



Conscious Life presents

Consent and Safety in Ketamine Assisted Therapy

Guest: Katja Cahoon

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[00:00:05] Dr Meagen Gibson

Hello and welcome to this interview. I am Meagen Gibson, your co-host of this conference. Today, I'm speaking with Katja Cahoon, a psychotherapist, yoga, and meditation teacher.

She provides ketamine-assisted therapy to individuals and groups and trains other clinicians in group ketamine-assisted therapy. She trained with Polaris Insight Center and MAPS and is committed to helping others grow in this field.

Katja, thank you so much for joining me today.

Katja Cahoon

Thank you so much. Delighted to be here.

Dr Meagen Gibson

So I want to start by asking you, what inspired you to train as a ketamine-assisted therapy therapist, and what is your interest in that work?

Katja Cahoon

Yeah, it really came out of my own experience with underground medicine, with underground psychedelics, which had a really profound and powerful impact on me. I wanted to do something like that, but I didn't want to do underground.

So that took me to ketamine because it's currently the only legal psychedelic that we have available. So I started training in it and realized it's actually a really amazing and powerful medicine. So that brought me there.

[00:01:23] Dr Meagen Gibson

I can say from having done several of these interviews that that's a common backstory. And not necessarily that people become certified in becoming practitioners for ketamine, but that they go into expanded states of consciousness study and mindfulness or religion and spirituality.

There's a lot of common stories of people having experienced this personally and then said, "Okay, how can I get this into people's hands that need it, that can benefit from it?". So thank you for sharing that story. What are you hoping the benefits of ketamine-assisted therapy will be for people?

Katja Cahoon

Yeah, I think what I see in my practice really is that I get a lot of clients who have tried a lot of things. They've tried different medications, different therapeutic approaches, and they hit a ceiling or just feel that they haven't gotten the support or the healing that they're looking for.

That could be for depression, that could be for anxiety, and of course, also especially trauma, whether it's PTSD or more developmental or attachment trauma. I tend to get a lot of people who've tried things and just feel frustrated and hopeless that nothing has really brought them the healing that they're looking for.

That's the hope I see for all psychedelics, that we have a modality here that can really help, especially where other, let's say, conventional therapy or prescription medication has failed them or hasn't gotten them where they would like to be and deserve to be.

Dr Meagen Gibson

Yeah, and then the..there's a lot of clinical trials. You said that ketamine is the only legally available psychedelic drug available that people can prescribe right now. But there's a lot of other stuff in medical trial being studied, and hopefully, those studies will complete and more will become available as far as types.

But ketamine in particular is really good for specific types of things so far from the knowledge that we have right now. You mentioned trauma and PTSD. What are some of the other things that people might not be aware that ketamine can be helpful with?

Katja Cahoon

Yeah. So one of the biggest areas of research, really, on also effectiveness is treatment-resistant depression. So that's depression where someone has tried two or more antidepressants and really hasn't gotten relief. So that's a big area.

But it's also been researched and used for addiction, especially alcohol abuse. So some of the earliest studies out of Russia were actually into that, and they had hoped that they would scare people out of alcohol, that they might have a really bad trip and then feel so bad. But what they found actually is that people had very spiritual experiences or connected, expanded experiences, and as a result, didn't want to drink anymore.

So there's substance use, alcoholism. There's also more medical applications for chronic pain, and then certainly trauma, as well as a variety of anxiety disorders, whether it's phobias or OCD, where we're seeing really good results from ketamine.

[00:04:34] Dr Meagen Gibson

I really liked what you said earlier. I want to tie it into what you just said about people who have tried a lot of things. Because I think if this is your first introduction to psychedelic-assisted therapy and ketamine, and you only know the types of ketamine that you may have heard about from 25 or 30 years ago, there's been a long developmental cycle in what we now have available to us medically as ketamine.

You might have some old paradigms or ideologies around this type of therapy. Either the people that use it or things like that. I love that you mentioned the people that come to this are people who have tried really hard on their own to heal and tried lots of modalities and been down lots of roads and tried lots of different people.

We don't wish people to be in that much lingering discomfort, pain, or agony for that long. But at the same time, these are not people who are just chasing a state experience. These are people who are desperate for some relief, right?

Katja Cahoon

I think that's really important. Thank you for pointing or calling that out. Yeah, these are not people who are seeking to get high or who want to try it out. I mean, sometimes those people come as well, and that's okay. There's nothing wrong with wanting to grow or experience an expanded state.

