Conscious Life presents

Behind the Scenes in a Psychedelic Clinic

Guest: Dr Pamela Kryskow

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[00:00:09] Alexander Beiner

Our next guest is Dr Pamela Kryskow. Dr Kryskow is the medical lead of a not-for-profit called Roots to Thrive which runs a psychedelic clinic in Canada. She is also a psychedelic researcher and is involved in research on psilocybin, MDMA, and ketamine, as well as the mental health and well-being of first responders and frontline healthcare workers.

She's also the co-investigator on the largest microdosing study, Microdose.me, which is ongoing with around 30,000 enrolled participants. Pam Kryskow, thank you very much for joining.

Dr Pamela Kryskow

It's a delight to be here with you, Alex, Alexander. Sorry, I don't know which one you prefer, Alexander?

Alexander Beiner

Either one, either is good.

Dr Pamela Kryskow

Yeah, that's all good. I'm the same Pam, Pamela, whatever you want.

Alexander Beiner

Pam, the first thing I wanted to ask you is to give everyone a bit of a sense of the work you're doing. You're doing some really interesting clinical, psychedelic work, and it would be great to hear about what's your day to day. What are the things that you're working on? What does that work involve?

[00:01:21] Dr Pamela Kryskow

We have a program, it's called Roots to Thrive, it's a nonprofit program in Canada. It's a team, it's not me, I want to emphasize that. It's a psychedelic-assisted therapy team that is very interdisciplinary, very multidisciplinary.

We have doctors, we have nurses, social workers, spiritual care people, First Nation elders, therapists, energy workers, and somatic therapists, all coming together to offer what we feel is a very full human therapy program working with psychedelic therapy. But not using psychedelic therapy as the main tool, but as one of the tools within a program of resiliency.

The program itself started out as a program of resiliency, and it was trialed with nurses who were facing burnout. They did really well. Then we thought, well, what if we added psychedelic therapy into it? Could they do better? Because many of them had PTSD, and yes the results were much much better.

Having healthcare professionals come through the program, they were able to give lots of great feedback. We've been able to iterate this program over five years to better and better and better, where it is a resiliency program that helps people come back to themselves, and really find their own inner healing intelligence, which we talk a lot about in psychedelic therapy.

Within this group process, where they're working together, not only with our team members but with other people that have very similar issues. We're creating a community of practice, a community of healing. The group therapy process, which a lot of people who are therapists will be familiar with, but many of your viewers may not be, because what they've seen often on TV is the two therapists by the bed, or the one therapist by the bed.

But we know that what people are mostly craving is connection and community, love, being heard, and being seen, and in that environment healing happens a lot faster. And when you add psychedelics, it also adds another catalyst for change.

We have these twelve-week programs where people travel together in groups all together, have three psychedelic sessions through the program, and then integrate. The wonderful thing about this group process is that at the end, not only are they better and on their healing journey, many of them aren't done their healing journey, but they're well along their healing journey. But now they also have friends, more friends, or more colleagues, to keep that learning going. That's what we're doing.

Roots to Thrive works with ketamine-assisted therapy because ketamine is legal. We also get special exemptions to work with psilocybin and special exemptions to work with MDMA. The same process, is slightly different for each of these medicines.

Alexander Beiner

Fantastic. There are a few things I want to pick up on, especially the diversity of the team, that's so important. Also to reiterate to people watching, the importance of connection and group work.

[00:04:48] Alexander Beiner

I used to run retreats in the Netherlands, where psilocybin is legal, or an illegal gray area, I should say, there's a loophole with truffles. We are very much focused on... I'm trained as a counselor, and a lot of the focus was on group work, that's what I've done a lot of. We used to say to people, that people have come and spent money to come and have a psilocybin experience, but there are two mechanisms of transformation here, there's the group work and the psilocybin.

