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Autumn Starks is a therapist, consultant, and educator with a deep commitment to supporting individuals, families, and fellow clinicians through transformative healing. As the founder of Starks Therapy Group and the Ketamine Collective, Autumn combines her expertise in Internal Family Systems (IFS) and ketamine-assisted therapy to help others navigate change and reconnect with their authentic selves.

Autumn has been practicing psychotherapy for 17 years. She specializes in treating therapists, She often with clients who are queer, neurodiverse and are deconstructing from evangelical christianity.

Allison Puryear (she/her): Well, Autumn, thanks so much for being here on the Not Boring Podcast.

Autumn Starks: Yes, thank you so much for having me. Excited to be here.

Allison Puryear (she/her): Yay! So we're gonna be talking about ketamine-assisted psychotherapy. This is definitely, like, an up-and-coming part of the field.

Allison Puryear (she/her): I'm really excited to do some deep diving into it today, so that people who are curious can learn some more, and then maybe go off and do more in-depth training, and maybe provide it as well. So, yay!

Autumn Starks: That would be great. There's certainly room for us to grow here, and it's been exciting to be a part of a community in the therapy world that's, like, feels kind of edgy and new and fun.

Allison Puryear (she/her): Absolutely. So, can I get some, like, origin story? Like, what drew you to ketamine-assisted psychotherapy?

Autumn Starks: Totally. It was, like, 2021, 2022, and my brain just, like, really needed a new project, some brain candy coming out of the pandemic.

Autumn Starks: So I enrolled in a training program. It was a 10-month long program that actually covered ketamine, psilocybin, and MDMA, in hopes that they would be rescheduled, especially MDMA for the use of trauma. I'm an IFS therapist, I see a lot of folks with really complicated trauma.

Autumn Starks: And so, I found this training program. I was so excited about it.

Autumn Starks: And, not actually as interested in ketamine until the way we could do an experiential in the training was with ketamine, because it was legally available, safe.

Autumn Starks: like, widely appropriate for folks, and so I did an experiential as a part of my training.

Allison Puryear (she/her): And, just was blown away by the personal effect it had had on my life, and I was like, I don't have to wait for the FDA to get their stuff together, like, I can be doing psychedelic therapy right now.

Autumn Starks: slowly began building the connections here where I am outside of Chicago to do some really beautiful therapeutic work with people.

Allison Puryear (she/her): Amazing. Yeah, I think of ketamine as kind of, like, almost like the underdog of the, like.

Autumn Starks: Yeah, it's always getting left out of, like, the web series and the Michael Pollan books, and in some ways that's nice, because we get to fly under the radar a little bit, we don't have to be a part of the big political discussion, it's already legal, it's already widely available, but there's... it's a double-edged sword, because it's such a good resource, we want people to hear about it more than just, like, celebrities and their misuse, right?

Allison Puryear (she/her): All right.

Autumn Starks: Such a bigger world than that.

Allison Puryear (she/her): Right. That's...

Autumn Starks: All the press is good press, is what they say, but, you know.

Allison Puryear (she/her): Right.

Autumn Starks: to have some of the experts be given a bigger platform about ketamine as well, so thanks for bringing me here this afternoon.

Allison Puryear (she/her): Absolutely, yeah.

Autumn Starks: Yeah, for sure.

Allison Puryear (she/her): Yeah, we can call this one ketamine, not just for oligarchs.

Autumn Starks: Yeah, exactly, exactly. Not just to convince yourself things aren't true, this is such a... we're making such a good case already for the therapeutic use of ketamine, instead of

just, here, have some ketamine, and leave like they do in some of the clinics, or, you know, the wealthy. They can get anybody to do anything, so...

Allison Puryear (she/her): Yeah, yeah. Makes me glad I'm not, hopefully, never gonna be that level, because I want people saying no to me my whole life. I really do.

Autumn Starks: Totally, yeah.

Allison Puryear (she/her): Well, let's... let's kind of talk about ketamine in general, like.

Allison Puryear (she/her): What... or ketamine-assisted psychotherapy, like, what is it? And, like...

Allison Puryear (she/her): How is it different from our typical talk therapy, and how is it different from the other, the other options out there, once the FDA gets together?

Autumn Starks: Yeah, hopefully, yeah. So, ketamine is really interesting. It's not a classical psychedelic, it's technically an anesthesia. It's a dissociative anesthesia, and it's in the top 10 WHO's most essential medications.

Autumn Starks: As an anesthesia, it can be used in high-conflict zones, because it's very safe.

Autumn Starks: for people who have a lot of body compromise going on. And it's used every day in ERs to anesthetize people when they don't know what's going on with them, because it's pretty safe. And so, we've had ketamine in our arsenal as an anesthesia for 50 years now, at least, I think.

Autumn Starks: But they were trying to... to see if they could induce psychosis to do some testing on people who were psychotic.

Autumn Starks: And they tried using ketamine, and it didn't work. It didn't produce, like, the same effects in the brain, but they found that, you know, folks who were suffering and struggling enough to sign up to be a part of a research study, they started getting all these antidepressant effects.

Autumn Starks: from, like, as a, you know, how so many pharmaceuticals are discovered. Well, it doesn't do the thing that we thought it was gonna do, but it does this other thing really well. And so slowly, it began to be used as sort of a last stage treatment for people with serious treatment-resistant depression.

Allison Puryear (she/her): But now it's widely used for depression, anxiety, trauma in some cases.

Autumn Starks: It can be helpful sometimes for folks with OCD, and it's just sort of a very wide range of presenting problems. We have the most data about treatment-resistant depression, but...

Autumn Starks: we're really seeing it clinically used much wider than that, which we can get into. So, ketamine-assisted psychotherapy is ketamine dosing sessions with a therapist in the room.

Autumn Starks: In the context of a medical evaluation, a psychological, like, intake evaluation, two prep sessions, and at least one integration session for every dosing session. Each clinic has sort of a slightly different protocol. They could maybe start with three dosing sessions, or want to do six.

Autumn Starks: But that prep and integration is very standard in what we call ketamine-assisted psychotherapy, or KAP.

Allison Puryear (she/her): There are medical IV clinics out there, too, that are giving people ketamine.

Autumn Starks: In a more medical way, without as much psychological support. They can be helpful, but they can also be psychologically dangerous for the wrong person.

Autumn Starks: God.

Allison Puryear (she/her): Yeah, so, I mean, how do we know who it's dangerous for? Tell me about, like, how we... how we start to assess or screen.

Autumn Starks: Yeah, totally. So this is why working with a team is so important. I work with a prescriber who's a nurse anesthetist, so he's been working with ketamine as an anesthesia for decades before coming into the mental health side of it.

Autumn Starks: But we have sort of two separate roles. So it's my job to assess whether or not the person is psychologically appropriate and safe.

Autumn Starks: And the medical professional is who assesses whether or not they're physically safe. So I'll just say a little bit about that, but say it's not ultimately my decision for folks. That's something Rick, our prescriber, takes on.

Autumn Starks: So people who have uncontrolled high blood pressure or a recent stroke would not be appropriate, or any sort of recent cardiac event. If they're under the care of a cardiologist, we often can get that person to sign off on their treatment, and we'll do...

Autumn Starks: even more blood pressure monitoring as needed. Also, if folks have some kidney, bladder issues, the overuse of ketamine can do damage to the lining of the bladder.

