AETC AIDS Education & Training Center Program Southeast

NEXT LEVEL TRAUMA-INFORMED CARE: USING EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) FOR PEOPLE WITH HIV

Amy Carmen, LCSW, LCAS | December 15, 2021

Definitions of Trauma

- **Defining "Trauma"**
  - Trauma is a vast topic that encompasses a broad range of devastating, distressing, and disturbing experiences resulting in an emotional wound
  - EMDR is used for both recent and remote trauma including (but not limited to) physical abuse, sexual abuse, sexual assault, deprivation, natural disasters, exposure to violence, and war
  - EMDR is used for Post-Traumatic Stress Disorder, Depression, Anxiety, Phobias, and Substance Use

Definition of Trauma-Informed Care

- Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
  - Awareness
  - Empathy
  - Understanding
  - Accepting
  - Destigmatizing

Stats: Historical Trauma and HIV Diagnosis-Induced Trauma

- An NIMH study from 2011 showed from a sample of 118 adult participants:
  - 39 people (33%) reported historical severe trauma prior to receiving an HIV diagnosis
  - 37 people (31%) “reported experiencing their HIV diagnosis as a traumatic stressor”

- **Nightingale et. al. AIDS Behav. 2011 November ; 15(8): 1870–1878. doi:10.1007/s10461-011-9980-4.*

What Makes Trauma Work Hard

- **Confounding Factors:**
  - Few or no resources
  - Presenting (physical) complaints and concerns can be symptoms of the larger problem
  - Trauma components are often considered irrelevant if not in a psych setting
  - The trauma history is often under-identified, but very important for effective treatment
  - Secondary trauma

How EMDR Works

- Patient is Conscious and In Control of the Session
- Memory is not Lost
- Memory is Processed, Charge is Removed
- Negative Belief about Self is Removed
- Positive Belief about self is Installed
- Associated Body Sensations are Removed

Eye Movement Desensitization and Reprocessing (EMDR)

- Developed in 1987 by Francine Shapiro, PhD
- Uses a Present, Past, Future model
- Utilizes bilateral stimulation (BLS)
- Does not require talking in detail about distressing issue
- Facilitates communication between the amygdala (alarm signal for stressful events) and hippocampus (where safety and danger memories are created and stored) and pre-frontal cortex (which controls behavior and emotion)
- Upsetting images, thoughts, and emotions create feelings of being back in the traumatic moment and frozen in time

Eye Movement Desensitization and Reprocessing (EMDR)

- Duke Infectious Disease Clinic Population:
  - People Living with HIV
  - Active Symptoms Impact Ability to Adhere to Medication Regimens
  - “Cannot” (not do not) Consistently Engage in Care
  - Unable to Successfully Remove or Reduce Risk Behaviors Related to Trauma
  - Historical Trauma Creates a Barrier to Change Behavior

