212: Resiliency Radio with Dr. Jill: Psychedelic Therapy & New Mental Frontiers Dr. Will Van Derveer

Dr. Jill 00:00
Welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in functional and integrated medicine. I'm your host, Dr. Jill, and in each episode, we dive into the heart of healing and personal transformation. Join us as we connect with renowned experts, thought leaders, and innovators who are at the forefront of medical research and practice, empowering you with knowledge and inspiration and aiding you on your journey to optimal health.

Dr. Jill 00:23
Today, I am so excited to talk to my colleague, my neighbor, and my friend, Dr. Will Van Derveer. He's a medical doctor and co-founder of the Integrative Psychiatry Institute, which offers comprehensive training for mental health professionals in psychedelic-assisted psychotherapy and other continuing educational programs. He's the medical director of the Integrative Psychiatry Center of Boulder, Colorado, providing integrative psychiatry and a broad range of conditions and ketamine-assisted psychotherapy for treatment-resistant depression and PTSD. Being in your neighborhood, Dr. Van Derveer, I've had multiple patients who have seen you or your clinic and had great results, so I can attest to the power of what you're doing here locally.

Dr. Jill 01:06
In addition to his clinical practice and teaching, he's been involved with several studies sponsored by MAPS, investigating MDMA-assisted psychotherapy for chronic treatment-resistant PTSD—a breakthrough treatment—which could be approved in late 2024 by the FDA. So today, we're going to dive into some of the most cutting-edge treatments available for depression, anxiety, PTSD, and many other things.

Dr. Van Derveer, I am so glad to have you here. Welcome.

Dr. Will Van Dervee 01:32
It's such an honor and pleasure to be here, Jill. Thank you so much.

Dr. Jill 01:35
Yes, mutual pleasure and honor. It's mine as well. I always love to start with the story of: How did you get into medicine? Then, how did you get into psychiatry? And tell us a little about your journey to where you're at now.

Dr. Will Van Dervee 01:52
I took a somewhat unusual path into medical education. I wasn't premed in college. I was studying psychology, anthropology, art history, French, liberal arts, and so on. I stumbled into an independent study with a mentor in the psychology department who sent me over to the hospital to interview people who were having acute psychotic episodes for a study. Somehow, something clicked and I said: "I need to be around these people. These are my people."

Dr. Will Van Dervee 02:32
I needed to do two years of premed and that whole path and then ended up being advised—[before being] in my medical school interviews—"Do not tell them you want to go into psychiatry. Tell them you're open-minded." You know, "I'm warm clay to be molded in your hands. I could do anything." So I was a little bit of a covert, pretty sure I wanted to do psychiatry on my way in. But I absolutely loved the body and anatomy and physiology and almost moved over to internal medicine throughout the path there. But there was something about listening to people's stories—speaking of stories—that I just loved. And I wanted to have the time and space to be able to sit with people's stories, so I picked psychiatry.

Dr. Jill 03:26
Wow. I love that because I think there's no more fascinating area that really needs transformation. And you are on the cutting edge. Typically, here's a diagnosis—an ICD-10—and then here's a drug. And in this realm of all realms, there's so much more. There's so much more, whether it's trauma, whether it's somatic experiencing, or whether it's psychedelics, which we're going to talk about today.

Dr. Jill 03:51
You were obviously traditionally trained like me. What did you see in the system that made you think it was working? And what did you see that made you delve into other options? Obviously, we know our traditional medical system has strengths and also has weaknesses.

Dr. Will Van Dervee 04:06
Sure. I was at Vanderbilt Medical School, and I loved the learning. It was so fun to learn so much in such a short period of time. I loved being in the surgical suite. I loved being with babies being born and so on. The whole technology and what's possible in terms of saving lives was mind-blowing to me. At the same time, as I looked around, I saw in psychiatry a pretty limited set of tools and pretty old-fashioned thinking it seemed like to me.

Dr. Will Van Dervee 04:49
That was at a time in the '90s when the myth of the chemical imbalance was still very much a popular narrative about what people were dealing with. I was a student, so I listened and I started telling patients that. And then, of course, we can get into the future of what happened with psychiatry. But it's quite sad because, in the field of psychiatry, we had medications and psychotherapy but not much else. When I was in medical school—I'm curious if this was the case for you; I'd love to hear your answer to this question—I had one hour of nutrition. Not a course, but one session. Quite impressive.

Dr. Jill 05:38
Yes. And much of it was how to give TPN after surgery, which is IV nutrition for those of you who don't know—how to give it to someone who can't eat. They call it NPO—nothing by mouth. And then we would learn how to give them nutrition in their veins. That was it.

Dr. Will Van Dervee 05:51
Yes, exactly. So intense.

Dr. Jill 05:55
It's so powerful because they think about the mind or body and how important the inputs are. Yet, we weren't learning in medicine that these things do have an input or a play in our mood, our gut, and all these other things.

Dr. Will Van Dervee 06:09
It's so true. Yes, there was no such thing as a gut-brain connection when I was in training.

Dr. Jill 06:16
Yes. It's fascinating.