Autumn Starks: And so, we just want to know about that to make sure that we can get them on a maintenance schedule that works for them. We typically only see that in high, high use or even abuse settings, but it's something we want to be mindful of. So those are the big, sort of, physical

Autumn Starks: elements of...

Autumn Starks: what makes a person safe for ketamine. We used to think that maybe folks with dissociative trauma, that that could be a no-go, but we're finding in the therapeutic setting, it actually can have the opposite effect, being like, I'm gonna dissociate now, and my therapist is with me, and I've chosen it, instead of...

Allison Puryear (she/her): brought out of dissociation outside of your control, it can actually be very helpful. But it's something we want to assess for, how ready and safe are they to try that and to do that work.

Autumn Starks: informed consent is so important. It's hard to have informed consent, though, because this is a totally novel experience for 90% of people.

Allison Puryear (she/her): Right.

Autumn Starks: the office,

Autumn Starks: Also, if they have a history, family history of psychosis, they're not a good fit for ketamine, it just is too destabilizing.

Autumn Starks: Or it can be. It can kick off a psychotic episode, and we just want to be super cautious with that. We just don't think the benefits outweigh the risks.

Autumn Starks: If somebody has a history of true bipolar 1, we also just want to really make sure we're... where are they typically moving into an upswing of mania?

Autumn Starks: We would not want to treat around that time, and we would want to go really low and slow with them, because there's some evidence that it could kick off a manic episode.

Autumn Starks: And so it just takes, you know, that much more attunement. And that's the nice thing about working with a CAP therapist, is they're gonna really want to titrate and scale treatment.

Autumn Starks: To the unique individual in front of them.

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): And so you were... you were talking some about, you know, you're gonna have these different kinds of sessions. Can you walk us through that slowly? And, like, what the different sessions are?

Autumn Starks: Yeah.

Allison Puryear (she/her): Like, the client experience is for those sessions.

Autumn Starks: Absolutely, yeah. So, we start either... usually I have the first appointment as the therapist, and we do a pretty standard intake questionnaire session, but we want to focus on that mental health history, make sure it's safe.

Allison Puryear (she/her): Thank you for...

Autumn Starks: trauma history, and begin to talk about what better looks like. Because ketamine is so effective from...

Autumn Starks: At the beginning, we want to be really contextualizing how improvement feels when people have been so depressed or anxious for a long time. We're spending a lot of time on the question, like, what would 30% better look like? We know that folks with depression and anxiety, we've got some black and white thinking going on. Already, as we're learning and collecting some history.

Autumn Starks: We're, planting some seeds for... toward flexibility, because we think mental flexibility is...

Autumn Starks: one of the things that actually brings relief, more so than feeling happy all the time. Like, what even is that?

Allison Puryear (she/her): Right, right.

Autumn Starks: I'll do an assessment and sort of begin some of those conversations, certainly answer questions. People have tons of questions.

Autumn Starks: And then they'll meet with our prescriber. That appointment, it's pretty easy. It takes about a half hour. They can ask any medical questions.

Allison Puryear (she/her): get any guidance on any current medication they're on. A cool thing about ketamine is people don't have to come off of their mental health medication. They may have to hold a medication the day of treatment.

Autumn Starks: But...

Autumn Starks: And even then, it's because we think that that medication might make the ketamine less effective. We have very low concerns around, like.

Allison Puryear (she/her): toxicity and interactions. So, they'll have their appointment with the prescriber, get all of their medical questions answered.

Autumn Starks: And then we do two preparation sessions, myself and the client. We talk about what to expect, expectations versus intentions.

Autumn Starks: Safety around therapeutic touch and boundaries. Ketamine, when you're in a ketamine experience.

Autumn Starks: sometimes your language processing can go offline, and so as much as I say, remember, Allison, we gave you ketamine, you're dissociating, I'm right here with you, that remember to take a deep breath, that may not be nearly as helpful as, like.

Autumn Starks: A hand on my... your hand, or pressing down on your lower legs, or the pillow underneath, some grounding being in your body.

Autumn Starks: So, that's an essential tool.

Autumn Starks: tool to have available. We don't use it in every session, and people can, decline to consent to therapeutic touch, but because safety touch is even necessary if they were in need to get up and go to the bathroom, we do some work around that.

Allison Puryear (she/her): Yeah.

Autumn Starks: We also dig into any substance use history they have, see if they have any comparable experiences.

Autumn Starks: Certainly,

Autumn Starks: depending on what's going on, if there's somebody with active substance use, we want to know more about that and be careful. Kind of means abusable, and so we just want to be really, like, eyes wide open about that.

Allison Puryear (she/her): Yeah. It's interesting, there's kind of a reframe, right, in understanding their substance use experience to see what might be.

Allison Puryear (she/her): like, similar or relatable. It's almost like framing, like.

Allison Puryear (she/her): almost as a positive, maybe? Like...

Allison Puryear (she/her): In a way that you don't see in an assessment.

Autumn Starks: So, we're certainly, like, Coming to understand.

Autumn Starks: that, especially early substance use, when somebody... well, not just early, I'm gonna take that back. When somebody is suffering and they're using substances, like, they're looking for something.

Allison Puryear (she/her): Yeah.

Autumn Starks: Looking for something to change.

Autumn Starks: And it's not uncommon for people to come into ketamine treatment with a history of, like, a really big mushroom journey when they were in college.

Autumn Starks: whole trajectory of their life, or, that one night where they were supposed to be, like, parting with their friends on some molly, but they felt like one with the universe for the first time. Like, it's not uncommon for people to have beautiful...

Autumn Starks: experiences, and that's something meaningful, therapeutic, even. Yeah. And so we want to integrate those and help contextualize

Autumn Starks: that, if that's something that is in their story. We also see people who have never had any substance exposure of that nature, and they often have a lot of anxiety about what it will be like, more so than people with experience. That makes sense to me. And so we do as much of

Autumn Starks: like, preparing them for what it might feel like as we can. Sort of knowing, like, I don't know, for any people who have birthed, who's watching this, like, there's just something that... there's some things in life no one can ex... like...

Allison Puryear (she/her): Right.

Autumn Starks: to prepare you for. Like, they... nobody can prepare you for the process of giving birth. Like, nobody can truly prepare you for your first psychedelic experience.

Allison Puryear (she/her): Yeah, yeah.

Allison Puryear (she/her): It's interesting, and so, okay, so you have your two preparatory... your two prep sessions, and are those, like, your typical standard 50-minute kind of sessions, or... Yeah, it can be even online if people...

Autumn Starks: Here for people. Sometimes they want to do one here in the space that they'll be in for their journey.

Autumn Starks: And... yeah, we talk about safety, we talk about the logistics, so it's a little bit more,

Autumn Starks: me telling them things than it would be in standard psychotherapy. I've got some information that they're gonna need, and the relationship is a little more practical, right? I'm about to see them in an extremely vulnerable state. There's, like, a level of caregiving toward them that I'm gonna be engaged with, and so it does sort of change the nature of our relationship as well, and so...

Autumn Starks: If they're a long-standing therapy client of mine, we do a lot of work around that, even before they decide if they're gonna have ketamine experience.

Autumn Starks: So, they do those. We do one or two a week until, they have to do at least two dedicated preparation sessions.

Allison Puryear (she/her): Until they feel ready. If they need more, we'll do more.

Autumn Starks: And then, here we do... we start with a minimum of 3 dosing sessions. People can do more than that if they need to.

