Episode 454: Dr. Jennifer Tippett on Trauma Therapy, Never Wasting Triggers, and Psychedelic Research
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Katie: Hello, and welcome to the "Wellness Mama" podcast. I’m Katie from wellnessmama.com and wellnesse.com. That's Wellnesse with an E on the end. And this episode is a follow-up that answers a lot of questions about the research and clinical use of certain substances that are having a really profound effect in trauma therapies. I'm here with Dr. Jennifer Tippett, who is a licensed clinical psychologist in the Denver Metro area. And she's been working with individuals with mental illness and substance misuse for a decade. And she has seen a need to educate people about the misuse of certain substances and their use for trauma and addiction. She's the director of the Substance Use Disorder specialty at the University of Denver's Graduate School of Professional Psychology. And she teaches the sequence of graduate-level courses about the neurobiology of trauma, addiction, and behavioral addictions. She also has a small private practice where she sees individuals and couples and provides a psychedelic integration and ketamine-assisted psychotherapy.

She's really passionate about helping people in these areas. And I wanted to have her on because these were things that were really helpful to me in my own processing of trauma and have been really helpful to me in my life. And we're likely going to see some of these things be legalized in a clinical setting in the United States in the next couple of years. I think the conversation around this is really important as that process happens because they can be very valuable tools but they can also be misused, just like anything can. And I think that understanding and education around these ahead of time is vitally important, as well as the integration after.
So we go down a lot of those pathways, talking about the downsides of some of the existing treatments like SSRIs and how these newly researched psychedelics...they're not new substances, but the new research on psychedelics is showing some really, really profound effects, especially in people with PTSD or severe addiction, and how these can be really helpful in a trauma setting, and even just dealing with things like adverse childhood experiences. There was a large study on these. They call them ACEs. We go down a lot of different roads with this conversation. And I think it's really important conversation to have. Like I said, I think this is a topic that we need to approach with an open mind and that, just like anything I said, these are tools that can be misused, but they also can be extremely profound. And the data is pretty amazing on people using certain of these substances in a correct setting for trauma processing, even in treatment-resistant depression and really severe PTSD. And I think that it's important as these things become available to make sure that they're being used correctly but also that there's access to them. So, without further ado, let's join Dr. Tippett. Dr. Jennifer, welcome to the podcast.

Dr. Jennifer: Thanks. Thanks for having me.

Katie: I am excited for this conversation because I think...actually, someone recently asked me, "What do you think is the largest source of human suffering?" And my answer was unresolved trauma, which largely comes from my own personal experience. But just seeing that journey the past few years of having done so much of the physical side, the diet, nutrition, all of that, and it wasn't until I addressed trauma that I actually was able to heal. And I've also recently started opening up more about some of the little less known therapies that I've tried that were really impactful for me personally. And I think there's a lot of stigma around some of these therapies.

So I wanted to make sure that I open this conversation around these therapies in a very educated, thoughtful way, and especially really delving into that therapeutic use because I can say from firsthand experience, these are things that years ago, I would never have even considered and would have judged just immediately and written off. And now I am at the point where I actually think it's criminal that we're not using these things more having seen just how profoundly they're impacting people. So, to start off, we're definitely gonna delve into the area of psychedelic research in this podcast quite a bit. I would love to hear how you got into that world and, kind of, what your baseline experience is.

Dr. Jennifer: Yeah, so I'm a licensed clinical psychologist and I'm a forensic psychologist by training. So, my whole world was trauma. You know, if you are on parole, if you're involved in substance use treatment, if you're a serial killer sitting in prison, like, I've sat with all of those people. And I sort of became, like, trauma whisperer. It was everywhere around me all the time. And then, like most people, I would say above 90% of us, whether it’s, you know, like the thing we think of when we think about trauma or the more, like, chronic ambient kind of trauma from childhood, I had my own. And I, you know, was doing and finding other, kind of, alternative ways of managing my trauma and doing therapy, and then I was doing what I was trained in the room. And I could really see the difference between the progress I was making and what I was doing for folks in therapy, kind of, in a more traditional model.
And, you know, to your point, Katie, like, this was really not talked about for a good chunk of time. A lot of us saw that there had been good research and there was maybe something to be done. And a lot of us were having our own experiences and understanding that this could be powerful, but we couldn't talk about it. So we're just now finally getting to be able to talk about it. So, I took a position as the director of the Substance Use Disorder Specialty for University of Denver. And one of the things that I was able to then do was start looking into research and talking about and teaching about both trauma and the use of psychedelics to treat trauma. And so, eventually, this is a very long-winded answer to your question, I took what I had been trained to do and what I knew from my own personal experience worked, and I was able to bring them together in a way that I think is going to be hugely powerful in this field.

Katie: And I think that's so important to really talk about this part where it's being used and it's being researched, extensive research right now. It's being used by therapists in very careful clinical settings. And the results are truly astounding of what we're seeing. I know that PTSD trials are absolutely incredible. And we're talking about patients with massive depressive episodes or PTSD that are non-responsive to other medical interventions. And I understand certainly, why there's a stigma about certain substances. I think a lot of drugs get lumped into one category. But my thought is, like anything, anything can be abused. We see people abuse food all the time, abuse alcohol all the time, even pharmaceutical drugs that are approved can be abused. And so, I think that's really important to have the conversation about context. And it seems like when the context is carefully curated and we're talking about a clinical setting, we're seeing really incredible, incredible results. And I'm curious, why do you think we're seeing such a swell of interest now in the research around this topic and in people being willing to try it?

Dr. Jennifer: Yeah. First, I wanna say I really appreciate your point about...You know, I tell my students all the time, "There is no such thing as a bad substance. It's just about how you use it," right? So even heroin, that's found in morphine, which we use in medical settings. Like, there isn't such a thing as bad. We make things bad. And anything can be abused, to your point. I think that the swell of interest really comes from the fact that we've been looking at trauma forever and ever and ever. You know, we've called it shell shock. We've called it all of these different things. We know that it really greatly impacts people and impacts the generations that come after them. So, there's been always interested in trying to figure out how to help people manage. The first thing we came up with was SSRIs. And that got huge. Most people don't know or realize that SSRIs don't work for more than half of the population. And so, you know, I think there's been a real hunger for finding something that did anything to help at all. And then a step above that, you know, for some people, SSRIs will, kind of, like, manage symptoms for, like, dull sensation. But people don't wanna live like that all the time.

