



**Transcript: #497 How Medical Psychedelics can Unlock Trauma and Improve Mental Health with Lauren Going**

**Dr. Wendy Myers:**

Hello everyone. I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast. We have a really interesting show for you today. We have Lauren Going on the show and she is going to be talking about psychedelics, about psilocybin, which is the extract of mushrooms. We're going to be talking about ketamine-assisted therapy and other psychedelic therapies that people can do and how they can combine psychedelics or do psychedelic-assisted therapy, psychedelic-assisted talk therapy, and things of that nature to really help with depression, anxiety, what may be the end of life circumstances. And anyone that's just looking to expand their consciousness, that's looking to create new brain patterns. We talk about what happens physiologically in the brain when you do psilocybin and psychedelic-assisted type therapies and how they can be really good for people that feel like they're doing talk therapy and they're really not making the progress they're wanting to, and how doing psychedelics or psychedelic-assisted therapy can be very expansive and people can make the shifts that they're looking for, and you feel great while you're doing it. So why not?

So we talk about some of the great research that's going on and how many of these therapies are about to be legalized. Like MDMA therapy is going to be legalized next year, and I believe psilocybin therapy is going to be legalized in a couple of years and coming to a therapy clinic near you very soon. So I wanted you to know about these things. I know you guys listening to this show are concerned about your emotional well-being and detoxing emotionally, so I created a free masterclass that you can take, and it's all about how to do an emotional detox, how to address trauma, and how emotional trauma and what that is exactly, what is emotional trauma, exactly what that looks like and why the majority of us have experienced some level of emotional trauma? Even if you feel like you weren't abused or whatnot as a child. Even neglect can cause emotional trauma, and how all emotional trauma is responsible for 65% or more of physical health issues. So I created this amazing masterclass that goes over all of that research that you can check out for free at [emo-detox.com](https://emo-detox.com).

So our guest today, Lauren Going, she's an LCSW-C and she's a leading educator in the field of psychedelic-assisted therapy, and the founder of Inner Path Wellness, Baltimore's first psychedelic-assisted therapy center. And she began her work in psychedelic therapy, assisting with some of the major studies at Johns Hopkins Center for Psychedelic and Consciousness Research conducted by Dr. Roland Griffiths, Dr. Bill Richards, and Mary Cosimano, and she trained in psilocybin therapy under Dr. Brian Richards at the Aquilino Cancer Institute, featured in the Netflix series, How to Change Your Mind, and she's also trained in MDMA therapy with Dr. Rick Doblin at MAPS, which is the Multidisciplinary Association of Psychedelic Studies, and trained in ketamine assisted therapies at PRATI, the Psychedelic Research and Training Institute.

Lauren is a trauma specialist trained in internal family systems eye movement desensitization and reprocessing, which is EMDR, and several other somatic therapies. And she's also studied with Richard Schwartz, Bessel van der Kolk, who I worship, Dan Siegel, and Laurel Parnell among others. And Lauren has been on faculty with organizations such as BodyWise Institute and DMV Ketamine Training Center, and you can learn more about Lauren and can work with her at [innerpathbaltimore.com](http://innerpathbaltimore.com). Dr. Lauren, thank you so much for joining the show.

**Lauren Going:** Thank you so much for having me. I'm very excited to be here.

**Dr. Wendy Myers:** So why don't you tell me a little bit about yourself, your history, and why you got so interested in psilocybin?

**Lauren Going:** Yeah, I'm happy to. So I've been a therapist for about 15 years and I was noticing that not much was helping things like trauma and depression and anxiety. And so became really interested in the research being done at Hopkins and from Baltimore, and that's where that's located. And just saw so many amazing results coming out about how helpful these psychedelic treatments are for things like trauma, depression, and anxiety. So I just went down a whole rabbit hole of learning, have gotten trained in many psychedelic-assisted therapies and just seeing results from clients and all of that. And I have my own personal experiences of healing as well that have been really powerful.

**Dr. Wendy Myers:** And so what are some of the mental health issues that psychedelics and things like psilocybin are shown to be helpful for?

**Lauren Going:** Yeah, there are a lot. The main ones that research has really focused on are depression, especially depression with psilocybin, ketamine in particular, really helping major depression and treatment-resistant depression, anxiety at the end of life or with life-threatening illnesses and trauma, especially for veterans and people who have experienced trauma in childhood. And there's some really interesting research going on for people with autism, eating disorders, bipolar disorder, and psychosis as well. So there's a lot happening in that area.