Autumn Starks: But it's a 2-hour appointment. I am in the room with the clients the whole time. Our prescriber comes in, does a medical check-in, takes their blood pressure, chats about dose if they... if it's a follow-up session.

Autumn Starks: They do their thing. I do a little bit of a check-in with them, some grounding if they're feeling nervous.

Autumn Starks: Some reminding them of their intentions. We get them all set up. It happens, like, here, here on our coast.

Autumn Starks: Eye shades, headphones, weighted blanket if they want it,

Autumn Starks: And when they're ready, we have,

Autumn Starks: our prescriber come in and give them the first in a series of injections. So, here we do intermuscular ketamine. This might be a little in the weeds. It's as effective as,

Autumn Starks: intravenous IV, it's just you don't have to set an IV in someone's arm, so it feels a little less medical, I think, for folks.

Autumn Starks: He comes in, he gives them, like, 20% of their dose.

Autumn Starks: leaves, comes back 15 minutes later, gives them the rest, and then he's gone unless we need him, or until it's, time for them to check out, get their blood pressure taken again, etc.

Autumn Starks: And we're sort of off. Some people spend that time really dissociated, disconnected from their body, sort of silent, deeply relaxed.

Autumn Starks: that's how they look on the outside. But going on a journey, and other people, they really like to interact, they like to tell me a little bit more about what's going on. I'm there, certainly, to take notes to help them remember the experience later, and so it's helpful for the integration process.

Autumn Starks: And I just sort of meet them where they're at. You know, we start with 0.5 milligrams per kilogram of body weight, which is not nothing. It's, definitely...

Autumn Starks: The evidence is that it's helpful for depression, it's an effective dose.

Autumn Starks: But we start them relatively low, help them build a relationship to the medicine, is one way of seeing it.

Allison Puryear (she/her): So... I'm thinking about the people who are silent.

Autumn Starks: Yeah.

Allison Puryear (she/her): You've got, like, 2 hours.

Allison Puryear (she/her): Are you just really good at being still and quiet? Like, how do you, as the therapist, just, like, manage holding the space for that long without getting squirmy?

Autumn Starks: And clients are also like, aren't... aren't you bored? You know, it's interesting, I... they've come in and...

Autumn Starks: are permitting us to give them ketamine, and they're, like, still worried about me.

Autumn Starks: So, yeah, it's sacred.

Autumn Starks: And I've made a grocery list. Like, let's just be real about it, like, there are moments, actually, where it feels...

Autumn Starks: Your nervous system can sort of fall in line with the nervous system of the person getting ketamine, and you can feel, like.

Autumn Starks: push this sort of deep presence, come into the room in a way that sounds kind of woo-woo, but I think people will get it if they're interested in the topic. I don't know exactly what's going on, but feeling connected. We also use some elements of

Autumn Starks: like, fairly widely, used ceremony, like burning Palo Santo. Very,

Autumn Starks: It's very helpful because then clients can go home and burn it and put on their playlist and have a re-experiencing.

Autumn Starks: journey, if they'd like to. And also, I have trained my body to the smell of Palo Santo.

Allison Puryear (she/her): Huh?

Autumn Starks: a hopefully sensory... sensory skill for me, and so I sometimes sit in silence and watch them. It's like a little, like, watching your children while they sleep. That feeling of, like, so much, like, let's just call it what it is, like, love for this human.

Autumn Starks: It can be really special, and certainly there are some days where I'm sort of squirrely, or I may even sort of sense, like.

Autumn Starks: oh, I need to get out of their mental space in a way I can't totally describe, and so then I'm certainly, like, not going to be scrolling on my phone, that's not going to be helpful, but I may be, checking things off my to-do list, and if I'm feeling really distracted, writing a couple notes about that down so that I can be more present.

Autumn Starks: But it's kind of nice. It's so... it's not just kind of nice, like...

Autumn Starks: I'm not the... I'm not the primary... I don't think I'm ever the primary change agent in the room, but clients really put that on us, and to have this third thing of their journey, their ketamine experience, the focus on their experience, where I'm just truly there as a support.

Autumn Starks: In a way that's more obvious to them. Like, ugh, it feels actually like such a relief.

Allison Puryear (she/her): It sounds incredible.

Autumn Starks: Yeah. Yeah. Super powerful.

Allison Puryear (she/her): Yeah, yeah.

Allison Puryear (she/her): So they have... their first session.

Allison Puryear (she/her): It's 2 hours. I'm assuming they need a driver to get home.

Autumn Starks: Yep.

Allison Puryear (she/her): They haven't.

Autumn Starks: be driven home. They're usually experiencing the ketamine for about an hour of that time, and so they come back out, and we gently check in with them. You know, sometimes there's a lot to say, sometimes they're sort of still needing some space.

Autumn Starks: And... but we may do a little integration even right there, which is just, like, talking through the experience. Very beginning meaning-making,

Autumn Starks: But we take our time with that.

Autumn Starks: thinking through what does the rest of their day look like, making sure that they've given themselves a light day, even though they said they would. Sometimes people are like, well, then I've got this work meeting at.

Allison Puryear (she/her): No, you don't.

Autumn Starks: don't.

Allison Puryear (she/her): It's not...

Autumn Starks: You can miss me with that.

Autumn Starks: And then we see them the following day for integration. Yeah, they need a ride home, or they can take an Uber, you know?

Autumn Starks: If they're comfortable here, so...

Allison Puryear (she/her): Got it. And so they come in the next day for integration, is that, like, a standard session length as well? Like, a 50-minute?

Autumn Starks: Yeah, it's a standard session length, can be online, too. And...

Autumn Starks: people always want to know, what do you do in integration? And I'm like, whatever we need to.

Autumn Starks: You know, they've just had a big experience. They might really need me to read through all of the notes, because they said they talked a mile a minute the whole time, and now they are struggling to remember it.

Autumn Starks: They may need to use the flexibility that's starting to come online to problem-solve a very practical thing in their life.

Autumn Starks: And sort of anything in between. It can range from, like, dream work, to deep inner work to, like, wow, my schedule really is untenable for me, and I think I'm ready to make some changes.

Allison Puryear (she/her): Amazing.

Autumn Starks: practical, it's so Yeah.

Allison Puryear (she/her): Very cool. And then, so you guys do a minimum of 3 experiences?

Autumn Starks: Yeah, if you're looking to move the needle on treatment, we think 3 is

Autumn Starks: like, the bare minimum. Of course, if somebody gets one or two in and they want to stop, we're not gonna make you take more ketamine.

Allison Puryear (she/her): Right.

Autumn Starks: Right. We will see therapists for the prep, and then a one-off if they're, like.

Autumn Starks: Know that they need to have an experience before they can feel comfortable referring clients, whether it's to us or another practice.

Autumn Starks: And...

Autumn Starks: And just because I think most therapists have, like, a little bit more containing support, but I'm... we're pretty clear, like, if you're trying to move the needle on your mood, it's probably not as good of an idea as doing 3.

Allison Puryear (she/her): Got it. And so, and how spread out are those three experiences?

Autumn Starks: We do one a week for about 3 weeks in a row, so it's nice if we can stack them, but if we need to go two and between, then we will. There is a cumulative effect. So, in the ketamine therapy community, this is called an induction phase.

Autumn Starks: So we've learned that, the antidepressant affects

Autumn Starks: For ketamine, like, the physical effects.

Autumn Starks: They can hang around for, like, a couple weeks up to maybe a couple of months, but when you stack them, there's this cumulative effect that happens.