And so, when we started to look at the research and the research really started coming out saying, "This is not masking symptoms. This is not just dulling your experience. This really seems to be healing parts of you and parts of your brain, and it's permanent." That, I think, has been really, really exciting to folks, especially folks who have really suffered. You talk to...Most of my patients will say, you know, "I've been on this SSRI, this one, this one, they augmented it with lithium, then they added in, you know, antipsychotic Depakote, right? Like,
they've done all of the things and it feels hopeless. And so, I think this is really given people, you know, a sense of hope.

Katie: Absolutely. And I wanna zone in on one word that you just said, which is permanent because that's another difference is so many of the other treatment models that we have available are ongoing, and people continue to take the medication or continue the talk therapy. So, why are we seeing such a different impact when it comes to psychedelics versus just talk therapy alone or these other more conventional medications?

Dr. Jennifer: Yeah, and I'll caveat by saying, you know, the research is ongoing. And in psychology, we never wanna say permanent to anything. And I've said a swear word in my field that we never wanna say anything's cured or permanent, although a lot of us, like, really secretly are like..... So, you know, I think that what we're seeing is that this works at a brain level. There seems to be some neurological and regulatory system changes that occur with the use of psychedelics, not necessarily...I mean, I think you'll still get some benefit if you are just taking them recreationally and running around in a field talking to God. You might have some insights and that is great.

But it really does seem to be that we can use these to start to create more and different neural pathways, different ways of experiencing things in the body where we know trauma lives. Trauma hangs out in our bodies forever unless we move it and process it. So, this really seems to work at a deeper level than just our minds and our brains telling us like, "Oh, you're fine now," or, "Let's, you know, desensitize you to that. Let's suppress your reaction to that." This really seems to get underneath what's going on at a biological level when we encounter traumas.

Katie: Let's go deeper on that because I think this is often not talked about enough. I know I was first exposed to it when I read "The Body Keeps the Score" but the idea that trauma is stored in the body like you said. And I tend to be more, like, logical, cerebral explanation of everything. And so I kept trying to solve it with logic. And I eventually had to learn that when the trauma is stored in the body, you can't logic your way out of it, you have to address that deep core somatic issue as well and logic doesn't work. But walk us through from the clinical side what you mean by trauma lives in the body.

Dr. Jennifer: Yeah. So as you experience, you know, any type of trauma, it gets encoded in your brain and, sort of, stored. And parts of your brain, the mid part of your brain, I'll try not to get too professory on you, but the thing you...The star of the show whenever we talk about trauma, right, is the amygdala. And the amygdala gets sensitized. And we start to store these memories and these sensations of knowing and experiencing in our bodies and our bodies actually carry it. And there's some really great research I'm sure, sort of, like, you've alluded to looking into this, Bessel van der Kolk, "The Body Keeps Score" was, kind of, the first person that said, "Hey, this is really important. We need to pay attention to this." And since then, there's been great research looking at highs from trauma to health problems, so like our ACEs study, the adverse childhood experiences being linked to diabetes, heart disease, gut health, all of these things. And so we know for...we're really certain that when these traumas happen to us, it shapes who we are as an organism and it changes. And
so, these experiences hang out all over inside of our body, and especially in the amygdala, which can become really over-sensitized. And that’s part of why you can't logic your way out of it because your frontal lobe doesn't tap into that. Your amygdala does, your fear center.

Katie: That makes complete sense. And like I said, I had done talk therapy for literally a decade with very minimal results. And what actually, kind of, started the snowball of my recovery I think was two-part. It was partially psychedelics and having to, like, probably not doing them in the way that we should encourage people to do them correctly but, like, feeling out of control and having to address some of those inner feelings, but also the somatic side through a healer who was doing bodywork. And after that session, I literally shook for two hours. Like, that, kind of, like, adrenaline release shaking I'm guessing is what was happening. And I thought about it and realized, you know, animals have near-death experiences all the time and they don't walk around with PTSD. But they do that. They, like, almost die and then they shake, and they, like, process it through their bodies. Whereas humans, we have the ability to, like, bottle it up, lockdown, build walls, and then we're in the sympathetic nervous system state and it's not safe to process those things.

So, I love that you brought that side up and also the adverse childhood experiences study, I think this is an important thing to understand, from a parent perspective as well. I know you're a mom also. So it's a little bit of a tangent before we go deep on the psychedelic side. Are there things we can do as parents, certainly, we can't protect our kids from all adverse experiences, but to help them learn processing tools early and so they don't, kind of, tend towards that suppression?

Dr. Jennifer: Yep. Yeah, you're bringing up Pierre Levine's work, which is really well studied about the shaking. It's actually a great bodily release and somatic release. I would say the number one thing we do, or we can do, and this is...My kids are older, and so, the more I learn about trauma, the more I look back, and I'm like, oh shoot. But the best thing we can do is actually process our own. We repeat what we don't acknowledge and are not aware of, even with the best of intent. You can read all of the parenting books you want but if you haven't done your own internal work, you are going to repeat those patterns. And allowing and processing what is keeping you from showing up fully as a parent is gonna be the biggest barrier to your kids being able to learn how to show up fully as themselves.

Katie: Yeah, absolutely. And definitely, I look back to and think of those things of, "Oh, I wish I had known this earlier," but also realizing, I think every parent short of some extreme circumstances, we're all doing the best that we can. And I think, from personal experience, one of the more powerful things we can do is also admit when we make mistakes, and then give them the container and the freedom to express their feelings. Because I think about, like, that adrenalin shaking and I did rage therapy one time, and literally threw an actual temper tantrum. You know, like, kids are born knowing how to do this. And then we tell them to stop doing it. So just letting our kids experience the range of their emotions without projecting on them, like, "Oh, don't cry," or, "Oh, you're feeling sad." But let them have the experience and give them a safe place to know that they can have those emotions maybe I think will go a long way.
Dr. Jennifer: Absolutely. And we also do this interesting thing where...you know, timeout, where we're like, "Oh, my gosh, you're being emotionally unacceptable. Go to your room. Get it together and then come back when you can be something that I can handle," right? So we do all of these really inadvertent weird messages to kids around, like, what you're doing is not okay. Who you are is not okay. Go away or change it so that I am more comfortable with what's happening. And then you will be accepted. And so, really, for us doing the internal work of, like, why when my kid tantrums, do I get so flooded, do I get so overwhelmed, do I feel shame if people are watching, right? Like, that's us.