**Dr. Wendy Myers:** Okay, great. Yeah, and I've tried some of these things in high school. I've tried the mushrooms and psilocybin, and one time I had a photo shoot, I was exhausted and the photographer was like, "Here, I have some microdose of LSD." It changed my life and he was impressed his whole life and he started doing this and it was just really, really high quality, low dose LSD, similar to psilocybin. And I was in a great mood. Let me tell you. I had an amazing photo shoot, and I went from being exhausted and I just wasn't feeling well emotionally that day, but I needed to perform all day and it worked. I felt unbelievable for days after that.

And then I also had another experience. I had a friend of mine depressed, and I've just known this guy for a long time. I started doing psilocybin, like microdosing it, a totally different person.

**Lauren Going:** Wow.

**Dr. Wendy Myers:** Just a completely different person, more adventurous, more risk-taking, more just living his life and really happy for him, really happy for him. So I've seen this personally, so this is really, really interesting that these drugs typically have been illegal, it's being taken seriously by researchers and doctors for these various uses. So is there a history around this? So why are psychedelics just now being allowed to be researched and considered for these uses?

**Lauren Going:** Yeah, it's a really good question, and thanks for sharing those personal relationships to micro-dosing. I'm a big believer in micro-dosing. So it's really interesting when you think of psychedelics, there are often considered three waves of psychedelics. And the first is indigenous use that's been around for thousands and thousands of years, really since the dawn of humankind. And then the second wave in western civilization came in the 50s to 60s with clinical use and research around LSD and psilocybin. This was the time of Timothy Leary and Richard Alpert and all these known figures. And their fervor for psychedelic use got out of control and really took the legitimate research that was being done and got it shut down so there was really this prohibition period from say really the late 60s, early 70s until 2000. And in 2000 is when the third wave began, and that was Hopkins, actually right here in Baltimore where I'm located, got it put back on the map. They received FDA approval to do studies with psilocybin for life-threatening illnesses.

And it was quite a profound study where the majority of participants said that the psilocybin journey was one of the five most meaningful experiences of their life. And the results for depression and anxiety with the life-threatening illness, many people had cancer in that study, was mind-blowing. And so many other universities and study centers have since picked up, and now 23 years later, we're really at the precipice of this coming fully into clinical use, multiple substances being treated at clinics and being very well respected. So a lot has happened in the last 23 years.

**Dr. Wendy Myers:** That's great. I had a friend of mine who's my hairdresser actually. I live in Mexico. There are a lot of different medicine men here. And so she did this frog medicine, the Kambu I guess, and there's lots of different types apparently. And so she did that and she had this profound experience where she asked, "Why am I not in a relationship? Why have I not been in a relationship for so long?" And she had this insight that it was because of her father saying, "You're never going to meet anyone like me or good enough for me, and I'm going to take care of you," and whatever.

So she just had this resistance there and she had this insight into it during this experience. And I hear this over and over and over. I very rarely hear people say, "Oh, I hate that. I'm never doing it again." Or people always have these profound insights or they have really good experiences, but certainly, there are some people that maybe they're in the guidance of they get too much or it's just not the right or bad intention of the medicine man or something like that, or the doctor rather in this case.

**Lauren Going:** Sure, sure.

**Dr. Wendy Myers:** So can you tell us a little bit more about what kind of medications you think or substances that you think hold the most promise or some of the more research, more research you could tell us about?

**Lauren Going:** Yeah. There are a few right now, and I think it's really a combination of the effectiveness but also the length of the journey because, with something like LSD that can easily last upwards of 10 hours, it's not really feasible to have that in a clinician's office. It's just the amount, the cost, and the time is really extensive. So the main substance that has been researched is psilocybin is the primary one. And yeah, there's been studies at NYU, tons of studies here at Hopkins as well. There have been some smaller studies on micro-dosing, and psilocybin as well.

And so psilocybin should be in clinical use within the next couple of years throughout the US. That's what is forecasted. It's still unknown, but already in clinical use in Colorado and Oregon and a few other places. And then MDMA is really the next power hitter, and that is all the research is being done by an organization called MAPS. And that's been their mission since the 80s to get it back in clinical use because of the benefits combined with therapy. And so that is looking to be in clinical use early next year, so really, really soon.

And then the substance I work most with is ketamine because ketamine is in clinical use. Think of duration as only an hour-and-a-half to two hours of a journey and has profound benefits for treatment-resistant depression, suicidality, and all kinds of other things like trauma. So that's already being used.