Obviously, you got wonderful training in traditional medicine and what the drugs were. You mentioned serotonin deficiency or some of those kinds of myths. I want to maybe talk briefly about that for those listening who maybe don't know that this has been disproven—because I think a lot of people are still out there with the mindset that if they have depression, it's the serotonin deficiency [inaudible] propagated a little bit by the pharmaceutical solution—and then why that may not be true.

Dr. Will Van Dervee 06:50
I think the biggest shattering piece of information... Well, I'll try not to go too deep into the rabbit hole of neuroscience here. Everyone's probably familiar with SSRIs. The serotonin transporter gets blocked so that serotonin can't be recycled out of the gap between neurons back into the original neuron it came from. The theory was that having more serotonin in the gap meant that the serotonin receptors on the distal neuron get stimulated more so you have more serotonergic activity going on.

Dr. Will Van Dervee 07:33
There was a drug in Europe that was approved for depression that has exactly the opposite mechanism of an SSRI, and it works for depression. I could talk about a lot of other examples of how that myth got disproven but the point is that you can block that serotonin receptor and it does something; you can accelerate or make that receptor more active and it does something. So this story that "I need to block my serotonin receptor so I can have more serotonin in the synaptic cleft, and that proves that I have low serotonin, and that's why I have depression or anxiety" just doesn't hang together. There are a whole bunch of other ways we could talk about it, but I think that's the simplest.

Dr. Jill 08:23
Wow. Yes, thanks for clarifying. You and I know this, and I want to make sure listeners are aware that the old school—'80s, '90s, even early 2000s—was, "There's a deficiency, so the simple solution for depression is to make more serotonin." And that's just not true. It's so much more complex than that.

Dr. Jill 08:41
Today, our topic is psychedelics, and I want to dive into all about that. But before we do, as you started to shift to integrative psychiatry—obviously the gut-brain connection, the food—what did you find with depression were some of the underlying things that did make a difference from a more holistic perspective?

Dr. Will Van Dervee 09:00
The thing that really shifted my life was an experience with a patient. I'm sure that you have other guests on who have a similar experience where one experience with one patient just completely changes your career. I had been out in practice for a couple of years (it was the early 2000s), and I was so discouraged by the lackluster effects of the medications and the cognitive behavioral therapy that I had been trained to provide—and I was doing a good job within board certification and all that kind of stuff—that I quit psychiatry. I was very devastated. I thought I was leaving medicine for good. I moved to a small town. It's a long story for another time, but I became a really hardcore meditator, and I was meditating for hours a day. And I was thinking about what went wrong.

Dr. Will Van Dervee 09:55
I used to come back to Boulder to get groceries. It was a four-hour trip from Crestone, way down in the southwest of Colorado. On one of those trips, I ran into a former patient who had had very severe anxiety. He had panic attacks. He couldn't go outside. He couldn't date. He couldn't do much of anything with his life. I had treated him with an SSRI and cognitive therapy, and he only got about 20% or 30% better. So I run into this guy and he says: "Look, hey, thanks for the talk therapy. I think that helped me some. But I want you to know that after you left town, I went and saw a naturopath. I got tested for celiac disease. I came back positive. I stopped eating wheat, and within six weeks my anxiety was gone—completely gone. Then I gradually, carefully, under supervision, weaned off my medications and I still have no anxiety." And the light bulb went off: "Wait a second, is there a connection between the gut and the brain? How can that be?"

Dr. Will Van Dervee 10:59
So I realized in that moment that I hadn't been told the whole story about what was really going on with people. The serotonin drug I gave him didn't work very well for

obvious reasons that we could talk about now. But the point is that it put me on a path of like, "Wow, here's another opportunity for me to learn." So I just went on a tear and started learning all the different things and hormones and inflammation and environmental toxins and the gut-brain connection and started testing people. "Let's test your poop." It was a wild time. But I still didn't—as you pointed out a moment ago—have a great tool for the trauma piece, which in psychiatry, of course, working with the software in addition to the hardware is so important.

Dr. Jill 11:49
Yes. Wow, I love that story. Recently I went to Australia. I'm [diagnosed with] celiac, completely gluten-free. For some reason, I had got this organic bread that had spelt. I didn't see it on the list. I didn't know it for three days, and my gut was perfect. But two hours after I had that bread, I got really depressed and irritable. Three days later, I looked at the ingredients and I was like, "What is going on?" And there's spelt. I was like, "Oh, wheat!" One thing many people don't know is, yes, people present with gut issues with celiac or non-celiac gluten sensitivity, but I think 50% present with brain [symptoms]. And typically it's fatigue, anxiety, or depression. So I love that story because it's so relevant.

Dr. Jill 12:30
And I remember years ago, when I first started integrative/functional medicine, I'd get these college kids come in and be like: "I'm depressed. I'm anxious." I'm like, "Let's check your stool!" And they would just look at me like, "What?" It is funny because then you're like, "Okay, well, there is a connection; I know it sounds crazy," because college kids are really nervous about giving stool samples.

Dr. Will Van Dervee 12:51
For sure.

Dr. Jill 12:52
I totally get that.

I love that you talk about a software and hardware upgrade. And then, let's just get into psychedelics because I want to hear: How did you shift? You started doing integrative, more whole-body [treatment]. I'm sure you had some great success stories, probably even more so because you still have the great tools. What's great

about you and me is that we still use medications and things that are appropriate, but the toolbox is just way bigger. So you were having success. When did you then find out about psychedelics or start to look into that as a possibility?