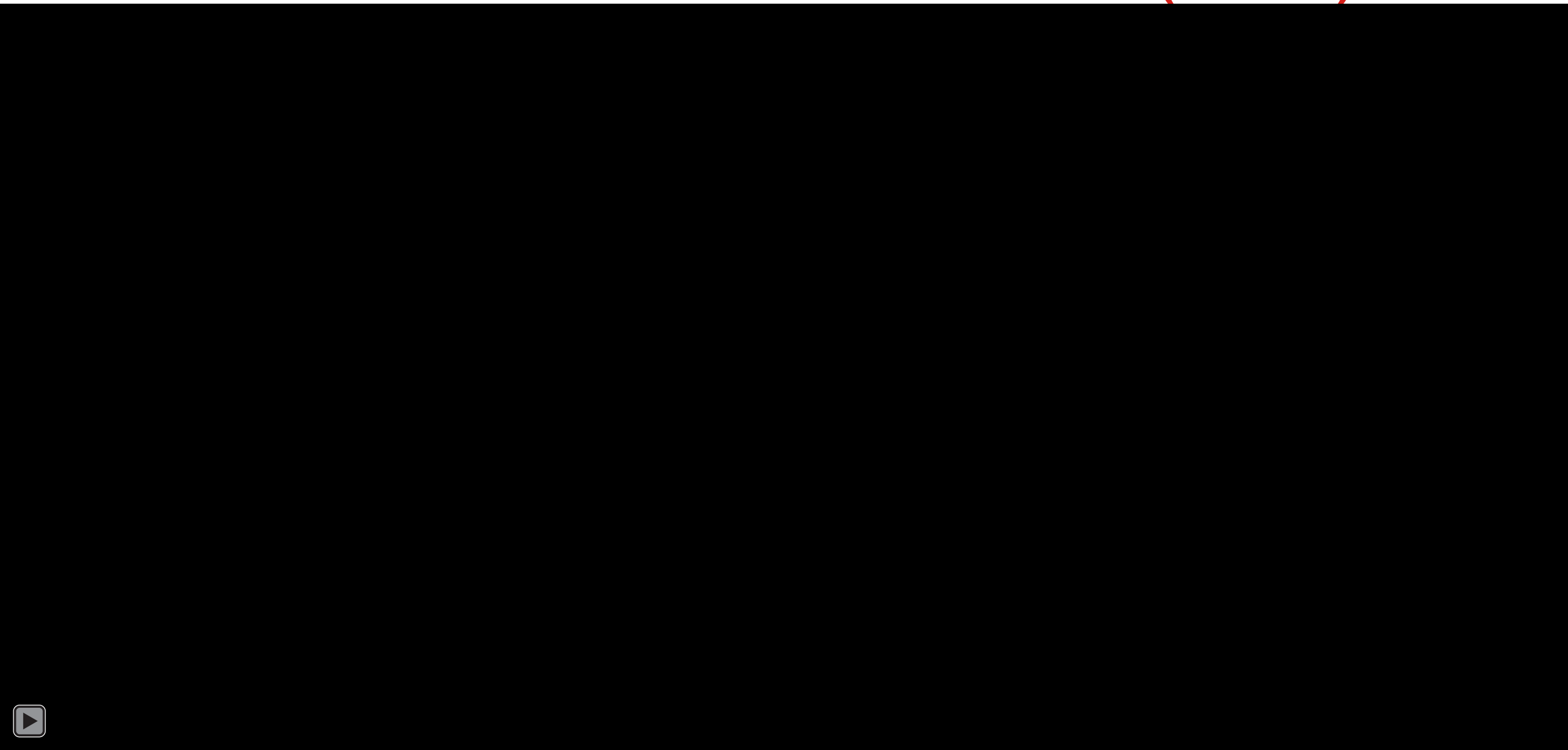
Steps To EMDR

- Define the Concern as it Stands Today
- Define What the Future Might Look Like
- Complete Informed Consent
- Adaptive Information Processing (AIP) History-Taking (Direct Questioning, Floatback, Body Sensations)
- Define Target Memory

Steps To EMDR Continued

- Complete Subjective Units of Distress Scale (SUDS) 0-10
- Validity of Cognition Scale (VOC) 1-7 (negative cognitions, positive cognitions)
- Identify Related Body Sensations

Remote Bilateral Stimulation (BLS)



Completing EMDR

- **Begin Reprocessing with Bilateral Stimulation (BLS):**
  - Start with Agreed Target Memory
  - Travel Down the Network
  - Re-check SUDS then Volition of Cognition (VOC), and Body Scan until 0, 7, clear
  - Complete Installation of Positive Cognition
  - Complete Future Template

Anecdotal Results

- **7 Patients over 2 Years:**
  - 7 Undetectable
  - 6 Engaged in Care
  - 1 on Cabenuva
  - 4 Stopped Drinking, Using Other Drugs
  - 0 ED Visits or Psychiatric Hospitalizations

amy.carmen@duke.edu