

30th Annual International Trauma Conference: Neuroscience, Embodiment, and the Restoration of the Self

May 29th – June 1st

Target Audience:

Social Workers, Counselors, Psychologists, Physicians, Psychiatrists, Addiction Counselors, Marriage & Family Therapists, Occupational Therapists and Occupational Therapy Assistants, Nurses, and other Mental Health Professionals

Conference Description:

The study of trauma has probably been the single most fertile area in helping to develop a deeper understanding of the relationship among the emotional, cognitive, social and biological forces that shape human development. Starting with post-traumatic stress disorder (PTSD) in adults and expanding into early attachment and overwhelming attachment and social experiences in childhood (“Developmental Trauma”), this endeavor has elucidated how certain experiences can “set” psychological expectations, bodily experiences and biological selectivity.

When addressing the problems of traumatized people who, in a myriad of ways, continue to react to current experience as a replay of the past, there is a need for therapeutic methods that do not depend exclusively on drugs, talk or understanding. We have learned that most experience is automatically processed on a subcortical level of the brain; i.e., by “unconscious” interpretations that take place outside of conscious awareness. Insight and good intentions have only a limited influence on the operation of these subcortical processes, but synchrony, movement and reparative experiences do. This conference will present both basic research about the impact of trauma over the life cycle, and a range of effective interventions that are being practiced in clinics, schools, prisons, families, and communities around the world.

Wednesday, May 29th, 2019

Pre-Conference Institute – participants will choose one of the following full-day workshops:

Pre-Conference Workshop 1: The Use of Mind-Altering Substances- MDMA, Psilocybin, and Marijuana for Treating PTSD and Other Mental Distress

CE: YES

Presenters:

Michael Mithoefer, MD, Rick Doblin, PhD, William Richards, PhD, Daniel McQueen, Richard Schwartz, PhD, Bessel van der Kolk, MD, Jim Hopper, PhD, Anne St Goar, MD, Libby Call, PsyD, Susan Walker, MD, Francis Guerriero, MA, LICSW, & Michael Alpert, MD

Description:

For the first time in over four decades, researchers are returning to examining the therapeutic benefits of mind altering substances, including MDMA (ecstasy), psilocybin (mushrooms), marijuana and LSD. In the 1970s the study of all psychedelics was criminalized in the US, despite emerging evidence of their medical value. Over the past decade, the Multidisciplinary Association for Psychedelic Research (MAPS) has helped to revive psychedelic research, sponsoring studies across the United States and around the world, including MDMA-assisted therapy for PTSD, and end-of-life anxiety. The results have been very positive, lasting over 72 months of follow-up, with few adverse effects. Psychedelics may promote a deepening and acceleration of the psychotherapeutic process. During therapy, people often are able to access and find peace with disavowed, “exiled” parts of themselves. In this workshop the founder of MAPS will describe the evolution of psychedelic therapy, the principal investigator of the Phase I and II level trials will discuss outcomes and processes, the PI of the Hopkins psilocybin study terminally ill patients and a marijuana researcher the promises and pitfalls for that substance. The Boston MDMA study team will discuss clinical experiences and applications. In appropriate therapeutic contexts, psychedelics may prove to be more effective than most conventional treatments, as well as safer and more cost-effective.

Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	History of MDMA
	Patented in 2014
	Use in psychotherapy before scheduling
	Placed in Schedule 1 in 1985
<i>15 Minute Morning Break</i>	
	Pharmacology of MDMA
	Monoamine effects
	Hormonal effects
	Effects on vital signs
	Side effects
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	Controlled Clinical Trials since Scheduling
	Phase 1 trials
	Phase 2 trials 2004 – 2016 – design and results
	FDA Breakthrough Therapy designation 2017
	Ongoing Phase 3 trials – design and locations
	Risk Evaluation and Mitigation strategy
<i>15 Minute Afternoon Break</i>	
	Therapeutic Method used in Clinical Trials
	Manualized method
	Nature of the research sessions
	Illustrative quotes from study participants
	Possible mechanism of therapeutic effect
	Video clip to illustrate the therapeutic process
	Questions/comments
5:15 PM	Pre-Conference Workshop Ends

Objectives:

1. Identify how the emerging research of MDMA-assisted psychotherapy (MDMA-AP) can be an effective for clients who do not respond to traditional therapies for PTSD.
2. Distinguish how prolonged exposure (PE) therapy can be ineffective for some clients, and recognize how MDMA-AP decrease client dropout rates.
3. Summarize the mechanism of MDMA in the brain and how that relates to the treatment of trauma.
4. Examine the therapeutic benefits of psychedelic substances, including MDMA (ecstasy), psilocybin (mushrooms) and LSD.
5. Identify the positive effects on PTSD symptom severity by the end of the first treatment trial.
6. Discover how psychedelics may promote a deepening and acceleration of the psychotherapeutic process for clients.
7. Evaluate the research regarding phase I & II trials involving MDMA.
8. Evaluate the potential risks of MDMA-AP, including substance abuse and neurocognitive decline.

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Wagner, D., Adolph, S., Koester, P., Becker, B., Gouzoulis-Mayfrank, E., & Daumann, J. (2015, April). Interactions between specific parameters of MDMA use and cognitive and psychopathological measures. *ScienceDirect*, 58, 32-37. Retrieved from <https://doi.org/10.1016/j.pnpbp.2014.12.004>

Yazar-Klosinski, B., & Mithoefer, M. (2017). Potential Psychiatric Uses for MDMA. *Clinical Pharmacology & Therapeutics*, 101.

Pre-Conference Workshop 2: Trauma-Informed Community Interventions: Working with Marginalized Groups in Global Settings

CE: YES

Presenters:

Wendy d'Andrea, Phd, Matt Mattila, Sarah Beranbaum, Vivian Khedari, Mike Niconchuk, Josefin Wikstrom, Licia Sky

Description:

This preconference workshop will cover the topic of incorporating embodied, trauma-informed practices into community settings from the perspective of three programs working with children and adults across five continents. The morning session will focus on using yoga to promote trauma recovery with incarcerated people; the afternoon session will demonstrate a trauma-informed sports program with youth in South Africa and a neuroscience-based storytelling and psychoeducational tool utilized in a Syrian refugee camp. All sessions will a) provide experiential demonstrations, b) examine the role that program staff play in developing culturally-embedded programs; and c) describe the outcomes data suggesting program impact.

Morning session:

Prison Yoga Project is a global initiative that supports incarcerated adults and youths, prison systems, forensic psychiatry units, trauma exposed communities and survivors of crime with programs to promote rehabilitation, reduce recidivism, and improve public safety. Central to our work are the concepts of restorative justice and social activism. PYP is an international project founded at San Quentin state prison USA by James Fox in 2002, with programs in over 350 US prisons. PYP also runs programs in Mexico, Norway, Sweden, Denmark, U.K., Netherlands and India.

In this interactive workshop Josefin will introduce the international project with practical experiential applications from Trauma-Informed Therapeutic yoga and dance/movement practices. The workshop will include the science and methodology behind her therapeutic programs from the recently published book "Yoga Therapy for Prisoners Mental Health".

Published in Mexico 2019 created by Lusia Perez from the PYP Mexico, financed by the UN and the Mexican government. In addition, there will be a presentation of the national Swedish Krimyoga, an evidence-based program that has trained prison guards to become yoga teachers.

Afternoon Session:

The afternoon session will include two organizations: Waves for Change and Beyond Conflict. Waves for Change is a trauma-informed surf therapy program working with South African youth. By fusing the rush of surfing with evidence-based trauma-informed practices, W4C provides child-friendly mental health services to vulnerable and differently-abled youth living in under-resourced communities. Through access to safe spaces, caring mentors, and weekly surf therapy, W4C gives children skills to cope with stress, regulate behavior, build healthy relationships, and make positive life choices. Beyond Conflict was created to apply behavioral and brain science to real world issues and to design and promote new tools that reduce conflict, increase tolerance, and facilitate positive social change. They have recently launched *The Field Guide for Barefoot Psychologists*, an educational and self-care tool written for individuals (18+) forcibly displaced, and for those working with them. It is intended most specifically for migrants and refugees who themselves may work in

humanitarian and aid programs, and combines relatable story-telling with neuroscience-based, trauma-informed psychoeducation and self-care exercises.