In the beginning, no one quite believes that. They're like, "Oh, yeah, sure, okay, whatever, when are we doing the truffles?" Then by the end of it, they realized this deep connection is so powerful and healing. I wanted to pick up on this multidisciplinary team you have, what led to that? Because I think that's very important, I'm curious how that formed.

Dr Pamela Kryskow

It happened organically. We had myself, who had my expertise in psychedelic therapy and in chronic pain. We had a psychiatrist who understood the biological model that we were doing, a pill for every problem that wasn't working and had 30 years of experience. An energy worker who really understood what we fully embrace now, that this stuff is stored in the body, emotions are stored in the body.

An indigenous elder, a Snuneymuxw elder, who also fully understood what we're coming to understand better, is that connection to land, connection to people, connection to place, ceremony, and ritual matters in healing. Nurses that understood healing, and had come through their healing journey. And people in business that recognize that there is a better way, that we could serve in a nonprofit, as opposed to a for-profit.

Sometimes the universe brings a whole bunch of people together, and it brings the right amount of people together. We really leaned in and thought, if we're going to do this, number 1, as a team we have to do our own work. We have to be constantly improving, we have to be constantly leaning into our triggers and going, this is my teacher, I have to deal with this.

Creating that ecosystem of healing, first and foremost, it became so obvious that you needed all these different people on the team so that the team could be healthy, and then the team could serve participants, we call our patients participants, so that we could serve. The element of it that became, that continues to be obvious all the way through, is that you need all these skills at different times to serve the participants going through your program.

It removes any one person being super important. Usually me, as the MD in the medical model, am the boss, I'm the one telling people what to do. Whereas in this model, I'm not, which is lovely. It's as much as possible non-hierarchical. When the expertise of a psychiatrist is more important, then they step in. When the expertise of our elders is more important, they step in.

The team is learning from each other at all times. We're elevating our knowledge, at the same time as we're doing our own healing, at the same time as we are serving the participants in our program. You can't do that if it's just a doctor and a therapist, or just a nurse and two nurses. You can't learn from each other as well.

[00:08:36] Dr Pamela Kryskow

Again, I think sometimes the universe brings the people together and you go, this is so obviously a better way of doing it than ever before. And we talk about teams all the time, but we often never actually action it. When we do action it, it works, and it continues to work.

Alexander Beiner

That's wonderful. It strikes me that the model that you have, feels to me very psychedelic, in the sense that it's nonlinear, it embraces the complexity of what's showing up when it's showing up. Would you say that there... Or do you think you were inspired in some way by the nature of the psychedelic experience and how you've approached your work?

Dr Pamela Kryskow

Absolutely, everyone on our team is psychedelically aware, and speaks relatively openly about it, which I think is important. We all recognize that the prohibition was completely an error in time, and we're going to look back on this timing and go, what the heck was going on that these were prohibited? It's ridiculous.

Everybody on the team is psychedelically aware, spiritually aware, or non-ordinary state aware, and understands that that's complex. It's something you have to have some relationship with, to be able to serve people going through that process. Yeah, it is very psychedelic in a way, because you don't know where it's going to go yet. Yet, you know if the container is solid, it's going to be beneficial.

Alexander Beiner

It might be interesting to hear a little bit about what would the journey of, let's say a nurse, who comes and starts working with you. It doesn't have to be in too much detail, but they've come to you for the first time, what might they expect, and what model could they expect to work with you?

Dr Pamela Kryskow

What we've learned is that the only way people can really be on a psychedelic team is to go through it first. We've learned the hard way, that we're very experimental, we pivot a lot, and we try things a lot. We had people join our team that had never gone through our program, and it didn't work, because they didn't fully understand what they were creating for the participants.

Our rule now is that everybody who joins our team has to have gone through the program for a couple of reasons. One, so they can be held, they can do their own work, and feel how much caring, and how much love, and how much commitment the team is giving, and what that feels like.

