Conscious Life presents

Treating Trauma with EMDR

Guest: Gerard Ilaria

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[00:00:09] - Meagen Gibson

Welcome to this interview. I'm Megan Gibson, your conference co-host.

Today I'm speaking with Gerard Ilaria. He holds a Bachelor of Arts in Psychology and a Master's of Social Work from Columbia University.

He's dedicated his career to the provision of mental health and healthcare to stigmatized and underserved populations, first in HIV and AIDS, then with combat veterans, and most recently with the LGBTQ+ community.

He's an EMDR certified trauma therapist and currently serves as the clinical director of the center for Trauma and Addiction at Wild Cornell Medicine.

Gerard, thank you so much for being with us today.

Gerard Ilaria

Thank you for having me.

Meagen Gibson

So I want to start by asking you what interests you personally about trauma and trauma work?

Gerard Ilaria

Thank you. Yeah. I entered the field of human services, if you will, during the early part of the AIDS epidemic. And I did AIDS care, bedside AIDS care as a social worker, ran groups, saw and said goodbye to over 200 of my own clients and many friends and loved ones.

And having done all of that, I did it in a time basically before modern day trauma psychotherapy was established. So there was a lot of grief work and a lot of supportive care. And I know that I was useful to people, but there were no real tools to deal with that type of trauma back when I was supposed to be helping with it.

And many, many years later, I was introduced to the idea of trauma psychotherapy. And suddenly I thought, wait a minute, this is exciting to be able to have tools in my hand where I could really make a difference. And then once I started doing it, I really fell in love with it because it really, really works.

[00:02:05] - Gerard Ilaria

So I got excited about it because of my early work where I had fewer tools and then suddenly realized I was going to be able to make a real difference personally.

Meagen Gibson

Absolutely. And I can imagine during the AIDS and HIV crisis, it was a matter of... And this has happened so many times in history where we're dealing with something as it's happening, and we don't know how to cope so we're doing the best that we can.

But I'm sure that for you, and please don't let me put words in your mouth, let me know what your experience was, but you were doing what you were trained to do and what came naturally and it was only afterwards that you received the validation of, like, oh, what I was doing made sense for the application that I was kind of making up as I was going along.

And here's how I can actually see the quantifiable results and the scientific data that supports kind of the approach to a situation that was developing and completely new.

Gerard Ilaria

Yes, at the time of the AIDS epidemic, I specifically went back into human services because I was working in business, and the AIDS epidemic exploded here in New York City, my town, among my friends, including close friends.

So I went back to social work school, the Columbia School of Social Work, with the idea of being able to get into the AIDS epidemic work. I also was an advocate and worked with ActUp to do advocacy and sort of public demonstration and some policy work.

But it was all about just throwing yourself into it and doing whatever was needed at the time, and in a sort of meta way, what I didn't realize either even was that I was experiencing my own trauma personally and then sort of through all the work.

I think I did a good job of what it is that was needed at the time. It was grief work for so many people, once people were diagnosed with AIDS, it was all medical trauma straight through to death and just riding that wave with people and being supportive.

So frankly, some of the tools that I have even now may not have been so useful during that acute period. But now having it certainly working with people who live through it and carry that trauma decades later, I'm able to use the tools that I have now to help them finally heal. For many of them, not even realizing that they needed healing still.

Meagen Gibson

Still, you bring up such a good point, because we've had several experiences where there's been large catastrophic events, usually nature like acts of God, if you will.

And people will approach us about content from the Trauma Super Conference or some of our other programs, and normally what we respond with is yes, we would love to furnish you with that. But really what people need right now is not trauma work they need actual support, like immediate support.

They need clothes, they need underwear, they need somebody to hold their hand and be like, this was awful, like validation. And sometimes the trauma work of integrating experiences doesn't necessarily happen until later.

[00:05:22] - Gerard Ilaria

It's true. I mean, there is probably one exception is for something like a natural disaster, there is benefit to getting in there early and using certain modalities such as EMDR or self tapping, which is a bilateral stimulation experience where even before it could be considered to be PTSD, which according to the books, is a month after the trauma.