Dr. Will Van Dervee 13:22
I was on—I continue to be on—a deep learning journey about my own health and my own psychology. As I mentioned earlier, it started with meditation. And then, at one point—about, I would say, 15 years ago—a friend of mine in the Buddhist community invited me to an ayahuasca ceremony, and I went. I was not a psychedelic person whatsoever. But the prayer that the shaman from Peru gave—the ceremony was on Mother's Day—was acknowledging all the mothers and his mother and Mother Earth and all of these mothers. And I was just bawling my eyes out. This was what? At the age of 40. All of a sudden, I was like: "Oh wow, I'm still mad at my mom. I've got work to do here." It cracked me open.

Dr. Will Van Dervee 14:21
That became a really deep healing for me, going down that road in South America for many, many, many years. But I was doing it afraid to be found out about it. I wasn't talking to my patients about it. I was scared if any doctor/friends found out that they might report me to the medical board. This is the world that we kind of live in. It's this scary situation.

Dr. Will Van Dervee 14:53
I felt more and more pulled apart between what the tool was that was helping me so much and how my patients were struggling. And I felt that it was not the right way to do it—to talk to them about what was helping me—until a friend of mine... You may have known Jeremy Geffen, who was the oncologist in town. He rang me up one day and he said: "Will, they're going to be starting an MDMA-assisted therapy clinical trial in Boulder, and they need a psychiatrist." And oddly enough, it's hard to find a psychiatrist who embraces MDMA therapy.

Dr. Will Van Dervee 15:32
I said to him: "Look, isn't that the stuff that causes holes in the brain and is really bad for people and people die of hyperthermia in raves and so on?" He said, "Look, read this paper." It was a 2011 phase 2 clinical trial where people with decades of chronic treatment-resistant PTSD symptoms—nothing had worked—went through

this protocol and 83% of them no longer met the criteria for PTSD. And I thought to myself: "That's the opposite of what my rates of success are in my practice. If I get 17% of people well, I'm pretty psyched. So that got my attention.

Dr. Jill 16:09
"There might be something here."

Dr. Will Van Dervee 16:10
Yes. So that was my entry point.

Dr. Jill 00:00
And of course, you had your own experience in a realm that you had success [in] personally.

Dr. Will Van Dervee 16:26
Right.

Then I found out about MDMA being used not just for parties but for therapy and healing. I got trained in that method and became a member of that research group. I was able to refer a handful of people out of my own practice who had struggled under my care for years and who came through the protocol and had three MDMA sessions and didn't have PTSD anymore themselves. It was just magical to see so much healing happen in such a quick time frame. It was really encouraging. I feel really encouraged right now about psychiatry, which I haven't. I didn't feel that way 20 years ago for sure. So it's exciting, what's happening.

Dr. Jill 17:13
Yes. And there is clinical evidence. Do you want to talk just a little bit about what the clinical evidence is right now on psychedelic therapies?—because I think there is still a stigma. It's too bad. I always say that even marijuana or some of these things that are starting to be legalized and everything, everything has its own niche. But if you look at prescription opioids, I think it's all segregated based on politics and different things that really aren't science-based and this idea, like you said, "In medicine, we don't do certain things."

Dr. Jill 17:49

One thing I hear in your story is that you remained curious and open-minded. I think that is probably the core reason why you're here leading the pack on this topic. Even for me, I do things very differently than a traditionally trained MD. Part of it was because I remained curious and open-minded. But it takes you and I and a ton of colleagues to be open-minded to shift medicine in the areas where it's not working, right?

Dr. Will Van Dervee 18:15
Absolutely. Yes, I agree. And we also go through things. I know you've been through so many things with your health. This teaches us a different way of looking at things.

Dr. Jill 18:27
Yes. Almost as healers, we have to start with ourselves and then we learn. And again, that's something traditional medicine—our training—was like: "Don't you dare talk about yourself. Don't you dare talk about your experiences. Keep the wall up between your patient." What we realize is that story for generations and thousands of years has been the connective tissue for healers. So if we aren't telling the story and at least commiserating with patients in their suffering, what kind of healers are we? It's so powerful.

Dr. Will Van Dervee 18:50
One hundred percent.

Dr. Jill 18:52
Back to evidence, do you want to share a little bit of how that's come around since you first started looking into this and what the clinical evidence is currently?

Dr. Will Van Dervee 19:00
I'll start with MDMA, where it's a much clearer conversation. The study I was a part of was one of the last phase 2 studies—we published that paper in 2018—and then a phase 3 study unfolded from there. It just got published in September. The results are outstanding in terms of efficacy as well as safety. It's very much on par with the kind of results that we saw in two-thirds of folks with chronic severe PTSD not meeting criteria at the 12-month follow-up. So it's very exciting.

Dr. Will Van Dervee 19:37

The FDA is reviewing the data and we'll know soon—in just a few weeks from the time of this recording—what the FDA is going to do with that. It's a little challenging because the FDA has never had to review a psychotherapy assisted with a psychedelic, let alone a psychedelic before. We'll see how that goes. So that's the story with MDMA.