Outline:

- 8-8:30 AM Registration
- 8:30 AM Movement practices: Therapeutic Prison Yoga
 - Ending the cycle of violence
 - PYP
 - A global Trauma-informed initiative
- 15 Minute Morning Break*
 - Prison Yoga
 - Evidence based, therapeutic program in correctional settings
 - Basic practices for regulation and resilience
- Coping Skills
- 12:30—2 PM Lunch (on your own)
- 2 PM Afternoon Program
 - Part 3: TICE Core Components: Strengthening Trauma-Informed Supports
 - Safety
 - Regulation
 - Connection
 - Identity
 - Empowerment
- 15 Minute Afternoon Break*
 - Participant Consultation
 - Experiences
 - Integration of TICE into local settings
- 5:15 PM Pre-Conference Workshop Ends

Objectives:

1. Identify safe, effective, and practical strategies to develop an understanding of the neurobiological rationale behind the trauma informed prison yoga and movement as it relates to clinical practice.
2. Implement strategies from sports and movement practice to support emotional regulation and resilience into clients' everyday life, clinical settings, and trauma exposed communal groups.
3. Investigate how our programs reduce the physical, mental, and emotional impacts and healthcare costs associated with stress and unresolved trauma to improve client level of functioning.
4. Explore how we work with developing client self-awareness, self-worth, empathy, and compassion that leads to positive personal and pro-social choices for symptom management.
5. Articulate what it means to foster a more peaceful and humane environment to inform clinical treatment interventions.
6. Evaluate the complexity of traumatic stress in confined environments as it relates to treatment outcomes.
7. Implement practices from mindfulness based trauma informed prison yoga, rhythm, and movement to support emotional regulation and resilience in clients.
8. Explain the global therapeutic potential from the PYP programs in correctional settings for purposes of client psychoeducation.

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Pre-Conference Workshop 3: Clinical Applications of the Polyvagal Theory

CE: YES

Presenters:

Ana do Valle, OTR, SEP, Deb Dana, LCSW, Prahlad Galbiati, Benjamin Fry, Randall Redfield, & Karen Onderko

Description:

The polyvagal theory is part of our shared history of understanding that mental, behavioral and physical health problems can originate in the nervous system. Engagement with this theory has led clinicians to look at its clinical implications through the lens of autonomic regulation and dysregulation. Many clinicians are now seeking to work with and to understand how the organizing principles of neuroception, hierarchy, and co-regulation impact on and can be used in the treatment process. Polyvagal Theory suggests a role for physical stimulation and measurement as part of the clinical process. This workshop explores how to incorporate these scientific tools into more traditional talk-therapy protocols of practice.

Both the morning and afternoon session will present case studies, video and a live practical demonstration of the technology in simulated clinical practice. The morning session will present a relational multisensory model for utilizing the Safe and Sound Protocol (SSP) in clinical practice. The afternoon session will present the use of the PhysioCam to provide live measurement and feedback on autonomic state during clinical sessions.

Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	Polyvagal Theory in Treatment
	Autonomic regulation
	Neuroception
	Hierarchy
	Co-regulation
	<i>15 Minute Morning Break</i>
	Case Studies
	Live Demonstration
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	Safe and Sound Protocol (SSP)
	PhysioCam
	Physical stimulation
	Measurement
	The use of technology in clinical work
	Evolution of technology to track autonomic state via non-contact facial measurement
	What is being monitored
	Interpreting the data
	<i>15 Minute Afternoon Break</i>
	Variables in application
	Benefits of real time measurement
	Benefits of post session review
	Tracking individual client state changes
	Impact to the therapeutic relationship of simultaneous tracking of client and clinician reciprocal state changes
	Case Studies
	Live Demonstration
	Questions/comments
5:15 PM	Pre-Conference Workshop Ends

Objectives:

1. Articulate the implications of tracking autonomic state during clinical sessions via the use of technology with a variety of client populations.
2. Consider the therapeutic benefits and challenges of in-session and/or post-session autonomic feedback via technology.
3. Evaluate the impact of simultaneous client and clinician autonomic feedback via technology to the therapeutic relationship.
4. Identify portals of intervention in the autonomic nervous system to more effectively establish safety and treat trauma.
5. Analyze how the autonomic nervous system operates as an internal surveillance system and its impact on clients' habitual responses to trauma.
6. Summarize the SEGAN, a relational trauma-informed model for integrating the Safe and Sound Protocol in clinical practice.
7. Discover the right degree of neural challenge and exercises to employ with clients to help shape the autonomic nervous system toward safety and connection.
8. Evaluate the basis of the Polyvagal Theory as applied in a clinical setting.

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Rabellino, D., D'Andrea, W., Siegle, G., Frewen, P., Minshew, R., Densmore, M., Neufeld, R., Théberge, J., & Lanius, R. (2017). Neural correlates of heart rate variability in PTSD during sub- and supraliminal processing of trauma-related cues. *Biological Psychiatry*. 81. S149-S150. doi: 10.1016/j.biopsych.2017.02.382

Stellar, J. E., Cohen, A., Oveis, C. & Keltner, D. (2015). Affective and physiological responses to the suffering of others: Compassion and vagal activity. *Journal of Personality and Social Psychology*, 108(4). doi: 10.1037/pspi0000010

Williamson, J. B., Porges, E. C., Lamb, D. G., & Porges, S. W. (2015). Maladaptive autonomic regulation in PTSD accelerates physiological aging. *Frontiers in Psychology*, 5, 1571. <http://doi.org/10.3389/fpsyg.2014.01571>

Wednesday Evening at the Movies

CE: **NO**

7:30 PM

Cracked Up

Michelle Esrick

Discussants: Bessel van der Kolk, MD & Michelle Esrick

In *Cracked Up* we witness the impact adverse childhood experiences can have across a lifetime through the incredible story of actor, comedian, master impressionist and Saturday Night Live veteran, Darrell Hammond. Behind the scenes Darrell suffered from debilitating flashbacks, self-injury, addiction and misdiagnosis, until the right doctor isolated the key to unlocking the memories his brain kept locked away for over 50 years. *Cracked Up* creates an inspiring balance between comedy and tragedy helping us understand the effects of childhood trauma in a new light, breaking down barriers of stigma and replacing shame with compassion and hope. www.CrackedUpMovie.com

CRACKED UP trailer: https://m.youtube.com/watch?v=fK_WmHUqvvk

Thursday, May 31st, 2018

Pre-Conference Institute – participants will choose one of the following full-day workshops:

Pre-Conference Workshop 4: From Embodied to Symbolic: Exploring Innovative Child Trauma Approaches to Physical Balance, Mutual Attunement, Self-Regulation, & Attachment-Building

CE: **YES**

Presenters:

SMART team: Elizabeth Warner, PsyD, Alexandra Cook, PhD, Anne Westcott, LICSW, & Heather Finn, LICSW; Theraplay® team: Dafna Lender, LCSW & Phyllis Booth, MA; PPIP team: Beatrice Beebe, PhD; & Ruth Lanius, MD, PhD

Description:

Disrupted bodily regulation and attachment processes in traumatized children present profound clinical challenges. Through video case presentation and presenter discussion, we will examine three innovative treatments targeting somatic regulation and attachment building without reliance on symbolic language. By comparing Sensory Motor Arousal Regulation Treatment, Psychoanalytic Psychotherapy with Infants & Parents, and Theraplay®, each a bottom-up, embodied and developmentally grounded approach, we will explore the mechanisms of growth, the interventions that seem to promote regulation and increase attachment actions, and consider the neurobiological underpinnings of these processes.