If you're able to tap, for example, bilaterally, even through telehealth, while they tell you the story of what happened. There's integration, where it's not just stuck in the right brain of the wall coming down with the water deluge coming over you, but it actually starts to move away from right brain experience into left brain experience, where logic, reason and narrative can come in and you can really start to believe it happened. It was terrible, but it's already over.

People in natural disaster often still feels like it is happening right then and either through something like a butterfly hug or I'm holding bilateral tapping through buzzers right now, through an EMDR type machine, something like that, in an acute setting, even remotely, can be very, very useful. So that would be one example.

But yes, what's going to happen later on in those people's lives is when they come back and see us and we really start to see which of those memories has stuck around and is continuing to have them have sleepless nights, continue to have them re experienced during the day.

Those would be the memories that are mismanaged or not adequately filed in their long term memory. And that's where we start to use some psychotherapies and techniques to help integrate and reprocess those memories so that they're not feeling like they're still happening all the time.

Which is sort of the definition of trauma or a part of the definition of trauma, which is like, it's not in the past, it feels like it's currently happening.

Meagen Gibson

Absolutely. And just to circle back one more time to what we were talking about earlier about your involvement in the AIDS crisis, because nobody knows for sure why and how we know kind of what the factors are, but why and how some people will develop trauma in a situation and other people don't, right?

And so it's not guaranteed that any situation, regardless of how difficult it is, is going to produce trauma. We can agree that an event is traumatic, but we're not necessarily going to develop that ongoing trauma that you just described.

However, I can imagine a situation and please tell me if I'm on the right track here, where even if you got through the AIDS crisis without suffering any trauma, losing an entire generation of your peers can be the event that ends up being traumatic and that you aren't processing properly because it was unfolding live over a span of decades.

Gerard Ilaria

I think that's right. I mean, certainly for those of us in healthcare, working in hospitals at the time, we weren't experiencing one death or one loss. I mean, I could imagine potentially somewhere in the world, somebody having a friend who died of AIDS and they did everything they could to help that person through, and it was that language.

It was a good death, and there was appropriate grief and mourning and good feeling. So maybe that one loss of a person who was very securely attached in childhood and has lots of resources, they may not have had PTSD from that, but for those of us who right, we're living in New York City, the epicenter of it, who were working in hospitals where all of our work was it.

[00:09:15]

And in my case, we'd go home at night to a person who I loved, who also had AIDS and was helping care for him until he died. It's pretty hard to step out of that, even with all the support around him, with as, frankly, as secure an attachment I had with my parents, et cetera, it doesn't matter.

Yes, it still leaves scars that are often unrecognized and it took me many years to realize were there, or wounds, I should say, that then needed to be healed. So, yeah, it's kind of inescapable.

Meagen Gibson

Yeah, absolutely. And I think a lot of people can relate to that sense of something being overwhelming, but not realizing those unhealed wounds that are still there until many years later and being kind of surprised like but that was 20 years ago or 30 years ago, or lots of things.

And I know that you also did a lot of work with PTSD and veterans, which can also have kind of the same demonstration, right?

Gerard Ilaria

Totally. So after I worked in AIDS for 25 years, I was asked by a colleague's friend, who was a veteran, a combat veteran, to please try and stand up a program where veterans who were coming back from Iraq and Afghanistan could receive free care, trauma informed care that, you know, the very best and that could help them.

Because this particular captain in the Iraq war, interestingly, he's being honored tonight at a gala I'm going to, and for the work that we did so I'll be seeing him tonight, but he said pretty soon he was going to have lost more of his men and women to suicide than he did on the battlefield. And so he said, can you please help because we're still fighting this war, only it's now years ago.