Dr. Will Van Dervee 20:01
And for folks in the audience who are not familiar with it, as I think about it as a clinician with various tools available, I think it's the cat's meow for the treatment of trauma. People with simple, single-event types of trauma may not need MDMA therapy. Maybe EMDR. Or you mentioned somatic experiencing—which I'm a huge fan of and trained in myself; I love that—could be very effective. But for these folks with layered trauma and severe chronic trauma, I think it is the cat's meow.

Dr. Will Van Dervee 20:38
And then we have two other psychedelic drugs that are under interesting research considerations right now. Psilocybin is the magic mushrooms, which have been in human use for—some say 3,000, some people say 5,000, some say 10,000 years. There are cave frescoes of psychedelic mushrooms from 20,000 years ago, so it's been around for a long time. It's very safe from a medical standpoint.

Dr. Will Van Dervee 21:09
The danger with psilocybin is more on the psychological [side]. It's scary, which is different from MDMA. But it is currently under phase 3 trials by two different groups—a nonprofit in the US called Usona and a for-profit pharmaceutical in the UK called Compass Pathways. They're both expecting to publish data next year. So that's very close to the completion of the research process.

Dr. Will Van Dervee 21:39
That one is most studied for chronic depression. It presents an alternative to this model that you and I were talking about earlier of suppression with suppressing symptoms so that people can function. Suppression is better than not suppression under certain circumstances. But these treatments are really unique because they're evocative treatments rather than suppressive treatments.

Dr. Will Van Dervee 22:06

And then the third one is ketamine, which, of course, you mentioned earlier. It's a tool that we can use currently. It's on Schedule III with the DEA. It's readily available in all 50 states. It's amazing for suicidal depression, specifically, and chronic depression as well. The tools start to get limited in psychiatry when people fail three, four, and five different antidepressant trials. So ketamine presents a really incredible opportunity for people who maybe don't want to try another six-week trial after failing three or four medications.

Dr. Jill 22:46
Wow, it's so great. Gosh, I have so many questions. First of all, I just want to jump back because a lot of my colleagues and patients talk about somatic therapy. Do you want to just define?—because that might be before this stage and we both agree that's helpful in conjunction with this. Tell us a little bit. What is somatic versus CBT?—because you talked about that. That's what we're trained in in medical school. What is CBT? What are somatic therapies? And how might those be useful? And then, when would you go to these psychedelics?

Dr. Will Van Dervee 23:11
Great question. Thank you for that. We can intervene at different levels of processing in the human brain and the human mind. When we intervene or we're doing a talking [inaudible] or we're having a conversation like this, we're mostly using the top part of the brain, the cortical regions, the gray matter—that gray layer of the brain when you slice through a brain. But the fight or flight system, which is so involved in trauma, tends to be a much less verbal and more primitive part of the brain. It's a deeper part of the brain.

Dr. Will Van Dervee 23:51
When you're a psychotherapist and you work with people—like I did for years, with this cognitive tool, this top of the processing—you find that what's driving the dysregulation in the nervous system is coming from below. Evolutionarily, it makes total sense. You could be meditating, you could be writing a book in your cave, and the saber-toothed tiger runs in. You don't go to problem-solving in your mind: "What do I do now?" You just start running. Your body—adrenals, HPA, everything kicks in. It's frustrating, and I think it accounts for treatment resistance that we're trying to work with a part of the brain that's beholden to the part that owns the trauma.

Dr. Will Van Dervee 24:40
Somatic therapy—one way to talk about it is that in the movie *Born on the Fourth of July*, Tom Cruise has a classic re-experiencing flashback phenomenon when the fireworks go off and he's back in Vietnam. The way that the body responds to a cue in the environment might not even be consciously experienced as a thought. It could just be like: "Oh my God, I feel like I want to throw up right now, and I don't even know why." The reason you want to throw up is because there's something happening in your body that's responding to a cue that reminds this nonverbal part of the brain that you're not safe in that moment. What happens in somatic therapy is you set up the container and you create a lot of safety first, and then you go in and you start working with these somatic experiences. As you said, it's an incredibly powerful way to work with psychedelic therapy. They pair really well together.

Dr. Jill 25:43
Yes. Oh, that makes so much sense. I have a little memory that puts a point on that. Back with my chemotherapy for my breast cancer, I had this red drug called doxorubicin. It was in a bag. It was bright red. It was funny because every time I'd get that chemo, I'd get really nauseous from the drug. Then for [up to] probably a year later, I'd see the color red and I'd get nauseous. Consciously, I'd be like: "Oh, it's fine. No big deal." But this was that subconscious clue.

Dr. Jill 26:11
What happens, I think, with so many people is there's these little things like our memory from childhood. I even think mold-related illness on many levels is [due to] someone [who] had a trauma in their childhood and a mold connection or there was mold in their basement. Then they reexperience that mold, and all of a sudden whatever was looped to that or connected to that in their childhood or in their past brings that same trauma up as well.

Dr. Will Van Dervee 26:33
Wow, that's amazing.

Dr. Jill 26:36
Right? So in this experience, they connected those two things. And I think all the time in our lives, if people are aware of the emotions or sensations in their

body—like a nauseous feeling or a tight chest—they might be walking across the street and see a face of someone that subconsciously reminds them of some perpetrator when they were young, and they have the same feeling. But don't you think 99% of people walking around are not aware of this? They're like: "Why am I anxious? Why am I depressed? Why am I afraid?" What's happening is they're getting clues in their environment all the time that are triggering those somatic things that they are not even aware of, right?