But most of the time, really, the people I see are in that desperate state, and many of them have never tried in a psychedelic or in any expanded state. They're what we call "psychedelic naive". They come in here with a lot of suffering and really surrendering to a very different experience than regular therapy or taking an antidepressant, and it's really quite an honor to guide them.

I think that's one of the myths. Yeah, ketamine is available on the street, so to speak, and the k-hole and all those things, people seeking to get high and actually get ketamine is addictive. It can be very addictive. We don't see this typically in a psychotherapeutic context where there's therapy around it and really a holding container and really a treatment arc, if you want.

But I could see people coming in with that notion, "Oh, k-hole", and it's addictive, and you're going to become a ketamine addict. It's not what we're seeing.

Dr Meagen Gibson

Yeah. I'm glad you mentioned that, too, because that was the next thing I wanted to address, which is just one of my largest areas of concern that I definitely wanted to talk to people about, which is substance use disorder and addiction and things like that.

[00:07:04]

I know in my own family, we have struggled with that. And so I am one of the psychedelic naive. And that was always...my joke was always like, "Hey, who has the time...who are these people that have this kind of time...". And then also just a ton of fear and reservation and concern because I know that there's so much prevalence in my family history that this be something that I'm cautious about.

So for people who either have family members or friends who they've seen struggle with substance use disorder and addiction or are struggling themselves, what would you want them to know about this experience, especially a ketamine-assisted therapy environment, what that experience is like and how it could prevent or deter and even act against addictive behaviors?

Katja Cahoon

Yeah, great question. I think it's really in the context. When somebody comes for therapy, there's going to be a preparation phase. They don't just come to my office and we give them ketamine, so we do a thorough intake where we look at those risk factors, history of addiction or substance use disorders in the family, other mental health challenges.

And so we do a really thorough job just with the initial intake and vetting people. They get a limited amount of ketamine for the therapy, so they don't get hundreds and hundreds of pills or troches or lozenges, we call them. Then we do preparation where we really focus on what they're hoping to get out of it and what they want to work on. There's a context, a therapeutic context around it.

Then in the experience, the ketamine experience itself, I think we need to get away from this idea of talking about getting high because it's not always that way. I look at pleasant and unpleasant trips.

Some trips with ketamine are incredibly pleasant, very expansive, spiritual for some people, fearless, you're disconnected from your body in a very pleasant way. It could be a journey through biographical memories, but with some distance, where someone might realize, "Oh, I'm okay now, this isn't me anymore".

But some of the trips can also be outright unpleasant and difficult, what is sometimes called a bad trip. I don't like that language, but it's difficult, and they might be confronted with traumatic memories or difficult emotions or just a sense of overwhelm or feeling they're losing control.

So it's not necessarily that they just get high, but they're actually working. And then after in the integration, we're working on the things that are coming up or have come up and how to integrate them and how to bring about change in their day-to-day life.

So there's really a whole context around it. Now, this might be different if they go to one of those online prescribers. I think most ketamine therapists and prescribers and practitioners have some concerns around the prescription practices and how much people get when they work through a platform like some of these online prescription platforms.

That's a different context, then I definitely have more concern about addiction there than when somebody works with a legitimate and very careful practitioner, whether it's a doctor or a therapist.

[00:10:28] Dr Meagen Gibson

Yeah, I'm so glad that you mentioned all that and gave people an idea of what the context is really important, the setting, the preparation, the intention, if you will, in as much as you can set one. You're not in control of what your experience is going to be, but you intend to be with it regardless of whether or not it's uncomfortable or not.

It reminds me of the phrase around, "Are you triggered or are you just uncomfortable?". We're working through okay, this is unpleasant, but what am I meant to learn here? I think that that's such a metaphor that we can take into so many situations of like, this is uncomfortable. I'm uncomfortable, this is unpleasant, but what am I meant to learn out of this experience, especially if I've entered into it voluntarily, which we hope we have.

Katja Cahoon

No, that's huge. I mean, you make such an important point because it is sometimes uncomfortable or unpleasant. That's why, with few exceptions, I never talk about bad trips, but some of them are uncomfortable, and there's a lot of value in that.

Actually, there's even research that the more uncomfortable trips or unpleasant trips often actually have better outcomes because you are confronting something that's difficult or grappling with control, letting go of control, all these patterns that come with mental health challenges or just maybe with being human, human nature. We like to be in control.

