W. Keith Sutton, Psy.D (00:22):

Welcome to Therapy On the Cutting Edge, podcasts for therapists who want to be up to date on the latest advancements in the field of Psychotherapy. I'm your host, Dr. Keith Sutton, a psychologist in the San Francisco Bay Area and the director of the Institute for the Advancement of Psychotherapy. Today, we'll be interviewing James Keim, licensed clinical social worker. Jim is the CEO of Mimosa Therapeutics, a research-grade psilocybin production company using bio-reactors. Jim is a clinical therapist and was a clinical director for Jay Haley and Cloe Madanes, the developers of Strategic Family Therapy. Jim has co-authored the book, "The Violence of Men", and has published numerous chapters on family and couples therapy, including his four-stage approach to working with children with oppositional and conduct disorder and their families. He's the director of the Bay Area Oppositional and Conduct Disorder Clinic and is a Fulbright scholar, teaching family therapy in Southeast Asia, including Vietnam, Thailand, and Cambodia. Let's listen to the interview.

W. Keith Sutton, Psy.D (01:17):

So welcome, James. Thanks for being here today.

James Keim, MSW, LCSW (01:21):

It is a pleasure. It's really great to have this chance to chat with you.

W. Keith Sutton, Psy.D (01:26):

Yeah, great. So we've worked together in the past and I know that you've been working on a new venture and doing some work with psilocybin and was interested in learning more about that and how that's been used in research and in therapy.

James Keim, MSW, LCSW (01:46):

Right, yeah. I am both a psychotherapist and I guess a psychedelic therapist and interested in helping to create sort of the next generation of psychedelics for the clinical community. So yeah, and we of course met at MRI and at that time, I don't know if you were aware, but MRI years before starting years, before I was even born, was a center for psychedelic therapy. Yeah. And had the National Institute of Health funded research going on with both psilocybin and LSD. And Don Jackson, the founder of MRI, was really positive about it and as were many in the mental health community at the time. It really seemed like the first true breakthrough, not drug, because all by it wasn't used all by itself. It's a collaborative element. Psychedelic therapy, that combination of the psychedelic and the therapist, was changing therapy. And it was initially the focus of what they called treatment resistant depression and other sorts of issues.

W. Keith Sutton, Psy.D (03:22):

When was this? When was this going on? What kind of time?

James Keim, MSW, LCSW (03:27):

Starting, I believe in '59 and then right at the beginning of MRI. And I think it stopped at the point where Sandoz cut off the supply of LSD and it just became increasingly challenging because of the political atmosphere and the connection, sadly between psychedelics and the political changes of the time that led to the Nixon administration, you know, just sort of creating a blanket criminalization of those efforts. And it's not that they weren't connected because in some ways they were, but these psychedelics were probably the most you know, psychedelics were promising. They were inspiring. And, there are

hundreds of papers published in peer reviewed journals, speaking to the efficacy and or potential of these therapeutics. And yet, they weren't quite zeroing in on what was the relationship between the therapist and the medication. So when I look over the MRI files on psychedelics, I'm surprised. As you know, I used to be the, the resident archivist. So I had lots of time to peruse those files and there was a surprisingly little connection between the therapist. On the therapist. There was surprisingly little focus on what influence the therapist was having on that. It was really viewed as a drug that opened things up, but it's interactional potential, I thought wasn't fully explored, at least from what I could tell from the grant.

W. Keith Sutton, Psy.D (05:23):

Oh, interesting. So I have a question too. I was gonna say, you know, what has led to, I don't know if it's a resurgence or a really reinterest or I'm hearing more about it, both in, you know, psilocybin as well as MDMA, there was, you know, ketamine was on the front cover of Time Magazine and then season depression. What has led to more of this research being done recently and potentially even there's a talk of moving towards legalizing these psychedelics for use in assisting therapy?

James Keim, MSW, LCSW (06:02):

I think probably the sense that SSRI or SNRI, you know, from drugs from the eighties and nineties just are not cutting it. There's a sense that there's a need for something new, you know. The research, the outcome research that is a really high quality, really questions their efficacy and if you do a sort of a deep dive into that, you can make an argument. I think that the issue is not that it doesn't help people. I think they definitely do. The sort of statistics that show us a wash from the fact that people are also harmed. So you know, as clinicians we've seen these drugs do wonders and yet when you look at statistically, it's a wash. It's a wash because of how they work and they work, I would suggest as best to think, not so much as, I'm speaking of SSRIs and SNRIs, not so much because they specifically changed the amount of serotonin, but rather because of the ways they create plasticity in the brain and there's evidence in this. It's also part of the explanation of why it takes three to even sometimes six weeks for them to start to take effect.