Katie: Any tips from the parent side of...Because certainly, children will experience intense emotions as far as, like, the best I've kind of figured out with them is to ask them, like, "What do you need? Do you want space to process this? Do you wanna go outside and do something active to help your body work through this? What do you need?" But I don't feel like I have a perfect handle on this either.

Dr. Jennifer: Yeah, I don't think...To your point, we're all doing the best we can, right, and I don't think any of us ever could handle it. I have two teenagers. And so, I have the luxury of being able to talk out a lot of things with them, and especially my daughter who's almost 18. We have some great conversations around like, "Oh, wow, you're really dysregulated right now. Let's talk about what's happening for you." And so, with little kids, I think even just reflecting back and saying that, "It's okay, you know, you're really angry right now and I can understand why you're angry. I would want that candy bar too. And it's okay that you're showing me that you're angry," you know, and really being able to sit with them. And I love that piece that you add, Katie, of like, "What do you need? What would feel good to you right now? How can I support you in this? I can't give you the candy bar but how can I help you through this emotion of feeling anger?" And just really being able to reflect back to them that what you feel and what you experience is valid and worthy and someone will sit with you, and you deserve that.

Katie: All right, so back to the topic of psychedelics. You, from my understanding, work with them in a clinical setting, which I think is a really amazing thing that we have this available more and more now. And I actually expect over the next few years, we're gonna see much more widespread availability of this. And so I wanted to start these conversations early as things become available because, like, we've talked about, I think anything can be done wonderfully or poorly and it's all about...especially when we're talking about things like this, the set and the setting and the intention. And there's so much that goes into that. So, to start, how are you currently working with people in these realms of psychedelics?

Dr. Jennifer: Yeah. So it's really...Depending on what substance you talk about, ketamine is a little bit different. We can work directly with ketamine and that's legal. And ketamine seems to have some really nice indicators for depression, especially intense suicidal depression. So doing, you know, either guided sessions with ketamine or a full infusion and then doing integration. But things like psilocybin, MDMA, some of those other psychedelics aren't available in the U.S. to be used unless you're in a research study. So, again, yeah, we expect these things to start to become legal, especially MDMA. I think we're thinking, like, two to three years for MDMA. So, at this point, I do some research. MDMA and couples therapy is, kind of, my pet project that I'm working on right now but also looking at best practices in ketamine, ketamine clinics.
To your point, Katie, ketamine clinics are being thrown up all over the country and people are going in and being infused with ketamine, and then, like, sent out the door. And there's no real consistent, like, "Hey, this is how we should be using this. This is how it should look." So, really interested in looking at best practices around that. And then I do a ton of integration in my private practice. So, whether it's being with somebody while they're doing a ketamine infusion or lozenge or something like that, and then processing after or just, kind of, doing the set and setting for folks. So, really kind of honing in on what their experience was and integrating that into their life.

Katie: Well, maybe since ketamine is more widely available right now, let's start with that. So I've mentioned this in at least one podcast before but, kind of, explain to us what ketamine is doing in the brain and the body, and then how it's valuable. I think, I mean, depression is obviously a huge topic right now. And we know, especially after the last couple of years, how drastically it's on the rise. So, how is ketamine able to, kind of, address that in a way that other methods aren't?

Dr. Jennifer: Yeah, so ketamine is a dissociative, it was originally a horse tranquilizer, which is always, sort of, a funny thing, right, and then was a club drug or, you know, sort of, used recreationally. And then it was by chance that it was stumbled upon. Like, it really seems to alleviate depressive symptoms for a bit of time. And so within the brain, you know, kind of, creating that space and working on certain receptors that then allow a person...What I've heard from most people and what I think is a good, accurate, kind of, way to think about it, there's like a decoupling and an ability to, kind of, look at and experience oneself in a very different way. And so, when I speak with people after they've done ketamine, our integration often looks like taking these things that are pretty metaphorical or feel very out of body and incorporating and understanding what the brain was, sort of, coming up with or trying to communicate during the session. And it is the most widely available. It's the one that people, kind of, are able to access right now.

The effects of it are a little less...I'm trying to think of how to say this. It's maybe the one that is a little more short-term as far as gains go and maybe something that people, you know, kind of, need to continue to do or continue to have. Again, we don't have a lot of best practices around it. So that's not necessarily fair of me to say, but that's what the early stuff is looking like is that it doesn't last quite as long.

Katie: Got it. Okay. And then beyond there, you also mentioned MDMA therapy, which I know that MAPs is doing some studies on this. We're seeing, I believe it got through the next round of clinical studies very recently. And you also mentioned the use of this in couples therapy, which I think is a really cool use. And I wanted to make sure we touched on this particular aspect of therapy as well because at least from my audience I'm seeing, and have personally experienced, there seems to be a rise in issues amongst couples after lockdown, after so much of what we've gone through in the past year. So, I'm curious, like, I know you work with couples as well. So, kind of, walk us through what MDMA is maybe as a compound and then why this is so effective, especially in, well, I guess any kind of interrelational therapy.
Dr. Jennifer: Yeah. So MDMA is what we, sort of, used to think of as ecstasy, although it's a much cleaner version of that, but it's the active ingredient in that and it creates a surge of dopamine and oxytocin in the brain, oxytocin being our connecting or bonding chemical, right, and dopamine being that euphoric piece. And what it seems to really do, especially in couples therapy, is just quiet shame and allow people to drop defenses. So what I say to people in couples therapy all the time is that...You know, historically, what we've taught people is, "Oh, that triggers your partner? Don't do that. You need to stop doing it. You stop saying it that way." So when I work with couples, I say, "You are each other's perfect trigger. You came together because your hooks mirror exactly and this is gonna be beautiful. I want you to trigger each other. Let's dive into those triggers and look at what's underneath them. Why does that trigger you when that happens," right? So that actually is the work of couples therapy. It's not learning to avoid that.