Dr Meagen Gibson

I certainly do, and that's been one of the things I've always noted as my reason not to do psychedelic drugs. Who can release control for that long? Which is why I'm probably a great candidate. More on that later.

I think what would be great right now, too, is also to help us understand what is actually happening when we've ingested a ketamine lozenge. What is happening chemically in our brain, neurochemically? What is it actually doing to us for us? In case people love the biological explanation of what's happening?

Katja Cahoon

Yeah. So just in terms of the process, first of all, let's distinguish there is the infusion, so people can go to an infusion clinic and get an IV. That's more of a medical model or medical setting. People can get IM intramuscular, or people can take the lozenges and they dissolve, they get absorbed through the mucosa, and then after 30 to 40 minutes, people really reach the peak of that experience and experience various alterations.

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So there's physical alterations; this can range from mildly feeling a little disembodied or very heavy in your body to feeling like you don't have a body and you're floating through space. It's going to be alterations in thought. And in particular, a quieting of the default mode network.

So this is the part of our brain that keeps our stories about ourselves alive. And often these stories are negative, especially when there's long-standing mental health challenges. So "I'm bad, I'm a failure. I'm not good enough. Nothing works out for me". So this is a simplified way. And that tends to soften back or be switched off.

And so people really can have that observer mind that we also talk about when we talk about meditation and mindfulness. So rather than being in the experience or just feeling the difficult thoughts or emotions, there is more of an observation and a distance that's positive because that's where change can happen.

So That's a very important impact. There is the antidepressant impact that ketamine has, and the exact pathways aren't actually entirely clear. A lot of research, it involves the opioid system, it involves NMDA, dopamine system. So there's different parts of the brain and neurotransmitters that are involved, but we don't actually still fully understand how they or other psychedelics work.

So there's a little bit of mystery around that, but they do have a significant antidepressant effect, which is why they're so successful with treatment-resistant depression.

And then we have the alterations in visual, so that what we consider the classic psychedelic experience where people might be in outer space, feel they're moving through the universe, feel they're dying and being reborn or forget who they are, where they are, and encounter different entities. I've had clients encounter Jesus. I've had clients feel they're in outer space, witnessing the birth of the universe. I mean, really these very expanded, transcendent experiences that can be very powerful in healing.

For example, the idea of we're more than our story or the stories we tell ourselves, we're more than even our name. I remember I had a session where I forgot my name, and I just couldn't remember. I was like, "I don't know. I don't know". But it was in a way really wonderful because I realized I'm so much more than this identity, and that's often very healing.

This is a range of different experiences that people can have from what we call a psycholytic, where it's more autobiographical, more thought-based, to really all the way to near-death experiences and ego dissolution, which is a little less common in ketamine when working with lozenges, but it does happen, and it's quite profound when it does. A little scary, that's where the preparation is helpful.

Dr Meagen Gibson

Right. I can imagine you're like, you may feel a variety of scope of things, and all of them, I promise you, are completely typical, and you will come back together...

[00:16:06] Katja Cahoon

Yeah, the flight instructions, we call that the flight instructions. We talk about it in the preparation, but before every session, as they're holding the lozenge, I remind them every journey has a beginning, a middle, and an end. You'll come back. Your body will be safely here. You are breathing, I promise.

Because sometimes the near-death can also feel to people like they're not breathing or their breathing is altered. They might re-live a panic attack or have a panic response in their body that could be a somatic memory. This is why I say unpleasant. Sometimes it can be really unpleasant.

Dr Meagen Gibson

And also why it's so important to have somebody like you who's experienced and trained and why some of the more underground or recreational settings aren't necessarily as safe or result in as much healing or growth, even though they might provide great experiences.

Unless you have that context to prep and then integrate afterwards, I could see how if you have a bad experience or uncomfortable experience, how that can then make any pre-existing conditions a little bit worse or more problematic in your life.

Katja Cahoon

Absolutely. Actually, you bring up an important point, that of the amplifier or the amplification effect. But let me just quickly step back because you touched on something important, which for me, bad trips happen when the setting isn't good.

So the environment, we talk about set and setting, mindset and environment. That's where I really see more bad trips happening when people are in an unsafe environment, whether it's a rave or a party. Some of them can be safe, but it can be unsafe if you're having a big experience.

Dr Meagen Gibson

In your experience, yeah, yeah..

Katja Cahoon

Or maybe with people who don't quite feel safe or who are not supporting the experience that someone is having. Or completely on their own and maybe taking a bit too much, that can really actually be dangerous. So I always encourage people, get some support or at least educate yourself. I believe in a harm reduction approach where we try to reduce harm. I would never tell someone, "Don't do it".

