ONE-ON-ONE

Jennifer Madere, M.A. and D. Michael Coy, M.A., LICSW

TELL US ABOUT YOURSELF.

Jennifer:

I have been working in private practice since 2008 and as a founding member of Intuitus Group in Cedar Park, Texas, since 2010. Before that, I "grew up" professionally in community mental health and interpersonal violence outpatient and shelter settings. So, I've been accompanying child and adult survivors of trauma on their healing journey since 2003. More recently, I launched my independent (EMDRIA approved) EMDR therapy training and co-developed and co-teach the EMDR therapy training offered by the International Society for the Study of Trauma and Dissociation (ISSTD).

In addition to my direct clinical work, I enjoy supervising, consulting with, and training clinicians in EMDR therapy and areas related to the treatment of complex trauma, pathological dissociation, and the Multidimensional Inventory of Dissociation (MID). Other special interests include the ethical integration of faith and spirituality in clinical practice, gardening, and all manners of gluten-free baking.

Dissociation has become a large part of my practice journey over the past 10 years or so. After entering private practice and beginning to see clients beyond short-term therapy, I realized that I needed something more to help them recover from the trauma that they had experienced. That led me to EMDR therapy and very quickly to learning more about dissociation simply because that's what my clients needed.

At that time, there was relatively little connective tissue between the worlds of EMDR therapy and dissociation. Eventually, I discovered the MID. When I asked Paul Dell if he ever planned to present on the MID at EMDRIA, he said, "No, but you can if you want to." After presenting it at an EMDR therapy training in the Austin area for a few years, I presented on the MID for the first time in 2015. Since then, Michael Coy and I have collaborated—with Paul Dell's permission—to update the interpretive manual and associated documents for the MID.

Michael:

This is the elevator speech, I guess! I (pronouns: he/they) maintain a private practice in Bremerton, Washington. I'm an EMDRIA Certified Approved Consultant and served on EMDRIA's Standards & Training committee from 2014 to 2017. I am psychodynamically and relationally grounded and integrate EMDR therapy with clinical hypnosis, Ego State Therapy, and Sensorimotor Psychotherapy. All of my current clients struggle with complex trauma histories and about seventy percent of those struggle with more complex dissociative symptoms to some extent.

I've been a member of the board of directors of the International Society for the Study of Trauma and Dissociation (ISSTD) since 2017 and became treasurer in 2018. From 2017-2020, Jennifer and I co-chaired the EMDR Therapy Training Task Group, which created ISSTD's EMDR therapy "basic" training. I now co-chair the EMDR Therapy Training Committee and co-teach the training.

As Jennifer mentioned, since 2016, she and I have worked with Multidimensional Inventory of Dissociation developer Paul F. Dell, Ph.D., to make the MID more accessible. He co-authored the *MID Interpretive Manual, 3rd Edition*, and manages the MID Analysis and MID website. Since

2017, we have taught hundreds of clinicians how to employ the MID, both in the U.S. and internationally.

More recently, I've had the chance to present original material, in the form of the EMDR Introject Decathexis (Id) Protocol, to unbind perpetrator parts from their traumatic wounding and harming behaviors, as well as a framework for recognizing, contextualizing, and resolving clients' dissociated memory material communicated non-verbally through dissociative attunement. I also offer a fair bit of consultation on the use of the MID and clinical practice with complex clients more generally, as well as O'Shea and Paulsen's Early Trauma Approach, in individual and group formats.

And, I'm really excited that there's a lot more in the pipeline—both for me individually and in collaboration with Jennifer and others.

I promise that I do sleep and have a life outside of my work.

WHAT IS THE INSPIRATION BEHIND YOUR PRESENTATION THIS YEAR?