So, what my study and what my research hypothesis, kind of, is around this is because we know that MDMA allows people to experience things like traumatic memories like we've seen in veterans in a way that, you know, sort of, dampens the trauma or, like, creates euphoria and then pairs with the memory. In couples, it really seems to decrease the sense of, like, I have to protect myself, I'm triggered, I'm in shame response. All of these things that we see day-to-day when we're in a relationship with someone, it really seems to suit that and allows people to meet each other in a place that is vulnerable and open, and discuss things much more productively. And then it's a lasting change because it gets anchored in the body like we talked about before. So, the experience of being seen and being known and being heard by your partner in a way that is accepting and loving gets anchored in as well.

Katie: Yeah, that's huge. I love that line that you are each other's perfect trigger. And I'm guessing this goes back to circle to the earlier part of the conversation to some childhood stuff and maybe unfulfilled needs in childhood. Is that what you're seeing as well?

Dr. Jennifer: Yes, 100%. We recreate what we think of as love. I was just saying to some students yesterday, you know, our earliest experience of love is our caregiver, obviously. And at the time where we learn this is a cow, the sky is blue, this is love, right? So, depending on what your this is love is, you bring that with you into adulthood. And if you were dealt like a really great hand, that's great. Good for you. And if you were dealt maybe an okay hand, you've got some stuff. If you were dealt a really poor hand, you've got some more stuff to work through, right? And so one of the things I often ask people is, why does this feel like love to you? People who come to me in relationships that are really volatile, really difficult, why does this feel love to you? Because this is about you. And so, yeah, it's almost always whatever your map of love was that you bring forward. And with that map comes all sorts of triggers that your partner is perfectly designed to help you look at if you wanna look at them.

Katie: And I don't know if there's any clinical backing to this, but I've heard and also, kind of, felt, in my own experience that we, kind of, all emerge from childhood with some kind of core either insecurity or unanswered question, that often it mirrors something like I'm not good enough, or I'm not lovable, or I'm not worthy. It seems like we all, kind of, maybe have an element of that in us somewhere. Are you seeing that
when people come to you in a clinical setting as well? And is that, like, one of these may be unresolved things that's causing those triggers?

Dr. Jennifer: Yeah. Yes, absolutely. And we touched on this a little bit. I think people will look at their childhoods and be like, "Well, I didn't have trauma. Nobody locked me in a closet or beat me up or sexually assaulted me. Like, I'm fine." But there's actually all these little, kind of, chronic ambient things that occur during childhood that create trauma for us in the mind. And a lot of us are walking around with these kind of wounds. And what you're speaking to are, like, these core wounds of, you know, I'm not lovable, or I can't be accepted, my feelings aren't valid. So all of these things start to create distance and disallow us from real connection with people until we look at them and heal them ourselves.

Katie: Yeah, I think to get vulnerable and can maybe share an example from personal experience, I found that in a profound way of I knew I had very acute trauma in high school that was, like, extremely traumatic and violent. So, I assumed that a lot of maybe the things I needed to work through were anchored to that. And certainly, there were things that were, especially around helplessness and the need to be in control. But what actually was more difficult to work through and more paradigm-shifting when I did, were those small moments that were completely unintentional on behalf of my parents in childhood, where maybe I had, like, spilled something and got yelled at, like, "Why did you do that?" And I internalized like, "Oh, I'm not good enough. It's not safe to make mistakes." And those things are so early and so anchored that they were much more pervasive and actually took, I feel like, more work to let go of. And I've heard it referred to almost like as filters, that they shape how you experience life after that. And so, it's like if you think nobody likes you, you're gonna find evidence in every interaction that nobody likes you. And if you can rewire that early experience, it shifts your interactions with everybody.

Dr. Jennifer: Yep. Yep, absolutely, you know, our brain filters out so much of what is incoming all the time, right? And so we, sort of, tell it what we should focus on. And having those early experiences that then create a lens through which your brain makes stories but we're all amazing storytellers. That is what our brain does all day, every day. It makes connections. It, you know, takes in stimuli and says, "Well, that's why this and this is this and that's that." And if we're looking at it through a lens, especially of trauma, those connections get really faulty and can really trip us up.

Katie: Absolutely. Okay. So, back to as these therapies, hopefully, become more widely available, I think we'll obviously see people pursuing them. And eventually, we could even see these being more just available without a therapeutic setting. We'll see how that plays out. But I think is also important to talk about of, like, I would guess there's more to consider if someone's gonna do this on their own. And it seems like from the research we're seeing, some kind of either therapeutic or guided setting seems to be important, or often I've seen this in people I'm close to, it can create almost like a worse loop until you integrate. And so, I guess, question A, can people do psychedelics on their own and get the same benefit?
Dr. Jennifer: You know, like I said, I think that there is a component, a biological component, that people will receive some benefit from it. And some people are very psychologically minded and can, sort of, be in their own mind and look at things and receive some insight from it. And I strongly...soapbox of mine, to get maximum benefit, really, that integration piece is so incredibly important. And I think set is as well. So people talk about having a bad trip. And I always say there's not any such thing as a bad trip. There's a challenging trip. But being able to set yourself up with, A, appropriate expectations of you're not gonna eat magic mushrooms as, you know, people, sort of, commonly call them and then be all better, right? That's not...You know, so setting some realistic expectations, having an idea of what you're maybe wanting to go in to try to find, and then being open to having a very different experience if that's not where your experience is meant to go. But then being able to integrate whatever does happen.

So having a psychedelic experience is, sort of, like, shaking a snow globe. And then you have all those little pieces, right, falling down all over the place. And if you, A, don't let them settle, some people don't do that, they'll start doing...you know, they'll be like, "I did five ayahuasca ceremonies in six months," and you're like, "Whatever for?" You know, so I'm really taking the time to allow those pieces of the snowglobe to settle and see where they are now and look at the landscape and understand how things have shifted and changed. And what that means, that little storyteller in your mind, our brain, and how that changes the way that you wanna be in life.