So I got involved in working with veterans in that way and we took a deep dive into what the best techniques protocols were. I did a two year postmaster's experience at an institute here in the city and realized that what these men and women needed were things like EMDR, eye movement desensitization and reprocessing, which is a 35 year old psychotherapy now, but wasn't being offered as routinely in the VA and in other places that these vets might have been getting care.

And after ten years of doing that, with more than 2000 veterans in 19 cities in twelve states across the country with hundreds of EMDR therapists, I can tell you definitively that we made a huge difference and people got really, really better pretty quickly.

Even people with complex trauma from childhood, which was only then compounded in combat people did really, really well. And that's just an example of, frankly, Vietnam veterans did not have these techniques when they came back but because of Vietnam veterans being treated by people like Francine Shapiro, who sort of originated EMDR or discovered it, we were able to bring that to the more current generation of veterans. It was really great work.

Meagen Gibson

Absolutely. Congratulations on the gala and the award tonight. Thank you for your work and for people who have... This is their first time hearing about EMDR. I'd love if you could give us just a brief synopsis of kind of where it came from. You mentioned it there, but where it came from, and it's all tied into the way that our brain is processing memory and kind of like filing it away, right?

[00:13:12] - Gerard Ilaria

Yes. EMDR happily, trauma therapies since the 90s have also gone hand in hand with neurobiology and sort of a scientific approach to how things work. So it's not just like this thing seems to work, lay on the couch, tell about stuff, have a cathartic moment to other and then, aha, I feel better.

But really being able to put people into functional MRIs and read scripts to them and see where the activity is happening in the brain and then apply the technique or the protocol and see that level of electricity and blood move away from, let's say, the amygdala, where all the hot actions happening with fight or flight and move back into the prefrontal cortex above your eyeballs, where your thinking and your reasoning and your executive functioning is taking over.

The trauma therapies that sort of developed more recently, which are, by the way, the best ones are somatic in my opinion, meaning they're all body based as opposed to just thinking your way out of the problem.

But EMDR came about because this psychologist in California named Francine Shapiro was walking across a campus where she worked and was thinking about a troubling issue for her, which was her own cancer diagnosis, and as she was thinking about it, she noticed that as she moved her eyes rapidly left to right to left to right, she was experiencing some relief with regard to her level of disturbance around the thoughts.

And she was also starting to have a slightly different thought about what this really meant to her. And she said, I don't know what this is, but I'm going to start trying it out as one does on graduate students.

So she did that for a while and then started working with combat veterans, survivors of sexual abuse and also substance users. And in the early studies in the early 90s really figured out that this was something that was working and then refined it to be the EMDR that we are trained in. I'm an EMDR certified EMDR therapist through an international organization called EMDR International.

Now that we're trained in, this protocol, which is rigorous, is replicable, has been, I think there's more than 220 studies that show about its efficacy and it's considered the top protocol for PTSD among the World Health Organization, the APA, Department of Defense, et cetera. So it's really quite great.

And the way it works is...

It is a mind body free association where memories or target memories are dealt with in a protocol and they are both desensitized, meaning their vividness and the way they impact your body in terms of sympathetic arousal is impacted to where you're desensitized to it.

But also the memories are reprocessed in the way where they don't remain as fragmentary in your right brain in an emotional area. But in fact there is integration between the two hemispheres where there's right and left brain integration.

So that, as I was saying earlier, it's not just, let's say, an example of almost being hit by a car. It's not just the screech of tires and this feeling of out of the corner of your eye of something almost hitting you, but it's in fact, the knowledge that you didn't get hit. You're fine. It happened last week already.

And when those two things marry, then that memory is no longer just sitting in your right brain. It is integrated. It's filed in long term memory, and you can access it, but it's no longer intruding in your sleep or in your daytime thoughts or frankly, even in every time you see a cab go around the corner. You're not being triggered in that way.

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So it's either somebody who is the patient is looking at the therapist, and I may have you follow my fingers back and forth with your eyes after setting up the protocol or something I prefer to use you can use bilateral stimulation with tactile. So this is buzzing alternately right and then left, right and left.