Outline:

8-8:30 AM

Registration

8:30 AM

Morning Program

Child Trauma Interventions

Somatic regulation

Attachment building

15 Minute Morning Break

Video case presentations

Discussion

12:30—2 PM

Lunch (on your own)

2 PM

Afternoon Program

Sensory Motor Arousal Regulation Treatment

Mechanisms of growth

Interventions to promote regulation and increase attachment

Neurobiological underpinnings

Psychoanalytic Psychotherapy with Infants & Parents

Mechanisms of growth

Interventions to promote regulation and increase attachment

Neurobiological underpinnings

15 Minute Afternoon Break

Theraplay® model

Theraplay® treatment through an attachment lens

Theraplay® treatment through a Polyvagal lens

Theraplay® Assessment

Intake interview including caregiver's attachment history

Direct observation of caregiver-child interaction and arousal states via the Marschak Interaction Method (MIM)

Reflection on interactions with the caregiver

Reflective practice of socially engaged arousal regulating activities with the caregiver

Theraplay® Treatment

Participation of caregiver in session activities and separate reflective discussion sessions

Therapist provision of facial, vocal & gestural safety cues

Activation of caregiver's and child's social engagement systems

Sequenced guided participation in up-regulating activities of reciprocal play and down-regulating rest and digest activities

Responding to client dysregulation with attention, acceptance, empathy and repair
Internal or external stressors of client

Noncongruence with the child/parent previous experience of self and others

Too rapid attempt to work at the boundary of affective tolerance (video)
Positive messages the Theraplay® process conveys to the caregiver and child
Questions/comments

5:15 PM

Pre-Conference Workshop Ends

Objectives:

1. Articulate a basic explanation why embodied treatment approaches would be considered when treating developmental trauma in child clients.
2. Identify two benefits gained by utilizing microanalysis of film to expand clinical understanding as it relates to case conceptualization.
3. Define mother-baby language and its relevance to treating trauma in children.
4. Evaluate one interactional trauma pattern discernable in the infant-mother dyad and put to practical use in session.
5. Distinguish two observable indicators of the process of somatic regulation in a child as related to clinical treatment.
6. Explain how embodied, non-verbal communication of traumatic material differs from symbolic forms in clients.
7. Examine three dyadic tools one can incorporate during child trauma treatment to support return to a regulated state for symptom management.
8. Compare and contrast Sensory Motor Arousal Regulation Treatment, Psychoanalytic Psychotherapy with Infants & Parents, and Theraplay® to inform the clinician's choice of treatment interventions.

References:

- Beebe, B. (2018). Comment on Micro-Analysis of Multimodal Communication in Therapy: A Case of Relational Trauma in Parent-Infant Psychoanalytic Ps. *Journal of Infant, Child & Adolescent Psychotherapy*, 17(1), 14-14.
- Faller, J., Cummings, J., Saproo, S., & Sajda, P. (2019). Regulation of arousal via online neurofeedback improves human performance in a demanding sensory-motor task. *Proceedings of the National Academy of Sciences*, 201817207.
- Ryan, K., Lane, S. J., & Powers, D. (2017). A multidisciplinary model for treating complex trauma in early childhood. *International Journal of Play Therapy*, 26(2), 111.
- Shulman, G. (2016). Looking in the right way: the use of infant observation as a clinical tool in parent- infant psychotherapy with parents with severe mental health difficulties. *Infant Observation*, 19(2), 97-119.
- Tucker, C., Schieffer, K., Wills, T. J., Hull, C., & Murphy, Q. (2017). Enhancing social-emotional skills in at-risk preschool students through Theraplay based groups: The Sunshine Circle Model. *International Journal of Play Therapy*, 26(4), 185.
- Tucker, C., & Smith-Adcock, S. (2017). Theraplay: The Evidence for Trauma-Focused Treatment for Children and Families. In *Emerging Research in Play Therapy, Child Counseling, and Consultation* (pp. 42-59). IGI Global.

Pre-Conference Workshop 5: A Comprehensive Approach to Neurofeedback for Trauma Related Dysregulation: Integration with Therapeutic Attunement, Biofeedback & Other Body/Mind Approaches

CE: YES

Presenters:

Ainat Rogel, PhD, Diana Martinez, MD, PhD, Sebern Fisher, MA, BCN, Elya Steinberg, MD, & Inna Khazan, PhD

Description:

Understanding that trauma alters and dysregulates brain activity opens new state of the art methods of treatment which directly target disturbed neuronal pathways. One such treatment, Neurofeedback, leverages recent research results that relate neuronal pathways and brain areas affected by the trauma with executive functioning, safety, sense of self, different self-states, bodily based aspects (e.g. physical balance, movement, voice modulation, interoceptive sensations) shame and agency.

This experiential workshop brings together researchers, clinicians and neurofeedback practitioners who are exploring ways in which we can apply the neuroscience of trauma to clinical practice by integrating it with psychotherapy, biofeedback, bodywork and mindfulness. The workshop will start with an explanation of the basics of neurofeedback and review the existing research with practical implications. Next, the impact of neurofeedback on Developmental Trauma by calming down the fear-driven brain and improving emotion regulation. The major part of the workshop will be dedicated to integrating neurofeedback into clinical settings, that will include hands-on experience.

Outline:

8-8:30 AM

Registration

8:30 AM

Morning Program

Impacts of trauma and neglect on the developing brain
Review of latest research

15 Minute Morning Break

Overview of the use of neurofeedback for affect-regulation
Brief discussion of affect regulation as the core problem in developmental trauma
Brief overview of the connection between affect regulation and dissociation
Impact of quieting fear on dissociative states

12:30—2 PM

Lunch (on your own)

2 PM

Afternoon Program

Developmental Trauma
Fear-driven brain
Improve emotion regulation
Integrate Neurofeedback into Clinical Settings
Non-invasive office-based electrophysiology
Specific neuro networks associated with trauma

15 Minute Afternoon Break

Does neuroscience change everything?
A discussion of the impact of neuroscience science findings and neurofeedback outcomes on therapy with those suffering dissociative disorders

Discussion panel with the experts
Conclusion/review/questions
Questions/comments

5:15 PM

Pre-Conference Workshop Ends

Objectives:

1. Summarize the recent developments in neuroscience as they relate to the treatment of dissociation.
2. Articulate the importance of addressing neurocircuitry with neurofeedback in the treatment of dissociation in clients.
3. Identify the principles of neurofeedback and its applications to developmental trauma (DT) and put to practical use in session.
4. Explain the concept of heart rate variability biofeedback and its applications to developmental trauma as it relates to clinical practice.

5. Evaluate specific heart rate variability biofeedback skills and discuss ways to utilize them in clinical practice.
6. Consider the objective and subjective assessments that are recommended to evaluate clinical progress in an integrative approach in developmental trauma.
7. Discuss how to integrate elements from body-psychotherapy like touch, breathing and movement with neurofeedback and its synergetic effect to clients who suffered developmental trauma.
8. Integrate neurofeedback with other treatment modalities to improve client level of functioning.

References:

Enriquez-Geppert, S., Huster, R. J., & Herrmann, C. S. (2017, February). EEG-Neurofeedback as a Tool to Modulate Cognition and Behavior: A Review Tutorial. *Frontiers in Human Neuroscience*, 11(51), 1-19.

doi:10.3389/fnhum.2017.00051

Harricharan, S., Rabellino, D., Frewen, P., Densmore, M., Theberge, J., Schore, A., & Lanius, R. (2017). 413-Resting State Functional Connectivity of the Innate Alarm System in PTSD. *Biological Psychiatry*, 81(10), S168-S169.

Harricharan, S., Nicholson, A. A., Densmore, M., Theberge, J., McKinnon, M. C., Neufeld, R. W., & Lanius, R. A. (2017, November). Sensory overload and imbalance: Resting-state vestibular connectivity in PTSD and its dissociative subtype. *Neuropsychologia*, 106, 169-178. Retrieved from <https://doi.org/10.1016/j.neuropsychologia.2017.09.010>

Hopper, J. W., Frewen, P. A., Van der Kolk, B. A., & Lanius, R. A. (2007). Neural correlates of reexperiencing, avoidance, and dissociation in PTSD: Symptom dimensions and emotion dysregulation in responses to script-driven trauma imagery. *Journal of traumatic stress*, 20(5), 713-725.

Nicholson, A. A., Densmore, M., Frewen, P. A., Théberge, J., Neufeld, R. W., McKinnon, M. C., & Lanius, R. A. (2015). The dissociative subtype of posttraumatic stress disorder: unique resting-state functional connectivity of basolateral and centromedial amygdala complexes. *Neuropsychopharmacology*, 40(10), 2317-2326.