Dr. Will Van Dervee 27:07
Absolutely. The power of the unconscious mind is not to be underestimated.

Dr. Jill 27:13
Yes, that's why this gets so exciting for me.

I want to go back because you mentioned NMDA, psilocybin, and ketamine. What's the legal status right now on each of these? And you mentioned—I think in maybe September or soon, when this is just about to be aired—that some of this may be legalized. Where are we at with that?

Dr. Will Van Dervee 27:31
Psilocybin and MDMA remain on Schedule I with the DEA. What that means is that the DEA sees no medical use and sees a tremendous potential for harm from these drugs. Schedule I is where heroin lives. It's where crack cocaine lives and so on. People who are in the know from a neuroscience standpoint think it's preposterous that something like psilocybin or MDMA would be in the same category with these very harmful, really dangerous... You mentioned fentanyl and the opiate crisis. Well, wait a second; what's the actual harm from these tools?

Dr. Jill 28:11
Right. I love that you're saying that because that's how I can compare it. Some of these things are so much less dangerous than what we are prescribing.

Dr. Will Van Dervee 28:19
Yes. It's ridiculous. It would be hilarious if it wasn't so tragic for so many people. Psilocybin and MDMA remain on Schedule I. It's a felony to possess them or to sell them. If you're a doctor, to work with them, you can get in big trouble. And then ketamine is already legal as an anesthetic, but it is used off-label in psychiatry. It's

not FDA-approved for a psychiatric condition. Only about 20% of the prescriptions in psychiatry are prescribed on label. To use something off-label in psychiatry is pretty common.

Dr. Jill 29:07
Yes. Any of you out there who have sleep medications, I bet you your sleep medication is an off-label psychiatric drug. That's a really common way that people in everyday life are probably using off-label. And it's very appropriate for medical use to use off-label for the right indication.

Dr. Jill 29:24
You've already mentioned some of the conditions—obviously traumatic stress—but what would be some of the indications? Oh, and I wanted to clarify too: So far, what you've seen with NMDA and psilocybin has been in clinical research trials that you've had the use [of] and the evidence [for]. So right now, people can only legally get it in a trial. Is that correct? Just to clarify.

Dr. Will Van Dervee 29:44
There are some new developments there. The state of Oregon was the first to pass a state measure where folks can go have psilocybin sessions for their own personal growth or personal healing. We ended up opening a center in Oregon as a part of our training. We have a practicum in psilocybin for our trainees in psychedelic therapy and part of our year-long course. And then Colorado followed right after Oregon. It's about a year and a half ago now that the measure passed. Our institute was granted a training license last week, so we're going to be training people in Colorado in psilocybin therapy.

Dr. Will Van Dervee 30:27
What's really cool about the measure in Colorado is that it's run by the Division of Regulatory Agencies. We can operate under our medical license and under a psychotherapy license and provide psychedelic therapy once all the structures are put in place.

Dr. Jill 30:45
Oh, that's wonderful. Yes, so you can finally see what's happening and do this legally. What would be your indications right now for some of these therapies? And

then I want to talk about the risks and drawbacks and things that we need to be aware of.

Dr. Will Van Dervee 30:58
Great. With MDMA—as I mentioned before—the main event is psychotherapy for post-traumatic stress disorder and I would say, just to repeat, I think, for more severe forms of PTSD where other things haven't worked. We don't know if MDMA therapy could be helpful for other things. It just hasn't been done. There's one study that was conducted of couples where one member of the couple had PTSD and the other didn't. Both received MDMA and it really helped the dynamic in the couple and helped treat the PTSD in the individual. But outside of that, we don't know if MDMA could help depression, if it could help OCD, or if it could help eating disorders. There's all kinds of possibilities, but we just don't have the research.

Dr. Will Van Dervee 31:52
With psilocybin, there's been a much wider range of indications that have been studied. We have depression, obsessive-compulsive disorder, and substance use disorders. Cluster headaches have very, very good data with psilocybin. And people are still going with more protocols. Eating disorders are being looked at. End-of-life anxiety at Johns Hopkins was a big one that Michael Pollan talked about in his book. So a wide range.

Dr. Will Van Dervee 32:24
And then with ketamine, most of the research is on chronic depression. But we also have some evidence on OCD, bipolar, depression, and a handful of studies on anxiety disorders. It's mostly depression with ketamine.

Dr. Jill 32:43
Okay. Oh, that's super helpful.

One of the things you're doing and one of the things I wanted to bring you on for is you're creating a training program. So let's talk about who could be trained. Is it just psychiatrists, psychologists, and therapists? What kinds of degrees could be trained in this legally? And what are you doing to create this training program?

Dr. Will Van Dervee 33:02
We're kicking off our seventh cohort next week. We run two cohorts a year, so one

in July and one in January. We started out by strictly training people with mental health backgrounds—licensed clinicians, therapists, psychiatrists, and nurse practitioners. We realized after a while that there were a lot of medical folks who wanted to get involved—not because they have a mental health background or because they want to be a psychedelic therapist but because they want to be a part of a clinic or they want to open a psychedelic therapy clinic. And they just want to know how to do it safely and bring on the right staff with the right background. So we opened up a medical track this year for folks with all different kinds of medical backgrounds, which has been a new thing. It's been really popular. So we enjoy training a wider range of folks at this point.