But it's really better to be at least have someone there who is safe, who can support you, understands a little bit if someone has a big reaction, if they're reliving something or regressing because of the psychedelic, whatever it might be, underground or ketamine.

[00:18:33]

Well, the other thing you talked about is the amplification. I should say, consider psychedelics and ketamine really an amplifier of what's already there. It can really get us in touch with things that are there, but that are maybe covered up.

I use the metaphor of the sun. The sun is always there, during the day, of course. But it might be covered by clouds or thunder clouds or really heavy cloud layer. The sun is still there, but you can't see it or feel it and feel maybe quite disconnected from it.

So for me, ketamine helps remove the cloud so people can get in touch with their true essence, their inner wisdom, self-energy, whatever we want to call it. And that's really where the healing happens. But it amplifies what's already there. So it can also amplify something difficult that is already there.

I, incidentally, heard that there are groups of Neo-Nazis who are using psychedelics to amplify their belief system. So psychedelics don't automatically make you a good person. I think we also need to call that out as one of the myths that are sometimes around psychedelics; that they don't just automatically do that, they really need a good container and guidance and good integration and preparation.

Dr Meagen Gibson

Yeah, it's a good point. I can't remember whose book I was reading now, I can see the book. I'm not going to be able to think of it now, but a few months ago, I was reading a book as part of research, and he said the same thing. He was like, "It's not going to turn you into some peace-loving...". It's going to amplify what you already were and make that stronger. I wish it did. Wouldn't that be great?

Katja Cahoon

That would be amazing.

Dr Meagen Gibson

If we could control how people came out of it, which is this is going to be a strange segue because my next question was about connectedness, because this is a theme that I keep coming across in my research and in conversations with people, is this sense of connectedness and why that's so remarkable and why that particular outcome of an experience can be so transformative for people.

Katja Cahoon

Yeah, that's a big question. I don't know if I can completely answer, it might be above my pay grade...I'll take a stab. Well, I think, first of all, we've forgotten how to be in community. There's a loneliness epidemic, and we've really lost community in a sense of belonging. I think that's a huge craving that people have, even if they're not fully aware of it. We're in such a divided time, and where there's so many mental health challenges, and many of them are also related to loneliness or lack of community.

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And one of the things psychedelics do is connect you to yourself. So we're also disconnected from ourselves. We're disembodied. There's a lot of dissociation. We're disconnected from ritual, from nature, from our own wisdom, our own bodies. There is that ability to reconnect to ourselves, which is usually very powerful.

Then often people in the psychedelic experience have that connectedness experience. And I'd like to think that's because that's how we're wired, we're social creatures. We need community, we need belonging. It's really essential for us.

When we look at some of the studies, the research, or the findings from the orphanages in I think they were in Romania, in other orphanages as well, where maybe some basic needs were met, but there was absolutely no holding, no community, no support, no social support, emotional support, and that's incredibly damaging for us.

So I think that's something that people crave, and the psychedelic experience can give that to people, especially when it's done in a group. So doing ketamine or other psychedelics in a group setting can be - when it's done well safe - really, really healing.

Because now it's not just your therapist saying, "You're a good person, you can heal". It's your peers witnessing and instilling hope and forging belonging through this shared experience, almost the hero's journey. You go in together into the unknown and then support each other. It's really powerful, and we need it.

Dr Meagen Gibson

And that's one of the things that you do as well, is group protocols and models that you've and also teach other people how to do. Tell me a little bit about that.

Katja Cahoon

Yeah. So very early when I started with ketamine, there were only a few practitioners in Kansas City where I mostly practice. I had a really huge waitlist that was giving me a panic attack because I figured some people would have to wait for maybe half a year or longer, and I felt awful about that.

And plus, in my own training, I've had some incredible training experiences in retreat settings and group settings that were just so healing. That I thought, "Okay, I have to develop something to recreate that and help people get a better sense of belonging". And the other reason I did that was cost. We haven't really touched on that, but psychedelic therapy is expensive. Ketamine therapy is expensive.

If you travel, let's say, to Peru or Colombia or Costa Rica or even somewhere else in the US to do some underground work in some countries, you can. There's a whole tourism industry. It's expensive. So that automatically excludes a large number of people that actually maybe need it, really need it.

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So with groups, you can really reduce the cost. Still be okay as a practitioner, so I also believe we need to make a living. But it now becomes much more accessible cost-wise, and you have that amplification of the community. So that's why I developed that.