The idea being you're activating alternate sides of your brain while bringing somebody through the protocol, which is essentially bring up the picture. What are the emotions that go along with it? What are you noticing in your body right now? What's the negative belief you have about yourself? And how disturbing is that?

And then its sets of okay, turning it on, close your eyes, go inside. Just let whatever comes up come up. Buzz buzz buzz. Stop. What's coming up now? Okay, go with that. Buzz buzz buzz. We'll go with that.

And after a series of this, you check in with the client. How disturbing does it feel to you? Well, now it started as a seven, but now it's a two. Oh, interesting. Okay, what's different about it now? It's more distant. It's kind of fuzzy. I can't quite see it. All right. And then when you get it down to a one or a zero, you ask them, do they notice thing in their body? No. Body's clear. What do you believe about yourself now? I'm alive. I made it. I'm safe.

And that is essentially EMDR, which can be done in one session or it can be done over many sessions. You can do one target with somebody who almost had a plane crash, but that's the only bad thing that ever happened to them.

You could do 30 targets with people who survived childhood atrocities, but either way, it's essentially that. It's essentially allowing a freeing of the memories that are mismanaged and sort of stuck in resin, if you will, impermanent today in their right brain and then integrating them, metabolizing them, and then having a change about the way you feel about yourself or the way you see the world now that these memories are not pressing on your nervous system.

Meagen Gibson

Absolutely. And correct me if I'm wrong, I'm the beneficiary of some form of EMDR. It's absolutely remarkable. But correct me if I'm wrong, but you also don't have to in any way disclose the specifics of any of your trauma to your therapist. Correct?

Gerard Ilaria

It's a really great point. So there are other ways to do trauma therapy. One is something called cognitive behavioral therapy, which is less of a somatic experience and it's more of a cognitive experience.

And the way that works is you write out an entire script of the terrible thing that happened and then through something that cognitive behavioral therapists would say is extinction, you sort of go over and go over and go over that memory, either by reading it to yourself in the mirror or doing it in session, et cetera.

The difficulty for people like us, meaning the somatic camp on this, like Bessel van der Kolk would agree, or is very vehement about it, is we don't want to re-exposure clients over and over again to the traumatic material. So that sort of exposure type therapy can really have people go completely out of the room and dissociate or become very flooded with emotions in a way that is retraumatizing.

[00:21:10]

So EMDR is great in that it is yeah, the client doesn't need to say a word. You could just say what's coming up, and they could just say, I feel lighter, or I'm noticing it's distant, and that's it. They're not having to say now, whatever it is, something triggering.

I worked with a spy, a CIA agent, who had a lot of experiences that, frankly, he could not tell me because it would put people and/or himself and his wife in danger to give me any specifics.

And I said, this is the perfect experience for you because we're going to do EMDR on this thing and I didn't know what it was, but we got the suds or the level of disturbance from a ten down to a zero, and he was fixed with regard to that memory. And I never once knew what the mission was, whether somebody was annihilated, whether it was extra legal.

I mean, frankly, none of my business. And much easier for him to reprocess rather than... Because he couldn't. He was bound by ethics and safety to not disclose it to me.

Meagen Gibson

Security clearances and all kinds of other stuff, I'm sure.

I'm glad that you gave that example, because that's the most... To me, and I'm always listening for the ordinary person, I'm not a psychiatrist or a psychologist or scientist in any way. I'm just the interested party. And what I'm listening for is, why would I want to try this?

And that's like, 0.1 for me. And so many of our systems of care, as well intentioned as they are, are so retraumatizing.

Gerard Ilaria

Yes.

Meagen Gibson

And so the therapist office is the place where I don't want anyone to experience that if they don't have to. And so this is such a transformative tool that's accessible to people that won't make them have to tell that story again when I'm sure that they've had to tell it so many times before.

Gerard Ilaria

Exactly. The other thing about EMDR is no homework. That's my favorite thing to be able to tell people. If they want to do positive resourcing where they're tapping themselves and thinking about their happy place or thinking about something very safe for them, fine. They can do positive resourcing.

