**Wednesday, May 31st, 2017**

**Workshop 1**  
Developmental Trauma Disorder (DTD): Emerging Science and Best Practices  
*Joseph Spinazzola, PhD, Margaret Blaustein, PhD, Elizabeth Warner, PsyD, the JRI Trauma Drama Ensemble and Bessel A van der Kolk, MD*

**Description:**  
The Trauma Center has been in the forefront of elucidating and defining the complex adaptation of children and adolescents to chronic abuse and neglect, as captured in the proposed diagnosis of Developmental Trauma Disorder (DTD), and in developing innovative treatments aimed to specifically address the damage cause by early trauma, abuse and neglect. This workshop will present a comprehensive exploration of DTD. We will present the results from a multilevel, multiyear DTD National Field Trial of over 500 children and adolescents, addressing the clinical necessity, symptom composition and traumatic antecedents of DTD. For the first time we will share definitive clinical interview and self-report instruments for DTD. Approaches to treatment of DTD in children, adolescents and transitional age youth will be illustrated through case presentation, videotaped session review and live audience-interactive presentation of three innovative Trauma Center models designed for use with this population: ARC (Attachment, Regulation and Competency), Sensory Motor Arousal Regulation Treatment (SMART) and Trauma Drama.

There will be ample opportunity to engage with the faculty about these various approaches and discuss the clinical applications of the DTD clinical practice guidelines for the populations that participants are involved with.

Up to 6.75 clock hours

**Outline:**

- 8-8:30 AM  
  Registration

- 8:30 AM  
  Morning Program  
  Introduction of faculty  
  Overview of Developmental Trauma Disorder (DTD)  
  Damage caused by early trauma/abuse/neglect

**15 Minute Morning Break**  
- Field trial results  
- Clinical necessity  
- Symptom composition
Traumatic antecedents of DTD
12:30—2 PM    Lunch (on your own)
2 PM     Afternoon Program
         Approaches to treatment of DTD
         Case studies
         In-Session video

15 Minute Afternoon Break
         Innovative Trauma Center models:
         ARC – Attachment, Regulation and Competency
         SMART – Sensory Motor Arousal Regulation Treatment
         Trauma Drama
         Questions for faculty
5:15 PM    Pre-Conference Ends

Objectives:
1. Describe the structure and protocol of the field trial developed to study the validity of the Developmental Trauma Disorder as a diagnostic construct.
2. Name at least two manifestations of DTD as revealed in the field trial.
3. Identify and describe at least one assessment measure used to evaluate presence of proposed DTD criteria.
4. Identify and define at least two core goals of intervention for children who meet proposed DTD criteria.
5. List at least one way that each of the described interventions (ARC, SMART, Trauma Drama) addresses youth regulation.
6. Compare and contrast the described interventions (ARC, SMART, Trauma Drama) for addressing DTD.
7. List what actions people can take to regulate their own physiological functioning.

Workshop 2
Harnessing the Competitive Spirit: Physical Activity, Trauma-Sensitive Coaching & League-Level Play with Traumatized Youth Around the World
Lou Bergholz, Sean Rose, M.Ed., Megan Bartlett, MA

Description:
In the emerging field of sports-based stabilization, we bring together practitioners from the clinical and sport worlds to explore the ways in which sport can be shaped into a therapeutic modality. Participants will spend the day exploring the key elements of the sports-based stabilization framework: unlock the power of physical activity; learn the skills of a trauma-sensitive coach; and, embed the core therapeutic elements into the sport experience to create a league that promotes healing. Participants will leave with a “playbook” of design principles and
techniques that can be integrated into any intervention, but are ideally used to build a trauma-sensitive sports league.

*Parts of the day will be active, and the entire day is also designed for maximum accessibility. Comfortable clothing and athletic shoes are strongly recommended.

Up to 6.75 clock hours

Outline:

8-8:30 AM  Registration
8:30 AM  Morning Program
  Introduction of faculty
  Healing elements of competition/sport/physical activity
  Limitations and
15 Minute Morning Break
  Sports-based stabilization framework
    Field-tested building blocks
  Unlock the power of physical activity
12:30—2 PM  Lunch (on your own)
2 PM  Afternoon Program
  Learn the skills of a trauma-sensitive coach
  Role of the coach/practice time/competitive play
15 Minute Afternoon Break
  Core therapeutic elements into the sport experience to create a league
  that promotes healing
  Competencies and specific techniques
  Case studies
  Questions/comments
5:15 PM  Pre-Conference Ends

Objectives:

