Therapy Chat Episode 218

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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, episode 218.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. Between right meeting notes, filing insurance claims, and scheduling with

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[00:01:01] Hi, welcome back to Therapy Chat Today's conversation is definitely something different that I have not approached previously on Therapy Chat I'm very excited and I hope you'll be curious too about this discussion. My guest today is Dr. Craig Heacock. Craig is an adolescent adult psychiatrist and addiction specialist in Colorado, and he's the host and co-producer of The Psychiatric Podcast: Back From The Abyss. Craig is a code therapist in the phase three trial of MDMA assisted psychotherapy for PTSD. He has particular interest in the use of ketamine and other psychedelics to treat severe mood disorders and PTSD. Craig is a graduate of the University of New Mexico School of Medicine. And he did a Psychiatry Training at Brown University.

[00:01:57] We ended up talking for [00:02:00] about three hours and I am only sharing with you, the part that we recorded for this podcast, which is quite a bit shorter than that, but it was a fascinating conversation that we had both I think what you're going to hear and just talking with Craig in general, he's a very, very interesting person and extremely enthusiastic and knowledgeable about his work.

[00:02:26] So I admit I have been somewhat skeptical about the things I've heard about psychedelic research for helping trauma survivors, but, you know, I'm always, I try to be open to whatever will help and as long as there's no harm, you know, I'm in support. So I had a very... I was soaking up everything Craig was saying like a sponge and I thought it was really interesting.

[00:02:55] I wonder what you will think. Let's just dive right in to my conversation with Craig [00:03:00] Heacock.

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[00:03:22] Hi, welcome back to Therapy Chat. Today I'm very excited to bring you what I know is going to be a fascinating discussion with someone who's doing something very unconventional as a therapist. My guest today is Dr.

Craig Heacock. Craig, thanks so much for being my guest on Therapy Chat today.

[00:03:42] **Craig Heacock:** Oh, it's great to be here. Thanks for having me, Laura.

[00:03:45] **Laura Reagan:** I'm so glad we were able to connect. I'm fascinated by what you're doing. You are a psychiatrist and a podcaster, host of Back From the Abyss and you are doing some you're part of some [00:04:00] very interesting research into using psychedelics to help people heal from PTSD.

[00:04:06] **Craig Heacock:** Yeah, I am part of what's called a phase three study of looking at MDMA, which is the street drug ecstasy or Molly.

[00:04:15] But this is pure pharmaceutical MDMA, using MDMA to catalyze psychotherapy for trauma. The study is called MDMA assisted psychotherapy for PTSD, and there are a number of sites around the U.S. Fort Collins is one of the study sites. So I am a co therapist and physician in this study and I have a female co-therapist and we are working with people with severe, typically complex PTSD, using MDMA or placebo to do all day long, kind of deep dives into trauma. And the study also includes what we call some preparation days and integration days. And. Yeah, this is, it's a fascinating time to be [00:05:00] alive in trauma work and, and psychedelics are coming back.

[00:05:03] **Laura Reagan:** Yeah, this is really, I mean, there's, you know, I think maybe a little bit controversial in some circles, but the work sounds really important and interesting, and I definitely want to hear all about it, but before we even really dive in, let's just talk, about, well, I'll just ask you to introduce yourself to our audience and just tell them like, more about what you do in your life and in your work.

[00:05:30] **Craig Heacock:** Yeah. Yeah. Um, I'm in Fort Collins, Colorado. I'm in solo, private practice. I'm an adolescent adult and addiction psychiatrist. And in my practice, I see a wide range of things. Lately I've been doing a lot of I-V and intramuscular ketamine treatment for severe depression and suicidality. And then as I mentioned, I'm in the MDMA study, which is sponsored by an organization called Maps.

[00:05:57] And then also I [00:06:00] just six months ago, I started a podcast called Back From The Abyss, which is a psychiatric story telling podcast. It's people telling how they plunged uh, into the psychiatric Abyss and, and their journey out. And that's been an incredibly meaningful process and really a way

that it's helped me to sort of fill my emotional tank from the really intense work that, you know, we all do in mental health and in trauma.

[00:06:26] **Laura Reagan:** Yeah. Podcasting is such a wonderful creative outlet and can provide so much connection that I think is like, you don't realize it when you take on becoming a podcaster, but it's, it's a beautiful thing.

[00:06:38] **Craig Heacock:** It really is even just the editing, the, the people's stories. I'm I'm in my house, literally with my headphones on tears, streaming down my cheeks, but they're just tears of really a joy of hearing people's stories. And my wife will walk by shaking her head like, oh there you go again.

[00:06:57] How long will you sit there on your laptop [00:07:00] and just tears going down your cheeks as you listen to these stories. But it really has just given so much back and to help people tell their stories, it's been one of the most powerful things I've done. And it's, it's fun because much like Laura, you know Therapy Chat is your baby.

[00:07:16] You know, this is my baby. And, um, I think being part of the MDMA research is just fascinating and meaningful, but you know, I'm a part of a big complicated multi-site study and it's just very different to be involved in a complicated research project versus having people come in and put on headphones and microphone and have them open their heart to share their, their deepest, psychological psychiatric abyss and, and what that was like.