But I don't want anybody doing any thinking about anything traumatic unless they're here with me in the safety of the office. And even before we start, we always do a lot of it's called RDI, or Resource Development and Installation. It's borrowed from hypnosis in the 70s.

It's sort of a beginning phase of EMDR where we establish a safe place, a nurturing figure, a protector figure, a wise figure, and we sort of have them with bilateral stimulation, kind of buoy them or fortify them before we do the work.

And at any one time there's all kinds of safety signals where if people are feeling flooded, they can tell you stop or they can verbally tell you stop. We undulate away from that kind of stuff. We might just do some breathing, we might just do some...

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As much as there's a protocol to EMDR, there's also an art to sort of making sure that you're always working with the client with safety and in a way that's not in the least fit, retraumatizing them.

Because if I don't get them back, if they don't come back, what a missed opportunity. That's the worst. I mean, when we did the National Program for the Veterans, our average number of sessions for the veterans was 32 sessions they showed for in a row.

The VA with prolonged exposure, their average number of sessions is 2.5 sessions. They can't get people to come back because prolonged exposure is a very hard thing to do. And we just felt like if you're losing them after two sessions, bad things happen.

Meagen Gibson

Yeah, absolutely. And I've definitely had the experience where I'm doing more of a CBT version of therapy and I'm wiped the rest of the day, right? I do a session, whereas EMDR, I could do a session and I don't come out of it useless for the rest of the day.

And yeah, it's just such a fantastic tool and I really hope that people engage with it and look into it. And also the other point that I want to make is that, and correct me if I'm wrong again, but my understanding is that it's really also really safe to use for minors and adolescents and people who have been through really tough things who couldn't cognitively process trauma to tell you a story even if they wanted to a lot of times.

Gerard Ilaria

Yes, totally. No, that's exactly right. When you're working with kids with therapy, you're usually using play or you're using different ways, things like your body singing, whatever creative arts.

EMDR is used, there are many, many protocols for little kids as young as two, three, four years old, where they may just hear alternating tones or music may just play back and forth in their headphones, but it is still stimulating bilaterally and intra hemispherically in a way where they can process trauma so much more easily than they could ever...

How do you do meaning making with somebody who's less than five years old who doesn't have a perspective to do that? But you can, at the very least desensitize them to the thing. And it's incredibly useful that way in ways that you could not apply some of, like, CBT or something to them.

Meagen Gibson

Yeah, absolutely. And I want to dial in on the somatic component for a minute because, again, if it's somebody's first time kind of hearing that term, what we're talking about really is like the way that our automatic autonomic nervous system responds to threat, right?

So that could be a lot of things depending on the situation and the experience that you had. So it could be that you feel super hot and you get really flush. It could be that you have a stomachache and you feel sick to your stomach. It could be that your hands are tingling or there's all kinds of sort of body focused sensations that you might feel as a result of the after effects and lingering impacts of your trauma, right?

[00:27:19] - Gerard Ilaria

Yes. Trauma is... Bessel van der Kolk's book is called *The Body Keeps The Score* for a reason. Trauma is stored in the body. And not just in the psyche or the mind, as we used to think of it. But it is stored in the nervous system.

And the only way to address something stored in the nervous system is by activating the nervous system. So it doesn't do any good to just say, let's, as I said before, think our way out of this. So that's why there are many modalities that use kinesthetic or somatic involvement.

With EMDR, initially Francine was using eye movement. Like I said, it may have moved to tapping or to buzzing, but the body is involved and there are a lot of payoffs to that.

For one, the problem with trauma is trauma happens to you and you get frozen in the terror of the trauma. It's stuck in the right brain. If you don't do something somatically it's going to stay there. If you don't do something somatically while you're doing therapy, it's going to stay there.

So even bilateral stimulation, eye movement, tactile tones, it engages the parasympathetic nervous system so it relaxes you enough to be able to tolerate it.