**Dr. Wendy Myers:** And how is that working? So you mentioned trauma. So how are these medications helping with trauma and how does trauma affect the brain also, how is that affecting us?

**Lauren Going:** Yeah, it's a really good question. Trauma is not something that's been well understood until recently, really the last 20, 30 years. And one of the big insights about the trauma that has really changed the lay of the land in mental health is that it can't really be healed, ongoing, lasting traumatic effects by talk therapy alone. Because talk therapy, it's really engaging someone at the prefrontal cortex, the thinking level. And that's not where trauma we know is stored. It's not at the verbal thinking level. It's more body-based, it's more emotionally based. It's in the brainstem and the limbic system, which are not the thinking center of the brain.

So in the past, it's really been treated with things like psychoanalysis, talk therapies, and medications that have done very little to be helpful, very marginally been helpful. So what we know is that in trauma, the amygdala, the smoke detector of the brain that really detects alarm, gets overactivated. And so it's firing off at all different triggers. And for many people, what happens is the hippocampus gets damaged, so traumatic memories can't be processed and moved from, "This is something that happened and now it's in the past, and I have this disconnected memory that is not emotionally overwhelming."

And so what happens is in trauma, all those memories are coming up as if they're happening at the moment. And when I say memories, it might be a thinking memory, but also might be a body-based memory, like the feeling of the experience of trauma, the emotional experience of trauma. And so it feels like it's happening again all the time, and people are really suffering with this. So what's been known to help is what's known as bottom-up approaches that really work with the body, that work more from a nervous system-based place to help to integrate the traumatic memories that are really stuck in the system from where they are stuck.

And psychedelics, which is really interesting. Really all that we've mentioned so far are known to downregulate and quiet the amygdala, which is huge. And so when you're doing psychedelic-assisted therapy with someone if the amygdala is quieted down, then they're not getting flooded and overwhelmed by the traumatic memory as it comes up. And then those memories can be processed. There's also downregulation of the default mode network, which is our self-referential thinking network of the brain. So then there really is this ability to get out of the thinking brain and get into where the trauma is stored and actually create resolution from there.

**Dr. Wendy Myers:** And I've had many friends that have had trauma and you see that they are on high alert, that amygdala is looking for threats in their environment, and they even see things that aren't even there or interpret things as threats that aren't there, the relationships suffer as a result of that lack of trust and just creates a

lot of problems for them when that amygdala is on high alert. And what I understand also is that trauma is very much frequencies that are stored in our energy field as well. But let's talk about psychedelic integrative therapy. So how does that work exactly and how does that differ from say, talk therapy?

**Lauren Going:**

Yeah, it's a really good question. Very, very interesting. So yeah, psychedelic-assisted therapies have three phases, which is a way of thinking about it. And the first phase is really preparation for the psychedelic experience, which is really important because you're really opening someone up to these very expanded states. And like you were saying before, most people can have very profound healing experiences, but there is the risk of having negative, adverse, or even traumatic experiences because you're so open to everything. So in preparation, that's really the time to help someone really become clear on their mindset, what are they coming in with? What is their intention around this journey? What healing are they looking for? What expectations do they have? Expectations can really get in the way. If someone comes into a psychedelic journey and they want to heal their relationship with their mother, but that's not really where the journey is taking them, they could just loop on, "Oh, I'm so disappointed. This isn't what I wanted." And that can really get magnified in those spaces.

So in the prep, we go over expectations, intentions, safety, and things like physical touch are really important to go over because of their altered state. So I want that to be super clear, and just develop rapport because healing can't happen unless there's safety. So a person doesn't feel safe with their practitioner, there's not much that's going to come of it that's beneficial. So that's all the prep. And then we move into, we sometimes call it the dosing session where the psychedelic is accompanying therapy. And it said that the way to think of it is that the healing isn't really coming from the psychedelic, but it's really coming from someone's inner healer that's inside of them. I like to call it embodied intuitive intelligence.

So it's like removing the layers so that the part of the person. Really not the part, the ground, the being can come and really heal what is stuck psychically and emotionally. So similar to when you cut your arm and it's not anything a doctor would do to heal it. It's the body's own reaction that knows how to heal the wound. It's similar to our psychic emotional state. So that's really where the therapist is supporting. They're not being directive, they're not offering interpretations. They're really helping the person to access their own healing intelligence. And then it can be combined with modalities like internal family systems, parts work, and somatic types of body-based therapies. There's a lot that can come in the dosing session.