[00:07:44] **Laura Reagan:** Yeah, there's, I'm sure your role is quite different in being a co- therapist in the study, versus just talking with people, you know, just having an interpersonal connection with people that isn't, you know, you're not really in your psychiatrist [00:08:00] role or your therapist role there.

[00:08:02] **Craig Heacock:** Yeah. That's I think it's so important that we have different roles because boy, if you just only do one thing, especially if you are just working with trauma, for example.

[00:08:11] Oh my gosh. I, I think you have to find ways to fill your cup and, and just sort of remind yourself that people heal and that there's good in the world and not every uncle is creepy and, um,

[00:08:26] **Laura Reagan:** Exactly, sometimes you can be safe. Yeah.

[00:08:31] **Craig Heacock:** Yeah.

[00:08:32] **Laura Reagan:** Well, thank you for sharing that. And um, I want to kind of clarify something because as you and I were talking before, we noted that you may be, you're definitely among one of the first psychiatrists I've had on the podcast.

[00:08:47] And you seem like you are not the kind of psychiatrist who does like 15 minute med checks.

[00:08:57] **Craig Heacock:** No, no no. I, [00:09:00] um, yeah, I went to a psychiatry program, Brown,that really celebrates therapy and I went there very purposefully and I love therapy. Um, it's personally, it's been deeply helpful for me, and I love working with other therapists, for some of my patients I am their therapist, but, um, I'm a huge fan of that. And yeah, the whole med check thing to me is so profoundly depressing, distressing, and especially this latest thing that psychiatrists are starting to call themselves psychopharmacologists which to me would be like a cardiologist saying, oh, I'm a, I'm a cardiac pharmacologist, you know, or a GI doc.

[00:09:38] I'm a gastrointestinal pharmacologist. I mean, it just to seed the whole idea of connecting interpersonally and through therapy I, that is just the most depressing trend in psychiatry right now. And luckily there's still a lot of psychiatrists who are doing what I do, which is longer sessions and incorporating [00:10:00] therapy into their work and celebrating therapy and not just thinking of it as an adjunct.

[00:10:06] And that meds are the primary thing, because I actually think it's the opposite. I think therapy is primary. I think meds are adjunct.

[00:10:13] **Laura Reagan:** Personally that's what I think too. So I would love to learn more from you about this, this idea of using psychedelics to help people who have PTSD. What is, what is this study trying to do?

[00:10:32] **Craig Heacock:** Well, maybe a little background. So MDMA was before it was made illegal in 85, actually was used fairly extensively in the underground trauma therapy community for about the decade before 85. And, and apparently there's a couple of books written about that year that era that are fascinating, but when the DEA decided to schedule it and make it schedule one and illegal in [00:11:00] 85, a bunch of therapists went to DC to testify to say, look, please DEA don't make this schedule one, which would mean it would be essentially banned from any researcher or medical inquiry and please schedule it some other 2, 3, 4, like benzos or opioids, or at least so it could be controlled carefully, but it could potentially be used. But in those days, 85, that's was the,

just say no years. And the Reagan years. And it was made illegal, uh, in 85, but, uh, Rick Doblin who started Maps in 85, he started a, now 34 year quest to do the background research and raise the money, and get the, the, the studies going to show that in fact, MDMA was a powerful trauma treatment catalyst. And so over the last eight, nine years, this has been happening phase one. So there's three phases of studies that have to happen for a med to be approved by the FDA. Phase one is a [00:12:00] safety inquiry and that happened, MDMA was shown to be safe in the frequencies and dosages which is being used in the study. Phase two was done a few years ago that was looking at efficacy in a small population of people. And then phase three, which we're in right now, which is the final step towards potential FDA approval.

[00:12:19] In a few years, phase three is looking at MDMA efficacy for trauma in a larger population, which right now Maps is looking at probably enrolling a few hundred people ish to 300, something like that. And which is actually a very small number of people. Most phase three drug trials have thousands of people because they need that many people to show statistical significance.

[00:12:43] The data from phase two were so powerful that Maps is thinking that with a relatively small sample size, that they're going to be able to show efficacy to the FDA. And in phase two at 24 month followup, almost [00:13:00] 70% of people remained in remission from PTSD. Uh, and again, Yeah, I think it was 69%. It was the actual number just under 70.

[00:13:09] Yeah. At 24 month follow-up and this is after only three open-label MDMA sessions. Open label means the therapist knew they were giving MDMA and the participants knew they were getting it. And then of course, preparatory sessions, integration sessions. And so it's not just the three all day um, MDMA catalyze sessions, but yeah, that's phase two should almost 70% of people in full remission of PTSD at two years, which is an astounding number. Because again, this is a very treatment resistant population. So on the, on the heels of that data, maps has thought that if things go as they're hoping, and we're all hoping that with a relatively small sample size of a few hundred people, that we'll be able to show a very significant efficacy compared with placebo and get it [00:14:00] approved sometime in the next 2, 3, 4 years.

[00:14:03] **Laura Reagan:** So it sounds like from what you were telling me before we started recording the placebo would be, they would still receive the same trauma treatment, but not the, not the medication, right? Is that right?

[00:14:17] **Craig Heacock:** So, right. So in the, in the study that the model is a non-directive supportive model of therapy and so even people that are getting

placebo are getting 50, 60 hours of therapy with a male female team. So, so really that it's the studies comparing, you know, the 50 to 60 hours of, um, supportive, non-directive trauma therapy with placebo versus with MDMA on three separate treatment days. Now people are showing some improvement, not surprisingly in the placebo arm.