Autumn Starks: And one-offs just are not as effective until whatever the therapeutic stuff that's getting opened up, it might... it will usually lead to some other lasting change.

Autumn Starks: Which is also contributing to what was exacerbating mood and anxiety stuff, and so the symptoms can go away in that way as well. So, take it back a couple steps. Some people come for that induction period of 3,

Autumn Starks: And they're good. They got unstuck, and they're moving forward in their regular therapy, and we don't see them again. And some people are in every month for a booster session, and kind of everything in between.

Allison Puryear (she/her): Got it.

Autumn Starks: Yeah.

Allison Puryear (she/her): Very cool.

Allison Puryear (she/her): And so...

Allison Puryear (she/her): like, you guys have your clinic. How... what are the different... there's, like, a medical IV ketamine clinic that I've seen out there, there's CAP approaches, like...

Autumn Starks: Talk me through the differences there.

Autumn Starks: Yeah, so...

Allison Puryear (she/her): It's kind of like the Wild West out here with ketamine.

Autumn Starks: And sort of things will look like they're therapy, and they're not, and so it's... if you're referring one of your clients, I would say it's really good to call and just, like, ask them what their protocol is. Their intake person should be able to do that.

Autumn Starks: The way it works... And CAP is that whole container of evaluation, preparation, dosing sessions, and integration.

Autumn Starks: with a therapist, the therapist is in the room with the client through the whole dosing session. And then there's medical only, so it's... they're treating mental health, but it's medical only in that you're only working with medical staff.

Autumn Starks: You're working with a prescriber, and there is often very little preparation. It is less expensive, usually, because there's

Autumn Starks: a lot less professional time. There's no therapist in the room with you the whole time. We have some really good medical-only clinics here that allow therapists to come in and sit with clients.

Autumn Starks: That will give a little extra support if needed, that are super safe and responsible. And there's medical clinics where clients go in, and they're in a big room in, like, a hospital setting, and there's just curtains between people.

Allison Puryear (she/her): Hmm.

Autumn Starks: So I don't... you know, we end up seeing a lot of people from that sort of zone of medical ketamine.

Autumn Starks: Because they'll come to us, and they'll be like,

Autumn Starks: I have to keep doing ketamine treatment because it's helped my mood so much, but it's almost like the way they were giving it was quasi-traumatizing.

Allison Puryear (she/her): Yeah.

Autumn Starks: And we end up doing a lot of, sort of, repair, even around their relationship to the ketamine experience.

Autumn Starks: you become highly suggestible. Like, bright... lights are too bright, like...

Autumn Starks: Noise... songs are too loud, like, you can be... hallucinating, like, you need to be held in a container with attunement.

Autumn Starks: And so that's really some of the big differences. And then, of course, there's ketamine given in medical settings, like surgery suites every day, which is different. They're given... being given a much, much higher dose.

Autumn Starks: For... You know, they're unconscious.

Allison Puryear (she/her): Yeah.

Autumn Starks: Yeah.

Autumn Starks: And so there's... and then people can kind of split the difference, right? They can be seeing their therapist and go in for IV only if that's all that's available, and then see their therapist the next day to do some integration. So there's certainly, like, room to play with that, but we provide here, like, a full-blown CAP model because we think it's the safest, and because I'm a therapist, like, I want.

Allison Puryear (she/her): Right.

Autumn Starks: when I get to do it. Right. When I get to be... it's, like, what I'm wanting to do. So, yeah.

Allison Puryear (she/her): Yeah, yeah, when I just think about, like.

Allison Puryear (she/her): I don't know, the cutting-edness of CAP, and how it's thorough. I mean, it's thorough, despite, like, so much of this being relatively new.

Autumn Starks: Right.

Allison Puryear (she/her): In this... in this context, I should say.

Autumn Starks: It very much borrows from what we've learned from both, like, research and even Indigenous containers around psychedelic medicine.

Autumn Starks: Like, space being held, of preparation, of mindfulness, of integration. Like, the psychedelic concept around set and setting, like your mindset, the set of...

Autumn Starks: like, how you've prepared yourself for the journey, and then the room that you're in, the setting that you're in, who you choose to be with. I mean, most psychedelic researchers say that set and setting is the main thing that causes people to have, you know, top 5 most healing experiences, or top 5 most...

Autumn Starks: Terrifying experiences, although sometimes it can be the same thing sometimes, but...

Allison Puryear (she/her): Right.

Autumn Starks: We really borrow a lot from that world.

Allison Puryear (she/her): Yeah, yeah.

Autumn Starks: Grateful. Absolutely.

Autumn Starks: Yeah.

Allison Puryear (she/her): So, can you tell us just a little bit more about CAP? Like, how, like, what are the training requirements for therapists? What are some ethical considerations, scope of practice kind of stuff?

Autumn Starks: Totally.

Autumn Starks: So, the training programs vary wildly, right? I was in a 10-month psychedelic training program where we were meeting once or twice a week. I had a ketamine experience as a part of my training, and that's sort of the...

Autumn Starks: the most you can have, because I'm a nerd.

Allison Puryear (she/her): Love it.

Autumn Starks: And you can get trained in 10 hours online!

Autumn Starks: Like, to be called a ketamine therapist, and so the reason that that is true is because there isn't an official certification. If somebody's saying, like, we're licensing you to do ketamine therapy, that doesn't exist. That's not real. They're all,

Autumn Starks: they're... it's just not regulated in that way.

Autumn Starks: So... I think if people are really interested, they have to figure out...

Autumn Starks: How much time and space they are going to need to feel comfortable working with the medicine, with clients.

Autumn Starks: And that could be very different. Like, maybe that 10-hour training is great for,

Autumn Starks: an EMDR therapist with 10 years of experience, or a hypnotherapist who's super comfortable working with people in altered states already, and has a great supervisor, a prescriber who understands the mental health side and can give them some guidance.

Autumn Starks: That might be plenty, but if you're, you know, in your third year of your career, and you've never smoked weed before, and you want to do an online training for 10 hours, like, you probably shouldn't

Autumn Starks: be doing this, right? Right. So there isn't, like, a clear line, and these people are allowed, and these people are not allowed. It's all mixed together,

Autumn Starks: And, you know, I'm so... I'm an IFS therapist. I've been trained in IFS for over a decade, like, when everybody thought it was a cult.

Allison Puryear (she/her): Huh.

Autumn Starks: You know, like, it was so, so weird. And just finally, now I'm starting to understand, like.

Autumn Starks: Oh, I've been holding people in altered state works for the last decade.

Allison Puryear (she/her): Oh, yeah.

Autumn Starks: inner work, eyes closed, parts work, is hypnagogic altered state work? And I'm so grateful for all of those years, because I can bring them into what I know about ketamine in ways that are easy to talk about, and other ways that are kind of hard to name.

Autumn Starks: So, I don't know that that's super clarifying for the people listening, but it's like, you gotta kind of gauge what transferable skills do you have.

Autumn Starks: be honest with yourself about how much supervision or ongoing consultation you'll actually engage in. And if it's a lot, then I think a lower demand program is good. But you know, if once you know you've, like, taken your post-test, you're done for a while, then go with a more robust program.

Allison Puryear (she/her): Yeah. Well, and, like, the CAP program is the robust one, right? Like, you can't say you're a CAP-trained therapist with any of the 10-hour programs, can you?

Autumn Starks: You can.