W. Keith Sutton, Psy.D (07:24):

So they're increasing plasticity.

James Keim, MSW, LCSW (07:25):

They're increasing plasticity. There's no impact despite the change, almost immediate change, in serotonin, there is no change in clinical outcome until there's a structural change in the brain. So thinking of them as a chemical, I think that somehow puts something there that's missing, I don't think it is an especially empowering way to look at it. And psychedelics are part of what continues with, to sort of refocus our understanding on the importance of plasticity. There was some clues though. So one of the first clues was with Prozac and was the spontaneous remission of lazy eye in a number of adults, which is crazy. So as you know, there's this window of intervention with kids. A child with a lazy eye, you can patch the strong eye and the brain rewires to the weaker eye, thus carry the lazy eye syndrome. There's this window where you can do that and then that window shuts. And it's very similar to like with language. There's a pediatric window. But if you don't share it within that window, you're pretty much stuck for life. So it was astounding and an accidental finding that there was spontaneous remission of lazy eye reported in some cases with people who were on Prozac. Lazy eye does not happen because of a lack of serotonin, you know, the patching of the strong eye doesn't create more serotonin. It's done

within a period of plasticity and it works through encouraging rewiring. So this was one of the clues. One of the first clues that some of this was going on with SSRIs and SNRIs. Brain imaging suggested something similar. So with MRIs, with FMRIs and few other imaging techniques, there have been comparisons that show, for example, that meditation and antidepressants can work in similar ways. And they work in similar ways by increasing brain volume in certain regions and connectivity possibly in some issues. When it comes to what is the evidence, the hard evidence for how SSRI and SNRIs worked, the hard evidence is not the increase in serotonin. The hard evidence is the change in the brain, changes in plasticity and changes in volume. This was the lead-up to understanding psychedelics. Although you could also make an argument that it works the other way around, because LSD was the inspiration for SSRI or SNRI. LSD created modern psychiatry because in the search to understand how this drug works and how to work in such wildly minute quantities, they discovered the serotonin receptor sites. These psychedelics inspired that whole line of research that eventually created another set of therapeutics, the first of which was Prozac. So yeah, it's kind of an interesting circle how this has come on out.

W. Keith Sutton, Psy.D (10:53):

Yeah. So it's kind of coming back around now.

James Keim, MSW, LCSW (10:55):

It's coming back around and the research is so strong on these like psilocybin, for example. The FDA gave psilocybin a breakthrough therapeutic rating, which is really hard to get.

W. Keith Sutton, Psy.D (11:18):

When was that?

James Keim, MSW, LCSW (11:18):

It has a really high bar. So breakthrough therapy has a regulatory definition. The wording is substantially better than existing therapeutics in existing research.

W. Keith Sutton, Psy.D (11:34):

Oh, interesting. When was that?

James Keim, MSW, LCSW (11:34):

So that first was two years ago. And so for a schedule one drug to cut through all of that sort of challenging political context and be declared a breakthrough therapeutic is astounding. It was a great achievement and was based actually on decades of good research and especially on some more modern research from Johns Hopkins, NYU and a couple of other universities. One of the secrets to it is that not only was the outcome wildly good and superior to other existing therapies, it's also safer. So as you and I know the most common way that psychiatric patients attempt suicide is with their psychiatric medicine and then sometimes succeed. Psilocybin is in its natural form, almost impossible to commit suicide with. So we start in superiority by creating a therapeutic that's actually much safer and then we get the second layer of not only is it safer, it is also better. And not only is it better in terms of the outcome, it's better in terms of the broader sense of wellness that it brings. So really important, you know, that it's not just my depression, but it is also about I'm finding more meaning in life. I'm finding a different way to view things. And most importantly, I'm finding that I'm able to change myself to be who I want to be. That aspect of psychedelics is perhaps the most astounding. That's part of what motivated the, or

inspired the book title of Pollan's book, "How to Change Your Mind", because you're becoming the person you want to be, your making your mind into the mind you want to have.