I also worked in psychedelic research, in particular on psilocybin, and 5MeO-DMT and the psilocybin research took place in groups. It was very powerful, difficult at times, but also very powerful to have that group experience. So I wanted to protocolize it and manualize it because there's a little bit of a shortage of that. And then realized, "Oh, this is teachable. I can replicate that".

So I've taught, at this point, I think about 100 ketamine providers in this group model, and I really hope that that inspires others to do that for all the reasons I just went into; accessibility, amplification, community, belonging, those things.

Dr Meagen Gibson

And those are all important factors that we, in the mental health community, have known are barriers to care for a long, long time. So it's wonderful that you're thinking ahead and trying to figure out ways to provide solutions for that. I can see how that model would work really well in offering this to people that wouldn't normally have access to that care, for sure.

Katja Cahoon

Yeah, and I even think ahead, once MDMA gets, we're able to use that and other plant medicines that have a much longer acting profile...ketamine is very kind, it's very short, it's very friendly. It takes about three hours for the journey. But we're looking at MDMA, you're looking at 10, 12 hours.

Dr Meagen Gibson

...I was going to say 12 hours. Again, I come back, who has the time?...

Katja Cahoon

Right, who has the time or the money to pay two practitioners to sit with you for 12 hours or 10 hours or even 8 hours? So, group models, absent of better insurance solutions, I think are really a good way to go.

Dr Meagen Gibson

Yeah, absolutely. You bring up such a good point. I know people listening, they're like, "Okay, what's my time commitment?" I mean, these are practical questions. They're not the first questions we should ask, but they are like, "What's the cost?" and "How do I find a provider?".

Maybe we should come to now also who is a good candidate? I know you talked a little bit about the intake at the beginning of our conversation, but what are some things that make somebody a good candidate, and then some things that might make somebody not a great candidate for this?

[00:26:38] Katja Cahoon

Yeah, good question. There are some medical conditions or diagnoses that we need to be careful with. So untreated hypothyroidism and high blood pressure, heart issues, breathing issues, because while ketamine is safe, it does increase blood pressure and can have a bit of an impact on that. So we want to be careful.

We have no data of how it's impacting someone during pregnancy or very little data, so that would probably not make you a good candidate. As well as for diseases like Parkinson's, I have some anecdotal evidence working with Parkinson's patients. There's some anecdotal, but there's no good research on how that's actually impacting people. So there's some criteria or some issues where we want to be careful.

As well as for if somebody is in an active manic phase, we don't want someone to work with ketamine because ketamine can actually be activating and induce mania. It doesn't happen often, but it can happen as well as schizophrenia or untreated personality disorders, untreated dissociative disorders. That doesn't automatically rule someone out, but one would proceed with a lot of caution and care when there's those diagnoses, especially schizophrenia, psychosis, and so on.

So, those are people who are not a good candidate or proceed with caution or maybe only in a medical model where they're actually in an IV clinic and they're hooked up and their blood pressure is being taken and so on, their oxygen, blood oxygen levels.

But make someone a good candidate, I think, well, yeah, first of all, I think one has to be interested and willing to enter this non-ordinary state of consciousness, which is a bit of a leap, whether it's individual or group setting, there is a bit of this leap there. I think a willingness to work on oneself because it's still therapy. No psychedelic is a magic pill where you just take, whether it's psilocybin or ketamine, and you're like, "Yay, I'm healed".

So there's still that need to work with it, to be an active participant in the experience, to do the relational work with the therapist, the provider, to be willing to do that and to be willing to go through the zigzags. It could get worse before it gets better. To have a little bit of resourcing is usually helpful. As someone who has a bit of resourcing, a bit of ego strength so that they can tolerate the experience and maybe when things get difficult...A little bit of open-mindedness.

Dr Meagen Gibson

I would think that would be incredibly important. On the practitioner side, what makes somebody a really good candidate for going into this work? Who's a good provider candidate?

[00:29:22] Katja Cahoon

Yeah, also a good question. I think, again, open-mindedness is really important because you're going to see everything and it's going to stretch you. People are going to have interesting reactions, big reactions, small reaction, no reaction.

To be able to hold that, be patient, not be rigid, be flexible in how to hold space for people, really understanding transference and countertransference because that tends to be amplified and magnified as well in this field, really understanding that people, patients, clients might put their stuff on you and might have reactions that are projected onto you as the practitioner and to be able to hold that, to be able to hold big emotion. I think that's a big one.