Katie: Can the integration be done after the fact? So if someone's maybe already had these experiences in the past and it stirred things up, is it possible to go back and integrate at a later date?

Dr. Jennifer: Yeah, absolutely, and you should, especially if people get stuck in the loop and things are feeling really unsettled and up in the air, look for somebody who is well-versed in integration and psychedelics. And yeah, absolutely, you can do it after the fact.

Katie: And I will definitely put some resources in the show notes for anybody listening, both of the things that are currently legal in the U.S. so people can find that. And I know there are therapists who are using ketamine with good results. There are also availability of some of these things out of the country, which are some of the options I've pursued, so that it is legal at certain places in the world. I can put resources for that as well. But, like we've talked about, I would expect that we start to see this become more widely available within the U.S. as well. And I think when we start having that conversation and people start maybe pursuing these options, what are some things people should be looking for in those types of clinical experiences and in a facilitator? Like you mentioned, I've seen people go down that ayahuasca train a lot, and then just keep doing it over and over. And I guess I, kind of, think of it as like, isn't this a thing you're supposed to do and then help move beyond? It's not like a drug that you're taking every day.

Dr. Jennifer: Yes. Yeah. Some people, kind of, go straight towards, like, ayahuasca or DMT and they're like, "That's gonna be the first psychedelic I do," sort of starting with dynamite. And if you don't have a supportive setting, that can be pretty dicey. So, you know, I think really just being intentional. The thing that I talk to
people a lot about who are wanting to have a psychedelic experience, I often see people for a couple of sessions before and then they go and have the experience, obviously, because it's not legal for me to be with them during that, and then come back together to integrate, we talk a lot about intention. What is it that you're wanting to get out of this? Where are you wanting to go? And then that should really guide which medicine or compound or substance you're planning to take.

So, when you think about, you know, practitioners and facilitators, and what to look for, A, somebody who's really gonna be intentional with you, and not just say, "Here, this is the thing you should take. It works for everybody. It will work like this, and you'll be fixed." That's the other thing I hear so often that makes me really nervous is, "If you just take some MDMA, you won't have trauma anymore." That's not how it works. Substances are a tool. They're a tool to do deep inner work. They're not a cure. They're not going to fix everything. You still have to do the work, unfortunately. I would love if it was like Tylenol and we just could give you some substance and send you on your way. But that's not how the mind works. So people who are advertising differently, I would be really wary of. Anyone who says that integration work is not important or you don't need it, I would be super wary of that.

And I know there's a lot of practitioners who are, sort of, underground and providing substance and there's not a lot of support or education, either on the side of the facilitator or intentionality about what the group looks like. I would always be really wary of things like that. And then finally, anyone who's like, "Oh, you should come, you know, every week, every two weeks, every month." Let that stuff settle. Let it be for a bit. I think people start to chase the feeling of belonging. For some folks, the first time they do a psychedelic, especially MDMA, it's the first time they've ever felt love in their body. It's the first time they've ever felt peace in their body. This is a big deal for our nervous system. And some folks can get stuck trying to chase it again instead of learn how to create it in their lives. And so, just being really, like, mindful and intentional about how you're gonna use the substance and who you're gonna use it with.

Katie: And is it accurate to say that maybe the more intense thing that you're trying to work through, the more potential and intense experience that you could have?

Dr. Jennifer: It can be, although often folks with really intense trauma or who are wanting to work through intense trauma don't get there for a while because they have had to be in survival mode for so long that there's a lot of defenses and a lot of blockages to even being able to touch that. So some folks are really disappointed. They're like, "I wanted to have this big, huge, intense experience." And it's reflecting back to them. Like I said, "Well, this was the first time you ever felt peace. This was the first time you ever felt belonging. Like, that's really nice. It's the first time you've ever felt safety and anchored into that." That's the beginning point to being able to get there. I mean, if you hit it hard with something like ayahuasca or DMT, you're gonna have an intense experience for sure. But what that is, or what that looks like, or how you relate to it might be very different.
Katie: Have you seen cases where, especially if people have, like, dissociation from their body to an extreme degree based on trauma, that it's actually hard for them to be able to actually even have an experience? Because I've heard of a couple of cases of this where people do to some really severe either body trauma or mental trauma that was directed at the body can even take some of these substances and have trouble feeling any effect whatsoever.

Dr. Jennifer: Yeah, I've definitely seen that. And being able to work through...And that's a part where prep work...And we call it set. But I would even expand that more to just groundwork, psychotherapy and somatic work will really go a long way for those folks. If you had intense body trauma or that really intense early trauma where you're dissociating, that's what I call a tiny human defense. So, we learn intense dissociation when we're very tiny because something really terrible is happening to us. And that's how the body literally survived. It's a last-ditch effort for the body to survive whatever's happening to it. So your body has learned, I've got to be able to do this thing in order to survive. It's gonna take a while to teach it that it can do something different or that it's safe now. And so just being really safe or really patient and gentle with that. And probably large groups for those folks, not so good.

Katie: Yeah, I think that's a really important point is also recognizing anytime we're working through some of these things, it's easy...I felt like I was, like, annoyed and frustrated myself. I felt betrayed that I couldn't just work through these things. But it's also acknowledging that our brains and bodies do this as a safety mechanism for survival. And I actually had to go through a process of recognizing that and almost, like, thanking those mechanisms for keeping me safe for so long but also letting them know that they didn't need to do that anymore.

Dr. Jennifer: Yeah, that's beautiful work to do, to be able to...So whether you think of it as mechanisms or you think of it as power parts of yourself, however, it best conceptualizes in your head and really acknowledging, like, the gift of, right, the gift of survival, the gift of, you know, being kept safe from whatever it is, and we don't need it anymore.