And then the third phase is integration. In this phase, we talk about the most important phase, and we sometimes say the real journey doesn't begin until the dosing session ends. So then the true journey of integrating back into life with the insight someone has, with their new perspectives, with their shifts within,

how do they integrate that into their life? And that is really important because what I've seen is there's this neuroplastic window that opens where changes can really be made, but if someone doesn't really implement those, they go back to those old habitual ways quickly. So it's really important, we say about 72 hours after the dosing session to do some integration work with the therapist, to really begin to look at what is the meaning of this? What kind of practices can you begin to instill in your life?

**Dr. Wendy Myers:**

I can see where people can do this type of therapy and have resistance because it can be strong, the change in your state and that flood of serotonin and all those feel-good chemicals and all that. I can see where some people do have resistance to that. And you have to just go with the flow. You have to just go with what's happening and relax into it. And so what is happening neurologically with these psychedelics? You said obviously we're trying to break some patterns of neurological wiring. Maybe these patterns aren't working for us, but how are the psychedelics assisting that, and what's going on neurologically?

**Lauren Going:**

Yeah, it's a really good question. So there is so much that we do not know about what is happening neurologically on any level in the brain, but we do know a few things that are documented. So one, there is a little bit as we talked about before, the downregulation of the amygdala, which can allow traumatic memories, people to not be flooded, to be able to talk about things, experience things that they couldn't before, so those can actually be processed and integrated. So that's a big one.

There is also a glutamate surge in the brain, and this is really connected with cognition, learning, and memory, and also with the increase in the growth of new neurons and synaptic connections, the connections between neurons. So that's really where the neuroplasticity comes from, is there actually new growth of neurons and the connections. And so if you look at, it's really interesting, if you look at a brain that's just functioning normally, you'll have different areas of the brain talking, but if you have a brain and you introduce psilocybin, you will see there are a 100 times more connections of different parts of the brain talking that were not talking before.

And so it's pretty wild and one of the things that's understood about what happens with healing is that there are parts, both of ourselves, we can see in the brain, that are disconnected, that are not integrated. And so these substances really help with that connection and that integration as well.

**Dr. Wendy Myers:**

And so let's talk about ketamine therapy. So can you tell us what ketamine therapy looks like?

**Lauren Going:**

Yeah, I'm happy to. That is something I am working on with ketamine every week, and so I'm happy to share and talk about it. It's quite a wonderful healing substance. So yeah, ketamine. What I really love about ketamine, I have to say I was a little closed off to ketamine at first. I think the name associations with

ketamine really threw me, and I wasn't really open to it, but I had trained in psilocybin-assisted MDMA assistance. I wasn't able to use them because of the legality. And so a friend of mine that worked for Mindbloom, a big ketamine-assisted therapy company, suggested ketamine and really said, "You're overlooking a lot of healing that's possible with ketamine. Why don't you give it a try and find out more?" So I did. I did my own ketamine work and experienced a lot of healing, got very interested, and within a year, opened my own ketamine-assisted therapy center because I believed in the work so, so much.

And I'd say some of the things I love about ketamine is the journey is 90 minutes to two hours. So it's very accessible for people. It makes it much more affordable. You can fit it into a two-hour block session. The sessions are really, really profound where they can take people and it can really range from being what we call like a therapy lubricant of really softening defenses, helping people to open, have access to different parts of themselves and their body that they don't normally have access to, all the way up at higher doses to a pretty profound psychedelic journey.

And so yeah, we are with the person the entire time. It can look like there can be a good bit of talking during and in processing and things happening with a specific modality or a lot of times it's internal. The person's listening to music, they have their eye shades on and they're just on an internal journey. And then we're more integrated following the journey.

**Dr. Wendy Myers:**

Yeah, fantastic. Yeah, I have a friend of mine right now, he's actually doing a documentary on psychedelic medications and substances and it's really fascinating. So let's talk about the safety of some of these things. My general impression is they're very, very safe, but can they cause brain damage? Do people have long-term effects from them? Or that's a question I'm sure a lot of people are thinking about as well that are listening.

**Lauren Going:**

Yeah, it's a good question. There's actually a wonderful diagram. It's by David Nutt and his team out of the UK, and it's on the harm caused by substances, and maybe I can send it for the show notes or something like that because it's quite profound. And on this, you have probably about 20 different substances, and the most harmful substance by far, even over heroin is alcohol, which is just for people to see. For most people, that's part of their life. It's pretty wild. And the least harm is psilocybin, virtually no harm to others, and very little harm has been caused to people at any level. And then LSD is just a little bit above that. MDMA is a little bit, and ketamine is still under the lower half, so they're all at the lesser harm.