Allison Puryear (she/her): Oh, you can! Oh, interesting. Okay. I keep trying to make there be this, like, official thing that it sounds like there just isn't, but...

Autumn Starks: It just isn't. There just isn't, and...

Autumn Starks: Yeah, if people are considering programs, it is so important that you ask to speak to a couple people, or even just put it out on some of the big, like, listservs in your area, or however you're connecting with other therapists.

Autumn Starks: not even going through the organization and just being like, do you know anybody who has done this program? Will they talk to me for 15 minutes?

Autumn Starks: That's...

Autumn Starks: If you're gonna, especially in a bigger program, investing a lot of money, it's really important to do some homework about that.

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): Yeah, it's interesting, like, your point about, as an IFS therapist, like, people being in this hypnagogic state, like, I'm not trained in IFS, but I have had IFS therapists, and done IFS as a client, and it absolutely, it absolutely is.

Allison Puryear (she/her): And it does, like, I can see how...

Allison Puryear (she/her): talking about what was going on, eyes closed, out loud is similar to integration, right? Like, you're almost, like, bringing this internal experience out to show and process and understand what it means.

Autumn Starks: That's right. We can, in preparation and integration, I usually use IFS in a more long-term way, right? This is short-term treatment.

Autumn Starks: At the end of the day. It seems like a long time, but it's like, you know, 8, 12 appointments.

Allison Puryear (she/her): Right.

Autumn Starks: short-term therapy. So we can sort of back up off of IFS and really use parts language. That can be so helpful in the preparation process of, yeah, tell me about the parts of you that are excited.

Autumn Starks: Tell me about the parts of you that are scared. Like, really inviting people to bring all of what they're feeling about the experience into the room in advance.

Autumn Starks: That language is just so helpful. It helps people, I think, be more honest than they would otherwise be, because it gives them room to be complicated, and to not think.

Allison Puryear (she/her): Hmm.

Autumn Starks: you know, they're scared... I'm scared on them that you're gonna judge me. Like, they might not be willing to say that, but they might be like, a part of me is scared, I'm gonna look stupid, and you're gonna judge me. It just softens it, it makes it accessible.

Allison Puryear (she/her): And then they can have their experience, and then in the integration, we can check in with those parts, even if it's just verbally.

Autumn Starks: And if they're game, in those prep sessions, we can be going inside, feeling into their body experience, noticing body sensation that's coming up.

Allison Puryear (she/her): And that's great, great prep for learning to, like.

Autumn Starks: settle in, eyes closed, in front of another person if they've never done that before.

Allison Puryear (she/her): Right.

Autumn Starks: And come out of it, and make eye contact when they're ready, remember that I was there for all of that, sort of desensitizing ourselves to being seen in an altered state.

Allison Puryear (she/her): Hmm.

Autumn Starks: If we've got time or people are game for that, we'll do a little bit of that as a part of the prep, so...

Allison Puryear (she/her): I'm curious if, like, what percentage of people come in

Allison Puryear (she/her): Having never done any therapy before, and this is what they want their first experience of therapy to be.

Autumn Starks: For you.

Allison Puryear (she/her): I know that's super anecdotal.

Autumn Starks: Yeah, I'm thinking for a minute.

Autumn Starks: I, you know, we certainly have had people come in who are like, everybody in my family... my partner is saying everybody in my family is going to therapy, and this is the one I choose.

Autumn Starks: As you said, that sort of thing happen more than once, certainly. But not usually. Usually people have tried things. They've often been on antidepressants, they've often tried multiple types of therapy.

Autumn Starks: And this is usually not, not their first rodeo,

Autumn Starks: most people aren't, like, you know, you don't have, like, a cough, and then you're like, I'm gonna go in and get IV antibiotics.

Allison Puryear (she/her): Right, right.

Autumn Starks: This is not how it goes. And my, my real...

Autumn Starks: clinical specialty outside of CAP is working with therapists, so I often have... am attracting, sort of, healers and therapists and... or people who have just really been doing their own work for a long time, and this is the next thing that they want to explore.

Autumn Starks: They're maybe feeling stuck in their inner world, they're going through a big change, they're going through some identity stuff.

Autumn Starks: And this can be really helpful for that, too. It's not... it's not just for, like, profound, and...

Allison Puryear (she/her): Complex depression, or things like that.

Allison Puryear (she/her): Right, and that's an interesting thing, too, of, like.

Allison Puryear (she/her): who decides to do this when, right? Like, because I do think of it as, like, profound depression. That's how I was first introduced to the idea of ketamine therapy, right? But how... it can be really, like, just thinking about all the big transitions we all go through in life.

Autumn Starks: That's huge.

Allison Puryear (she/her): And having a different way of approaching a transition than you may have before.

Autumn Starks: Yeah. Oh.

Allison Puryear (she/her): Novel that can be.

Autumn Starks: Yeah, I would say our clients sort of fall into a couple of pools. So, certainly we have folks with profound treatment, like, treatment-resistant symptoms.

Autumn Starks: One thing that I have to... I have to say at some point here is that it can be extremely effective for people with chronic suicidality, and so I probably should have said that sooner.

Autumn Starks: But, and you have to be so careful working with folks with chronic suicidality around hope, right?

Allison Puryear (she/her): Hmm.

Autumn Starks: They've already read all the forums online, they think this is gonna work, and so we have to do a lot of, sort of, safety, what will you do after this if this doesn't work? This is not the last shop on the block, like.

Autumn Starks: really a lot on that, because it works very well, but not for everybody, and not immediately.

Autumn Starks: But, yeah, it can be so much... it's so much faster acting than starting a new SSRI. Usually within a day or two, maybe three, we have a good sense of this is going to create some level of relief around depression. And then by the third session, we may be seeing people's relationship to their suicidality really change for the better. So we've got that sort of pocket of people, lots of med history.

Autumn Starks: history, lots of therapy history. Some of it's worked, but not well enough.

Autumn Starks: And so...

Autumn Starks: We have that... that group. And then sometimes there's some overlap, but we also have people who are sort of more seekers. They're interested in psychedelic work, but they're not interested in breaking the law. You know, they've read about ketamine, they've done a lot of learning about it.

Autumn Starks: And they, they want to see if they can utilize it to live a more enriched life, to live more in line with their values, to get unstuck, to be more present.

Autumn Starks: And,

Autumn Starks: So we do that type of work as well with people, as long as it's appropriate to do.

Autumn Starks: And, you know, they're often still folks who are struggling. They're not, like, without a diagnosis, but it's not the same as this other pool of folks who...

Autumn Starks: Just sort of come with a different clinical profile and acuity.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): Hmm.

Autumn Starks: I think maybe one other thing to say about that is

Autumn Starks: Is that... the reason that those both feel appropriate...

Autumn Starks: It's because of the way ketamine works in your brain, so it's a little bit of a mystery.

Autumn Starks: But it does a couple things. It works on glutamate, and it, basically resets the default mode network in your brain, which is, like, what's going on in your brain when nothing is going on in your brain, aka worrying about the people you love, usually, is actually what's happening when the default mode network is online.

Autumn Starks: And, it sort of reboots that, like, figuratively speaking, and so people, often a few days later, they just experience a quieting of ruminative thought. Everyone has a level of ruminative thought.

Allison Puryear (she/her): Yeah.

Autumn Starks: And, it can... Actually caused, like, new neural pathways to grow, and...

Autumn Starks: It does some neurogenesis stuff, and so...