It allows for integration and for communication from the right brain to the left brain therefore unsticking that traumatic memory. And it reduces vividness, it allows you to recall stuff that would otherwise be trapped in the right brain.

There's an expansion of associated networks between the two sides of the brain. All of this is much needed because otherwise, and we see it, I see it with people who had a traumatic event. I'm thinking of a guy whose partner suicided and he found the body.

And that image was burned in his brain, quite literally, meaning when he saw it, cortisol washed over the right side of his brain and etched that image into his brain. And frankly, he could not unsee that for 15 years until he came and saw me.

And after three EMDR sessions on that scene, he has this amazing relationship with his late partner now, because he was able to sort of free it from that stuck position and integrate it into and have all of the emotions that he had felt move to compassion for himself, for his partner, et cetera.

It just totally has to do with engaging the body because he had done 15 years of talk therapy groups for grieving suicide survivors, et cetera, and none of it had touched it.

And three sessions with me, and every time I see him working on other stuff, he still says, I just still can't believe how that worked as quickly as it did. So it really has to be a somatic therapy.

Meagen Gibson

Absolutely. And the thing that I was thinking, as you were telling that story and that I can relate to from my own experience, is the amount of energy a person has to funnel to coping with the flooding of your nervous system and trying to keep all of the negatively associated thoughts or memories or feelings away and manage just a system that is in just constant overwhelm.

When you get that energy back through one of these sessions, it's better than anything you've experienced in however long you've been holding on to that thing, right?

Like the relief he must feel after 15 years and how horrible to have your entire relationship with a person reduced to the way that they left the world.

[00:31:28] - Gerard Ilaria

Yes, especially in that case. And the two things that two analogies I use one is people have all these programs running in the background, like in the kind of computer analogy, and all of those additional programs or windows open are sapping the strength and slowing everything down, right?

The other analogy I use is that once you are able to metabolize that target memory, it regrinds the lens through which you see the world. So you suddenly are looking at the experience or looking back over the experience or the lifetime together.

And in the case that I just mentioned, there had been a walling off of all good memories prior to that terrible day, and now what's regained is, again, it's suddenly like the whole lens is reground. And now it's just an appreciation for every single positive moment.

I mean, good and bad moments, but certainly now having access to moments like that. And that happens with grief, especially. I mean, EMDR is fantastic for grief. And over those ten years that I work with, actually I still work with veterans, but in all the years that I work with veterans, they have a lot of young person direct grief experiences that are out of sequence.

It's not Grandma when you're much older or whatever, or something like that, even though it's sad when Grandma goes, but when your 25 year old buddy dies next to you, it's a different kind of grief.

And EMDR with the addition of certain imaginal interweaves and other sort of things that I have in my bag of tricks and that EMDR therapists have in our bag of tricks, really allows you to move past that grief, move through that grief in a way that you aren't able to, that just remains fixed and maladaptive.

Meagen Gibson

Absolutely. And one of the things, because I talk to people about trauma all day long, every day, sometimes people will ask me, well, how do I know that I have trauma?

And what I was thinking while you were talking is that all of that energy diversion, what I find often drops off because you don't have the energy for it is imagination and curiosity and play and joy.

And those are the things that give our life meaning outside of relationships that are nurturing. Those characteristics are the things that give our life meaning. And so, for no other reason, if you don't have access to those things, there's an opportunity for you to do some work like this.

Gerard Ilaria

And you won't have access to those things because when you're in fight or flight all the time, just think about it, I mean, if the tiger is coming for you, you're not curious about why the clouds are shaped that way.

Meagen Gibson

You're not going to stop and look at the flower on the way past, running past.

Gerard Ilaria

Exactly. You don't have access to any of those life giving sort of qualities or pursuits when it's life or death, which is the way the body feels, even if the person has been able to sequester or put those thoughts behind the wall, in the wall safe.

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They are pushing and seeping out and the nervous system is still running as though the foot is on both the brake and the gas at the same time.