We've gone back and forth on this, given that the general topic was given as, "EMDR and dissociation." We want to be engaging on the topic and avoid putting anyone to sleep by loading it with drier material, so we're working to ensure that it is very clinician-friendly. We both love theory and research, but we're also both clinicians who engage with other practitioners all the time around very practical matters, so we want to ensure that we're presenting something that we, ourselves, would dig. Looking back at the past 10 or so years of our respective practices, one could say that this presentation is a current manifestation of our efforts to bridge continuing gaps between EMDR and the dissociative disorders field, both for ourselves and our fellow clinicians.

WHAT IS IMPORTANT TO YOU AS WE LISTEN TO YOUR PRESENTATION? WHAT ARE THE KEY TAKEAWAYS ABOUT THE IMPACT OF DISSOCIATION?

Jennifer:

Set any fears and judgments aside, and be open to ambiguity. Dissociation is inherently an internal and not observable phenomenon. This scares clinicians and leads them to wish or deny it into non-existence or irrelevance. Instead, become curious about the internal experiences of your clients and how that can provide insights into unlocking the most challenging and painful aspects of their post-traumatic experience.

Michael:

I don't know that I can say it any better than Jennifer has, but I'll try anyway! I learned early on in my education how important it is to embrace "not knowing" in the therapeutic process—to be able to sit with and tolerate it. And, dissociation is all about not knowing. Our natural tendency is to know everything about a "problem" upfront and then make a concrete plan to "fix" the problem. It certainly makes EMDR therapy practice easier when that's possible. However, people often don't function that way, and meeting them where they are, even when it makes us feel uncomfortable, can provide the opportunity for growth for both us as clinicians and those we serve. And, to be fair, that's easier said than done. We hope, in some small way, to address these considerations in our presentation.

WHAT READINGS DO YOU RECOMMEND ON YOUR SUBJECT?

For foundational works, we can recommend Frank Putnam's seminal 1989 work, *Diagnosis and Treatment of Multiple Personality Disorder and Clinical Perspectives on Multiple Personality Disorder*, an edited volume by Richard Kluft and Catherine Fine, from 1993.

Two more contemporary, and more easily digestible, books that we suggest are two books from 2017: *Treating Complex Trauma and Dissociation: A Practice Guide to Navigating Therapeutic Challenges*, by Lynette Danylchuk and Kevin Connors, and *Treating Complex Trauma and Dissociation*, by Kathy Steele, Suzette Boon, Onno van der Hart.

For the truly ambitious, we recommend 2009's *DSM-sized Dissociation and the Dissociative Disorders: DSM-V*

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and Beyond, affectionately known as "the brick," edited by Paul F. Dell and John O'Neil. It's well worth the investment and the effort.

You might wonder why we didn't suggest any of the books about EMDR therapy and dissociation. Frankly, it's because I see dissociation as being foundational. If you understand dissociation, it's a lot easier to understand how EMDR therapy can be used in that context. Then, all of the great EMDR therapy literature makes more sense.

As far as peer-reviewed pieces, we would like to recommend a few recent journal articles that are available via open access or Researchgate:

- Kate, M.A., Jamieson, G., Dorahy, M. J., & Middleton, W. (2020). Measuring dissociative symptoms and experiences in an Australian college sample using a short version of the multidimensional inventory of dissociation. *Journal of Trauma & Dissociation*, 22(3), 265-287. doi:10.1080/15299732.2020.1792024
- Pietkiewicz, I. J., Bańbura-Nowak, A., Tomalski, R., & Boon, S. (2021). Revisiting false-positive and imitated dissociative identity disorder. *Frontiers in Psychology*, 12, 637929. https://doi.org/10.3389/fpsyg.2021.637929
- Shinn, A. K. et al. (2019). Assessing Voice Hearing in Trauma Spectrum Disorders: A Comparison of Two Measures and a Review of the Literature. *Frontiers in Psychiatry*, 10(1011). DOI: 10.3389/fpsyt.2019.01011
- Steele, K., Boon, S., & Van der Hart, O. (2017). *Treating trauma-related dissociation: A practical, integrative approach*. New York, NY: Norton.