[00:14:52] And, you know, that's, I'm guessing that's because that's a lot of time just to build trust. And for a lot of people in the study [00:15:00] that they may never have had a therapist or that they had a lot of trust with, or a prior therapist might have taken you, might've taken years and years to develop that. But, and, um, I'm also curious too, having a male- female team.

[00:15:12] I think that catalyzes some really interesting things in the room, it kind of, it allows kind of good cop- bad cop. It allows people to consciously or unconsciously decide who they're going to connect with more or find safety with.

[00:15:27] **Laura Reagan:** It seems like it replicates the parent dynamics.

[00:15:31] **Craig Heacock:** It, it exactly does. Yeah.

[00:15:33] It's yeah, that's very, that's very conscious. So one of the dilemmas is if MDMA is actually made legal and approved for trauma treatment is what will be the therapist model, because now in the phase three trial, it's a male and female therapist. I think Map's just approved female- female therapy teams. I think that's coming soon, but yeah, but if it's made legal, will what people doing it with one therapist, which brings [00:16:00] up a whole range of issues?

[00:16:01] Cause a lot of people with complex trauma have yeah mother and father trauma and sexual trauma. And I think it could be a very different dynamic and potentially more more difficult to manage with one person. So, you know, we'll cross that bridge when we get there. For now though I think this is a really interesting model and I have to say it's, it's been really interesting and challenging and meaningful to, to sit with my female co-therapists for all these hours and to work with someone who, and she has very different background than me.

[00:16:33] Very different training, very different orientation. And, but it's cool. Like she, the things she knows, I don't know. And the things I know she doesn't know. So it's like, we're, we're a cool sort of Venn diagram coming together to try to help people and it's too bad we can't do that more often in therapy.

[00:16:51] It's really cool to sit in the moment to moment world of therapy and have a co therapist and just try to figure out how do you work together [00:17:00] to help someone and, um, and then processing with a co-therapist afterward. It's, I mean, I haven't done anything like that since I did, since I ran therapy groups in residency.

[00:17:09] **Laura Reagan:** Yeah. Most of the time that the, when you're co-leading a group would be the time that you could do that. Or maybe if you were in a hospital setting, but most hospital settings, from what I understand, don't really allow for the kind of, you know, treatment that we're talking about here. It's more kind of crisis oriented.

[00:17:30] Oh, I don't know. Maybe there are some that, you know, I mean, I'm sure. I know there are some inpatient programs that might be different or residential programs, but so will you go into a little more detail about when you described before, there's like, you know, preparatory sessions, and integrative sessions.

[00:17:47] Can you kind of like, give us a little, walk us through that?

[00:17:52] **Craig Heacock:** Yeah so the preparatory sessions, we are getting to know the participant, the participants getting to know us. We're starting to [00:18:00] talk about the trauma. Again, we tell people like you are guiding this. We're not, you don't have to tell us anything in particular about your trauma.

[00:18:09] **Laura Reagan:** Do you already know their trauma history?

[00:18:11] **Craig Heacock:** We, yeah, so we, we know people's what we call their index trauma, their main trauma and we've done a trauma assessment at intake. But you know, as we're finding surprise, surprise, as you go through the study and you know, I'm sure you see this in your work. I see people come in like, oh, you know, I'm having a nose bleed.

[00:18:31] Oh wait, actually I have, you know, bloody diarrhea or, you know, the problem is my father. Oh, wait, it's not my fault. You know? So we're finding the study, especially as the MDMA catalyzes, these sort of self-compassionate deep dives into places, the psych, you know, the psyche where people have not been able to go that stuff's coming up that is shocking them and us. I mean, just sitting through, well actually let me back up. So I'll get to the actual session. So the preparatory [00:19:00] sessions are to talk about what's going to happen on this, on the medication versus placebo. It is, but also to let

people know, like this is their are really in charge, like they are not performing for us, they don't have to do anything.

[00:19:13] They're not expected, you know, to talk about trauma A or B or be in a certain way that, that we really try to model in the preparation sessions, what's going to happen in the drug versus placebo sessions, which is we're just going to let it unfold and we're going to be there to support them and whatever comes up, but they.

[00:19:33] I think people are worried. Am I doing it right? Or what do I have to do? Or do I need to or what do you guys want me to do to address my trauma? And at least the model in this study is no, we're not, we're not telling you what to do. We might make suggestions, but, uh, this is about you moving forward as you see fit.

[00:19:52] So there's definitely people that I've worked with in the study that going into even the first experimental day, the MDMA versus placebo, I felt like I didn't have [00:20:00] a very good sense of their trauma because they just were, it was too hot to touch. So we do three preparatory sessions about 90 minutes, and then we do the all day MDMA or placebo sessions. So we, we give people a dose of MDME or placebo, and it's double-blind meaning the therapists don't know, participant doesn't know. And we sit with them for eight and a half to nine hours, which I'm a very fidgety, squirmy person, even my therapist, and actually are whole team here. They all say, Craig, how are you going to do the experimental data?

[00:20:33] You're not very good at sitting still. So I do a lot of deep breathing and I meditate. It's actually been good for me. It's just practice. What's it like to sit with someone for that many hours?