Meagen Gibson

Absolutely. Which we know is not a good way to drive around. It's dangerous.

Gerard Ilaria

I mean, something that's been very gratifying for me more recently in my work is after doing veterans for ten years, that sort of piece of work in terms of the majority of my time ended and I pivoted to working with LGBT folks, in part because I was having more and more conversations with other queer people in my community and seeing what I knew, or what I was recognizing very clearly as PTSD. But it's not something that the community really identified or identifies with.

And so I talked to a colleague, somebody I was introduced to, who writes for The Advocate, which is a gay magazine, and he wrote this whole piece on sort of the war within the gay community that talked about my pivot from doing combat veteran trauma to working with LGBT folks.

One of the first guys that wrote into me was, and he's somebody who I still see, is now 81 years old and he lost 60 of his friends to the AIDS epidemic and found himself just walled off in his apartment for decades, not leaving.

I mean, he truly could have been the Vietnam veteran who goes into the basement and doesn't come out again. It was just the modern day or the AIDS era version of that.

And again with EMDR and him processing all the trauma, processing the grief, processing all of the stuff that I would process with a combat veteran, with this gentleman and his AIDS memories and his trips to the hospital and friends who suicided rather than go through the final stages.

He finished with that and now is like... He said, I can't believe the decades that I spent with that. So it really got me going. And so now we've had this whole track of LGBT folks that aren't only people who are 80, a lot of them are in their 20s and 30s and 40s and 50s.

But they're coming in with years of religious and spiritual trauma, bullying, violence because of their being queer, fear that they live in, and it works just as well. And it feels like old home week.

I mean, it's just like speaking to a veteran, these are often young people who are in a minority from a population point of view, who most people don't truly understand, who have been places that other people haven't, feel largely misunderstood and are not so beloved in general.

Or often feel under attack, much like the veterans are now who are not having their things being threatened by, I don't know, far right people who are trying to take veterans...

Meagen Gibson

Nobody's legislating necessarily against the safety of veterans. Yeah.

Gerard Ilaria

But weirdly, sometimes they are. In either case, I just found enormous similarities. So I do both of those populations now, and sometimes I don't remember who I'm talking to.

[00:38:15]

It's not intuitive because I grew up as a sort of anti-war... I was a kid during Vietnam, so I grew up sort of anti war did not like even when my dad would go deer hunting, I just thought it was the worst thing ever. So to then be working with veterans all those years.

But these were young kids who ran away to do something that they thought was the right thing to do after 9/11, and it was just remarkable how much I have in common, or we all have in common, I guess.

Meagen Gibson

Yeah, absolutely. And I imagine as well, especially with younger kids being part of a marginalized group. And then the circles of support also get smaller and smaller and narrower and narrower, right?

Where obviously if you are feeling unsafe and unsupported, that can then continue if you're not finding the right kind of care and it can make your world feel even smaller if you're not even sure if your therapist or things like that are going to be affirming and safe environments for you to get some help.

Gerard Ilaria

Yeah, I mean, again, to use veterans and queer people as an example, they often don't have access to behavioral health because of either lack of insurance or being underinsured for people who truly have trauma chops who could help them.

And so they are carrying this burden. And I'm sad to say, just last week a friend of a friend of mine suicided, who was a veteran, who had everything. A family and worked on Wall Street and the whole thing, but had been carrying this burden and not seeking or unable to seek therapy or unaware that he was suffering in the way that he was.

So it's still there even though we're out of those wars, those wars are being fought there, and certainly for queer people with I think, 480 bills legislated against just this year, legislating against trans and other queer people, they very much feel under attack, too.

So marginalized, under attack and not really getting the treatment you need is a recipe for disaster.

Meagen Gibson

Absolutely. 100%. How would you recommend that people find the kind of EMDR therapy and safe communities of care for them?

Gerard Ilaria

Yeah, look, I think that if people are insured, they have to probably go through their networks, but then they should be looking for people who are listing that they do trauma informed care.