There are also several peer-reviewed articles on the topic of EMDR therapy and dissociation, all the way back to 1994, from various journals. Additionally, the early 1980s marked the rebirth of the study of dissociation, and the articles and books published from around 1983 offer a real education. Anyone unaware of those interested can feel free to contact us, and we'll point them in the right direction.

WHAT IS THE SPARK FOR YOUR WORK WITH EMDR?

Jennifer:

As many EMDR therapists might say, watching the associations unfold in reprocessing keeps me humble, in awe, and–sometimes entertained. Every week something happens that surprises both me and my clients, which we could not have possibly orchestrated. The adaptive connections and ways that their brain connects experiences to resolve traumatic memories will never cease to amaze this "facilitator of the process."

Michael:

I'm with Jennifer. The changes I have seen for my clients, particularly when using EMDR therapy, have been variously humbling, awe-inspiring, fascinating. Sometimes it's just a brief intervention. Sometimes it's something more complicated, but more often than not, it's transformative. I love that.

WE ALL LIKE EMDR STORIES OF HEALING AND CHANGE. TELL US ABOUT YOUR MOST CHALLENGING CLIENT AND HOW YOU HELPED. OR CONVERSELY, TELL US ABOUT YOUR BEST SUCCESS STORY.

Jennifer:

As it pertains to dissociation, some of my most challenging and rewarding treatment experiences have been with persons who initially presented with unremitting "Obsessive-Compulsive Disorder." Upon further assessment, they met the criteria for a dissociative disorder, and the so-called intrusive images, thoughts, emotions, sensations, etc., happened to be parts of self. After much focus on stabilizing their internal worlds and relationships among parts of self, treatment eventually moved to using EMDR to target and reprocess previously unreachable aspects of traumatic experience. The adaptive resolution was dramatically evident when one such client exclaimed, "Now I know how to help myself! What a relief!"

Michael:

I think one of the very first people I ever treated using EMDR therapy made a big impression on me. It was a person who had struggled with a PTSD-type flashback of childhood harm for about 20 years. After one reprocessing session, both the intrusions and other symptoms remitted and didn't recur. It changed this person's life.

More recently, I worked with a person with DID, some of whose self-states carried unresolved memory material from a profoundly traumatic dental procedure from 40 years prior. It was quite a "dance" coordinating the reprocessing. Still, this person went from avoiding any kind of dental work for many years to consenting to a much-needed dental surgery earlier this year. There was a bit of internal conflict, but even that was resolved in a pretty straightforward manner. Talk about getting past your past.

WHY IS THIS WORK IMPORTANT?

Jennifer:

Two words: non-maleficence and longevity. Initially, I was motivated to equip myself and other EMDR clinicians with the means to prevent harm to clients with un-identified dissociative disorders. While that is still important, I have realized that clinical formation in areas related to diagnosis and treatment of dissociation is essential to the longevity of the professional life of the EMDR clinician.

Michael:

Because it's not about us as clinicians. It's about the people we serve. Again, I agree with Jennifer. Being adept at using EMDR therapy, or any therapy, for that matter, particularly with persons with complex dissociative features, requires long-term study and commitment. It's not something you can "dabble" in, and it's not just about protocols. It's much richer and more involved than that—just like the people we serve.

WHAT ARE YOU MOST EXCITED ABOUT?

Jennifer:

The invitation to offer a plenary presentation, and doing so with Michael, is a distinct and exciting opportunity. It is a particular challenge to present material simply and understandably to such a broad audience. Attendees at the conference will be the judge of whether we know the material well enough to accomplish that.

Michael:

I was gobsmacked to receive the invitation to present as a plenary speaker. The fact that I get to do it *with* one of my favorite people and *for* a community that I hold in very high esteem is... well, I don't have words. That might sound silly, but it's true. I am a social worker both by training and in my heart, and I think of everything I do in terms of social justice and leveling the playing field whenever and however I can. This feels like the next stop on a path that hasn't yet found its end.