[00:20:43] **Laura Reagan:** Yeah they got to put you on an exercise ball or something.

[00:20:46] **Craig Heacock:** I know something, but we, you know, one, one way I've thought about the experimental days, it's kind of like deep sea fishing.

[00:20:53] Like we're out on this boat and we're way out at sea. And we're just casting out lines and we're just waiting. And we [00:21:00] just, cause, you know, as soon as we give the placebo or MDMA to the participant, we encourage them to put on eye shades and we have some pre-prepared music soundtracks that build in sort of intensity and, and change as we might expect the blood level of the MDMA to change.

[00:21:17] And yeah, so we have these very interestingly pre-planned, um, soundtracks that we play for people and the music is a really powerful part of driving it. Everyone says that, uh, even on placebo, that the music, you know, because how many people for hours would just lay on a sofa with eyeshades and music and with the instructions, just go inside, go inside, go inside and see what you find, because that's what we're telling people.

[00:21:43] **Laura Reagan:** Definitely sounds like what people did in the seventies, what they put on the earphones the album, like dark side of the moon and the LSD and they're just like going with it.

[00:21:56] **Craig Heacock:** And you mentioned that Laura, one of the things that Maps has [00:22:00] urged us, which makes a lot of sense now I didn't get it at first is we don't choose music that has recognizable words because we don't, we don't want people getting pulled back and like, oh, it's Madonna or, oh, it's dark side of the moon.

[00:22:12] **Laura Reagan:** I remember when I first heard this.

[00:22:15] **Craig Heacock:** Right. It could just pull people out of their inner work. So the music, if it has a words, it would be words in another language. Um, and then, um, and then, yeah, we're deep sea fishing and we're waiting and we're watching and we're waiting and, um, sometimes we're waiting for a couple hours. And then sometimes people are tearing off their eyes shades and taking off their headphones. And it just comes forth of people going back into traumas from like, from the overhead drone view, they're going back in their body. They're watching it. They're having family members come back and whisper in their ear and tell them it's going to be okay.

[00:22:51] They're replaying their traumas in all these different ways. Yet, it's almost like as they replay their traumas, like this [00:23:00] weave of self-compassion goes over them. And you know that we don't know what that is neurochemically, is that oxytocin? We know that that MDMA greatly cranks up self-compassion and trust, and it turns fear essentially off, but so people so the participants come out with this stuff. And it's, I, I remember telling my co-therapist like, we're deep sea fishing. We don't know what we're going to pull out. And each all day session is so different. And part of that is participant driven. Part of that is I'm guessing, you know, MDMA versus placebo or even where they are and their trauma therapy. And I mean, there've been times where I went into all day session two or three in such profound things that happened in all day, one or two, I thought, what, what else could happen? We've just seen the most beautiful things, most powerful things.

[00:23:54] And then day three, even more comes up stuff again that maybe the participant [00:24:00] didn't ever want to revisit or didn't even know was there.

[00:24:04] **Laura Reagan:** So like pre-verbal stuff?

[00:24:06] **Craig Heacock:** No, like what's a good example. So we've had people, for example, remember vividly, remember conversations with family members or remember details of what happened when they were speaking to the police after the trauma or what's so, so interesting.

[00:24:24] When you think about the nature of memory, like, are they actually remembering things the way it happened? Or is somehow the MDMA and this sort of bursts of self-compassion is it MDMA helping them rewrite a narrative, which is kind and kinder and more forgiving and not shame-based. And you know, we'll never know.

[00:24:47] **Laura Reagan:** Let's just pause for a moment. So I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes a few years ago. I'd say it's [00:25:00] about three years now I believe and I have never regretted it. I was very happy with the EHR I used before, but Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes. And there are opportunities to put check marks rather than having to write out the intervention use. So I have cut my time, spent writing notes way down, which is wonderful because I like to focus on seeing clients.

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[00:26:07] Now let's get back to our interview

[00:26:12] that it just has it's, there's more perspective, but you know, like a big picture perspective instead of this, like, you know, and then this happened and it was because I'm bad and you know, that sort of like, I guess, ego centric view that you would have when your a child and the meaning you make out of your experiences.

[00:26:31] **Craig Heacock:** Yeah. I've just had this image, as you were speaking, Laura of thinking like the way now, when we try to access trauma with, in ourselves or with other people, it's almost like there's a little like points of light going back were we're trying to illuminate what happened, but we just have these little pinpricks of light and MDMA therapy seems to be like a, a huge burst of compassionate light that just lights it up.

[00:26:56] Like almost those flares like that, just, you know, you can shoot the flare and it lights [00:27:00] up the dark street or, but it lights it up with this, this just peaceful. It's okay. It's it's it's love. I mean, on my podcast I did a two-part episode on healing, trauma with psychedelics and the guy I interviewed, he talked about how the first time he ever felt loved growing up in a family of great neglect and was when his first MDMA session, he didn't even know what it was.

[00:27:27] He felt this overwhelming feeling of just warmth and compassion. It was love. And he asked his MDMA therapist. He said, is this love? I don't, I think this might be love. I've never felt this. So, and that's, that's the kind of things that we're seeing. It's just, I mean, I cry all the time. It's like, everything makes me cry.