Dr. Jill 34:02
That's exciting. So you're saying that [for] an internal medicine doctor or a functional medicine MD who wants to get into this, you're providing training for any of those medical professionals who want to know how to do this safely and efficiently. Fantastic. Again, I am not the expert; that's why I so enjoy learning from you.

Dr. Jill 34:21
One thing that I have heard that is so important as you open up these portals to healing is that you also have the therapy—the container—that creates safety. Do you want to talk a little bit about that?—because I think that might be the biggest thing for a patient just seeking it and not knowing where to go. To me, it's like you want to find a place that creates that as you open up these feelings and emotions. But I don't know the answer there. Do you want to tell me more about how that looks?

Dr. Will Van Dervee 34:43
Thank you for speaking of that. You're speaking my language. I really have a lot of concerns about the misunderstanding of what the opportunity is here. We could use the ketamine and ketamine clinics as an example of what can go the wrong way. Most ketamine clinics that advertise treatment for depression are doing IV ketamine with no mental health support—no therapist, no sitter, and no anybody.

Dr. Will Van Dervee 35:18
In our clinic, we've treated a great number of refugees from these kinds of experiences where they get hooked up to an IV. They're put in a darkened room.

They might have other people in the room who are also on ketamine. What happens is that as an evocative psychedelic experience, there are traumas that do come up.

Dr. Will Van Dervee 35:36
You were talking about the red color on the IV bag. If no one's there to help that person, then what can happen is more trauma, more flooding, more overwhelm. And then there's even more work to do to help that person heal. So it's critical to have a supportive person in your environment who is able to protect your safety but also not interfere with your journey. And that's the art of psychedelic therapy: Knowing when to hold them, when to fold them, and so on.

Dr. Will Van Dervee 36:13
It's interesting; I can just say, as a trained psychiatrist, I had to unlearn a lot of things to get really good at psychedelic therapy. I had to stop being a know-it-all. I had to stop interpreting someone's experience. I needed to learn how to tolerate the extreme states that the participant needs to go through in order to go get the key at the bottom of the pond—the insight, the link, or the forgiveness of the self—that can hide out in nooks and crannies in your mind, and it can be very difficult to access.

Dr. Will Van Dervee 36:52
Many of us who have been trained traditionally and effectively in the way that we were trained start to get a little scared or a little anxious when people are going through a really intense experience. We might reach for the Lerazepam or the Ativan. Or if you're a therapist working with a person who's going through something really intense in your office, you might call 911 if you don't know how to hold space for that person in that situation. Or maybe you haven't had your own training with psychedelics, having a personal journey and finding out that you can also get really intense when you are on a psychedelic.

Dr. Will Van Dervee 37:33
Anyway, it's really important to have a support person with you the whole time. We also have to unlearn this pharmacology-forward mentality where a person might come in... We've had many patients come for ketamine healing. We do IV ketamine, but we do it with a psychotherapist who's there the whole time. Every minute of every session, the therapist is there. People will often come in who've been

enculturated into the psychopharm-forward version of psychiatry, where they now believe that ketamine is going to be the answer to the problem. It can be really hard when someone's very depressed.

Dr. Will Van Dervee 38:30
It's very delicate to start talking about: "Well, actually, there's going to be some work involved here. You're going to find out some things with the help of the ketamine that we're going to then need to change your lifestyle, your behaviors, and your choices. This awful relationship you have at work is going to have to change. You're going to have to learn boundaries. You're going to have to change your nutrition. We're going to have to get 10,000 steps." And so on and so on.

Dr. Will Van Dervee 38:58
It's human nature for us to want a quick fix. I think it's particularly exacerbated in the materialistic culture that we live in in America, where everything's a quick fix. You drive into the drive-through and get your quick meal. And then you get your... I don't know what you do at night to shut yourself down. But it's tricky for people to find out that they've got a journey to make. So then we have to show up for that, and we have to help them make that journey.

Dr. Jill 39:31
Wow. Oh my goodness. So many things come to mind that I want to touch on in what you just said. First of all, medical professionals are taught to be in control. What I hear you describing—and this is part of our healing as healers and then our patients' healing—is when we can truly surrender control, because we don't have it anyway; it's all an illusion anyway. The fact that we think we have control is completely a myth and an illusion. I think that's the start of healing. And what I heard you say is that these therapists or psychiatrists who are along with the patient [think], "We are supposed to be in control of these situations," and we actually have to let go of that willingly.

Dr. Jill 40:07
One definition I heard recently that I just love about love in general is creating the space for optimal transformation. Whether it's a friend or a loved one, a partner, a child, a mother, or a patient, all we are is—like you've mentioned before—the container. As clinicians, we're not any better or any more knowledgeable in some

ways. But what we can do is create a safe space of complete unconditional love for their best transformation, which means we allow things that before made us really uncomfortable. And we have to get really comfortable with being uncomfortable.

Dr. Will Van Dervee 40:44
Absolutely.