Nicholson, A. A., Karl, F. J., Zeidman, P., Harricharan, S., McKinnon, M. C., Densmore, M., . . . Lanius, R. A. (2017, August). Dynamic causal modeling in PTSD and its dissociative subtype: Bottom-up versus top-down processing within fear and emotion regulation circuitry. *Human Brain Mapping*, 5551–5561. doi:10.1002/hbm.23748

Nicholson, A. A., Ros, T., Frewen, P. A., Densmore, M., Théberge, J., Kluetsch, R. C., ... & Lanius, R. A. (2016). Alpha oscillation neurofeedback modulates amygdala complex connectivity and arousal in posttraumatic stress disorder. *NeuroImage: Clinical*, 12, 506-516.

Nicholson, A. A., Sapru, I., Densmore, M., Frewen, P. A., Neufeld, R. W., Théberge, J., ... & Lanius, R. A. (2016). Unique insula subregion resting-state functional connectivity with amygdala complexes in posttraumatic stress disorder and its dissociative subtype. *Psychiatry Research: Neuroimaging*, 250, 61-72.

Olive, I., Densmore, M., Harricharan, S., Theberge, J., McKinnon, M. C., & Lanius, R. (2018, January). Superior colliculus resting state networks in post-traumatic stress disorder and its dissociative subtype. *Human Brain Mapping*, 39(1), 563-574. doi:10.1002/hbm.23865

Rabellino, D., Densmore, M., Harricharan, S., Jean, T., McKinnon, M. C., & Lanius, R. A. (2018, March). Resting-state functional connectivity of the bed nucleus of the stria terminalis in post-traumatic stress disorder and its dissociative subtype. *Human Brain Mapping*, 39(3), 1367–1379. Retrieved from <https://doi.org/10.1002/hbm.23925>

Thome, J., Frewen, P., Daniels, J. K., Densmore, M., & Lanius, R. A. (2014). Altered connectivity within the salience network during direct eye gaze in PTSD. *Borderline personality disorder and emotion dysregulation*, 1(1), 17.

Pre-Conference Workshop 6: Social Conditions and Restorative Justice

CE:

Presenters:

Licia Sky, Tarana Burke, Donna Hicks, PhD, Kimbell DiCero, PsyD, James Hopper, PhD, Melissa Freeman & Red Stage Stories; Ali Smith & members of the Holistic Health Foundation

Description:

This pre-conference workshop will bring together various voices from the field to explore the intersections of social justice, trauma, and mental health. We will examine how as clinicians, researchers, educators and healers working with trauma-impacted individuals and communities we must consider the socio-political context in which trauma occurs, as well as the ways in which institutions and systems of oppression continue to perpetuate trauma and create barriers to healing. Join us in exploring, from a social justice framework, how we define and understand trauma, how these definitions and understandings dictate how, who, and where we treat, and how we collectively can work towards personal, interpersonal, and systemic healing and change.

In this day-long workshop, hear from individuals and groups in the field who are changing the way we see, understand, and treat trauma. Licia Sky, Secretary of the Trauma Research Foundation, will moderate this critically important day, which will begin with an embodied experience of stepping into a different way of seeing and knowing this work, led by Trauma Center Fellows, Mariah Rooney O'Brien and Dominique Malebranche. Innovators from the field will lead us throughout the day: Ali Smith of the Holistic Life Foundation will present on bringing mindfulness and yoga to the public schools of Baltimore; Kimbell DiCero on bringing adolescent parents into attachment repairing Small Circles; Donna Hicks addressing the power of dignity in political and social negotiations; Jim Hopper on addressing restorative justice in cases of sexual violence; and Melissa Nussbaum and the Red Stage Stories Troupe demonstrating how Playback Theater brings social healing theater to communities.

Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	Socio-political context of trauma
	Impact of community violence
	Structural oppression
	Mindfulness and yoga in schools
<i>15 Minute Morning Break</i>	
	Adolescent parents and attachment
	Power of dignity in political and social negotiations
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	Restorative justice
	Cases of sexual violence
<i>15 Minute Afternoon Break</i>	
	Playback theater
	Questions/comments
5:15 PM	Pre-Conference Workshop Ends

Objectives:

1. Evaluate the roles that patriarchy and sexism play in thwarting the healing that restorative justice could bring to their clients and the need to engage in and support activism to change culture and promote healing.

2. Analyze the occurrence and impact of chronic adversity for young adults who grew up amidst poverty and community violence.
3. Evaluate the opportunities and difficulties when applying hands-on work with traumatized inner city youth kids.
4. Examine the clinical impact of providing psychoeducation on trauma to clients to enhance their coping skills.
5. Analyze how community violence and structural oppression might lead to development of PTSD symptoms.
6. Teach clients how to integrate creative therapeutic interventions into their daily lives to alleviate symptoms and improve level of functioning.
7. Recognize the relationship between brain, nervous system, and body, and how yoga and mindfulness can support learning.
8. Explore how Playback Theater improves social healing in communities to inform the clinician's choice of treatment interventions.

References:

Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness, 9*(3), 693-707.

Dariotis, J. K., Mirabal-Beltran, R., Cluxton-Keller, F., Feagans Gould, L., Greenberg, M. T., & Mendelson, T. (2017). A qualitative exploration of implementation factors in a school-based mindfulness and yoga program: Lessons learned from students and teachers. *Psychology in the Schools, 54*(1), 53-69.

Herman, J.L. (2005). Justice from the victim's perspective. *Violence Against Women, 5*, 571-602.

Koss, M.P. (2014). The RESTORE program of restorative justice for sex crimes: vision, process, and outcomes. *Journal of Interpersonal Violence, 29*, 1623-1660.

McLynn, C., & Westmarland, N. (2019). Kaleidoscopic Justice: Sexual Violence and Victim-Survivors' Perceptions of Justice. *Social & Legal Studies, 28*, 179-201.

Mika, H., & Zehr, H. (2017). Fundamental Concepts of Restorative Justice. In *Restorative Justice* (pp. 73-81). Routledge.

Sonn, C. C., Quayle, A. F., Belanji, B., & Baker, A. M. (2015). Responding to racialization through arts practice: The case of participatory theater. *Journal of Community Psychology, 43*(2), 244-259.

Stolbach, B. C., Minshew, R., Rompala, V., Dominguez, R. Z., Gazibara, T., & Finke, R. (2013). Complex trauma exposure and symptoms in urban traumatized children: A preliminary test of proposed criteria for developmental trauma disorder. *Journal of Traumatic Stress, 26*, 483-491.

Pre-Conference Workshop 7: Expressive Arts as Healing Engagement: Deepening the Therapeutic Experience

CE: YES

Presenters:

Cathy Malchiodi, PhD

Description:

Expressive arts not only cultivate the healing powers of imagination, they also mobilize the social engagement system through play, improvisation, musicality, movement, and creativity. When integrated into therapy, they can revitalize and energize clients, helping them to engage more fully in the present while deepening implicit and meaningful sensory-based communications. In this hands-on workshop, you'll experience how to "get past talk" with creative, action-oriented methods, including: 1) Arts-based approaches to enhance and deepen empathy, compassion, and interpersonal connection in our clients and ourselves, 2) A brain-wise, bottom-up model for applying the expressive arts to facilitate the body's natural resources for transformation and healing. 3) Improvisation, dramatic enactment, gesture, bilateral movement, art making, and play as foundational practices to facilitate social engagement.

Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	What are expressive arts?
	Arts based interventions
	Trauma-informed expressive arts
<i>15 Minute Morning Break</i>	
	Support safety and self-regulation
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	Expressive therapies continuum
	Neurobiology research
<i>15 Minute Afternoon Break</i>	
	Sensory-based arts interventions
	Improvisation
	Dramatic enactment
	Bilateral movement
	Play
	Questions/comments
5:15 PM	Pre-Conference Workshop Ends

Objectives:

1. Demonstrate arts-based approaches to enhance and deepen empathy, compassion, and interpersonal connection in our clients and ourselves.
2. Assess a bottom-up model for applying the expressive arts to facilitate the body's natural resources for transformation and healing in clients.
3. Incorporate improvisation, dramatic enactment, gesture, bilateral movement, art making, and play as foundational practices to facilitate social engagement in a clinical setting.
4. Explore meaningful sensory-based communications to facilitate client engagement and improve treatment outcomes.
5. Apply at least three ways to support safety and self-regulation through art-based experiences in counseling settings.
6. Establish action-oriented methods that "get past talk" to help clients co-regulate with others.
7. Examine five arts-based methods used in culturally responsive, trauma-informed interventions.
8. Utilize play, improvisation, musicality, and movement in a clinical setting.