[00:27:51] **Laura Reagan:** I like that, you allow yourself to be moved.

[00:27:55] **Craig Heacock:** I get moved a lot, but I've [00:28:00] so many tears in those sessions. In fact, when I was just saying that about the music. Uh, there was a time, um, one session we did right near the end and we are hearing it so that the participant has headphones on, but we also piped the music into the office so we can hear it, which is really awesome.

[00:28:15] And so maybe an hour, four and a half after some profound work Beatles here comes the sun came on and it was so beautiful. We, we, we, we all three just started singing along with it and we just sang and we sang along with it. And just out of just a joy and relief. And all the work that had happened over those past few hours.

[00:28:39] And I said to my co- therapist, I said, how did you know to put that song right here? You know? Cause we're not supposed to have songs with words we recognize and she said, I don't know. I just thought maybe by hour five, we would want a good song. We could sing too.

[00:28:54] It was perfect. It was such a bonding moment of a singing here comes the sun.

[00:29:00] **Laura Reagan:** [00:29:00] I can imagine. And I'm just so curious as I'm picturing this as you're talking about it and the client is there and they've got the shades over their eyes and the earphones, they're listening to music and they're inward. And then how is the interaction between the client and the well they're not a client, they're a participant. And, uh, the two co-therapists happening, like, is, are they saying, and then this happened and the co therapists are like, you know, doing therapy with them or is it just sort of like holding space or what's going on with that?

[00:29:37] **Craig Heacock:** Yeah, I think I'm sure it varies therapy team to therapy team. And that's one of the reasons that the Maps videotapes the teams and watches the videos to try to make sure that the teams are all doing in general sort of supportive, but non-directive therapy. But there's definitely interpretations. I mean, the people, one of my participants in the study, he, um, he didn't know about grooming.

[00:29:59] And [00:30:00] so he described basically how he'd been groomed by a perpetrator. And I said, that's a thing that's grooming. And. But it was interesting. I think to hear it while he was in such a hard opened state, it just sunk in like it brought tears to his eyes and my eyes to realize that this was a whole process, you know, that he was, he was a sheep in the meadow and the Wolf had a plan.

[00:30:28] I mean, and the Wolf had spent a lot of time making sure that that sheep was alone in a meadow. Like it was not a random, it was, it was very carefully orchestrated. Um, and then, you know, sometimes touch is part of it and that's a very tricky thing. And so we spend a lot of time talking to people about touch and we'll offer them a menu in the prep sessions, that say like, you know, you could, we could, uh, hold your hand. We could sit with you, you know, if you, uh, if you wanted to, um, push on us, [00:31:00] if you, if you needed to feel like you needed to fight, you could, you know, Put your fist against our hands and push against us.

[00:31:06] We could do different kinds of body work. And most people, my experience so far has been, you know, they think yuck I never ever want you to touch me. I'm not so comfortable with that either as a psychiatrist.

[00:31:18] **Laura Reagan:** Yeah. You know, especially when you work with abuse survivors there's a pretty strong message. Don't touch.

[00:31:24] You know, although I've personally begun to be a little less rigid about if we want to give a high five or the person asks to give a hug on the way out or something.

[00:31:34] **Craig Heacock:** But my co-therapist has a lot of experience with somatic work and is very comfortable with it. She just exudes. She's just, she radiates just like warmth and kindness.

[00:31:45] Yeah. Yeah, she's just perfect. She's so safe. Like she, yeah, she's the kind of person that you want her to be your mom. So, so she, she is always at least in our therapy dyads in our sessions. She has been the one [00:32:00] who in general has reminded people, you know, in experimental day one or two, Hey, is, is, you know, is there any kind of touch that might be helpful?

[00:32:08] And I've seen some really powerful things happen with touch where, you know, It could be holding hands, you know, times that yeah. She and I have sat next to the person when they were going through some hard stuff or even a one guy said, yeah, I want to fight. I want to fight. I want to fight them off. And so we, um, we held up our hands and he pushed against our fists. And we he had a very powerful, energetic release as we sort of reenacted the, the, the fighting. And again, I think that may sound very strange to people imagining it happening in your office right now. It's not anything in a million years I would ever do in my general psychiatric practice, but

[00:32:52] **Laura Reagan:** We totally would do that in sensory motor psychotherapy or somatic experiencing, which is I'm trained in sensory motor.

[00:32:59] **Craig Heacock:** Um, [00:33:00] I just, I mean, I personally, like, I'm just not, yeah. I mean, I'll touch people like during a neurological exam. Right. But, but to see the power of it and again, to have a female co-therapist there, which makes it so much safer, I think for a lot of people. And to see the power of the somatic work, because we know that trauma is held in the body and a lot of people need, I think that the body must be included in trauma therapy and, and MDMA has a very powerful somatic component as well.

[00:33:29] It's I don't know what is doing in the body, but it's doing something very powerful. And again, I think when you combine that with the trust aspect and the self-compassion aspect and the dialing down fear, it allows people to be in their bodies in a way they haven't been able to, it allows people to kind of break out of the dissociative freeze to just connect to themselves.

[00:33:56] And if you think about what's happening with the eyeshades and the music, I mean, probably [00:34:00] at the most basic level, people are connecting with themselves, which is not something they really have ever wanted to do or been able to do since the trauma occurred.