Dr. Jill 40:44
What you said there is so key because I think even in the clinic talking to a patient we have to practice this because if we start to get uncomfortable or get triggered and are not aware of that, we take away from their experience. And I can see how probably, in your experiences with these patients, there are things that could be triggering, could feel out of control, could feel scary. So we've got to really come in. And I'm assuming that in your program, you're training the people who are assisting in this therapy to let go and deal with their own stuff because that's the best.

Dr. Will Van Dervee 41:14
Right. It's sort of this view that there's no way out except through the experience. Here's a simple example that probably a lot of people can relate to. You're having a hard moment or maybe you just had a car accident or something like that and you're very stressed. And someone says to you, "Take a few deep breaths." You know that it's coming from positive intention. They're trying to help you, but there's also this other thing happening for that person who's saying, "Take a few deep breaths." They're saying: "I'm very uncomfortable with how uncomfortable you are, and I want you to do something so I don't have to feel so uncomfortable."

Dr. Will Van Dervee 41:55
When you do that with a person in this incredibly tender, suggestible, and open state, it can be very damaging to the person. The right thing to say in that situation is: "Go deeper into that. Be with that. Go explore that. Then, when you're finished exploring, come back and let me know what you found out." So that the person can learn to become sovereign and really strong in their system where they can feel great about exploring the scary places inside of themselves.

Dr. Jill 42:36
Yes. Again, I'll just talk personally because, up until 40, I was living above my neck.

All here, all cognitive, all analytical. It served me well for that time, but I dissociated from my body. It's no wonder I had cancer and Crohn's and some of the illnesses—because I was ignoring my body. In fact, I remember often being like: "Shut up, body, I've got work to do. Don't give me a hard time." I learned to dissociate. I was a professional and expert dissociator. And in order to heal—what you're speaking of as healers and then as [for] our patients—you have to go back into that body and feel those feels that you have never felt.

Dr. Jill 43:10
I remember when I first started somatic experiencing and started having this anger that I never had before and this fear and this anxiety and the sadness that I never allowed before that wasn't acceptable to come over me. It felt like I was going to drown. The wave was so great because it had been 40 years of suppression. I remember [feeling] like, "This is intolerable!" But guess what? The first time I let that wave wash over, it was so scary and so overwhelming. Then the next time was a little better. Now I know that as those emotions come, they're not fun. They're not pleasant.

Dr. Jill 43:40
But this speaks to you and the patients' experiences—giving them the tools so that they can experience that wave that seems like it's going to drown them, but allowing them to feel safe in it and then start to own it and be like: "No, no, no. I can do this." Because if we push, if we resist, if we shut it down, that's when the illness comes, and that's when the psychiatric symptoms come.

Dr. Will Van Dervee 44:03
Exactly, yes. I 100% agree. There's a saying that we're not going after feeling better; we're going after getting better at feeling. The goal here is to get really good and really skillful at what you were just saying, like: "I'm good with myself. I'm good with my panic. I'm good with my depression. I'm good with my suicidal thoughts. I'm not going to act on them, but I can accept that that's a part of the landscape inside of me."

Dr. Will Van Dervee 44:38

I've been through things. You were a living example in the way that you shared. For the first 40 years, I was above here, and that got me really far. Like, "Thank you." Like, "Thank you." And there's something else to do after that. There's more to it.

Dr. Jill 44:57
And it's scary. I just want to speak to that because if you're out there listening—you're a patient who's wanting to do this, or maybe you had an experience like that—Will, what I love that you said is that there's work to be done. Maybe work is not the right word. There's allowing, there's experiencing to be done. If we just think, "Oh, you're going to do this to me for me"—I'm going to receive a gift of the answer—no. It requires us to change our thinking, change our experiencing, and change our relationship with fear, control, and surrender. And that's where it lies.

Dr. Jill 45:29
I wasn't planning on going here, but I've just got to mention this because I have a definite strong belief in higher power. I know that everyone listening does. I don't know where you're at with that. But I will just say one thing for me that's been my psychedelic therapy: My relationship with a higher power. To me, it's so close and so real that I've not done these things because I can access the Divine in my everyday life. That is my healing; that's my drug. But the higher power conversation for your patients—does that weigh into everybody? Somebody? Do they experience anything with these therapies? And are there people like me that feel like they can access that without assisted therapy?

Dr. Will Van Dervee 46:09
There's a poem of Hafiz that comes to mind that I love. It's very short. He says, "Complaint is only possible from the suburbs of God." What I take from that is that the beautiful souls that I've worked with over the years more or less universally feel that they're not in downtown of divinity. Their address is way out in the boonies. They're living a long way away from feeling like what they're going through is sacred, beautiful, and necessary for their growth.

Dr. Will Van Dervee 46:43
Thinking back about 25 years of practice in psychiatry, it's quite unusual to find a person who is plugged in spiritually who also has crippling mental health problems,

crushing depression or anxiety. You might have what we would call some biological factors. You mentioned Lyme disease or mold exposure. You could have some methylation stuff. You could have lots of glyphosate in your gut. There's all kinds of things that could be going on. But then you're also dealing with what your attitude is toward your experience. And if you are in a state of surrender... And again, it's a charged term in our culture. Surrender is like running up a white flag. It's like, "I give up." That's not what we're talking about. We're talking about active, getting with what reality is kind of surrender. It's like, "Okay, I've got a journey to make here." When people are surrendered to their life, they have a lot less suffering going on. They can still have suffering, but it's a lot less suffering. In Buddhism, it's called unnecessary suffering—when you're also fighting with the fact that you have problems that you're trying to resolve.