Katie: And let's talk a little bit about the data surrounding the research we're seeing about this because I think I get most excited about this when we're talking about people who have served in the armed forces, who then have really severe PTSD that's affecting their family lives or, you know, people who have treatment-resistant PTSD or depression. I would say, personally I wouldn't consider this a first line of defense. I think there's many things we can do before we get to this point. But for people who are really in these tough points and it's affecting their families and their relationships...And then also, I hear from so many people, after sharing my own trauma story, I literally got thousands of emails with some of the most heartbreaking stories of really, really severe trauma. And I get the most excited to be able to hopefully...that these tools will be available for people in the future. But let's talk about the data of what we're seeing in the research because it really is astounding to me, some of the results we're seeing.
Dr. Jennifer: Yeah. Yeah, I mean, you’re seeing huge numbers of change, even in, you know, double-blind studies. The impact that people are measured to have and are reporting all over, so through the MAP studies, things that are being done at Johns Hopkins, and NYU and, sort of, some of those really large institutions are really astounding, in that people are reporting significant...in numbers that we almost, like, don't trust, significant decrease, and not just decrease but absence of trauma symptoms. And again, I think that it's important to add that these are taking place, you know, in research settings and they're taking place in clinical settings. And so with folks who are well-versed in how to manage that severe trauma and what's going to come up or potentially could come up with the use of these substances, but yeah, the data really is remarkable in all studies.

Katie: Yeah, that blew my mind when I read that people who have been resistant to other forms of treatment, it's not just like they had marginal improvement, but they had resolution of all their really severe symptoms. And certainly at the extreme end, which is definitely not legal in the U.S., but things like iboga for even severe addiction to things like heroin and meth resolving in a very short amount of time. So, that's why I said at the beginning, I think at the very least, we need to be open to these conversations because when you have people who are having truly, like, life-threatening, whether it be trauma, whether it be addiction, it's horrible that they don't have these tools available.

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And I think another part of this conversation that's really important is gonna be around the barriers of access to these kinds of treatment and how we can help make sure that that playing field is somewhat level as these things become available because I've seen this with my work directly in the birth world, more so, that there are definitely certain groups that are just not given access to some of...like, even in midwifery, like, some
things are just more costly. There's not access to them. And I would guess this is gonna be also a thing we have to really work through in this area as well.

Dr. Jennifer: Yep, this is 100% gonna be one of those things. Even ketamine at this point, I mean, that's an out-of-pocket expense, and it's not a small one. So, that's a barrier right there. And then being able to pay...I mean, if you think about MDMA and psilocybin when that eventually becomes legal, that's going to also be out of pocket. I don't see insurance companies covering any of this for quite some time. There's not much incentive for them to do so. And there's a lot of incentive on the pharmaceutical end of things to keep our focus on, you know, what we've always used. So, yeah, this is going to be a barrier. And there's also a lot of disproportionate research, and studies, and outreach, and building of understanding in marginalized communities. So, we hardly see any BIPOC even in the research studies. And then folks who are actually utilizing these medicines and these services, there's a real gaping hole in that. So that's also going to be a disparity. And we're talking about communities who have some profound generational and community trauma that could really be, sort of, alleviated or helped with a lot of these therapies that are just not going to get them unless we are intentional and work very hard to try to remove some of the barriers.

Katie: Yeah, and sadly, that's a trend, unfortunately. I think we see across a lot of areas of medicine, even with women, just because women are harder to study because our hormones change and so often women are excluded from trials of things. And so we're taking things that were studied on men and we don't actually know how they're gonna impact women. And certainly, I've seen that, again, in the birth world with anyone of color or any minority group whatsoever typically just doesn't have the availability and access that they should. And I think that's a really, really important conversation to have. And as these things become legal, I think it's important to have that top of mind. I don't know any way to address it other than on a personal level for now, which I always go back to. I think we all at least have the ability to create change in our own communities. And I've seen beautiful examples of friends in my own life, who had life-changing recovery from some of these therapies, then sponsoring other people to be able to have access to them, as well. And so, even until we can get to a widespread level where these things are more accessible, I think we each have the ability to help other people access them, too, which is a really cool method.

Dr. Jennifer: Yeah, and I was talking to a friend of mine who runs MAP studies here and we were talking about the responsibility almost of us as clinicians to yes, build a practice in which we can support ourselves and support our families, but being able to leave spaces for folks who maybe can't pay full fee or can't pay any fee because we believe in the work, because we know that these things really have huge healing properties. And if you can help one person heal, then they can do exactly what you're saying in their own personal lives, right, like help other people heal, whatever that looks like. And so, some of that is clinicians leaving space to do pro bono work using something that we know is really great.

Some of it is taking our research into those communities, and building those relationships, and partnering with community organizations that are already there, instead of saying, "Hey, come to my university, don't worry about the five buses you have to get on and the fact that no one here looks like you. It's gonna be fine. I promise. We're just gonna give you some drugs. Don't worry about it." Like, especially in my community, the
black community, we've got a whole thing around that. Like, you really are going to have to work to break down some of that stigma and barriers we are as researchers. And so, I think there's ways to be intentional. I think there's things that we can do, whether it's going to happen or not will remain to be seen, but there will always be some of us, kind of, in our own little corner of the world trying to make sure that there is equity in this as it moves forward.

Katie: Yeah, absolutely. And I think anytime we're talking about any kind of, honestly, any therapy at all, but especially any substance-based therapy, it's also important to touch on the safety and risks of such a thing because certainly, nothing is without any risk, but it seems like being well prepared and understanding that is a big step in avoiding some of the downsides. And at least from my understanding, many of these things we're talking about are actually much safer and have fewer side effects and much less long-term risk than things like SSRIs, for instance. But for people who are not familiar with these, they can certainly seem scary. So, walk us through what we need to understand about the risk and safety of going into any of these things.

Dr. Jennifer: You bring up a really great point. And yes, it does seem that there are, you know, significantly decreased side effects. I think some people talk about feeling maybe tired the next day, maybe there's some mood fluctuation, as chemistry, sort of, evens back out in the body, but it's very temporary. Whereas with some, you know, our other things that use SSRIs, antipsychotics, there's kind of a list of things, we don't see anything like neurotoxicity. I don't know if you remember, when we were young, there's this thing floating out in the ether that if you did ecstasy, it was gonna, like, eat away at your spinal cord or, like, get in your spinal fluid and stay forever. That's not real. So a lot of these things are dispelling myths that have been told to us. Acid's going to fry your brain. If you take LSD, that's it, you're gonna be, you know...None of that's true. So some of this is dispelling myths around what the side effects are and really looking at the fact that there doesn't seem to be a lot of them.