[00:34:10] **Laura Reagan:** Right because the body is where the sensations and emotions related to the trauma are held.

[00:34:17] So if you can't tolerate experiencing them, then you have to be disconnected from your body. And that's definitely, I mean, it sounds, it sounds like a really beautifully hopeful thing, but I just, before I want to ask you about kind of, what, what do you feel is the, you know, what are you seeing as the outcomes and what do you feel is the promise of this?

[00:34:42] But before getting into that, I'd like to understand, cause I'm imagining that it's all like blissful. And then I'm also knowing that, you know, if, if someone's saying I want to fight them off, you're saying fear is turned off so maybe it's just neutral and it's not, this is [00:35:00] happening and, I want to feel more empowered.

[00:35:03] **Craig Heacock:** No, there's still, there can be strong emotions and we we've sat with people as they scream the perpetrator's name, sobbed, rocked back and forth, and, you know, in great pain. Again for people that only know MDMA in sort of the rave, uh, party context it might be hard to imagine that people could actually be going through some really strong negative motions, but oh yeah, we see that for sure.

[00:35:29] **Laura Reagan:** It wouldn't make sense that it could be processing if there were no negative emotions, and it just doesn't seem possible. But it is.

[00:35:36] Oh no it's very,

[00:35:38] **Craig Heacock:** Oh yeah even though it's beautiful, it's like, it's not um, it's not like it's sunshine and roses and people are smiling. Like, oh, it's all good. And my trauma's gone. Oh no, no, no, no, no, no.

[00:35:48] It's and then what, you know, we see, and Laura, you and I talked a little bit about this before we started recording, is what we're seeing is even when the MDMA assisted therapy is, is helpful and successful, [00:36:00] that's just the beginning. I mean, that is just now people are seeing, okay, I want to maybe possibly connect with people, or I could, or I think I could trust, or I, I think I could do this life.

[00:36:15] And that's a whole other shock. And so that's one of the reasons that people in the study, everyone who leaves the study, we absolutely make sure they can usually return to their referring trauma therapist, or if not, at least to some trauma therapist, because we're seeing in this study, what we are, what's been called a therapeutic benz like the Benz as in scuba diving Benz.

[00:36:36] So the Benz in scuba diving is when you come up too fast. And you get crippling pain and potentially die from carbon dioxide coming out in your bloodstream. And we're definitely see. I mean, I see that in the Ketamine work I do, but in the in study we're seeing that the people, some people are having such vast improvement, but then they come up so fast from their years of just [00:37:00] miserable, complex dissociated, PTSD, and they look around and they realize, oh, no, Now what? I, I married my spouse at a time when I was so sick and now I'm feeling better, but we're still in that old dynamic or,

[00:37:17] **Laura Reagan:** or they're still very sick.

[00:37:20] **Craig Heacock:** Yeah. So by no means, is Maps or any of us working on this or we're not thinking like, oh, this is some magic pill that you're going to go to Walgreens and take MDMA and your traumas healed. Woo! No. I mean that's no, no, no. This is we're really, I think the way to think about MDMA work, and I, and I think a lot of this psychedelic work that's just being that's what's happening now is that it's a catalyst, it's a way to speed things up.

[00:37:46] You know, it's, it's a way to, cause you know, some people are able and willing emotionally, financially, time-wise, to do the hard work of trauma therapy. A lot of people are not, they just, they don't have the wherewithal [00:38:00] to put in the time and money and energy or, or their trauma is just too awful. I mean, sometimes I think of complex PTSD, like it's like, we're asking a woman to birth at 14 pound baby, you know, it's just, it's not coming out. I mean, there's just not, it's just not going to happen. And, you know, and MDMA is like a compassionate epidural to help the trauma baby come out. So, but yeah, no, none of us are claiming this is some miracle cure.

[00:38:30] I think we're, we're hoping that this will be a really powerful addition to the, you know, the options for treating one of the most intractable miserable and common things we see, which is complex PTSD and chronic PTSD because boy, I know at least as a psychiatrist you know, what do we have to offer people with severe PTSD?

[00:38:52] Not much. Uh, I mean, ketamine can dial down depressive and suicidal symptoms associated with PTSD and we can use [00:39:00] the beta

blockers and [inaudible] for nightmares. I mean, it's definitely things we can do. And of course there's all sorts of both talk and sematic and therapies in EMDR. There's a lot of things, ways to treat trauma, but still, I think we see in our work that it's a long, hard haul for most people.

[00:39:19] One of the episodes of my podcast, I did a two-part on EMDR. And part two is a woman who did six years of EMDR to work on her complex PTSD. And she got much, much, much better, but it was brutal slog and she describes in the episode what that was like the six years of working with a really incredible trauma therapist here in Fort Collins.

[00:39:41] And yeah, it works, but man, it was, it wasn't a marathon. It was an ultra marathon. It was an ultra marathon, you know, In the desert. I mean, it was just so hard. It was a hero's journey, but not everybody can do that.

[00:39:56] **Laura Reagan:** Well, you're not, everyone's like resourced enough internally [00:40:00] or externally to be able to do that.