Then once you know what it feels like, then you can help recreate it, you can't teach swimming if you've never swam in that water. You just can't do that, we know this, for people who have not had that experience, they don't often understand that. Once you've had that experience in a really solid... like whether it's a really solid retreat team, or a really solid therapy team, or something like

Roots to Thrive, then you get it. You're like, Oh I get it, I get what good is, I get what excellence is, and I get why it matters.

[00:12:10] Dr Pamela Kryskow

I'll go down a rabbit hole for a moment here because this is why it's really important. When we map the psychedelic ecosystem, if we were to really understand every level of it, it would be like a 21-year apprenticeship. That's pretty common, what we see in unbroken lineages, that people are not serving the medicine, or they're not leading for quite a while.

In Western medicine, we've got people taking two-day courses, five-day courses, a couple of weekends, and then they're starting to give psychedelics. They don't even know what they don't know, they don't know the harm that they might be causing, or when things get tough, they don't know what to do with that. Again, that's why people need to go through it, you need to go through, you need to see.

Then, again, why the team is so powerful, is you don't have to know it all because you're part of a team. You can be there, and you can sit and hold space in the therapy room, and you can watch the team work, learn, and gain experience over time. It's just so important.

A nurse joining our program would first experience the program, and would secondly mentor and apprentice with the team until they felt ready to step into a role. Then when they felt ready to step into a role, they would step into a role but with solid mentorship, and the team behind them.

Alexander Beiner

It makes a lot of sense, and as you say, it points to something that human beings have known for a long time, which is this is a model of slow growth, like trees, the way trees grow to be strong. It's a slow-growth model.

I'm curious about how this ties in with the more commercial medical model that we've seen springing up in psychedelics, because what you're describing is the work where it's more than just a job, and you're a nonprofit.

That's what I've noticed, having spoken to people who run retreats, or people who are doing this work psychotherapeutically legally, in places like Switzerland, everyone to some degree is doing it for the love because it's not big money. It's not like, Okay, well, that's your session over now, next client in. It's a very different work, it's very much more embodied and rich.

How do you feel right now about the general psychedelic scene where there are this for-profit clinics, there are not-for-profit, there are retreats? How do you see that all tying together?

Dr Pamela Kryskow

I have a strong bias to put out there, and it comes from my own experience, we're all biased, of course. My bias is what I've seen works, and what I've seen hasn't worked. I have tons and tons of colleagues out there who have worked for for-profits, but for the most part, none of them have

been happy. They said, the bottom line is about money, it's not about what the clients need, unless it's very high-end, money is no issue.

[00:15:28] Dr Pamela Kryskow

I encourage people who are considering being in business in this, to step back and contemplate, should helping people get well be a shareholder value. I would argue no. I would say that taking care of humans should not have shareholders, this should be completely in the nonprofit area.

That means that everybody involved can be compensated fairly. Our team, we try to compensate very fairly. Then every extra dollar goes into scholarships, and into the participants to bring the dollar cost down because this cannot be a have and have not. When I see people who have had their first psychedelic session in the last five years suddenly going, now I'm going to do a startup, I'm going to do clinics, and I'm going to scale, and they're going to be everywhere, the question is, why?

We don't need scaling, absolutely, no. What we need is a whole bunch of center excellences in communities. You know your community best, so you know how to serve your community, you know the culture of it, you know what it needs. You have more than enough adequate therapists and team members that you could do that. We know what's best for our community, and somewhere in the US knows best what's for their community.

So why can't we just for once not have a for-profit model? Why can we not say, people are suffering and they deserve to be well? It would be nice to move to a wellness model. I would encourage people out there to say, why not just don't do a for-profit here? Just don't do a for-profit. Do a nonprofit, do a community-owned, and serve.

Alexander Beiner

Absolutely.

Dr Pamela Kryskow

It's not a hard thing to contemplate, we don't need to scale this. What we need is centers of excellence in every community, run by the community, led by the community, based on the culture of the community. That's my bias.