References:

Aboulafia-Brakha, T., Suchecki, D., Gouveia-Paulino, F., Nitrini, R., & Ptak, R. (2014). Cognitive-behavioural group therapy improves a psychophysiological marker of stress in caregivers of patients with Alzheimer's disease. *Aging Mental Health, 18*, 801–808. doi:10.1080/13607863.2014.880406.

Belkofer, C. M., Van Hecke, A. V., & Konopka, L. M. (2014). Effects of drawing on alpha activity: A quantitative EEG study with implications for art therapy. *Art Therapy: Journal of the American Art Therapy Association, 31*(2), 61–68. doi:10.1080/07421656.2014.

Bozovic, D., Racic, M., & Ivkovic, N. (2013). Salivary cortisol levels as a biological marker of stress reaction. *Medical Archives, 67*, 374–377. doi:10.5455/medarh.2013.67.374-377.

Campbell, M., Decker, K. P., Kruk, K., & Deaver, S. P. (2016). Art therapy and cognitive processing therapy for combat-related PTSD: A randomized controlled trial. *Art Therapy, 33*(4), 169-177.

Chanda, M. L., & Levitin, D. J. (2013). The neurochemistry of music. *Trends in Cognitive Sciences, 17*(4), 179–193. doi:10.1016/j.tics.2013.02.007

Kuban, C. (2015). Healing trauma through art. *Reclaiming Children and Youth, 24*(2), 18.

Malchiodi, C. A., & Crenshaw, D. A. (2017). Art Therapy Approaches to Facilitate Verbal Expression. *What to Do When Children Clam Up in Psychotherapy: Interventions to Facilitate Communication, 197*.

Malchiodi, C. (2018). Art Therapy: Treating Combat-Related PTSD First, let's be clear—it's complicated. *Psychology Today*.

Schouten, K. A., de Niet, G. J., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. (2015). The effectiveness of art therapy in the treatment of traumatized adults: a systematic review on art therapy and trauma. *Trauma, violence, & abuse, 16*(2), 220-228.

Schouten, K. A., van Hooren, S., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. (2019). Trauma-focused art therapy in the treatment of posttraumatic stress disorder: A pilot study. *Journal of Trauma & Dissociation, 20*(1), 114-130.

Smyth, J. M., Hockemeyer, J. R., & Tulloch, H. (2008). Expressive writing and post-traumatic stress disorder: Effects on trauma symptoms, mood states, and cortisol reactivity. *British Journal of Health Psychology, 13*(1), 85–93. doi:10.1348/135910707X250866.

Tripp, T. (2016). A body-based bilateral art protocol for reprocessing trauma. *Art therapy, trauma and neuroscience: Theoretical and practical perspectives. NY: Routledge, 173-94*.

Friday, May 31st, 2019

Outline:

8:00 – 8:30 am	Registration
8:30 – 8:45am	Three Decades of Explorations in Trauma: Welcome & Introduction
8:45 – 9:45am	A Neurodevelopmental Model of Treatment Intervention
9:45 – 10:45am	Me Too: At the Intersection of Sexual Violence and Racial Justice— A Fireside Chat with Tarana Burke
10:45 – 11:05 am	Coffee Break

Brochure # 71372

11:05 am – 12:05pm	Psychiatry Under the Influence: Institutional Corruption, Social Injury and Prescriptions for Reform
12:05 – 12:30 pm	Panel Discussion & Questions
12:30 – 1:45 pm	Lunch
1:15 – 1:45 pm	Yoga
1:45 – 2:45pm	Key Interaction Patterns Between Mothers and Infants, Videotaped Illustrations: Implications for Long Term Adaptation and Clinical Interventions
2:45 – 3:00 pm	Coffee Break
3 – 5 pm	Afternoon Workshops (workshops 1-6: participants will choose one workshop)
5:00 pm	Social Time – Meet & Greet
5:30pm	Friday Night Poster Session

Expanded Outline:

8:30 – 8:45am

Three Decades of Explorations in Trauma: Welcome & Introduction

CE: **YES**

Presenter: Bessel A. van der Kolk, MD

Objective:

1. Present an overview of the impact of trauma on the various parts of the brain, body and nervous system.

8:45 – 9:45am

A Neurodevelopmental Model of Treatment Intervention

CE: **YES**

Presenters: Bruce Perry MD, PhD

Objective:

1. Illustrate clinical problem-solving through the lens of the Neurosequential Model of Therapeutics.

Reference:

Hopper, J. W., Frewen, P. A., Van der Kolk, B. A., & Lanius, R. A. (2007). Neural correlates of reexperiencing, avoidance, and dissociation in PTSD: Symptom dimensions and emotion dysregulation in responses to script-driven trauma imagery. *Journal of traumatic stress, 20*(5), 713-725.

Warner, E., Koomar, J., Lary, B. (2013) Can the Body Change the Score? Application of Sensory Modulation Principles in the Treatment of Traumatized Adolescents in Residential Settings.

Ford, J.D., & Blaustein, M.E. (2013). Systemic self-regulation: a framework for trauma-informed services in residential juvenile justice programs. *Journal of Family Violence, 27*(8). doi:10.1007/s10896-013-9538-5.

9:45 – 10:45am

Me Too: At the Intersection of Sexual Violence and Racial Justice— A Fireside Chat with Tarana Burke

CE: **NO**

Presenters: Tarana Burke

11:05 am – 12:05pm

Psychiatry Under the Influence: Institutional Corruption, Social Injury and Prescriptions for Reform

CE: **NO**

Presenter: Robert Whitaker

Brochure # 71372

1:15 – 1:45pm

Chair Yoga (optional)

CE: **NO**

1:45 – 2:45 pm

Key Interaction Patterns Between Mothers and Infants, Videotaped Illustrations: Implications for Long Term Adaptation and Clinical Interventions

CE: **YES**

Presenter: Beatrice Beebe, PhD

Objective:

1. Explore the patterns of mother-infant communication and its long-term clinical implications.

Reference:

Beebe, B., & Lachmann, F. (2017). Maternal self-critical and dependent personality styles and mother-infant communication. *Journal of the American Psychoanalytic Association, 65*(3), 491-508.

Bernier, A., Calkins, S. D., & Bell, M. A. (2016). Longitudinal associations between the quality of mother–infant interactions and brain development across infancy. *Child development, 87*(4), 1159-1174.

Hilbrink, E. E., Gattis, M., & Levinson, S. C. (2015). Early developmental changes in the timing of turn-taking: a longitudinal study of mother–infant interaction. *Frontiers in psychology, 6*, 1492.

Reck, C., Tietz, A., Müller, M., Seibold, K., & Tronick, E. (2018). The impact of maternal anxiety disorder on mother-infant interaction in the postpartum period. *PloS one, 13*(5), e0194763.

3-5 pm – Friday Afternoon Workshops:

Workshop 1: Revisiting the Treatment of Schizophrenia: Can Voices be Best Understood as Parts and Effectively Treated with Internal Family Systems Therapy?

CE: **YES**

Richard C. Schwartz, PhD

Objectives:

1. Adapt the IFS model into your clinical practice and accelerate healing for clients with PTSD.
2. Identify, specify and clarify the protective parts of clients with trauma histories to help with assessment and treatment planning.

References:

Schwartz, R. C. (2013). Moving from acceptance toward transformation with internal family systems therapy (IFS). *Journal of clinical psychology, 69*(8), 805-816.

Schwartz, R. C. (2013). *Internal family systems therapy: New dimensions*. Routledge.

Shadick NA, Sowell NF, Frits ML, et al. (2013) A randomized controlled trial of an internal family systems-based psychotherapeutic intervention on outcomes in rheumatoid arthritis: a proof-of-concept study. *Journal of Rheumatology*.