So if there's a therapist who isn't comfortable with, sometimes we call it an abreaction, but maybe loud laughing or screaming or crying or some big expression, probably not a good candidate for this work because that will happen.

People having maybe a sexualized experience or sexualized transference onto the therapist. I mean, those things are rare, but they do happen. And I think it's really important to keep in mind, yeah, everything is amplified with psychedelics. And can you tolerate that as a practitioner? Or learn to tolerate it.

For me, it's certainly been a learning process where I've learned so much from the clients I've worked with and how to hold space and how to be flexible in my approach.

Dr Meagen Gibson

Yeah, absolutely. You bring up a good point around just the safety of choosing your practitioner and the skill level and how you discern, this is somebody that I trust to have this incredible unpredictable experience with.

Because there's been a lot of scandals running through the psychedelic world lately, both medical and spiritual and the underground community as well. And so how do we find a safe, ethical therapist to help guide us through this process?

Katja Cahoon

Yeah, really ask them questions. Ask them questions about where they're trained or how they're trained, what's their background, because there are amazing underground practitioners. I really don't want people to feel like it only has to be above ground. There's some so experienced, well-trained, highly ethical underground practitioners as well.

But I think really ask them questions. What's their experience? Where have they trained? What's their consent process? Because consent is really important here, especially consent while in an ordinary state of consciousness, while sober. And then how is that consent being honored when under the influence of any non-ordinary state? This could be holotropic breathing, this could be a psychedelic.

I think the consent process, especially around touch, is really important. Has the provider done their own work? I think, don't be shy to ask that question, what have you done? Do you have

experience with it? What's been your process? And if someone's not comfortable answering that, that's okay, too.

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But is it even okay to ask that question? Can you ask your provider some tough questions? How are they responding to that? How are their boundaries? That's important, too. Are they respecting your boundaries? And do they have their own boundaries, healthy or helpful boundaries? My clients are not my friends, but I care very deeply about them and I'm really available to them to the extent I can.

I think, yeah, that's important. But consent is key because some of the scandals you've mentioned were of sexual nature, sexual transgressions, which in these very vulnerable states, not just physically vulnerable, but also emotional, it's really important to feel safe with your practitioner and know that they're respecting these boundaries and that they're informed about even the vulnerability.

Dr Meagen Gibson

Yeah, and you said an important piece there that I want to actually say just again for people in case that went by them quickly is around consent and that consent has to be given when you're in an ordinary state of consciousness before anything happens, right?

Katja Cahoon

I always tell my clients, "I will honor what you tell me when you're in an ordinary waking consciousness". Let's say they say, "I don't want any supportive touch". Because a psychedelic therapy can involve supportive touch, whether it's a handhold or a touch to the shoulder.

But if they say, "I don't want that", and then in the ketamine session, they say, "Oh, please, can you hug me?" Or, "Can you hold my hand?" I will not do that. I will respect that, but I will offer them kind and supportive alternatives, like "Hold your own hand, or what if you held a pillow?"

And then after, we'll talk about it and see, "Okay, what has changed? How do we want to approach the next session?" so that they also don't feel rejected or abandoned, because it's such a fine line between transgressing a boundary, but also we don't want to abandon or replay some lack of attunement injury that they've received maybe earlier in life.

Dr Meagen Gibson

Yeah, absolutely. I'm glad you mentioned that because I can just imagine this connectedness and this expanded state of consciousness unlocks something in them that does want to be touched or comforted with physical touch or and then they come out of it and they're like, "I finally wanted that, and then it wasn't given in to me".

And so it's important to note both that you can discuss it afterwards and that normally - and correct me if I'm wrong - but these are not single session experiences. There's more than one session. How many are typical? And then how can things change, both consent-wise and intention-wise, throughout those sessions?

[00:35:08] Katja Cahoon

Oh, yeah. Great. So absolutely, there are multiple sessions. I wanted to say this rupture and repair can actually be part of the process, where there is a little bit of a misattunement. And what often happens with trauma is that there is a misattunement or a rupture or abuse, but there is no repair.

Parents often, with the clients I work with, there was an apology or an acknowledgement, so that repair can actually be incredibly healing. I will also say this to clients listening to practitioners. That does happen. And so what matters is, can we repair it? Can we stay in process? And of course, minimize the incidence of ruptures, especially serious ruptures.