W. Keith Sutton, Psy.D (13:47):

Oh, interesting. So again, back kind of in the beginning, psychedelics were being tried and kind of integrated with therapy and there's kind of an archetypal work with MRI or the Mental Research Institute in Palo Alto.

James Keim, MSW, LCSW (14:02):

And many other research institutes as well. Yeah, so MRI is one of many research sites.

W. Keith Sutton, Psy.D (14:08):

Yeah. And then kind of, there's a thought that this was also something that led on to kind of inspiring Prozac, one of the first antidepressant in the eighties. And then, you know, one of the main aspects that were significant was that this was really helping with brain plasticity and kind of an example of that is the lazy eye and how that was affected by antidepressants or Prozac. And so now there's kind of a circling back towards psychedelics given that basically there's some negative side effects of the antidepressant. And right now the FDA is actually, you know, looking at it as maybe this is actually something that's been actually graded as, what did you call it? A breakthrough?

James Keim, MSW, LCSW (14:58):

So yeah, the legal term for it is breakthrough therapy. A designation, a break. Yeah. A current breakthrough therapy. If you Google FDA and breakthrough therapy, it'll give you the criteria for them.

W. Keith Sutton, Psy.D (15:14):

Okay, good. And now they're doing some research or they're kind of looking at FDA approval for using this widespread and it's beginning to begun use in therapy again.

James Keim, MSW, LCSW (15:26):

That's right. And it always has been in a subtle and sort of below the radar way. When things became illegal, dedicated core clinicians continued and they did so at great risk because regardless of the requirements that takes to convict someone in court, as we know, the professional standards and licensing board standards are such that it doesn't take much in the way of any sort of, you don't have to be found guilty in court or anything of that sort, just the one patient complaint about psychedelics or not, and your licenses will probably be pulled. And so it was a very, very careful, very district practice that was carried out.

W. Keith Sutton, Psy.D (16:18):

Now, tell me a little bit about your kind of using this idea that, or kind of stating that, you know, that there's also a difference between the antidepressants and the psychedelics and in the psychedelics, there's some more agency in changing your own mind. Can you say more about that?

James Keim, MSW, LCSW (16:33):

Yeah. So with SSRIs, there is a window of plasticity that opens up, thus, you have like the lazy eye issue. With psychedelics, you have that happen as well, but there's a crucial difference. With psychedelics, it

seems to happen immediately. It happens right in front of you. And so because of that, we prepare well for it. We know what's happening. We have a tremendous focus. It makes us present for the moment and the window of plasticity. Where as with SSRIs or SNRIs, they're given a prescription, they pick it up, you know, after waiting in some stuffy pharmacy line and take it home. And without knowing when that window opens up. And so the window of plasticity opens up perhaps at a bad moment. And rather than the brain remodeling itself, the way you want to be with that sort of conscious intention, that you go into the psychedelic effort with, instead, sometimes with an SSRI or SNRI, you are modeling yourself around the pathology of your situation. So plasticity is not necessarily good. Plasticity can create a window during which you can make things work worse. You can hardwire yourself to greater pathology. And thus you have one of the big differences between these two classes of drugs. One is divorced from the therapeutic relationship. One is commonly given out without even people being in therapy. One is commonly given out without there being a good relationship or an intense relationship between the provider and the client. One takes affect at some mysterious point in the future for what you're not prepared. With psychedelics though, it's the other way around. There is, by the psychedelic tradition, an intense relationship, a recognized relationship and important relationship. Traditional antidepressants, there's that issue of alliance can be disregarded, you know, whereas with psychedelics, it focuses you intensely on the alliance with traditional antidepressants. And, you don't know when they're going to take effect. So you don't prepare for it, nor are you efficiently prepared for them. With psychedelics, there is weeks and even months of preparation ahead of time. So in the modern psychedelic therapy, and I'm not talking about like the sort of weekend warrior retreats, where people just fly somewhere and take a lot of psychedelics for a couple of days. That's an experience, but that's not really the way people, psychedelic assisted therapists, like to work. So in the real world of psychedelic assisted therapy, there's weeks or months of preparation. People are educated. Here's what's going to happen. And then, not in these exact words, but essentially they're told you're going to have this window within which you're going to have these experiences and this potential and things are going to open up and you've got to be prepared. You have to be prepared not only for the good, but also for the bad, because an important part of psychedelic work is something that's rather generic in therapy, which is helping people deal with their shadows, with their negative self-talk, with their negative internalized images. And something amazing starts to happen in psychedelics, which is that you develop this incredible mindfulness and these aspects of self talk to you. And if you're prepared well, you can talk back to them. And this is why the preparation is so important.