Alexander Beiner

I'm very much with you. Also, I would say, as a journalist, having covered the psychedelic gold rush that happened, especially around 2020, there was a huge amount of investment. That's dipped now to about less than half of where it was. I'm very happy about that because a lot of it was speculative, a lot of it was companies that didn't understand the psychedelic experience, or what it is to be embedded in a community, or have real deep levels of care.

[00:18:16] Alexander Beiner

What's wonderful about psychedelics sometimes is there's this adage, they give you the experience you need, not the one you want. I think it's wonderful that's happened on the corporate level as well, where a lot of clinics have shut down because they didn't understand what this healing involves, and what it is. I think what's so different about it is that everything matters. The mindset of everyone involved changes the experience, and there's nothing really that I can think of that's quite like that. There's no real precedent for it, and that's magical.

Dr Pamela Kryskow

We feel deeply at Roots to Thrive that we're still responsible. When we give somebody a medicine, our responsibility to them doesn't end at the end of 12 weeks. If they reach out to us in a year, we're still responsive. We don't say, Oh, pay us money first, and now we respond.

We're like no, we're responsive like medicine givers, or medicine, or wisdom keepers in a community millennia or hundreds of years ago would have been. You would have gone to the person in your community and if they had helped you, they would still be there. You would know who they are, and we want to return to that community responsibility. That is not often happening, you go, you pay your 500 bucks, you have your ayahuasca, and two days later, goodbye. There's no responsibility for it.

Again, I think people have to step back and think about it, is that what we want? I don't think that's what we want. I think we want that continuity of care, that responsibility coming out. We can do that, this is where we push back and say, this is not a shareholder value, this is not a for-profit business. Just don't do it. Still offer the service just make it a break-even, where you can put the profits back in to pay it forward for those who can't afford to pay the full cost.

Alexander Beiner

It makes a lot of sense, definitely aligned with that. I want to shift gears somewhat. I want to talk about another aspect of your work, which is your involvement in microdosing studies. I'm going to ask you your definition of microdosing. I ask everyone this when I talk to them because this is an interesting thing everyone has a slightly different sense of what is a microdose.

Dr Pamela Kryskow

The way I define microdosing is sub-hallucinogenic, sub-intoxicating, but you feel more sharp, you notice there's something there, like a good cup of coffee, you're awake, and you've enjoyed it.

With microdosing depending on the substance, people feel more alert, they might feel less pain, depending. They might feel happier. They might feel more connected. The world might look a little more bright. The mood might be better. Their perseveration might be gone. That's how I define it.

Then if you wanted to find it, more specifically it's one-tenth to one-twentieth of a full dose. Recognizing everyone has different receptors, has different receptor pharmacology, and for what I might feel, you might not feel. Very individual in a way, but contained within a range of one-tenth to about one-twentieth of a hallucinogenic dose.

[00:22:01] Alexander Beiner

It's become very popular, microdosing. There was an article today in the UK, in The Guardian, about parents who are microdosing to work through the stresses of parenting. What are you noticing that people are microdosing, for example, psilocybin or LSD? What are they getting out of it? What's the experience that they're having? What are they reporting?

Dr Pamela Kryskow

It's one of the weirdest things, I think Jim Fadiman said it really well, I won't get him quite right, he says, "For something that has very little clinical evidence, it's probably one of the most popular therapies out there." There are people microdosing all over for all different reasons. I've been collecting case reports on this for about 8 years.

Plus, we have the Microdose.me study, we got 33,000 people in that study. It's all over the place, it's everything from creativity and focus, as I mentioned earlier, to neurodegenerative conditions like dementia, Parkinson's, Alzheimer's, and cerebellar ataxia.

People say, "I'm noticing that when my husband is microdosing, his Parkinson's tremor is gone." "I'm noticing that my grandmother, who has severe dementia when she has some microdose in her oatmeal every day, she seems to be more engaged, and she gets up and walks more."

Or the videos that I've gotten from a whole group of people who have cerebellar ataxia that are saying, "Because of microdosing, or since microdosing, look this is the difference in me putting on my shorts. I can stand on one leg now, whereas before I couldn't." We're seeing all sorts of different things.