If they do EMDR, great. I mean, I consider it a fairly high bar because you have to have already done a certain amount of work even before you could be trained.

I always tell people to look at what year they graduated and how many years they've been doing it and sort of do their due diligence, if they can, within the network of what they could afford.

[00:41:22]

And then I just... Cornell offer whatever we can to folks, including those who don't have the ability and I'm always on the bandwagon to find philanthropists who recognize that there's good treatment, but it's not available to all.

And if we can throw some philanthropic dollars the way of programs like the one I run at Cornell, at the Center for Trauma and Addiction, we're able to just not worry about billing and just do the work.

Meagen Gibson

Absolutely. And just a quick word as well because I'm aware of the time just on the intersection, a quick word, I've just set you up for disaster. But a quick word on the intersection of Trauma and Addiction Center that you work at.

Gerard Ilaria

That's sort of easy. I mean, if you look at most people who have serious addiction problems, I defy you to not find significant trauma in their history. They're very much linked.

For the one and only reason that early trauma needs to be addressed in one way or another. It needs to be soothed. And if you don't have somebody there to care for you, you will self soothe.

And little kids who need to self soothe start by spinning around in a circle to get dizzy and dissociated or hide under the bed or fall into books or run away.

But ultimately, there are very efficient ways to self soothe, and it usually comes in the form of alcohol or maybe starting with weed, but then quickly to other drugs that do the job better.

So addiction isn't... There are people who will say addiction isn't the problem, it's the solution, in a way, until it isn't. It's initially the way to not kill yourself, or it's initially the way to cope with whatever you're coping with.

The problem is that the mechanisms of addiction in the brain, the reward center, the dopamine sort of delivery system, is such that it is progressive.

So what may have started out as something you needed when you were 20 to not hurt yourself by the time you're 30, if unchecked, you're just now in a point where you're chasing your tail.

So we often have to, I often have to, work on both the addiction and the trauma at the same time. Not saying that somebody needs to be sober to do trauma work. Not at all. We'd never get there.

But maybe even just reducing a little bit, or in the case of EMDR, maybe not smoking weed the day before, just to sort of have access to some of the emotion that we're trying to manage.

There's a strong correlation and connection between the two, but they're also both very treatable. I mean, that's my big takeaway always is trauma is treatable, PTSD is treatable, addiction is treatable.

And people need to know that because we often are lazy in our narratives. And this goes for news reporting, it goes for just popular culture. I don't know, there's something about that devolving into homelessness and death scenario that often goes with PTSD or addiction or something like that. And it seems I don't know, is it more boring to show the person that got better?

[00:44:49]

I don't know if it is from when I'm writing an article for a newspaper, but honestly, it's all very fixable. If we're talking about mismanaged memory, if we're talking about an overexcited nervous system that can achieve a new homeostasis, and you're just adding in stabilizing forces, getting rid of old memories and giving people new adaptive ways of dealing with their stress, that's it.

You have to do the work, the clients do the work, therapists do the work. You have to keep at it. But it's very doable.

Meagen Gibson

Yeah. If we can get over the hurdles of the stigma and accessibility, it's so fixable.

Gerard Ilaria

Yeah. Well, I think part of the problem is the stigma and the misreporting on it leads to the lack of accessibility, because people don't see it as something that's fixable. They don't see that you should make the investment in it.

So that it's sort of like we have to through things like we're doing right now. We have to sort of address the stigma and the misinformation so that the philanthropist or the government or the corporation says, oh, I should make that investment.

Meagen Gibson

Absolutely. Gerard, how can people find out more about you and your work?

Gerard Ilaria

Oh, sure, they can go to our website at Cornell, which is traumacenternyc.org and/or yeah, I guess that's basically it. I mean Gerard Ilaria I'm on LinkedIn and different places, people could find me there.

Or they could write to me at gilaria@med.cornell.edu.

Meagen Gibson

Fantastic. Thank you so much for being with us today.

Gerard Ilaria

Thank you.