James Keim, MSW, LCSW (20:29):

And this is why approaches therapy traditions like schools like internal family systems that really help with these difficult conversations with our challenging aspects of self are such good preparation for the psychedelic therapist.

W. Keith Sutton, Psy.D (20:46):

Oh, interesting. The idea of like connecting, with those parts, the good and the bad, and in between.

James Keim, MSW, LCSW (20:52):

That's right. In a therapy session, in philosophical traditions that are probably thousands of years old, we've put parts of ourselves in a chair and spoken to it. In psychedelic war that happened, but it's much more vivid. It's like the boundaries that prevent that conversation in your head seemed to become very permeable. And if you're prepared well for it, you step into it. You step into the fear.

W. Keith Sutton, Psy.D (21:23):

Almost like people with exposure therapy.

James Keim, MSW, LCSW (21:27):

Exactly.

W. Keith Sutton, Psy.D (21:27):

Going towards anxiety rather than away from it. But yeah, you have to be very clear as to what you're doing otherwise. Why would you go towards fear? It's, you know, your, your natural instinct is to go away from it.

James Keim, MSW, LCSW (21:39):

That is exactly right. Exposure, in the words of our profession, is critical to the psychedelic experience. It creates this whole ritual around it, whereby people are really motivated to walk into this well. This is sort of an odd comparison, but if I might let me ask you about equine. Why does equine therapy really seem to help some people who are otherwise not very focused on the therapy and in the moment and on self-regulation and so on.

W. Keith Sutton, Psy.D (22:16):

I'm not sure. I don't know too much about equine therapy.

James Keim, MSW, LCSW (22:19):

Have you ridden horses before?

W. Keith Sutton, Psy.D (22:21):

Once or twice. Yeah.

James Keim, MSW, LCSW (22:24):

A part of why equine therapy is so interesting is that you've got to be able to help a thousand, 1500 pound animal or more, regulate. You start out standing next to and interacting with, and eventually get on the back of this animal that's intensely strong, intensely sensitive to you and it requires all of your vibes to be really focused. I need to calm the animal down. I'm going to work with it. We're going to go on a nice ride together. You know, I'm not going to play games with it. You remember in, I don't remember which Harry Potter movie it was, butthere's a sort of Griffin-like animal that they're supposed to go up and do really well. And then the kid that's a jerk goes up there and gets practically killed. I kind of like that. They are, they're scary. They're intense. They're a bit wild. You feel their shiver and it just brings out the best in you. And so people who are not focused and highly motivated to do regulation work, wow. They start doing it right there. And there's something parallel with psychedelics that you are prepared and you know what you're going into, but you are dealing with something wildly powerful. And even if it's scary thing. And so your approach to your internalized self is calmer and gentler and more trusting. So just what equine therapy is, in the outside interactional world, you are bidding a parallel to that when a therapist is guiding a client to deal with those internalized aspects of self.

W. Keith Sutton, Psy.D (24:17):

So being kind of much more intentional or much more grounded or present as you're kind of going towards it.

James Keim, MSW, LCSW (24:22):

And it's a scary enough situation that you've taken seriously. You're a little bit scared. You, you know, that you cannot joke around with. People might joke around in a sort of recreational use with these substances, but when you prepare people and they know they're going to be dealing with the greatest pains of their souls and talking to parts of themselves that are involved in such significant happinesses and pains and so on, they don't joke around. They're serious and they're focused and they bring their best game. And there is something similar happens with the therapist. When you are working with someone on psychedelics, you're also working with someone who really makes you focus. It is alliance on steroids, and it just requires you to be on your game. Know your pitch or your intentions, and to be good with these, you can't be acting. You have to have really done that work that it takes to be present and focused and therapeutic. Really attuned.

James Keim, MSW, LCSW (25:30):

So psychedelics make us better there.