But what you're talking about can happen. Someone gives a different consent, and then they feel a little abandoned. And so then there can be a repair process around that. With ketamine, I typically tell people 3 to 6 is where you really see a change. So there's a treatment arc.

The first session is often just a handshake. We're getting to know the ketamine, and we're seeing how does your body respond to it, what protective mechanisms are coming up as a result, as a response. And then we go deeper. Often, there is an increase in the dose. Not always, but we start low and slow, is a slogan I use, and then we might increase it as the participant desires to higher doses, more psychedelic doses.

And with that, also, the music might change. We haven't talked about music, which is actually a really important part of this therapy. We might start with a very gentle playlist, and then we might use a playlist that's a bit more activating, and there's maybe some songs that are more difficult or activating, because we want really for people to have a range of experiences in the ketamine session, not just relax and check out.

Although sometimes that is what is needed, so I'm not going to say it's wrong. Those are some levers, really, where we can change the experience and help people go deeper or have different kinds of experiences. Working with dose, working with music, and working with other elements in the session, more support, less support, things like that.

Dr Meagen Gibson

It's good to name that, just that there's all those levers to tune in each session. Not that it guarantees any result or outcome, but that...I think I was...was it Paul Stamets or somebody the other day? He was talking about psilocybin.

He was just talking about the different dosages and how for people who are new to psychedelics, it's not you get some ketamine and then automatically you're hallucinating and you have no space, time, and no body. That's not necessarily what it just automatically is. There's dose and music, and environment, and intention, and all those things that contribute to the experience that you're going to have.

[00:38:12] Katja Cahoon

You mentioned the intention, actually. I wanted to follow up on that. Intention is really a starting point. It's a seed or it's where we focus our mind and really honor the space we're in. We're not just going in, "Let's get high and take some drugs". It's like, "Okay, this is what I want to work on".

I like intentions that are in form of question. What do I need to know? What do I need to learn? What stands in the way? But then, paradoxically, let go of intention. You have that starting point, but then let go and just trust that whatever comes up needs to come up.

So it's a little paradoxical in that way, but that does really seem to work well for people. And it changes. People go in with a certain intention. Or sometimes it's even their intention is to find an intention. Sometimes they come to this work and they're like, "I don't know, I heard. I don't really know what my intention is". And so sometimes we might say, "Okay, let's just be really open what comes up and what you need to learn or what's clarifying and crystallizing".

So that can be cool, too. So that often changes, it's rare that someone has the very same intention for, let's say, all 6 sessions. There's usually an adaptation and development.

Dr Meagen Gibson

Yeah, it's so interesting. I've heard several times, you don't have the experience that you wanted, you have the experience that you needed. We can have intentions, and then we're just like..it's just like any other journey that you're going to go on. You can plan, you can hope that you're going to get to a particular destination, and then all the things that are out of your control are going to happen. How you handle that experience is what matters and if you've got the right support, right?

Katja Cahoon

Absolutely, yeah. I mean, think about it. If we had the answer already, we wouldn't need to do psychedelics. If we knew, it'd be like, "Yeah, I need to be less in control". Okay, we might know that, but maybe there's something very unexpected or really different that actually needs to happen.

And so this, I think, is also a wonderful thing that psychedelics bring out these things that are sometimes quite unexpected. People want to work on one thing, but then their journeys consistently take them somewhere else and they realize, "Actually, that's what I need to work on".

Sometimes people come and they say, "I really want to work on my abuse, my childhood trauma, my abuse. It's what I want to focus on. It's just not happening". And maybe it doesn't need to happen. And maybe they needed to go somewhere else to find healing.

We try not to force things. We can activate certain things, but I really tend to trust the process, trust people's inner wisdom, inner healing intelligence, self-energy, whatever we want to call it. Then just whatever comes we'll hold space with it, we'll work with it.

[00:41:04] Dr Meagen Gibson

Speaking of all that, as you were talking, I was remembering something you had said earlier that I wanted to follow up on, which was if you could give us a small taste into what the default mode network is.

You mentioned that earlier, and I think it's such a great point and such a great outcome for people is not even understanding what it is, but what is its role in who you are and how does it maybe hold you back...What's it? What is the default mode network?

Katja Cahoon

It's areas of our brain that are active when we're at rest. So when we're just not doing very much, maybe folding the laundry or driving our usual way home from work or just sitting and resting. So then that part of our brain is active.

The way I learned it is it keeps the stories about us going. And typically, these are not good stories, especially when someone has depression or anxiety, trauma. They're often very negative stories about ourselves, the world. "I can't trust people", "I'm not a good person".