[00:40:01] Where, you know, for example, if you live in poverty and live in a violent community, you may not be able to first of all give six years to that work and deal with the aftermath of each session of how difficult it is and be able to take time off of work and things like that. You may not have paid time off so I can see how there could definitely be some barriers based on how, you know, stable, safe and, supported your life is outside of the therapy sessions. But it seems like this could be a very promising way to kind of open a door to being able to safely access the painful material and do the work.

[00:40:49] **Craig Heacock:** Yeah. Allow you to at least have a chance to do the work. That's a good... to walk into the burning building of your trauma and have a chance to yeah to try and put the fire out.

[00:41:00] **Laura Reagan:** [00:41:00] You used an analogy before you said it it's like you're walking into a, when you and I were talking, you said you're walking into the burning building, but you have a fireproof suit.

[00:41:11] **Craig Heacock:** Yeah, I think there's, yeah. You know, if, if your trauma is this burning building and you know, your trauma therapists, other people saying, Hey, look like let's, let's go in there.

[00:41:20] I'll be with you. We can do this. And you just it's burning a 10,000 degrees and you think I cannot go in there and yeah, one way to think of MDMA it seems to allow people to envelop them in a kind of protective suit

that lets them walk in right into the trauma and do that, do that work. So yeah, the, the MDMA is not fixing the trauma.

[00:41:44] It's not some, you know, cure in a pill, but it's powerful effects on self compassion and empathy. And all right, let me back up actually, ecstasy. I don't know how many listeners know this. Ecstasy the street drug, and MDMA when [00:42:00] it was starting to be sold, um, in bars and in the early eighties in Texas and sold as a party drug, it was originally going to be called empathy, but then the guys making it decided to even though empathy was a much better, more accurate description of its effects, they thought they'd call it ecstasy because that would sell better. And so, but many people with experience with MDMA would say, oh yeah, empathy would have been a much more accurate description, but yeah, probably wouldn't have sold as well in the, in the Texas bars in the early eighties.

[00:42:35] **Laura Reagan:** I want empathy!

[00:42:37] **Craig Heacock:** Could I have a bud light, two empathy, three empathy.

[00:42:45] **Laura Reagan:** Well, you know what you said about self-compassion I think that feels so powerful because in my experience in working with people with complex trauma, it's, it can be the hardest thing to [00:43:00] allow any self-compassion, you know, to even try to access it at all, just feels way too vulnerable and not safe. And the, you know, the threat response system gets activated by the idea of it, you know?

[00:43:15] So if I think what, what helps me understand where this fits potentially based on my own, just sitting with people in the therapy room, it's like, it can take so long just to build up enough trust, to even begin to go there. And you know, like the three-phase approach where safety and stability is the first phase of trauma therapy.

[00:43:43] That part can be four years, five years. And then once the, the safe relationship is there and, you know, it's so hard to build it because relationships haven't been safe in the past, but once the safe relationship is there, it creates a space where the [00:44:00] person can trust that they might be able to start doing the deeper work and, and have someone they can count on to help them if it gets really intolerable. And it sounds like you're saying that they can reach that point of being able to trust more quickly. But do you think that effect persists after the treatment? Like the trust part? I know you said those symptoms are in remission.

[00:44:27] **Craig Heacock:** I do. Yeah. It's I, again, I don't know that we can really explain the why of it, but I think participants would say that it's such a powerful experience to be in a supportive container with, again, male, female therapists. You mentioned the mom dad transference thing, which I think is a powerful part of it, um, to be in a container all day, so just that, but then when you start an MDMA, that is just opening their heart it's [00:45:00] for many of these people, they have not felt anything like that.

[00:45:04] Either ever or in a long, long, long, long, long time. Um, and so, you know, maybe like almost like the going on, you know, a five day outward bound trip or two week NOLs trip or two weeks, summer camp, you could leave and you think, okay, that was, just opened my heart and I'm so connected to those people. Cause it was just, it was a different experience and different context and it opens you up.

[00:45:31] I mean, I've had this experience with holotropic breathwork where, when I did the MDMA therapist training, um, bef uh, one of the five day trainings, we all did holotropic breathwork, all the therapists, in this big room and it broke me. It cracked me open for days, maybe a week. And they said later, they said, oh yeah, that's what we wanted.

[00:45:52] We wanted, ideally we would have given everybody MDMA on day one to sort of crack people open and, and help them [00:46:00] form powerful bonds with their co-therapists and other people. But the holotropic breathwork did the same thing. I mean, maybe it's something about altered states or I don't know. But we're seeing that in the study that the powerful sort of trust that can form in this treatment days and in the integration sessions afterward, that continues and....

[00:46:21] **Laura Reagan:** That in itself seems worth doing it, you know?

[00:46:26] **Craig Heacock:** Yeah. Yeah. Well, there's something I remember. A saying I forgot who said this, but there was a saying back in the eighties. Something like don't, don't marry anyone for, it was like six or 12 months, uh, after you've done MDMA with them.

[00:46:43] **Laura Reagan:** That was an eighties thing I never heard of that.

[00:46:45] **Craig Heacock:** I think like back in the eighties, don't marry one for at least a year after you've done MDMA with them because it does open your heart to people and it's such a connecting thing that I think other people, even in a recreational context, people have reported that they can really [00:47:00] open

up their hearts to other people. And they're not even trying, they're just maybe out dancing together, but if you have,

[00:47:06] **Laura Reagan:** so it could be like a stranger and they're like, I never loved anyone as much as this!