Workshop 2: How Body Experience Impacts and Alters the Sense of Self: Neuroscience Research Meets Experiential Inquiry and Revisiting the “Corrective Emotional Experience”: Creating Deep Imprints of Safety and Resonance Using Psychodramatic Techniques

CE: **YES**

Bessel van der Kolk, MD, Wendy ‘d Andrea, PhD, Ruth Lanius, MD, PhD, & Licia Sky

Objectives:

1. Describe the effects of chronic early life trauma on psychopathology, attachment, and the self.
2. Discuss the five dimensions of consciousness (time, thought, body, emotion, intersubjectivity) that are often affected by trauma-related psychopathology.

References:

Boughner, E., Thornley, E., Kharlas, D., & Frewen, P. (2016). Mindfulness-Related Traits Partially Mediate the Association Between Lifetime and Childhood Trauma Exposure and PTSD and Dissociative Symptoms in a Community Sample Assessed Online. *Mindfulness*, 7(3), 672-679.

Frewen, P., Thornley, E., Rabellino, D., & Lanius, R. (2017). Neuroimaging the traumatized self: fMRI reveals altered response in cortical midline structures and occipital cortex during visual and verbal self-and other-referential processing in women with PTSD. *European Journal of Psychotraumatology*, 8(1), 1314164.

Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2017). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric annals*, 35(5), 424-430.

Lanius, R. A., Williamson, P. C., Densmore, M., Boksman, K., Gupta, M. A., Neufeld, R. W., ... & Menon, R. S. (2001). Neural correlates of traumatic memories in posttraumatic stress disorder: a functional MRI investigation. *American Journal of Psychiatry*, 158(11), 1920-1922.

Nicholson, A. A., Rabellino, D., Densmore, M., Frewen, P. A., Paret, C., Kluetsch, R., ... & Reiss, J. (2017). The neurobiology of emotion regulation in posttraumatic stress disorder: Amygdala downregulation via real-time fMRI neurofeedback. *Human Brain Mapping*, 38(1), 541-560.

Van der Kolk, B. A. (2017). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals*, 35(5), 401-408.

Workshop 3: Attachment and Trauma Therapy in Japan: A Multicultural Perspective

CE: **YES**

Terry Levy, PhD, Sumiko Hennessy, PhD, Akemi Sakakibara, PhD, & Kenichi Shimada, MA

Objectives:

1. Articulate cultural issues in providing training and treatment with Japanese mental health professionals and families.
2. Explain how training and treatment concepts and practices are resulting in positive changes in Japanese child welfare system policies.

References:

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, 35(5), 390-398.

Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of child and family studies*, 24(6), 1650-1659.

Schnyder, U., Bryant, R. A., Ehlers, A., Foa, E. B., Hasan, A., Mwit, G., ... & Yule, W. (2016). Culture-sensitive psychotraumatology. *European Journal of Psychotraumatology*, 7(1), 31179.

Workshop 4: Consultation and Follow-Up

CE: **YES**

Bruce Perry, MD, PhD

Objectives:

3. Demonstrate the application of the NMT assessment process including an examination of past and current experience and functioning in order to estimate the timing and severity of developmental risk that may have influenced brain development in clients.
4. Articulate the NMT “mapping” process which helps identify various areas in the brain that appear to have functional or developmental problems in order to help guide the selection and sequencing of developmentally sensitive interventions as it relates to clinical practice.

References:

Beeghly, M., Perry, B. D., & Tronick, E. (2016). Self-regulatory processes in early development. *Oxford library of psychology. The Oxford handbook of treatment processes and outcomes in psychology: A multidisciplinary, biopsychosocial approach*, 42-54.

Gaskill, R. L., & Perry, B. D. (2017). A Neurosequential Therapeutics Approach to Guided Play, Play Therapy, and Activities for Children Who Won't Talk. *What to Do When Children Clam Up in Psychotherapy: Interventions to Facilitate Communication*, 38.

Hambrick, E. P., Brawner, T. W., Perry, B. D., Brandt, K., Hofmeister, C., & Collins, J. O. (2018). Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Archives of Psychiatric Nursing*.

Perry, B.D. (in press) The Neurosequential Model: a developmentally-sensitive, neuroscience-informed approach to clinical problem solving in Janise Mitchell, Joe Tucci & Ed Tronick (Eds), *The Handbook of Therapeutic Child Care: Evidence-informed Approaches to Working with Traumatized Children in Foster, Relative and Adoptive Care*. Jessica Kingsley, London.

Perry, B.D., Hambrick, E. & Perry, R.D (2016) A neurodevelopmental perspective and clinical challenges. In *Trauma Related to Intercountry and Transracial Adoptions* (Rowena Fong & Ruth McCoy, Eds) pp 126 – 153, Columbia University Press, New York.

Ryan, K., Lane, S.J. & Powers, D. (2017) A multidisciplinary model for treating complex trauma in early childhood. *International Journal of Play Therapy* 26, No.2: 111-123 <http://dx.doi.org/10.1037/pla0000044> (Description of a model based upon NMT and using NMT metrics as central component of the clinical approach).

Workshop 5: Video feedback therapy for a traumatized adult patient who does not look

CE: YES

Beatrice Beebe, PhD

Objectives:

1. Evaluate the potential role of video for traumatized patients who cannot look directly into the face of another person.
2. Articulate how a video feedback therapy can facilitate an understanding of both verbal and nonverbal communication in an adult treatment.

References:

Biro, S., Alink, L. R., Huffmeijer, R., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2017). Attachment quality is related to the synchrony of mother and infant monitoring patterns. *Attachment & human development*, 19(3), 243-258.

Perry, R. E., Blair, C., & Sullivan, R. M. (2017). Neurobiology of infant attachment: Attachment despite adversity and parental programming of emotionality. *Current opinion in psychology*, 17, 1-6.

Pratt, M., Zeev-Wolf, M., Goldstein, A., & Feldman, R. (2019). Exposure to early and persistent maternal depression impairs the neural basis of attachment in preadolescence. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*.

Saturday, June 2nd, 2018

Outline:

8:00 – 8:30 am	Registration
8:30 – 9:20 am	Trust and Meaning Making in Parent-Child Interactions
9:20 – 10:20 am	The Enduring Neurobiological Effects of Abuse and Neglect
10:30 – 10:40 am	Panel Discussion
10:40 – 11:00 am	Coffee Break
11:00 am – 11:50 pm	The Evolution of Developmental Trauma Disorder
11:50 – 12:10 pm	Panel Discussion
12:10 – 1:30 pm	Lunch
12:45 – 1:20 pm	Yoga
1:30 - 2:30 pm	DE-CRUIT: Treating Trauma in Military Veterans through Shakespeare & Science
3:30 – 3:45 pm	Panel Discussion
3:45 – 4:00 pm	Afternoon Break
4:00 – 5:00 pm	Dealing with Trauma in the Heart of the Community: Implementing a Comprehensive Yoga Program in a Large Public School System
5:00 - 5:30 pm	Closing: Quaker Style Sharing & Debriefing (Optional)

Expanded Outline:

8:30 – 9:20 am

Trust and Meaning Making in Parent-Child Interactions

CE: **YES**

Presenter: Edward Tronick, PhD

Objective:

1. Apply simple yet effective clinical interventions in session to help clients acquire new interaction patterns to improve clinical outcomes.

References:

Barbosa, M., Moreira, J., Tronick, E., Beeghly, M., & Furtres, M. (2018). Neonatal Behavioral Assessment Scale (NBAS): Confirmatory factor analysis of the six behavioral clusters. *Early human development*, 124, 1-6.

Kochanska, G., Boldt, L. J., & Goffin, K. C. (2019). Early Relational Experience: A Foundation for the Unfolding Dynamics of Parent–Child Socialization. *Child Development Perspectives*, 13(1), 41-47.

9:20 – 10:20 am

The Enduring Neurobiological Effects of Abuse and Neglect

CE: **YES**

Presenter: Martin Teicher MD, PhD

Objective:

1. Describe how traumatic experiences impact brain development and affect regulation as it relates to clinical practice.

References:

Teicher, M. H., & Samson, J. A. (2016). Annual research review: enduring neurobiological effects of childhood abuse and neglect. *Journal of child psychology and psychiatry*, 57(3), 241-266.