W. Keith Sutton, Psy.D (25:34):

What kind of issues are most helpful for using this kind of approach or what kind of issues maybe are not so much? Thinking depression or anxiety, or, you know, I don't know if people with anxiety or more trauma that they have a harder time with this because there's maybe like a lack of control. Facing some of those kind of scary aspects rather than maybe somebody who's kind of more depressed and withdrawn or kind of has trouble getting going.

James Keim, MSW, LCSW (26:06):

So there are different psychedelics for different presenting problems. They are fantastic for PTSD, anxiety, depression. It looks like they're going to be very good with obsessive compulsive issues. They seem to be surprisingly effective with chronic pain. In the same way that SSRIs were sort of broadly useful, or thought to be, same thing with psychedelics, because it is not about what the drug is doing. It's about what the plasticity is allowing. It's not solving the problem. It's creating the plasticity so that clients can evolve and change. The ones with PT for PTSD tend to, especially in an early PTSD work, tend to involve much more of a warm hug and really help people reduce their stress hormones. So this is why, for example, MDMA is very popular in that sort of early work. There's so many varieties that are rather MDM like in their quality. And there's some that are rather intellectual in some of their qualities and some that are very visual in their qualities. We haven't even quite figured out why that is, but in their clinical use, the ones that have more of a warm hug are the ones that are going to be more of the anxiety and especially the PTSD focused. The ones that really help with thinking and conversation and are more verbal, are often the ones we prefer for depression.

W. Keith Sutton, Psy.D (27:49):

So there's different strains of the mushrooms that are producing the psilocybin?

James Keim, MSW, LCSW (27:54):

In the same way that, you know, initially with cannabis, they thought THC was pretty much all there was to it, right. That everything else was just an also there, it turns out with research, THC is just many important ingredients and they work in a systemically reinforcing way. That's why it's called the entourage effect. That's especially important when they're being used in medical context for epilepsy or for cancer treatment. Something similar can be said about mushrooms. Psilocybin, that's like the THC,

that's one everyone knows about. That's one, if you purified gives you a very straightforward sense of that experience. But the differences in what makes one mushroom therapeutic for PTSD, and one is better for depression and so on. Those probably don't relate to the psilocybin. They probably relate to the other ingredients, they assist in normal system, uh, possibly original essence. And the scientist, Phoenix Bly, in Germany, discovered there are MAO inhibitors in some mushrooms. Just also really important. So there's a pharmacopia that works interactionally together.

W. Keith Sutton, Psy.D (29:18):

Therapists that are using this, are they using the mushrooms themselves? Are they using like laboratory kind of derivatives or are people using LSD? Like what is actually being used as the agent?

James Keim, MSW, LCSW (29:34):

In clinical practice, what is mainly used is actually a natural product. In research, it's synthetic product. That's an unfortunate divide. My company that I founded, Mimosa Therapeutics, is focused on helping to overcome that divide. And so Mimosa is focused on creating psychedelics and initially psilocybin products from fungi that are exact in their quantities of active ingredients. And that's never been done before. You could do it by microdose based on the weight of mushroom, but who knows how strong the mushroom was. And mushrooms are very challenging with potency issues because within the same plush, two mushrooms can have wildly different amounts of psilocybin and other ingredients. And even the same mushrooms has one quantity of active ingredients, when the cap is down. The cap is off and it changes so clinically that's problematic. For researchers, that's especially problematic. So for researchers what they really need is a product that's replicable. That not only can they say this is exactly what's in it, but someone can do the same study, five years down the road and know how to use the same product and get the same results in theory, if it was good research. So our company is the first that's really focused on that. And so we're working with the Scottsdale Research Institute in Arizona to do a DBA supervised study with natural product. And it's going to come through bio-reactors because bio-reactors, which is kind of a fancy name for a beer vat or practically any bucket that you're going to grow cell cultures of some sort in that controls for environment and store rate and that sort of things. These are fantastic ways actually to grow psilocybin fungi. All the ingredients you need are in the root systems, and you can just grow the root systems. You can do it in the precise way that a computerized bioreactor allows and then repeat it. So the breakthrough for Mimosa is that it's creating sort of the first natural products that not only meet the needs of clinicians in terms of really being dialed in on their exact quantities of active ingredients, these meet the needs of researchers. And so now researchers starting with the Scottsdale Research Institute are going to be able to use natural product and to know that they're doing good research and to know that five years down the road, it's replicable.