[00:47:12] **Craig Heacock:** Yeah exactly. But again, imagine if you took that sort of power and opening the heart and dropping the defenses and you bring it into the container all day container with male female therapists. Like we are here to help you. And we're here to sit with you and we're here to just see what happens and you don't have to do anything for us.

[00:47:31] You don't, we're not expecting anything from you. We're just here to witness and support you. I mean, that is powerful stuff.

[00:47:40] **Laura Reagan:** It sounds very powerful.

[00:47:42] **Craig Heacock:** Yeah. The trust seems to persist.

[00:47:45] **Laura Reagan:** That's amazing.

[00:47:46] **Craig Heacock:** Yeah.

[00:47:47] **Laura Reagan:** The last thing I want to ask you, even though I would like to ask you so many more things, but just for time sake is about, you know, how you do define remission for this.

[00:47:57] I think people who are listening are like, but wait, what is [00:48:00] remission?

[00:48:00] **Craig Heacock:** Yeah. Yeah. That's a great question. So maps uses two different PTSD scales. Um, and I don't know if I'm supposed to mention those...

[00:48:11] **Laura Reagan:** That's fine, you don't have too.

[00:48:12] **Craig Heacock:** Yeah. I think I'm not supposed to talk about the scales. So and remission means, uh, having a score low enough on those scales that you no longer meet criteria for PTSD.

[00:48:23] So granted that, that what we're talking about is that people reached a certain number or below and stayed there. And so that's an imperfect measure and PTSD is a syndromic diagnosis. And it's not, it's not like acute monolithic lymphocytic leukemia where you have it or you don't. I mean, PTSD is a, it's a gradation but yeah, these, these are nationally used scales.

[00:48:49] And so that, that's what they're measuring it on.

[00:48:52] **Laura Reagan:** Okay. So people may still have trauma symptoms, but they do not have enough symptomatology [00:49:00] to meet the criteria for PTSD.

[00:49:03] **Craig Heacock:** On these measuring scales.

[00:49:04] **Laura Reagan:** Yeah.

[00:49:05] **Craig Heacock:** Yeah. What we're seeing clinically is people are saying my nightmares are gone. I, um, I can be sexually intimate again. I can walk down the street and not feel in danger, or I feel like there's hope for my future.

[00:49:19] **Laura Reagan:** I can sleep.

[00:49:21] **Craig Heacock:** I can sleep. Yeah. It's a big one.

[00:49:22] **Laura Reagan:** Cause that's such a huge one. I mean, Almost everyone with trauma sleep is a major problem.

[00:49:29] **Craig Heacock:** Right yeah when the smoke alarm of your sympathetic nervous system's going off all the time. Yeah. How do you sleep?

[00:49:37] **Laura Reagan:** You don't and then you have nightmares. Well, this has been, as I expected a fascinating discussion and I'm so grateful, Craig that you wanted to share this with us today.

[00:49:50] **Craig Heacock:** It's been really fun. We got to do it again soon.

[00:49:52] **Laura Reagan:** Yes. I would love to talk with you more. Cause you know, we didn't even, we barely scratch the surface of what you're doing with ketamine and [00:50:00] you know, I know a lot of people are curious about that too.

[00:50:03] So. Maybe we can have a part two, but for now, where can people find you? And I will post what you're about to tell me in the show notes. So where where's your website that people can find everything you're doing and your podcast?

[00:50:20] **Craig Heacock:** Yeah. My website is Craig Heacock, craigheacockmd.com uh, and the podcast is called Back From the Abyss and you can access it from my website or it's on all the podcast platforms. And just, just know on the podcast, some of the episodes are very heavy. Some of them are lighter and a couple are even funny. But, um, one of my friends said the other day that I should put like a hot chili warning on the episodes where people, how spicy they are.

[00:50:52] So episode one is a four Chile, spicy-ness. It's very intense. Um, dear to my heart, I still cry every time I [00:51:00] hear it. But yes, if you listen to one episode from Back From the Abyss and it feels like it's lot, a little too, too hot, you could find a less spicy one that might make you smile.

[00:51:10] **Laura Reagan:** Yeah, well, it seems like you're doing in many different ways, you're doing great things in the world, and I'm so glad for you that you are and, and for the world. So thanks again for being my guest.

[00:51:23] **Craig Heacock:** Thank you. Yeah, this has been so fun. We'll do it again soon.

[00:51:29] **Laura Reagan:** Thanks so much for listening to my interview with Dr. Craig Heacock. As you can hear the progression of our conversation, I was much more open and curious about the use of MDMA with trauma survivors, after talking with Craig. And honestly, I feel like it seems very promising. I hope so. I want there to be ways for people to get [00:52:00] relief as much as possible.

[00:52:01] What did you think? I would love to know your thoughts about this. Are there any concerns or drawbacks that you might be aware of that we didn't get to, or we haven't discussed? Have you ever had a client who has undergone any of the psychedelics for helping PTSD and did they have a positive experience, negative experience? Neutral? I'm really curious.

[00:52:31] As always, I'd love to know what you think about this episode and you can go to the website therapychatpodcast.com,and leave me a message on Speak Pipe. I might use your voice in a future episode, if you decide to leave me a message. So until next time, thank you so much for listening to Therapy Chat

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