And as far as any damage to the brain, to the system, there's not really much known with LSD psilocybin. Ketamine and chronic use can cause some issues, especially with the bladder. But this is people using multiple times a day ongoing, and it's not at all what we do or recommend in assisted work.



**Dr. Wendy Myers:** Like anything, you get too much of a good thing and can cause problems. But yeah, that's interesting. The psilocybin note's mushrooms essentially. Yes. Is it like an extract of the mushroom or exactly how is that made?

**Lauren Going:** It's interesting. I was talking with Brian Richards, he's been one of the researchers at Hopkins and has done other work, and he actually got on the Hopkins campus. I forget what kind of mushroom, but they were actually growing mushrooms on the Hopkins campus because they got approval for that. So that was directly from mushrooms. Otherwise, there is a synthetic version of psilocybin that is identical to the one caused by magic mushrooms that are used in research as well. But most psilocybin therapy is used with the extract from the mushrooms, which is often just in an extract.

**Dr. Wendy Myers:** Just so it can be controlled. You're not going to take, "Oh, here's one mushroom," just like that.

**Lauren Going:** Yes.

**Dr. Wendy Myers:** So it's more you're controlling the dosage with the extract.

**Lauren Going:** That's right. Yep.

**Dr. Wendy Myers:** Okay, great. And where's the field going? So I think it's really exciting that I didn't know the timeline of when things were going to be legalized. It's not something I've been following and I think it holds promise. I've tried many of these things personally and just think, wow, you're in a really good mood after you do some of these substances. But like I said, I've had microdoses of some of these and you just feel fantastic. I went to one Bulletproof Conference one time, now it's called the Biohacking Conference, and a lot of the people were on psilocybin and microdosing and everyone was in a great mood. Everyone was really connecting. Everyone was on the same frequency at that conference, but where is this still going?

**Lauren Going:** Yeah, it's a good question. I think people have some clear predictions about it, and a lot is still very to be seen. Yeah, I think the things that we feel pretty clear about, those who are working in this field and following it really closely, is that MDMA is on track to be in clinical use very shortly. Ketamine is only growing in use and popularity. I think the caution with ketamine is it's being used a lot in infusion centers, and my personal belief is without the support and without the integration. Actually, I've heard stories of harm. I've heard that the results are good at first but aren't so good in the long run. So I think with proper care that can keep growing. Psilocybin will be in clinical use in the next couple of years, which is big.

Some people forecast, there will be psychedelic-assisted therapy centers in almost every town where you can go and different medicines will be available and prescribed. There's a lot of concern about accessibility because of how long

these treatments last. MDMA's model is to have two therapists. They're estimating a single treatment is going to cost around \$20,000 for that. So there are a lot of questions in the field of how to make these things accessible to most people as well.

I was recently at a meeting for a coalition to bring psychedelic medicine to Maryland where I live, and one of the things they were bringing up was the possibility of a card like cannabis for psychedelics, which I found really interesting. And there'd be similar requirements. You get a permit for a gun where you have to take some classes and learn about safe use, and there'd be a harm reduction phone number you can call if you have any challenges, but just different ways to make it accessible. So there's a lot of ideas being floated around right now.

**Dr. Wendy Myers:** Yeah, we're talking here about these psychedelic-assisted therapies, but what about for daily use? Are these things going to be prescribed to people to take daily or weekly or things of that nature?

**Lauren Going:** Yeah, it's a good question. And most of the research has been on these macro doses, these larger doses, and I think most of the medical professionals would really push for having the experience in a clinic with therapists because of just the harm, the things that could go wrong, the unknown factors outside that can happen. But as far as micro-dosing, that is a really interesting field. That is a big focus at my clinic, Inner Path. We do a lot of microdose coaching and microdose support around that.

There are fewer studies with micro-dosing, so I don't know how that's going to pan out when it's in clinical use, that there will be prescribed in that ongoing way. The jury's out about that. And again, most of it has been in larger clinical use, but there is a lot going on as far as different ways that things are being used. So I'm just staying open to seeing where it goes.

**Dr. Wendy Myers:** And I really urge people to be open to trying psychedelics. And I think there can be some stigma for many people that I've been brainwashed in the media that, "These are bad, these are drugs. We got to say no to drugs," and all that stuff, which is certainly warranted for certain narcotics and things like that. But I urge people to be open because I think these do, just from my own personal experience and having done 10 years of talk therapy and, "Ooh, is that the slow road to China?" I'm open to anything that helps to access your unconscious and open yourself up because I think a lot of people are very closed, fearful, and just don't want to deal with this stuff. And it can be just very buried under the surface where you're not just consciously aware of certain issues you need to talk about, which is required to talk about them and talk therapy. So I think you can just really expand your mind and expand your consciousness and deal with things like you mentioned, that you're not wanting to deal with.