W. Keith Sutton, Psy.D (32:42):

Now, question for you. The difference between using psilocybin in a therapeutic situation and people using it recreationally like, you know, weekend warrior or somebody going to, whatever, when he's going to dead shows or fish shows or things like that, that they're creating that window of plasticity, but they're not necessarily kind of doing it kind of intentionally. They're not kind of intentionally preparing for kind of, what's going to come and kind of have an experience with their parts. Although, you know, many people when they're using it recreationally that they're finding a way to, you know, that they're having kind of spiritual experiences or transcendental experiences, although many bad trips also, or things like that, where they feel scared or have a hard time,.

James Keim, MSW, LCSW (33:39):

It's hard to find a better setting for psychedelics than nature. And so when people are, especially are doing psychedelics in nature, and especially when they're doing them in a community and then a healing community of some sort, whether that'd be a group of friends has really dedicated to making themselves better people and spiritually broadened themselves and facing their fears. These can be extremely therapeutic. You know, there are people who took psychedelics and meant to have a good time and ended up with a really important existential moment. But part of doing good therapy is not having these outcomes be accidental, but planned, and especially in avoiding harm. And then the therapeutic setting, it's really hard to have what I would define as a bad trip. With a bad trip, being one where afterwards, a patient comes back and says, I wished I hadn't done that. And what research from the major universities doing this study shows is that even people who have been having bad trips of some sorts, still found them valuable and, and what made them bad, and perhaps that's an unfortunate term, was just that they were painful. But therapy's painful. Sometimes good therapy is painful. And sometimes people really appreciate the painful session that brought them somewhere, then use it to help them with the growth they wanted to make.

W. Keith Sutton, Psy.D (35:14):

It's like resetting the bone or something like that, or, you know, going through surgery it's painful, but the healing allows for better healing and more health afterwards.

James Keim, MSW, LCSW (35:30):

Exactly. Doing it in nature is going to maximize someone's ability to do that of a clinical context, doing it with supportive, experienced friends. So people know they're held and cared for. Taking it at a concert with chaos and people going all over the places, that can be really challenging. There's some people that have good experiences with that and there's some people that have bad experiences with that.

W. Keith Sutton, Psy.D (36:02):

What's the current outlook on when this might be available to clinicians to be able to utilize in their practice under ability to do it legally and under their licensing boards and so on. And I guess the second part of that question too, is there anywhere in the world where psychedelic assisted therapy is legal and accepted?

James Keim, MSW, LCSW (36:31):

So it looks like the Oregon initiative is going to pass. So in the United States, after the November election, I expect that that's going to be the first day where because the language of the referendum is very specific to therapy. It's like, this is how we're going to make these offerings available to the public. This is how people are going to have access to this kind of healing. That's essentially what that referendum is about. And so in the U.S., that's where it's going to happen first it seems. There are some cities where it's decriminalized, but that's for therapists problematic because decriminalized doesn't protect your license, nor does it support good clinical growth and interaction around types of therapy. So Oregon's going to be where it's at. And then whatever other states follow. Right now, you can get a very good form of psilocybin, which is truffles, which are these sorts of Sclerosia, these little knots that the mycelium can form under ground. These illegal and and psilocybin clinics exists right now in the Netherlands and psilocybin is exported through the EU because what's legal in one country is in theory, legal on all of them. And it seems that only Poland is rejecting the shipment of these. So you can get these sorts of therapies right now in Europe, and pretty soon, I think in the United States as well.

W. Keith Sutton, Psy.D (38:19):

Interesting. Yeah. And I know that some of the schools, or at least one of those schools, that's local here at California Institute for Integral Studies has a certificate program for psychedelic assisted therapies to certify clinicians in using this approach so that they're using it within their competence which is something that's important for, you know, practicing ethically and legally and so on.

James Keim, MSW, LCSW (38:45):

It is and what will be great. I mean, my company did the first training of therapists that actually used psilocybin in psilocybin assisted therapy in Jamaica. And because the way the law works right now is that this, these university programs and other groups in the United States, they have to train people without actually using the psychedelic openly in the program.

W. Keith Sutton, Psy.D (39:13):

Without the clinicians actually using it as part of the learning experience.