We do at this point think that psychedelics are not well-advised for folks who have a psychotic disorder, who have bipolar 1 disorder. Things where there's a lot of psychiatric instability, that has been really ruled out of the studies or, kind of, left out. And so we don't know the impact, but we don't think it's great. So, I will recommend for folks who have, like, some of those more severe psychiatric illnesses that maybe there's something better for them. And so, I would say that that's our primary what we're looking at.

Katie: Where do you think some of this stigma came from, like some of those things you mentioned that were definitely, like, more widespread, kind of, accepted ideas? And they're certainly, like, the reason we're having to work through the research on all these is because they were banned. So where do you think some of those, kind of, things came from?

Dr. Jennifer: Oh, that's like a podcast in itself. America's relationship with drugs is crazy and so conflicted. And, you know, a lot of those early studies that came out in the '60s and '70s, and Timothy Leary, and things that went really, kind of, awry, but then also this culture that we ushered in of, like, the Just Say No culture, and all substances are bad, and cannabis is terrible. And all of you can't do any of these things. And we're really
having to unwind and rework how we think about substances, how we think about addiction, how we think about use of substances. It's really a whole cultural shift that's taking place. And it's the result of, kind of, those preceding generations that were very anti and very afraid. And so, a lot of it comes from that. And that, like I said, like, I actually do a lecture on the history of substances in America. We've really wound it around and there's, like, elements of racism, tons of elements of racism, a lot of control, a lot of government, a lot of special interest and money. That's a whole...Yep. So we're undoing a lot of those things, I think.

Katie: Yeah. And that's definitely a research area I would encourage people to, kind of, go down that path. And I was shocked when I found all the...especially the racist roots of some of these things. And I feel like, especially in light of everything recently, this is something we should be bringing to the forefront and talking about. I'm also glad you mentioned cannabis because that is one that is legalized in a lot more places in the U.S. And at least my perception, ironically, is that I think it can be more dangerous in some ways than some of these substances that we're talking about. At least we look at brain scans and overuse over time. I think it also can be, to your point, an effective tool, but I'm curious your take on cannabis, which is medically legalized in a lot of places now.

Dr. Jennifer: Yeah, I mean, I think back to what we, you know, first said when we opened this, there's no such thing as a bad substance. It's about how you use it. So, yes, if you're smoking cannabis from the time you wake up until the time you go to bed every single day, there are going to be effects. It does seem that a lot of the effects we see, kind of, reverse over time and the brain, sort of, can come back to a baseline. But yeah, if you're overusing it, just like anything else, there's definitely gonna be effects. It's a dissociative so it doesn't really do much for me. A lot of people talk about feeling more creative or feeling more able to think. I have a client who likes to use it to sit down and journal and feels that really, like, allows them to access some creativity that they can't otherwise. So I think it's a tool. Are you going to have a profound effect or, like, experience on it? Probably not. I always encourage people to explore why they're using cannabis and what they're using it for, what it's doing for them. And that can, sort of, tell you a little bit about what it is that it's doing for you or you're hoping it will do for you.

Katie: Yeah, and I always also like to put in the perspective of, you know, alcohol is legal in the entire U.S. and I would at least argue that alcohol is much more damaging to the body, and the brain, especially when used long-term or overused, than any of these things that we're talking about. But yet many people who will not think twice about drinking a bottle of wine on the weekend have some reservation about these substances...which, again, I think it's important to be cautious and to understand them and to be well educated. But I just like to put that as a frame of reference because we have these legal things that I think can be much more dangerous.

Dr. Jennifer: Yeah. And that really speaks to what you were talking about, sort of, the roots around like the racism, and special interest, we were all told that alcohol was fine and these other things were really bad. And we built an entire system around it for all these external reasons that really didn't have anything to do with science. But we do know that alcohol, it's hugely neurotoxic, that it has huge effects on the body. And yeah, we're all...Like, we've built a whole mommy wine culture around it, right? But yeah, for some reason, LSD that,
like, leaves your body and doesn’t leave any side effects, we can’t take that. So, yeah, it’s an interesting push-pull that we have, for sure.

Katie: Yeah. And that’s the reason I hadn’t for a long time talked about these therapies publicly because of some of those hurdles to overcome. But I also very firmly believe that when parents, and moms especially, shift their perception, that’s when society makes change. And like I said at the beginning, I think these things can be such a valuable tool, especially for people who have these really resistant, really dangerous forms of trauma. And so, I wanna, even though it’s a little scary, encourage this conversation among the moms because I think that’s when we’re gonna, hopefully, start to see the change. And I also think, having worked through some of these things myself now, that they can be exhausting physically and emotionally when you’re processing a lot of this. And so, I learned, like, you wanna support your body, especially in your sleep and really, like, dial in a lot of other factors as well if you’re gonna be working with trauma in any form, but I’m curious if you have any recommendations of complimentary either therapies or lifestyle habits that people can, kind of, build before they’re gonna go into something like this or while they’re doing it to help their body and their brain both benefit from that as well.

Dr. Jennifer: Yeah. I think, you know, on a really basic level, like you mentioned, sleep is huge. Nutrition is also huge. We now know that a lot of our serotonin receptors are actually in our gut. We’ve always been talking about in our brain. Actually, most of them live in our stomach. And so being sure that you’re really attending to nutrition, to sleep. And then also really somatic-based therapies. You mentioned doing energy work at some point. I think people find that really helpful. Acupuncture, yoga is a great one. Yoga moves energy and allows for processing of bodily things in huge, tremendous ways. And so, you know, any of those things that you can do that, sort of, access and allow you to support being connected and feeling like you’re nourishing yourself, I would absolutely recommend. Whether you’re doing substances or not if you have trauma, but especially if you’re looking to have an experience like this.