But yeah. So do you have maybe anything to add to that or any parting thoughts for people that have been doing talk therapy and may be ready to try something new?

**Lauren Going:**

Yeah. The one thing I would add when you're talking about the impressions and stigma, it's been very interesting to be a practitioner in this field. I started as an integration therapist, working with a lot of people from the Hopkins studies about 15 years ago, and it was a whole different landscape then. I barely talked to other mental health practitioners about working with people around psychedelics because there was so much stigma and negative perceptions of it. So it's really interesting now because it's such a mix. I've had clients fired by their psychiatrists because they want to microdose or they want to do psychedelic-assisted therapy. And then I have a lot of people in the field who are super supportive. So it's such a ranging landscape.

As far as parting words for people who might be considering these kinds of therapies, I think one is obviously reading, looking and there's so much research now to look into. There are a lot of great documentaries like How To Change Your Mind based on the Michael Pollan book. There's a lot out there that people can just start learning about and it really challenges the stigma. When you look at that chart and alcohol is in free use and you see psilocybin at the bottom but was made into a Schedule One drug and deemed as having no therapeutic value, and we know that's not true, it really starts to challenge the stigma.

So I would say do your research and then look to work with people that are really experienced and knowledgeable. I think a lot of people are interested in this field, but don't necessarily have the training. And these are powerful medicines, so they really should be approached with care and respect. So I think coming to a center like mine, Inner Path where we offer a ton of psychedelic support. Many others are popping up in similar ways, but I think not necessarily just going and having an experience spontaneously, even though it could turn out wonderfully, it could also not. So good to approach with caution.

**Dr. Wendy Myers:**

For sure. They are very strong, and if you want to get some instant results, if you want to feel something instantly and feel really good, these are probably good substances to try. Like with SSRIs, I've taken those before and they're like, "Oh, you don't really feel anything for three weeks." Yeah, I felt nothing for a year, really.

**Lauren Going:**

Yes.

**Dr. Wendy Myers:**

So I think that microdosing is a much better route to go. You get those instant results that you're looking for and I think there's tremendous therapeutic value. I'm going to say that again, Silas. I think these substances, there's tremendous therapeutic value in them. If you want to make some shifts and you want to make some changes in your life and the things you're doing, just don't really feel like they're working and try something new.

**Lauren Going:** Yeah, 100%. And I would say to that too, just to add, the combination of something like micro-dosing plus bringing in practices because of the neuroplastic window, that combination of beginning to form new habits, bringing in new practices like mindfulness and movement and all of these things while you're micro-dosing can be life-changing. It's really, really wild, the combination.

**Dr. Wendy Myers:** So you can take advantage of that window while you're growing all these new neurons and creating new patterns to do some things that create new patterns, better patterns than what you're doing.

**Lauren Going:** Yes.

**Dr. Wendy Myers:** And so tell us what your website is and how people can work with you?

**Lauren Going:** So we can be found at [innerpathbaltimore.com](http://innerpathbaltimore.com), and we offer just about every psychedelic support service that can legally be provided at the moment. We offer microdose coaching. We offer prep and integration support services for people who are having experiences outside our clinic. And a lot of that's harm reduction work, really helping people to have safe therapeutic experiences outside. And then we offer ketamine-assisted therapy as well, among many other services.

**Dr. Wendy Myers:** Yeah. Fantastic. Yeah, it sounds really, really interesting. I love talking to people like you that are at the forefront of this, pushing this change and all to help people and love people and helping them, assisting them on their journey to feel good. And that's what this podcast is all about. So everyone, thank you so much for joining and listening to the Myers Detox podcast. I'm Dr. Wendy Myers. You can learn all about my work, detox, and emotional detox at [myersdetox.com](http://myersdetox.com). And thanks for tuning in every week. We are heading in on the 500th episode. I'm just so thrilled that you guys have stayed with me or maybe someone new has joined as well. But I have a lot more to say, a lot more people to interview. So it's just been such an honor and a gift to be able to interview all these experts from around the world to help you give you those clues, those missing pieces of the puzzle that you're looking for, that they could help you on your journey. So thanks for tuning in and I'll see you guys next week.