Autumn Starks: It's like, the more we know about mental health, the less we realize we know, but we think maybe inflexibility in the brain underpins a lot of what is going on with a lot of different, like, diagnostic

Autumn Starks: categories.

Allison Puryear (she/her): so interesting, like, as you were talking about that, I was wondering, like, Without that default worry.

Allison Puryear (she/her): like, what... what does quiet sound like? I was like, I don't even know what that is!

Autumn Starks: Like, I... so I had ketamine as a part of my training.

Autumn Starks: And I was hanging out with the trainees, and it was during COVID times, and I was worried about being on an airplane, crammed in, feeling like taking up too much space on the airplane, and this thing popped up on my phone to, like.

Autumn Starks: would you like to upgrade your ticket for \$100? And I was like... Yes!

Autumn Starks: I was able to be like, yes, should I, shouldn't I? What else could I spend? Like, that, like, underlying worry.

Allison Puryear (she/her): Hmm?

Autumn Starks: it was great, I get... I had just had a ketamine experience. I needed the space, I needed the care, I needed the containment of, like...

Autumn Starks: You know, not being crammed next to everybody in this huge airplane, like...

Autumn Starks: Just gave me the capacity to take a breath and, like, care for myself.

Allison Puryear (she/her): Yeah.

Autumn Starks: Or I'd be scrolling on my phone, I'd be like.

Autumn Starks: what am I... this is not satisfying me. And I would find myself, literally, for a few days after, like, sitting and staring and feeling good about that. Like, just being.

Allison Puryear (she/her): Wow.

Autumn Starks: Like, oh, I get it now.

Autumn Starks: And that doesn't, like, last and last. I'm not, like, an enlightened creature now, but...

Allison Puryear (she/her): But you have, like, adult experience with that, right? Like, I don't remember that... I don't... maybe as a kid, I sat and stared and was content, but I'm a few seconds into sitting and staring, and I'm like, if I'm not scrolling my phone, I'm scrolling my brain, right?

Autumn Starks: Yeah, yeah, it's like the ketamine experience is such an altered state that even if we can work our way back to it 5% of the way with our imagination later, it...

Autumn Starks: It just is a totally different way of being, and once you've experienced a totally different way of being.

Autumn Starks: you look at your current ruminative suffering, and you're like, wait, I think it might be a totally different way of being.

Allison Puryear (she/her): Yeah.

Autumn Starks: But you actually have a tool that can help give you that lived experience of it, and then you can work your way back to it more often.

Autumn Starks: More of the time.

Allison Puryear (she/her): And is that a part of what you're helping them with in integration?

Autumn Starks: Yeah.

Allison Puryear (she/her): like, how to re-access that, and to... like, I think, like, so many of our skills in therapy, it's like, we might learn the skills, but then we don't use them.

Autumn Starks: It's like remembering to remember.

Allison Puryear (she/her): Yes, yes, exactly.

Autumn Starks: And so, we do some of that in the room, and then I also will be bugging them about doing that outside of our sessions.

Autumn Starks: I'm always sort of...

Autumn Starks: with some people, I'm needing to push them to do more integration, because they're kind of not giving it the space, and with others, especially therapists, I'm needing to tell them to chill, because they're trying to suck the marrow out of every bit of it, and I'm like.

Autumn Starks: Y'all.

Autumn Starks: No.

Allison Puryear (she/her): I can see that, wholeheartedly see that, yes.

Autumn Starks: Kinda gotta go both ways, like.

Allison Puryear (she/her): the person where they're at, and maybe what sort of permission or prompting or nudging they're needing.

Autumn Starks: Yeah.

Allison Puryear (she/her): Yeah, that's interesting, because I think about, like, you know, one of my college mushroom experiences, right? And it's like, I still remember all the words, I still remember how I described the experience afterwards, and how I felt it had changed me, but I don't feel it.

Autumn Starks: I wonder if you could.

Allison Puryear (she/her): Hmm...

Autumn Starks: If you could remember the type of music that was playing, or if there was certain scents around, I wonder if you put some eye shades on and laid down and got under a weighted blanket. I wonder if you could revisit it. Maybe not.

Allison Puryear (she/her): Yeah, gonna have to find some grass to lay down in, and...

Autumn Starks: And just see if it'll come... come to you, or... or something else connected to it, right? Like, integration is not... like... and then we do our integration session, and we're done.

Allison Puryear (she/her): Right.

Autumn Starks: I, you know, I'll be living my life, and I'll get, like, a memory of an image from a psychedelic experience. Maybe it was 3 years ago.

Autumn Starks: Or 5 years ago, and it'll be recontextualized... contextualized and mean something new to me now. These experiences are a lot like dreams, or like a diamond, right? You can look at them, and you can see this facet, and then you can click and, like, read something totally new in the stone.

Autumn Starks: Perpetually, we can do that, usually. Yeah, and it's usually quite helpful, because the world is so symbolic.

Autumn Starks: So abstract, especially with ketamine. It's a very abstract experience, more so than mushrooms.

Autumn Starks: For sure. Although, certainly, those experiences can be abstract as well, so...

Allison Puryear (she/her): Yeah.

Autumn Starks: Are there, like...

Allison Puryear (she/her): Let's say we fast-forward into an idealized future, where...

Allison Puryear (she/her): All these options are on the table.

Allison Puryear (she/her): Are there... are there certain presentations that you would... Recommend... For each of the different.

Autumn Starks: Yeah.

Allison Puryear (she/her): Yeah.

Autumn Starks: It's a good... it's a good question. I think if we were able to use lots of different types of psychedelic medicine here.

Autumn Starks: Many people would still start with ketamine.

Allison Puryear (she/her): For the very simple fact that it's short.

Autumn Starks: So, you're in and out in an hour. Right. Great training for other longer journeys, things like mushrooms or psilocybin or MDMA, you're in that for 4 to 6 hours, maybe even 8 hours.

Autumn Starks: And because people don't have to come off of their other medication to do it, so maybe we would send people still through a course of ketamine treatment.

Allison Puryear (she/her): in conjunction with their prescriber reducing medications that we just don't have a lot of clarity how safe they would be with things like psilocybin and MDMA because of the serotonin interactions.

Autumn Starks: So, I mean, you can't tell me that all these kids at the Klube, like, aren't on Lexapro and Molly, like.

Allison Puryear (she/her): Right.

Autumn Starks: I don't think it's a huge, huge, like...

Autumn Starks: you know, I'm not a medical professional, don't take my medical advice, anybody here, okay? But I think, like, we've... we've been so restrict... like, restricted in how much we're able to study that there are some theoretical concerns.

Autumn Starks: So that's number one. I think many people would still start with ketamine, and then,

Autumn Starks: And I think the data around trauma and MDMA is just undeniable.

Autumn Starks: I can say in the... I've learned, like, through others, that in the underground community, it's really common to start people with MDMA and then move them to psilocybin, no matter they're presenting, like, symptoms.

Autumn Starks: And so, it would be so great if we could bring those people out of the shadows and really learn from why they're doing that and how they're, like, conceptualizing it, because there's a lot of knowledge there.

Allison Puryear (she/her): Yeah.

Autumn Starks: But, yeah, I think it's pretty easy to say, you know,

Autumn Starks: true PTSD and other trauma-related diagnoses, we would really want to start, including maybe mood stuff that's related to trauma, we would probably want to start with MDMA. People at the end of life, though, there's a lot of data about psilocybin and end of life.