Then, of course, mood. "I'm happier, I'm less depressed, I was able to wean off my antidepressant medications, or I don't feel as anxious." There's all these different things that people are reporting benefits on. The Mom's on Mushrooms group in the US, and 30,000 plus women who are sharing their experience on microdosing.

Clearly, we need the clinical trials, and I think there's this juxtaposition because there hasn't yet been a clinical trial on microdosing that replicates what people are doing in the real world. We're getting in the academic world, we're getting all this commentary, "Oh, it's just hype, but it doesn't really work." I'm like, well, if you don't do the study in the way people are doing it, then you're getting evidence that's not actually answering the question.

So academics should be very careful, and I'm one of them, be very careful in where you extrapolate a study to. Because as we all know, physicians know that most of our patients would never make it into the clinical trials. Thousands of people are turned away to get 20 people. That tells us most clinical trials don't represent the patients you're going to see in front of you.

You have to be very clear about that because in a clinical trial, you're always trying to say this singular input caused this outcome, whereas we know this is a lot more complex. As you're talking about in the Guardian, people are microdosing on different schedules, different substances that may have different potencies, they're using it at different times of the day, they're using it for dozens of different reasons. And what are they getting?

[00:26:09] Dr Pamela Kryskow

We're mostly going to hear about people who are getting the benefit, other than the people that tried it and it didn't work for them. What that says to me as somebody who loves doing research is, let's find the people who think it's working, and let's replicate what they're doing in the real world in a clinical trial, and then get some data. And we'll start being...

But it's so diverse that it's going to be probably decades before we're fully teasing it out, which is why we did the microdose.me study, and why it's still going. Is that we thought if we could study people in the real world, and see what they're doing, how they're doing it, what they're microdosing, on what schedule, for what reasons, and then have all these validated assessments, then we can start to get the signal, and move those into clinical trials. But I have to repeat, there have been no clinical trials yet that actually replicate what people do.

It's a fascinating thing. I have so many friends, and I've spoken to so many people, who get so much out of microdosing. And yet, as you say, there's the uncertainty from the academic side.

One thing I wanted to pick up on, which is really fascinating, is the fact that psychedelics can have an impact on people's physical conditions. There's a chronic pain study happening at Imperial College London right now that my wife, Ashley, was guiding on. It's quite an amazing thing.

Also, cluster headaches, people who suffer from cluster headaches, I've been using psilocybin for years. As a medical doctor, where do you see... We often make this split between the mind and the body, obviously. But what have you noticed about people's physical conditions changing after they've taken psychedelics?

I'm going to say that’s what brought me back into psychedelics, into medicine, is because in my chronic pain practice, there's this element of pain that is physical, and there's an element that's not physical. In the past, it had been unfortunately read as, "Oh, it's all in your head." As opposed to your head is attached to your body, and part of what you're experiencing.

What I was seeing is there's a certain number of patients in chronic pain, they get better and they're gone, they're good, you're off with your life. And then there's this other group that have these emotional elements of their pain, the chronic pain, and you know it's trauma.

You know that this person has been sexually assaulted, or they were verbally abused as a child, or they were an orphan, or they were in a car accident, or they've got these pain syndromes where there's nothing physically still wrong, but they're having legitimate pain.

Finding that a full psychedelic session where they could actually get to that, they would come out of that session in my chronic pain clinic with our psychologists, and they would go, "I feel a thousand pounds lighter. My neck doesn't hurt, my lower back doesn't hurt." And it would be gone, like gone.

Just because we're not smart enough to fully understand this, doesn't mean it doesn't happen. Just because we can't put a full mechanism of action on, of which we can't put a full mechanism of action on most things in medicine. We pretend we know, well, we don't pretend, we have theories. Let me rephrase that, we don't pretend, we have theories, and they're theories.