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Teicher, M. H., Anderson, C. M., Ohashi, K., Khan, A., McGreenery, C. E., Bolger, E. A., ... & Vitaliano, G. D. (2018). Differential effects of childhood neglect and abuse during sensitive exposure periods on male and female hippocampus. *NeuroImage*, *169*, 443-452.

11:00 am – 11:50 pm

The Evolution of Developmental Trauma Disorder

CE: **YES**

Presenter: Julian Ford, PhD, ABPP

Objectives:

1. Recognize the five symptom clusters used in the DSM-5® to define Developmental Trauma Disorder (DTD) in relation to assessment and treatment planning.

References:

Choi, K. R., Ford, J. D., Briggs, E. C., Munro-Kramer, M. L., Graham-Bermann, S. A., & Seng, J. S. (2019). Relationships between maltreatment, posttraumatic symptomatology, and the dissociative subtype of PTSD among adolescents. *Journal of Trauma & Dissociation*, 1-16.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, *35*(5), 390-398.

12:45 – 1:20 pm

Yoga (optional)

CE: **NO**

1:30 pm – 2:30 pm

Expressive Arts as Healing Engagement

CE: **YES**

Presenter: Cathy Malchiodi, PhD

Objectives:

1. Identify why sensory-based, arts interventions are essential to reducing the body's response to stress and put to practical use in-session.

References:

Malchiodi, C. A., & Crenshaw, D. A. (2017). Art Therapy Approaches to Facilitate Verbal Expression. *What to Do When Children Clam Up in Psychotherapy: Interventions to Facilitate Communication*, 197.

Malchiodi, C. (2018). Art Therapy: Treating Combat-Related PTSD First, let's be clear—it's complicated. *Psychology Today*.

2:30 pm – 3:30 pm

DE-CRUIT: Treating Trauma in Military Veterans through Shakespeare & Science

CE: **YES**

Presenter: Stephan Wolfert, MFT and Alisha Ali, PhD

Objectives:

1. Utilize DE-CRUIT techniques to transform military camaraderie into camaraderie among treatment group members to communalize the process of healing from the trauma of war.

Reference:

Ali, A., & Wolfert, S. (2016). Theatre as a treatment for posttraumatic stress in military veterans: Exploring the psychotherapeutic potential of mimetic induction. *The Arts in Psychotherapy*, *50*, 58-65.

Ali, A., Wolfert, S., McGovern, J. E., Nguyen, J., & Aharoni, A. (2018). A trauma-informed analysis of monologues constructed by military veterans in a theater-based treatment program. *Qualitative Research in Psychology*, 1-16.

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4:00 pm – 5:00 pm

Dealing with Trauma in the Heart of the Community: Implementing a Comprehensive Yoga Program in a Large Public School System

CE: **NO**

Presenter: Ali Smith & Colleagues of the Holistic Life Foundation

5:00 - 5:30 PM

Closing: Quaker Style Sharing & Debriefing (Optional)

CE: **NO**

Faculty Bio's

PLENARY FACULTY SPEAKERS

Beatrice Beebe, PhD, Clinical Professor of Medical Psychology (in Psychiatry), College of Physicians & Surgeons, Columbia University; New York State Psychiatric Institute. She directs a basic research lab on mother-infant communication. Author of six books, including *The Mother-Infant Interaction Picture Book: Origins of Attachment*.

Julian D. Ford, PhD, ABPP, Professor, Department of Psychiatry and Law, University of Connecticut; President International Society for Traumatic Stress Studies (ISTSS); Director, Center for the Treatment of Developmental Trauma Disorders and Center for Trauma Recovery and Juvenile Justice; co-author, *Treatment of Complex Trauma & Hijacked by Your Brain: How to Free Yourself when Stress Takes Over*; author, *Post-traumatic Stress Disorder: Scientific and Professional Dimensions*; co-editor, *Treating Complex Traumatic Stress Disorders & Treating Complex Traumatic Stress Disorders in Children and Adolescents*.

Cathy Malchiodi, PhD, REAT psychologist and expressive arts therapist, founder and director of the Trauma-Informed Practices and Expressive Arts Therapy Institute. She writes the Arts and Health column for Psychology Today Online, with a following of 4.8 million readers. Author of *Handbook of Art Therapy, Expressive Therapies, and Art Therapy Sourcebook*.

Bruce D. Perry, MD, PhD, Senior Fellow, The Child Trauma Academy; Adjunct Professor, Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University; Senior Fellow, Berry Street Childhood Institute, Melbourne, Australia. Co-author (with Maia Szalavitz), *The Boy Who Was Raised as a Dog* and *Born for Love: Why Empathy is Essential*.

Ali Smith, Executive Director, the Holistic Life Foundation He has helped develop and pilot yoga and mindfulness programs at public and private schools, drug treatment centers, juvenile detention centers, mental crisis facilities, and retreat centers, nationally and internationally. Ali has authored a series of children's books, and co-authored several yoga and mindfulness based curriculum's, as well as developed numerous workshops and trainings.

Martin H. Teicher, MD, PhD, Associate Professor of Psychiatry at Harvard Medical School; Director of the Developmental Biopsychiatry Research Program and Laboratory of Developmental Psychopharmacology at McLean Hospital. His research studies range from inquiries into the molecular mechanisms of brain development to brain-imaging studies of the effects of childhood maltreatment on brain development.

Ed Tronick, PhD, University Distinguished Professor, University of Massachusetts Boston; Infant-Parent Mental Health Program; Department of Newborn Medicine, Harvard Medical School, author, *The Neurobehavioral and Social Emotional Development of Infants and Children*.

Bessel A. van der Kolk, MD, Professor of Psychiatry, BUSM; Medical Director, Trauma Center, President, Trauma Research Foundation; Past President, ISTSS; Author, NYT Science best seller *The Body keeps the score: Brain, Mind and Body in healing from Trauma*, translated into 24 languages.

Robert Whitaker, author, *Anatomy of an Epidemic*, and publisher of the web magazine, *Mad in America*.

Stephan Wolfert, MFT, playwright, performer; Executive Director, De-Recruit. Founding artistic director of Shakespeare & Veterans and the Veterans Center for the Performing Arts. Company member, Bedlam Theater, NYC. Combining his own personal story of leaving the army with Shakespeare's writings on war, he created *Cry Havoc!* which he has performed around the world to critical acclaim.

WORKSHOP FACULTY

Alisha Ali, PhD, Associate Professor in the Department of Applied Psychology at New York University. Oversees evaluation and manualization of DE-CRUIT.

Michael D. Alpert, MD, Psychiatrist, South Cove Community Health Center, Boston Harvard Medical School; MDMA Therapy team member, the Trauma Research Foundation.

Phyllis Booth, MA, Clinical Director Emerita of The Theraplay® Institute in Chicago. With Ann Jernberg she created the Theraplay® method for helping children and families with attachment and relationship problems. Primary author: *Theraplay®: Helping Parents and Children Build Better Relationships Through Attachment-Based Play*.

Tarana J. Burke, Founder, “Me Too” movement. Activist and advocate at the intersection of sexual violence and racial justice. Fueled by commitments to interrupt sexual violence and other systemic inequalities disproportionately impacting marginalized people, particularly Black women and girls. She is the recipient of the 2018 MIT Media Lab Disobedience Award.

Elizabeth Call, PsyD, Psychologist in private practice. Therapy team member, MDMA study, the Trauma Research Foundation.

Alexandra Cook, PhD, is Treasurer, Trauma Research Foundation & founding partner of SMARTMoves; co-author of the SMART treatment manual.

Deb Dana, LCSW, Coordinator Traumatic Stress Research Consortium, Kinsey Institute, Indiana University; Author *The Polyvagal Theory In Therapy: engaging the rhythm of regulation*.

Wendy D’Andrea, PhD, Associate professor of Psychology at The New School for Social Research in New York, NY. Her research focuses on physiological manifestations and consequences of complex trauma.

Kimbell DiCero, PsyD, Adjunct Professor, Lesley University and Bunker Hill Community College-Lesley University Program Partnership; Infant Parent Mental Health, Program, UMassachusetts.

Rick Doblin, PhD, Executive Director, Multidisciplinary Association for Psychedelic Studies (MAPS) Chair of the Board of Directors MAPS Public Benefit Corporation.

