that try everything and nothing really helps them. So this is one particular avenue that I feel like can be a game changer for so many.

Yeah. Thank you so much for having me. And so it was a pleasure to, to. My pleasure. Can we talk, tell people where they can find you on your website and Instagram?

Definitely. So you can find me at our websites psychiatryinstitute.com. Pretty straightforward. It's kind of long, but psychiatriestitute dot com. And then you follow me on Instagram at will.vanderveer.md.

And I'm also on X, and I have someone helping me get traction in TikTok even right now. So that's a little different, but yeah. Wonderful. We'll definitely share your content to make sure more people are aware of this life-changing therapies that can really help them feel like their best selves.

Great. Thanks, Isabella.