Autumn Starks: also mood stuff and psilocybin. They're doing a bunch of testing about LSD here in the Midwest right now. It's really, like, interesting work being done.

Allison Puryear (she/her): Yeah, we have a really, a pretty robust underground network here in Asheville, and it's one of those, like, you gotta know somebody who knows somebody, you know, which, I mean, that's what underground is, right?

Autumn Starks: Exactly.

Autumn Starks: Yeah.

Allison Puryear (she/her): And... I, like, it is my opinion.

Allison Puryear (she/her): That it is holding a lot of people back.

Allison Puryear (she/her): From being able to study, from being able to, like, provide competent care, because when things are underground, there are going to be people who are doing it the right way, and people who are doing it the wrong way.

Allison Puryear (she/her): So there are, like, care issues that can arise.

Allison Puryear (she/her): When somebody's kind of jumped on a bandwagon instead of, like, coming in well-trained and, wanting to do it the right way.

Allison Puryear (she/her): So...

Autumn Starks: Yeah, I think...

Autumn Starks: Yeah, again, like, this might sound kind of out there, but I think that, like, it calls to people.

Autumn Starks: Medicine work, including ketamine work, but other psychedelic work.

Autumn Starks: I don't really know. I'm very agnostic. A therapist friend once said to me, like, I believe in that on Tuesdays and Thursdays.

Autumn Starks: That's what I'll say about it. I work a lot with people with religious trauma, and so I'm way more comfortable with the not knowing, but be like, what's there? You know...

Autumn Starks: Like, I think people... it speaks to people, or something in them is speaking for change, for novelty, for getting unstuck.

Autumn Starks: I feel a lot of hope about... about it and where the field is going. I also see, you know, a lot of false promises, and anytime something is new and exciting, people are like, ketamine, ketamine, ketamine, it's gonna solve all your problems.

Autumn Starks: And I laugh about, like, I think the tagline should be, like, ketamine work, you get what you get, and you might get upset. It's still work, like, it's still.

Autumn Starks: You know, it's not gonna do it for you.

Allison Puryear (she/her): Well, even just as you're... you were talking about the informed consent with chronically suicidal folks is, like, that fear of hope, and how in online business, for instance, everybody would be like, this is gonna change your life, you know? But a very important...

Allison Puryear (she/her): ethical part of our job is to manage expectations, and to, like, not make promises that we can't fulfill on. We, like, just cannot.

Autumn Starks: Well, and it's... it's like the injustice of capitalism, right? Like, we're a small business, we cannot... we cannot run a Google ad with the word ketamine in it, because we

don't have the connections in Google to get our ads permitted, whereas these, like, mail order... I didn't touch on this, maybe I should quickly.

Allison Puryear (she/her): the nail.

Autumn Starks: order ketamine people, they have ads with ketamine in them, like, six ways to Sunday, and I can't figure out how they're doing that.

Autumn Starks: Instead, we've just chosen to keep our program small, let people find us, like...

Autumn Starks: like, marketing through education, this kind of thing, you know? It's like...

Autumn Starks: It just feels so much more in my integrity than trying to compete with people who have different ethics and different values around promises and client expectations.

Autumn Starks: So that's the other part of the ketamine landscape I totally left out, is that you can get assessed and online and have MindBloom or any of these places. I hate to say their names and, like, share about them.

Autumn Starks: Send ketamine to your house, and so that is available, and...

Autumn Starks: be careful, tread lightly, get a therapist who knows what they're doing to see you through it. It's so tough. Accessibility is really important, and they can be really accessible maintenance programs for people who sort of know what they're doing, and how to keep themselves safe, but,

Autumn Starks: man, I just wouldn't wish somebody being alone in that experience for their first time ever.

Allison Puryear (she/her): Yeah. Well, and it's, you know.

Allison Puryear (she/her): The context of somebody who's on a maintenance schedule and, like, knows how to do it is not what those businesses were built for.

Autumn Starks: That's not... this work is not easily scalable.

Allison Puryear (she/her): Right, it shouldn't be. It should not be scalable. Like, this is... this is when tech companies come in to, like, manage mental health. This is what happens.

Autumn Starks: Right.

Allison Puryear (she/her): Yeah.

Autumn Starks: I can't 10x my time, right? Like, it's not... it's just not... it's not gonna be easy to scale if we keep the therapeutic element where I think it should be for most people.

Allison Puryear (she/her): Yes, yes. And so that actually... I have questions about just, like, the management of caseload, because it sounds like you've got...

Allison Puryear (she/her): You know, you have your...

Allison Puryear (she/her): People that you see for... you know, they're in there 3 weeks.

Autumn Starks: of...

Allison Puryear (she/her): Experience, and then integration, 3 weeks in a row.

Autumn Starks: And then it sounds like you've got ongoing clients as well, some of whom may have had experiences. Like, how do you...

Allison Puryear (she/her): How do you know what to open up? How do you make those decisions caseload-wise?

Autumn Starks: Yeah, we run our dosing sessions here on Mondays, and so both myself, we have one other ketamine therapist on the team, and then our prescriber.

Autumn Starks: Who was trained in, actually, the therapy.

Allison Puryear (she/her): training program that my co-therapist and I both did, even though he didn't need to. So that's, like.

Autumn Starks: So, you've got the same perspective.

Allison Puryear (she/her): Huh?

Autumn Starks: all the difference. And so, you know, I have space for about 2 ketamine clients a week at any given time. I also manage and run our practice.

Autumn Starks: I'm the owner here, and we... I keep my own caseload of clients, and so I've got enough other things going on that, you know, next week, I don't think I have anybody on my ketamine schedule. We're going into the holidays, people are taking up...

Allison Puryear (she/her): And that's okay, because I can fill that time, with other tasks. Where solo practitioners, they may struggle more with flexibility,

Autumn Starks: But...

Autumn Starks: also, I think we can schedule ourselves in a way that we have fuller weeks, and then looser weeks, and learn to, like, ride that wave. I'm making enough money, right? This is your...

Allison Puryear (she/her): Absolutely.

Autumn Starks: doing for our... for and with our community that, like, that's okay. You can niche that, and that's... it's been so helpful for me.

Autumn Starks: To have it be this thing that I do in 3 or 4 hours of my week.

Autumn Starks: when those folks are around, and maybe have an extra full week, but not feel like, oh, we gotta get some more ketamine clients, I need to... who can I get to, like, no.

Autumn Starks: No. We're just, like, not doing that over here.

Allison Puryear (she/her): Yeah.

Autumn Starks: Yeah. Hmm.

Allison Puryear (she/her): It's so interesting. So what else, like...

Allison Puryear (she/her): I'm thinking about the therapists who are interested in either referring clients, let's start there. Interested in referring clients for ketamine-assisted psychotherapy.

Autumn Starks: What do they need to think through, consider?

Allison Puryear (she/her): What concerns do they usually show up with when they're referring?

Autumn Starks: Yeah, one of my favorite things about what I do is getting to work with therapists who are sending some of their most stuck clients.

Autumn Starks: It feels kind of nice, I can, like, float in with this really powerful tool and float back out, like.

Allison Puryear (she/her): Yeah.

Autumn Starks: ketamine Fairy Godmother.

Autumn Starks: not just for the clients, for their... for the therapists, right? Who, like, are just holding so much space, not seeing change, managing their own reactions to that. It's... it's a lot. So...

Autumn Starks: I think any good CAP program is gonna make time and space to talk to you.