Ana do Valle, OTR, SEP, Occupational Therapist with a specialization in the nervous system and Polyvagal Theory.

Michelle Esrick, is an award-winning filmmaker, including *Let’s Rise; The Wavy Gravy Movie: Saint Misbehavin’, Ram Dass, Going Home* (short listed for an Academy Award), and her new film *Cracked Up*, about the long-term effects of childhood trauma told through Saturday Night Live veteran, Darrell Hammond. They showed the film on Capitol Hill and assisted in adding 9 provisions for trauma informed care into the (SUPPORT) for Patients and Communities Act, signed into law on October 24th, 2018.

Heather Finn, LICSW, is a partner of SMARTMoves, trains, consults and supervises in SMART and ARC locally and around the US.

Sebern Fisher, MA, BCN, Psychotherapist and neurofeedback consultant, Northampton, Mass. Author, *Neurofeedback in the Treatment of Developmental Trauma: Calming the Fear- Driven Brain*.

Melissa Nussbaum Freeman, actor, director, playwright, teaching artist, Cuernavaca, Mexico. Founder/Director of Red Sage Stories for Social Change, multi-cultural, multi-lingual, intergenerational, Dorchester/Roxbury community based ensemble that has worked in Jordan, Palestine and around the US.

Benjamin Fry, Founder of Khiron House, Oxfordshire, UK.

Prahlad Galbiati, Craniosacral Therapist, SEP and Clinical Director of Khiron House, Oxfordshire, UK.

Andres Gonzalez, MBA, Co-Founder and Marketing Director for the Holistic Life Foundation, Inc. in Baltimore, MD since 2001. He has partnered with John Hopkins Bloomberg School of Health and the Penn State’s Prevention Research Center on a Stress and Relaxation Study and is a published author in the Journal of Children’s Services.

Francis Guerriero, MA, LICSW, Private practice, Cambridge, MA; MDMA Therapy team member, The Trauma Research Foundation.

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Sumiko T. Hennessy, PhD, Founder, Crossroads for Social Work, LLC to train Japanese social workers and mental health professionals both in Japan and in the US; founder Japanese branch of Attachment Treatment and Training Institute (ATTI).

Donna Hicks, PhD, Associate at the Weatherhead Center for International Affairs, Harvard University; formerly Deputy Director of Program on International Conflict Analysis and Resolution (PICAR). She worked extensively on the Israeli/Palestinian conflict on the conflicts in Northern Ireland and Colombia Syria and Libya. Author: *Dignity: It's Essential Role in Resolving Conflict, & Leading with Dignity: How to Create a Culture That Brings Out the Best in People*.

James W. Hopper, PhD, Independent consultant and Instructor in Psychology, Cambridge Health Alliance & Harvard Medical School. Co-editor, *Mindfulness-oriented interventions for trauma: Integrating contemplative practices*. The MDMA Team, Trauma Research Foundation.

Inna Khazan, PhD, clinical psychologist specializing in health psychology and performance excellence at Harvard Medical School Author *Clinical Handbook of Biofeedback and the upcoming Biofeedback and Mindfulness in Everyday Life*.

Terry M. Levy, PhD, Director, Evergreen Psychotherapy Center and the Attachment Treatment and Training Institute; co-founder ATTACH. Co-author *Attachment, Trauma & Healing and Healing Parents: Helping Wounded Children Learn to Trust and Love*.

Dafna Lender, LCSW, Program Director for The Theraplay® Institute. Co-author, *Working with Traumatized Children in Theraplay®*.

Ruth Lanius, MD, PhD, professor, Department of Psychiatry, University of Western Ontario; co-editor, *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic & Healing the Traumatized Self: Consciousness, Neuroscience & Treatment*.

Diana Martinez MD, PhD, CEO of Necemod (Neuromodulation Center), Mexico. Director of Neurofeedback Clinic at Boston Neurodynamics and the Trauma Research Foundation.

Kevin McCauley, MD, is a Senior Fellow at The Meadows and the writer and director of two films on the neuroscience of addiction.

Daniel McQueen, Psychedelic Therapist and Executive Director of Medicinal Mindfulness Author: *Conscious Cannabis: Path of Gentle Power. An Introduction to Cannabis-Assisted Psychedelic Therapy for Trauma Resolution*.

Michael Mithoefer, MD, clinical assistant professor of psychiatry at the Medical University of South Carolina. In 2009 he has completed the first FDA approved clinical trial of MDMA-assisted psychotherapy for treatment-resistant PTSD and is conducting a second study of MDMA-assisted psychotherapy in military veterans, firefighters and police officers with PTSD.

Karen Onderko, Director of Research and Education at iLS.

Randall Redfield, CEO and co-founder of Integrated Listening Systems (ILS), a multi-sensory program which integrates music and movement for the purpose of improving emotional regulation, sensory/cognitive processing and motor function.

William Richards, PhD, Psychologist, Johns Hopkins Bayview Medical Center where he is Co-director of the program in psilocybin for terminally ill cancer patients. Contributor *Fantastic Fungi*.

Ainat Rogel, PhD, BCIA certified neurofeedback provider and supervisor cofounder and co-director of Boston Neurodynamics, affiliate of the Trauma Center and the Trauma Research Foundation.

Akemi Sakakibara, PhD, director Life Design, Inc. which provides mental health education to industry in Japan. Founder & director, ATTI Japan.

Ximena Sanchez Samper, MD, is a Board- certified Addictions Psychiatrist, Medical director at Spring Hill Recovery Center. Instructor Harvard Medical School.

Anita Shankar, MPH, Senior Director of the Global Trauma Project, utilizes the Trauma-Informed Community Empowerment (TICE) Framework to build the capacity of community leaders and government officials in South Sudan.

Kenichi Shimada, MA, Shipley Japan, Ltd, specializing in providing psychological therapy for working adults; co-director ATTI Japan.

Richard C. Schwartz, PhD, Founder of the Center for Self-Leadership; faculty Harvard medical school; Author: *You Are The One You've Been Waiting For; Internal Family Systems Therapy; Introduction to the Internal Family Systems Model; and The Mosaic Mind; and Metaframeworks*.

Licia Sky, Secretary of the Trauma Research Foundation; singer/songwriter who leads songwriting retreats for self-discovery and embodied

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voice, guiding awareness experiences that build safety, community and attunement.

Atman Smith, Co-founder of the Holistic Life Foundation, and Director of Development. Since 2001, he has been teaching yoga and mindfulness to a diverse population including underserved and high-risk youth in Baltimore City Public Schools, drug treatment centers, wellness centers, and colleges.

Elya Steinberg, MD, head of training and co-director of the Centre for Biodynamic Psychotherapy in London, UK. Biodynamic Psychotherapist who integrates Biodynamic psychology, bioenergy, neurofeedback, psychological trauma work, martial arts and integrative medicine.

Anne St. Goar, MD, Primary Care Physician at HVMA, emeritus, Certified Psychedelic Therapist; Boston MDMA Therapy team member with the Trauma Research Foundation.

Elizabeth Warner, PsyD, Board Trauma Research Foundation and partner in SMARTMoves LLC; lead author on the SMART manual.

Anne Westcott, LICSW, is a clinical social worker; co-developer of SMART, partner in SMARTMoves, and on the faculty of Sensorimotor Psychotherapy Institute.

Susan Walker MD, Instructor in Psychiatry, Harvard Medical School. Child and Adolescent Psychiatrist, Cambridge Health Alliance. MDMA Therapy Team Member, the Trauma Research Foundation.

Josefin Wikström (YE-RYT 500, YACEP, RYCT) Main teacher and international coordinator for the Prison Yoga Project, teaching in Sweden, US, India, Mexico and beyond. She co-created the evidence based Swedish Krimyoga program; currently developing trauma informed yoga programs for the Forensic Psychiatry and the Juvenile justice system in Sweden. On International Yoga Day 2018 she addressed the House of Lords on the therapeutic potential of yoga in prisons.

Ilya Yacevich, MA, LMFT, lives in Nairobi, Kenya, Founding Director of the Global Trauma Project (GTP) and developer of the "Trauma-Informed Community Empowerment" (TICE) framework. This children and families with histories of complex and inter-generational trauma in East Africa, Greece and Indian Reservations in the US.