Katie: For sure, I definitely found any, kind of, movement and exercise really helpful, which we know also oxygenates the body and allows the brain to work better. Also, sauna was a great one for me because it was grounding and it activates all the lymphatic pathways. But I also found it was helpful to really hyper-nourish the body. And I personally needed things like excess choline and some, like, supplemental neurotransmitter support in the short-term. And I know that’s gonna vary from person to person, but it’s worth being aware of if you’re gonna go down this path for sure.

Dr. Jennifer: Yeah, like a 5-HTP, which you can go buy in, you know, the supermarket, and things like that for after to, kind of, allow for some restocking of things definitely can be helpful.

Katie: And we mentioned a couple of times that we’re looking at likely these substances starting to become legalized in the next couple of years is what the research path looks like right now. From a clinical side, I’m curious your take on as these substances are legalized, what should that look like? What should we both
individually know and societally? Like, what should we keep top of mind to make sure this is done in a safe way?

Dr. Jennifer: Yeah. You know, in my perfect world, it would be a medical treatment that is overseen with a medical professional. I think that there are a lot of people and they've got great reasoning and great arguments that say, you know, it should be just available to folks and they should be able to take it if we know that it is useful and helpful. I think that being able to do this in a supportive and safe environment is key. And I worry, even just, we've touched on ketamine clinics, you know, I look at some of those that are just a building thrown up and, you know, some random person who infuses someone, then sends them out the door and has no idea about this person's mental health profile or what they might be struggling with. There's almost no follow-up or support. I really worry about these things starting to look like that because if they start to look like that and we start to see adverse effects, I worry they'll go away, that all of this good that a lot of us have pushed for is going to be taken because they're not being used responsibly because they're being, kind of, mistreated in certain ways. So, in my perfect world, they would remain an adjunct to mental health treatment rather than something that you could go to Walgreens and buy and then go take it home. So, that's my, sort of, you know, I don't know, maybe its bias around it, but that's what I see is the safest course.

Katie: Exactly. Yeah. And even as safe as we've talked about these things are and how profound of an impact they can have, they're also still not a silver bullet and they don't replace any of these other therapies or doing the work or supporting our bodies with nutrition or getting good sleep. It's always a both-and, not an either-or conversation.

Dr. Jennifer: Right. It's the snowglobe, right? It shakes it up, but you gotta do some things to allow it to settle and to help it settle in a way that feels good.

Katie: That's such a good analogy with this snowglobe. I also have, like I said, heard from so many people who have past trauma and who are in, like, kind of tough relationship points right now. And I've been definitely wanting to find tangible resources to connect them with. So, I'm gonna make sure I put the links in the show notes. But if anybody wants to connect and work with you directly, is there a way for them to do that?

Dr. Jennifer: Yeah, I have a website. It's drjennifertippett.com. And I do integration coaching. So, folks who have had a psychedelic experience or want to. And then I also do couples coaching. And like I said, I'm a little different than the traditional, "Oh, stop doing that." It's more, "Let's keep doing that and let's figure out why it's creating this reaction," and so really wanting to work through some stuff.

Katie: I love that, especially to circle back one more time to you saying, you know, couples being each other's perfect trigger and the person who helped me, kind of, like, break open that shell the first time and I had that really somatic experience, something he says often is, "Never waste a trigger." And I think that's also a very
cool thing just in any kind of work that we're doing is to remember that, like, we don't have to resist all of these things, we can actually learn from them. And when you frame any kind of work from the perspective of what can I learn from this versus how do I fight this, you have a totally different experience, psychedelic or not.

Dr. Jennifer: Yep. Yep. And you can actually start reframing your relationship around your partner triggering you to thank you. Thank you for triggering me in this way. So, I now get the gift of looking at what this is and healing it myself.

Katie: Our children as well, I think. I've always said my kids are my greatest teachers, and especially when they trigger us, they're so often a reflection of things in ourselves.

Dr. Jennifer: Yes, 100%.

Katie: Well, as we get close to the end of our time, another question I love to ask is, if there's a book or a number of books that have had a profound impact on your life and if so what they are and why?

Dr. Jennifer: Yeah. I love that question. I think, you know, "The Body Keeps the Score" is one of the big ones, especially for me professionally, just it made so much intuitive sense once I read it. I've been working with addiction for years and really came to conceptualize that as a manifestation of trauma rather than its own kind of behavioral thing itself. And so, Bessel van der Kolk's work really spoke to me in a way that was affirming. Like, "Yes, you are correct. This is what's happening." I think, personally, I'm sure this has been said on your podcast, it's gonna sound really cliche, but I'm gonna do it anyway. "Daring Greatly" by Brené Brown, that changed who I was as a person. Changed who I was as a person, as a mom, as a clinician. It changed how I do therapy. It changed how I talked to people. It was amazing for me. And I think understanding shame and connection is two of our biggest drivers. For me, professionally, I see it all the time. And personally, being able to be aware and tap into that, it will move mountains. But I think that was...I'm sure people have said that one before but I mean, why wouldn't you? She's incredible.

Katie: Brené Brown is amazing. Yeah. And even if you've read it, it's worth the reread. I agree it's one that I'll encourage my kids as they get older to read, as well, for sure. Any parting advice for the listeners today? I feel like we're gonna have a lot of topics. We could springboard and probably do a whole round two just on couples therapy, but any parting advice for today?

Dr. Jennifer: You know, I think my advice would be to be open, to be open, and to do whatever level of research or reach out for supports and information that you can. And this, I think, will be the next biggest thing in mental health treatment and psychotherapy. And so the more information that you can give yourself
about it and the more you can approach it with openness and curiosity, the more benefit I think it will be for you.

Katie: Amazing. And I would love to say out loud I wanna have you for a round 2 one day, hopefully soon.

Dr. Jennifer: Yes. Oh, I would love that. That'd be great.

Katie: Awesome. Well, thank you for your time today. Like I said, I think this is a very important and very timely topic. And I'm grateful for the research and the work that you're doing and for the clinical work you're doing helping people process.

Dr. Jennifer: Thank you. I really appreciate it, Katie. It's been great.

Katie: And thank you guys for listening, and for sharing your most valuable resources, your time, and your energy with us today. We're both so grateful that you did, and I hope that you'll join me again on the next episode of the "Wellness Mama" podcast.

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