[00:29:50] Dr Pamela Kryskow

But when you witness that in your patients, and then for the first time, they have no back pain in months, there's this element. For the pain side, it is very clear that there's an element there.

Then there's also this potential of neuroplasticity. What if you can make another pathway? What if? And this, again, I'll sidestep here, but with our professional athletes, that's what we were seeing. They're microdosing, and they're finding their skills get faster. They're finding their reaction time is faster. These are people who are already at the peak of their game, so where's the expectancy effect? You're already the best you can be because you're an elite athlete. And microdosing, then suddenly they're faster and they're saying, "I had flow state before, but now I have flow state."

Again, it's across these fields of the physical. And then what I talked about earlier is having patients report it themselves. My husband's Parkinson's symptoms are greatly diminished, you know, stuff like that. I don't think you can... I think academically, you have to be super curious and go, what is going on? Because there is not an expectancy effect to stop a trem.

Alexander Beiner

It's absolutely fascinating. This is the last question I wanted to ask you, ties in with this, which is, in a sense, where do you think we should look next? Right now, we have here in 2024, Australia became the first country to start legally using MDMA and psilocybin, barring places like Canada where you can get exceptions.

It looks like America, the US, is going to follow suit pretty soon this year. Things are really moving and happening. What would you like to see? What are the areas you feel we should really keep exploring, keep researching? What's a potential psychedelic future that we could move towards? There's another way to say that.

Dr Pamela Kryskow

What I would hope that we see, is that we see a lot more funding for research, and a lot more funding across ecosystems, not just in the universities. It is so important for philanthropists who like to donate and fund, to get it out to the community researchers. Because there is all this stuff happening in the community, there is so much stuff happening in the retreat centers that we could be looking at.

Our little program, Roots of Thrive, we have 12 volunteer researchers, and we are researching everything about the program. We just did this small clinical trial with firefighters, and that data moves the bar. There's so much really interesting research.

That's what I hope, I hope that people who like to fund research look at funding not only in the university setting but in the community setting, getting more of that money into the public realm. Especially in places where it's moving, Oregon has lots going on, Colorado has lots going on in the US. Of course, in the Netherlands, this is interesting data. We should be looking at it, and we should be looking at this naturalistic, what is happening with real people with real therapies in the real world?

[00:33:32] Dr Pamela Kryskow

The more of that data we get, that fills in the blanks, because as you well know, psychedelics are not ever going to work in the double-blind placebo-controlled trial. It just doesn't work.

Let's be scientists and let's study it appropriately, and move it out of the single molecule model, which is not the gold standard for psychedelics, I will argue very strongly that that is not. We are talking about this a lot in academics, like how we have to have the right study, and style of research. The research has to fit what you're studying, not shove what you're studying into models or research. That's backwards. It's never been that way, even though we've been trying to do that. That's what I hope.

I hope we slow down a bit. I hope we remove... First off, we remove this 50 years of Prohibition in North America, at least in the UN Convention. It's ridiculous. We have to remove that and go, there is no stigma here, this is an error in history that we will be very embarrassed about in the future. Let's remove that, and let's do the proper research.

But let's get people treated too, because people are suffering a lot, and they have the right to wellness, people have the right to feel better. Our systems have to serve people. The only job of politicians, the only job of policymakers, is to serve the citizens to make their lives better and healthier. That is their only job.

That's what I hope for, that's where I really hope we start looking at, how do we serve humanity? How do we make this world something that if you have children or grandchildren, they will say thank you, thank you for doing all that.

That's where I hope we go. More research money, remove the Prohibition, get these therapies to people, solid education systems, solid consulting groups, and professionals working together. Remove the above-ground underground false line, and have people working together, because that line is only about Prohibition, which is ridiculous. That's what I hope.

Alexander Beiner

Amazing. I couldn't agree more. Pam, thank you so much. This has been really fantastic, I really appreciate it.

Dr Pamela Kryskow

Thank you for having me. It's been a delight.