James Keim, MSW, LCSW (39:18):

Right. And, you know, so what happens is it's kind of like cooking school without real food. You kind of have to like wink at them and encourage them to go off and have these sorts of experiences and so on that they need to have, but it's not at all where in these programs will really take off with legalization, because that's what will allow them to do that work with these actual plant medicines, with these antigens. And then we'll really see some, some nice advancement. That's when things will really evolve. Because right now, the therapy that is done at Johns Hopkins and other places, there's nearly one kind of therapy and it's a challenge in that when you are looking at the efficacy of the drug, you don't want the therapy to be a variable. You only want, the degree possible the only variable to be the therapeutic that you're investigating. And so these therapies that they do are sort of purposefully downplayed either actually, or in their description. So it doesn't look like there's much happening beyond just kind of supporting what's going on and supporting what's going on. And supporting what's going on all by itself is very therapeutic, but there are additional things that should be happening and being experimented with the can't be, because then you make the therapy itself is variable. And that's not what these research projects are about. They are designed to so to the degree possible, the singular variable is the drug. And so there's not variation in the therapy. There's not this sort of changing the approach to meet the needs of the individual approach. Frankly, to meet the needs of the study to a certain extent. And I suspect in practice, that's not really how it is, but that's how it's described. And it certainly can't be taught, if they're doing other sorts of things.

W. Keith Sutton, Psy.D (41:23):

Okay. And are they training people also in the EU or Canada in utilizing psilocybin in the therapy and or doing research also, in addition to using it in practice?

James Keim, MSW, LCSW (41:36):

Every nature company in the psilocybin space and in the psychedelic space is actually getting into training also because that's one of the big bottlenecks.

W. Keith Sutton, Psy.D (41:46):

Well, and that leads me to my next question. Is your organization doing training or are there offerings for people to learn more about this and clinicians who are interested? Potentially integrating this with their work and eventually when it becomes legal in the United States.

James Keim, MSW, LCSW (42:05):

We are. So our sort of claim to fame is that we're just doing the obvious, which is training with the actual therapeutic. Training with the actual medicine. And so we held our initial first training and psilocybin assisted therapy where the people took turns taking the psilocybin and sitting with each other. And it was fantastic. This was at the beginning of March of this year. So we fly off to Jamaica. A fantastic team. You know, and really it's like such a fantastic group of trainers and trainees, and we leave in one world and we come back and we have all these other planned trainings coming up, come back to the world of COVID.

W. Keith Sutton, Psy.D (42:50):

You left, and then came back to the shutdown.

James Keim, MSW, LCSW (42:56):

The shut down. It was a spiritual Rumpelstiltskin experience.

W. Keith Sutton, Psy.D (43:01):

I was going to say, talk about being surreal on multiple levels.

James Keim, MSW, LCSW (43:04):

Yeah. And especially when you're doing a psilocybin training in Jamaica, and you're giving this sort of calm, meditative vibe, you're doing a lot of focus on self-regulation. You're in Jamaica. You've got a Jamaican sunset every evening. And so on. Well, you come back from that, you are like floating in this wonderful bubble of connection to the world and nature and your profession. And then bingo. You're in the middle of COVID. First thing that happened when I got back is that someone had dropped off some toilet paper and in front of our house before I got home. And, um, and someone else drove up and stole it.

W. Keith Sutton, Psy.D (43:53):

Oh gosh. Wow. That's, that's not something great to come back to after all of that.

James Keim, MSW, LCSW (43:57):

Yeah. There's a long way or kind of roundabout way of saying when we can do it in person, we, we will start doing actual live training.

W. Keith Sutton, Psy.D (44:08):

Okay, great. Well, and is there a website that people can go to to learn more about your program or the training or the company?

James Keim, MSW, LCSW (44:18):

Yeah. So Mimosa Therapeutics is the company and mimosatherapeutics.com.

W. Keith Sutton, Psy.D (44:24):

Okay, great. Well, I'll put some information on our website about that so that people can find it and learn more about it. And I really appreciate you taking the time today to kind of tell us a little bit about what's going on in the cutting edge of integrating psychedelics with therapy and using psilocybin.

James Keim, MSW, LCSW (44:44):

Thanks so much, Keith. Yeah, sometime I'll have to show you some of the papers from Wendell Ray's website psychedelics program.

W. Keith Sutton, Psy.D (44:56):

That'd be great. Fantastic. All right. Thanks for coming. Bye.

James Keim, MSW, LCSW (45:00):

Take care.

W. Keith Sutton, Psy.D (45:03):

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