Autumn Starks: therapist who wants to make referrals. So if there's a good... if there's a CAT program where you are, or an IV clinic that feels relatively safe, or maybe that you could go with your client to if you feel comfortable,

Autumn Starks: Like, find the one that's gonna actually, like, not rush you through your questions.

Autumn Starks: And then...

Autumn Starks: I think also, keeping in mind some of that safety stuff, you're not gonna know all of their medical history, that's okay.

Autumn Starks: But I think it can help many clients most of the time. I think when in doubt, it's okay to let a client know that this is an option, and then, like, take several steps back and see what they do with it.

Autumn Starks: as I started doing this work with my existing clients, I sort of was just like, I'm gonna mention this to my clients, I'm also changing my schedule, it's a good time, and then I'm gonna back way up, because I don't want them to feel like, oh, I should do this, Autumn's doing it, it's her new favorite thing.

Autumn Starks: All of her good clients are doing it, no.

Allison Puryear (she/her): Like, no, we're not doing that.

Autumn Starks: So,

Autumn Starks: Yeah, but I think not just stopping the conversation at your most stuck clients or your most depressed clients, and if you're interested and you're curious, go have your own ketamine experience.

Autumn Starks: Like, find a...

Autumn Starks: a clinic or a CAP program that's willing to treat you. We also here in Chicagoland, we run a ketamine group for therapists to make it more affordable. You have to go through some prep, and then you can join any of the months of experiential and integration that you want to join. We started it at the beginning of the year, when I was like.

Allison Puryear (she/her): I have to do something! The world is on fire! What is the sharpest tool in my shed right now?

Autumn Starks: from a helping humanity perspective, oh, I think it's probably ketamine. Who do I most want to care for right now? Oh, it's the other therapists.

Autumn Starks: And so, we have a group that brings, you know, we do the medical side and the prep, and then...

Autumn Starks: Hold space for the therapists on their journey.

Allison Puryear (she/her): Got it. So there are, like, multiple people in the room for the journey, and then for the integration also?

Autumn Starks: It makes it... it's still not cheap, but it makes it scalable, more affordable, and

Autumn Starks: For clinicians to get the support that they need right now.

Allison Puryear (she/her): Yeah.

Autumn Starks: So, there may be other programs like that in other bigger cities. I think I've heard of other people, like, sort of borrowing our model. We've been in contact with other people who are doing similar things and shared notes.

Autumn Starks: So that's something to look for, and then if not, just another type of CAP program that's willing to...

Autumn Starks: Build a more long-term relationship with you, including maybe giving you an experience.

Autumn Starks: That can be so, so helpful.

Allison Puryear (she/her): Yeah, yeah.

Allison Puryear (she/her): What do you think therapists misunderstand?

Allison Puryear (she/her): Like, if every therapist was listening to this right now.

Allison Puryear (she/her): What would you just definitely want to make sure they understood before they stopped listening?

Autumn Starks: Yeah.

Autumn Starks: I think that... For the therapists that... Feel fear about it.

Allison Puryear (she/her): Fear that they...

Autumn Starks: are gonna send their client, have a bad experience? What if they start abusing ketamine after that? Like, I would say to them, like.

Autumn Starks: Let us do our job.

Allison Puryear (she/her): Okay.

Autumn Starks: with that.

Autumn Starks: Let us be the ones to help that person

Autumn Starks: determine if this is safe for them or not. Like, let... you don't have to take that on.

Allison Puryear (she/her): Hmm.

Autumn Starks: You can make the recommendation,

you can talk about how that is, like, impacting your therapeutic

Autumn Starks: relationship to have made such a strange and out-there recommendation. Some people would think it's strange.

Autumn Starks: And then it's okay to leave it alone, or to let us sort of...

Autumn Starks: Do the work of informed consent and making sure that they're really a good fit.

Autumn Starks: Because it's new, and it's scary. And honestly, that's one of the reasons why it works, is because it gets people willing to take a risk.

Allison Puryear (she/her): Hmm, yeah, that's an interesting perspective. Can you say more about that?

Autumn Starks: Yeah, so much of depression and anxiety and all these mental health concerns are rigidity, and they're stuck patterns, and there's hopelessness, and nothing will change, and nothing will ever change, or I can't do what I need to do.

Autumn Starks: to change, I should be able to change this. And so, doing something hard and scary, like...

Autumn Starks: Having a ketamine experience for the first time is a challenge, but we've put it in this container so that

Autumn Starks: It's so likely that they're gonna succeed with facing this insurmountable, like, sort of scary thing, this risky thing that they're doing.

Autumn Starks: And then they get through it, and actually, maybe it was really pleasant, it wasn't scary, or it was a little bit of both, but they can see the meaning in that, and they can see the value in that. Like, facing a fear, overcoming an obstacle.

Autumn Starks: We know that it can create some momentum.

Autumn Starks: it can make other hard things seem a little less hard, you know, than, like, you know, jumping out of an airplane or something. Like, after you've done that, for a few days, you're like, well, I can do anything, you know?

Autumn Starks: And there's really to that, I think, the momentum of... of hope, that things can be different than this, and I can do challenging things to make them... to make them different.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And I think about, like, just the confidence in doing... that you gain when you do anything hard, right? And this is, like, an assisted hard.

Autumn Starks: It is.

Allison Puryear (she/her): You've got a lot of support, and... Like, you will...

Allison Puryear (she/her): you will do it because it's in your, like, it's in your muscle ear, like, here you go, you know? So...

Autumn Starks: Well, that's the other reason we really invite therapists to experience it for themselves, right?

Autumn Starks: you... whether literally or figuratively, you build a relationship with the medicine in the space, and there's an element of trust that needs to be built, right? Like, you cannot have a ketamine therapist giving a client ketamine who's, like, too afraid to have a ketamine experience themselves.

Allison Puryear (she/her): Right.

Autumn Starks: Maybe if there's some real counterintuications, we're not gonna, like, require all of our therapists to take ketamine or something, but, like.

Autumn Starks: yeah, like, build the relationship, build the trust you need to do... you need to know what it's like to sort of be in that seat, I think.

Autumn Starks: And that confidence, though, clients know, even if you don't tell them, well, I had ketamine, I feel really grateful to have had ketamine in a training setting, because it makes it so much easier to talk about with clients.

Autumn Starks: feels so much more on the table and able to be shared about in a relatively open way.

Autumn Starks: yeah, like, see for yourself. Come and see what it's all about. And if it... If it resonates. Yeah.

Allison Puryear (she/her): Love it. Amazing. How can people, in case they're in the Chicago area, how can people get in touch with you?

Autumn Starks: Yeah, they can send, me an email through our website, starkstherapyGroup.com.

Autumn Starks: just fill out a contact form, and then our admin will send that over to me. And the group that we're running for therapists is called the Ketamine Collective. If you look on ketaminecollective.org, we're, like, very roughly building out our website there with more information, sort of building the administrative plane while it's taking off upon

Autumn Starks: But we've got info sessions, you know, we've got train... like, I'll, on our Instagram, at Starks Therapy Group, announce any trainings I'm doing. That's the main thing that we're doing right now, getting the word out through therapist training.

Allison Puryear (she/her): Awesome. Amazing. Well, thank you so much, Autumn. I really appreciate your expertise and your time.

Autumn Starks: Thank you so much for having me. It's been so fun to share.

Allison Puryear (she/her): Yay!

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