Dr. Will Van Dervee 48:16
Coming back to your question about spiritual experiences, I think that it's really interesting the research at Johns Hopkins under Roland Griffiths. He was very convinced that mystical experiences—what he meant by that was a oneness experience with a larger divinity or a larger truth than one's personal ego, personal reality—were the most potent thing that could happen in psilocybin therapy. He just passed a few months ago. But in his career, he pumped out decades of research on this topic, looking at: What happens when people have a divinity experience, a God experience, or a universal spiritual experience?

Dr. Will Van Dervee 49:12
These people who went through his studies rated those experiences when they had them literally in the top five experiences of their lives, including the birth of a child into their family. So these are massive experiences. But I agree with you that psychedelics are just one doorway into that experience. They're not by any means a guarantee you're going to have that kind of experience when you take one. But there are causes and conditions or set and setting things that can be done to improve the odds of having an experience like that.

Dr. Will Van Dervee 49:51
But the goal here—as is always the case with pharmacology, whether it's psilocybin or Prozac or whatever the tool is—I think, is to learn how to have the experience without the pharmacology if you can. Use the tool, get the lesson, and then hang up

the phone. Go on with your life. That's the goal, I think, when we're talking about mental health: Putting the whole system of mental health behind us in the most efficient way we can.

Dr. Will Van Dervee 50:34
It's so sad to me that daily medications that suppress symptoms are designed as an annuity for the stockholders of the pharmaceutical company. If they helped you get well, they would be a bad investment. And you look at [how] the stocks and the returns on pharmaceutical companies always outperform the stock market—10%, 12%, 15%, 17% returns—year-over-year. It's insane. And I wouldn't complain if people took that drug three or four times and they were done.

Dr. Jill 51:08
Yes, exactly—if we knew it actually transformed, but it really doesn't. So speaking of that—this is a great way to segue into the ending—what do you see as the future landscape of psychiatry? Obviously, this is at the forefront of what you're doing and you're seeing the trend. And then let's talk about your course too.

Dr. Will Van Dervee 51:27
Thanks. I might be a little too optimistic. That's my nature. But I do see a future where we can shift what people are looking for through education and through using tools that can help people put mental health care behind them definitively. And that does happen with ordinary psychiatry, but it's not quick and it's not inexpensive. People—if they're going to get a really significant result from psychotherapy or medication treatment—are in treatment for years, typically. It's a long and arduous and winding road to get well through traditional methods in psychiatry. Integrative psychiatry is better than that because we can go to root causes and we can look at the gut-brain connection, as we talked about earlier. But what I like about psychedelic therapy is this access that we can get to underlying trauma that is very hard to get to in ordinary consciousness for way too many people.

Dr. Will Van Dervee 52:41
I think we're going to be able to turn the tide on the mental health global epidemic, which is quite scary when you look at the numbers. But it's going to take time to turn the boat around. And we're going to have to, as practitioners, also redefine

what we're trying to do with people. That's what we're trying to do with our training.

Dr. Jill 53:03
Yes. Thank you for being on the forefront and being the model. And I just love your experience of your own journey and your curiosity, almost turning away from psychiatry and then getting back engaged, because clearly you're making a difference and you're doing something very important. Where can people find out about you and the class that you're doing in July? I think this will be out in August, so it'll probably be the January cohort.

Dr. Will Van Dervee 53:23
Right. Thank you. We can be found at our website, which is PsychiatryInstitute.com. That's a mouthful. Or if you just want to Google "integrative psychiatry," you'll see us on the first page. We've been around now for a few years. We'd love to hear from any practitioners in your audience who might be interested in hearing more about the course.

Dr. Jill 53:47
You got it. Yes, we have a lot of doctors who listen, so we will be sure to share. And if you're driving or listening on your walk, don't worry; wherever you listen to this podcast, we will have the links in the show notes so you can find them. As always, you can find our show and all the transcripts and all the notes at my website, which is JillCarnahan.com. And again, the link to PsychiatryInstitute.com/apply is directly to the program, so we'll link that up as well.

Dr. Jill 54:14
Dr. Van Derveer, after being in the neighborhood with you for so many years, it is a delight and a joy to talk to you. And I just want to end with: Thank you for the work that you're doing. And most of all—I'm an energy reader—I felt this very deep, peaceful presence. It's probably from all the work you've done. But you bring that same energy that you're bringing to healing in a very real way, even in this interview. I feel it and I appreciate it because I'm sure that any of your patients or even your people that you're teaching feel it as well. You're modeling it, and thank you for doing that.

Dr. Will Van Dervee 54:44
Thank you so much, Jill. I so appreciate you. And thank you for this show and getting so many voices out there that are not necessarily easy to find. I really appreciate the way you curate the show and the topics that you cover, keeping everybody up to date and moving forward together.

Dr. Jill 55:03
Yes. We all need each other, don't we?

Dr. Will Van Dervee 55:06
Thank you.

Dr. Jill 55:07
Thanks again. And like I said, you guys will have a new episode every Wednesday. And I look forward to talking to you next week!