So that part of the brain, yeah, it's really, in a way, it keeps the stories going, keeps the beliefs going, and jumps in when we're at rest. Which I think for me also is a reason why people with trauma and other issues often have a hard time sitting still, because then all the negativity comes, or at night, the anxiety, the rumination, the swirling thoughts take over.

So ketamine helps to just shut that off a little bit or dim it a little bit, depending on the dose, so that people can get in touch with other material and, in a way, recreate their story, start to tell a new story.

So a new experience of themselves, really, is what we're talking about. This is how I often frame it. I never frame it as a miracle cure or this magic thing. I say, "You're going to have a new experience of yourself".

I think that in part has to do with the default mode network, that they can get access to that and realize, "Oh, no, I am okay", or "I am safe now", or "I can handle these things". Sometimes it's really about confronting difficult material and realizing, "Oh, I actually can".

Dr Meagen Gibson

And getting a break from it.

Katja Cahoon

Getting a break from it.

[00:43:29] Dr Meagen Gibson

Three hours, right? I mean, I think so many of us, I have a very active brain and inner critic and voice that I've made friends with. But for so many people, I think we just don't realize how constant and how loud the chatter is until it stops.

And to get access to a break, it's like putting on noise canceling headphones where you're just like, "Oh, ah there's a little bit of quiet and a little bit of peace". And now I understand what that feels like and why I should try things like mindfulness practices or things where people are asking me to be quiet with myself. And I'm like, "No, I'm trying to get away from that person".

Katja Cahoon

That's exactly it, right? Because it's so relentlessly negative and judgmental or critical and realizing, "Oh, no, there are other voices actually that are much kinder or supportive"...or just getting a break.

Sometimes, especially in the early session, some clients just fall into a deep relaxation where there's just not a lot happening. They're so relaxed, and that always shows me that they really need that, and they don't get a lot of that in their day-to-day.

They are able to experience that and realize, "Oh, this is possible, and it's okay". And then sometimes, of course, the judgmental voice comes back after and says, "Well, you should have worked harder and you need to benefit from your ketamine therapy, so get to work"...

Dr Meagen Gibson

Right. "How dare you rest?"...

Katja Cahoon

"How dare you rest?", exactly. "How dare you feel good?".

But that's why I think the integration is so important to then work with those reactions to a pleasant state and realize, "Oh, it is okay", and we can change those voices. I like the idea of befriending. I think that works a lot better. Befriending, softening, just helping those parts of you not to work so hard because they're probably tired, too.

Dr Meagen Gibson

Yeah, of course! Get curious about them. What is their job? What's their life like? It turns out they're probably very unhappy and would like a different job than to berate you all day long.

Katja Cahoon

Exactly. They don't want to work that hard. They just want to know that stuff gets done if they don't.

[00:45:38.] Dr Meagen Gibson

Exactly.

Katja Cahoon

And then it does, right?

Dr Meagen Gibson

They're like, "As soon as somebody more rational and kind is in charge, I'll relax. But so far, no one's shown up".

Katja Cahoon

Exactly. Or they haven't caught up to, "Oh, no, it's not like 1995 anymore. There's an adult in charge now".

Dr Meagen Gibson

Exactly. We're veering off into a parts of our conversation. Exactly. But it's so true, though. I have a lot of compassion for people with a real ingrained default mode network that hasn't given them peace, and they don't even know what it could be like so I'm excited about all of this work and for people like you doing it and offering it to people.

On that note, how can people find out more about you and your work and then your trainings that you do for other practitioners around group work? Tell me all about it.

Katja Cahoon

Yeah, okay. I have two websites. One is just katjacahoon.com, and then one is kcap, so K-C-K-A-P, Katja Cahoon ketamine assisted therapy dot com -kckap.com. And that's where I also list the trainings that I do for other practitioners.

These are just basically teaching other practitioners the group model that I've developed. It's a protocol, it's manualized, there's a ton of collateral material. It's like a starter package if you want. It's the training I wanted to have because I put a lot of work into developing the protocol and all the material that goes with it and how to structure the groups and run them.

So that's the training that I do for practitioners, and I have some consultation groups as well, but all focused on really helping group leaders develop their group skills, so group psychedelic leaders develop their group leadership skills, and especially in the area of ketamine. Yeah...

Dr Meagen Gibson

Fantastic. Well, thank you so much for being with us today.

[00:47:27] Katja Cahoon

Thank you. This was delightful. Thanks for great questions.