1. Identify the unique elements of competition, sport, and physical activity that can promote healing.
2. Define the limitations and potentially harmful effects of sport on a person affected by trauma and ways to mitigate these negative variables.
3. Breakdown the field-tested building blocks of a successful sports-based stabilization intervention, including the role of the coach, practice time and competitive play.
4. Discover the competencies and specific techniques that comprise a trauma-sensitive coaching approach.
5. Participate in activities that provide firsthand experience with some of the ways that sport can promote healing.
6. Examine numerous case studies utilizing sports as a therapeutic medium.
7. Explore how thoughtfully designed trauma-sensitive sports programs can play a role in communities affected by pervasive and toxic of stress.
8. Connect clinicians, researchers and practitioners to identify creative strategies for moving the emerging field of sports-based stabilization forward and using sport to its full healing potential.

THURSDAY, JUNE 1ST, 2017

Workshop 3
How to Engage the Body to Disrupt Entrenched Patterns
Pat Ogden PhD

Description:
Trauma can become the central defining experience that determines patterns of thinking, feeling, and acting, patterns that persist after having been originally designed to navigate an unsafe world. Often described as “intractable,” “resistant,” “hard-to-treat,” and “stuck,” clients tend to be frequently revictimized, and sink further into hopeless despair when therapy fails to help. Trauma-related patterns are held in place by automatic, non-conscious physical and physiological habits; working directly with the body can loosen their grip. This workshop will focus on practical, easy to implement somatic interventions designed to catalyze change in chronic entrenched patterns, including those with dissociative disorders, addictions, repeated hospitalizations, and prolonged grief and shame.

Practical application of the principles will be illustrated through both video excerpts of consultation sessions and experiential exercises.

Up to 6.75 clock hours

Outline:
8-8:30 AM Registration
8:30 AM Morning Program
Introduction
Principles of Sensorimotor Psychotherapy
Trauma-related patterns

15 Minute Morning Break
The body’s role in procedural learning
The body’s role in maintaining dissociative parts

12:30—2 PM Lunch (on your own)
2 PM Afternoon Program
Work direct with the body
Video excerpts of consultation sessions
Experiential exercises

15 Minute Afternoon Break
Somatic interventions for:
Objectives:
1. Identify the foundational theoretical principles of Sensorimotor Psychotherapy.
2. Describe how to interrupt the client’s narrative to target the body in a way that initiates new competencies and ways of being in the world.
3. Discover the body’s role in procedural learning.
4. Apply techniques to restore adaptive, flexible boundaries.
5. Recognize the body’s role in maintaining dissociative parts.
6. Integrate Sensorimotor Sequencing for recalibrating the nervous system when working with traumatic memory.

Workshop 4
Synchrony, Music, Rhythms & Voice to Restore Connections, Enhance Imagination, and Create New Possibilities—An Experiential Workshop
Bessel A van der Kolk, MD, Amy Speace, Licia Sky, Mary Judd, Rober Spohr & Jose Hidalgo, MD

Description:
Recovery from trauma depends on being fully engaged in the present – alive within yourself and emotionally available to those around you. In this workshop Dr van der Kolk will show how the human brain is fundamentally an organ devoted to rhythms, synchronicity and collaboration, as expressed in movement, language and music. This synchrony and engagement breaks down when people are traumatized, resulting in rigidity, alienation and numbness. The rest of the day will be devoted to demonstrating ways that this can be reversed. An integral part of healing is finding your voice—the vulnerable process of noticing your feelings, discovering deep thoughts, trusting your perspectives, and then exploring self-expression: being heard, being seen, counting yourself in and engaging with others. Songwriting with Soldiers is a program of professional singer/songwriters who help war veterans put their experiences to words and music; in tango dancing sequences of steps are determined by how dancers receive the music and how they communicate with each other, maintaining a connection to each other’s moment-to-moment motivations and reactions. In the afternoon singer-songwriters Amy Speace and Licia Sky will demonstrate the powerful transformative effects of rhythmic attunement and embodied voice through theatrical and experiential exercises, using writing, spoken word, movement, and music to enhance somatic awareness and expression that they have used in helping veterans, abused kids and anorectic young adults heal from the effects of traumatic stress.
Up to 6.75 clock hours

Outline:
8-8:30 AM  Registration
8:30 AM  Morning Program
  Introduction
  Music and the brain
    Biomedical reasons therapists can’t ignore the use of music
    Predictability, rhythm, structure
    Physiological responses
    How music can fit into your practice

15 Minute Morning Break
  Music strategies for trauma and grief
  Easy songwriting tips
  Types of improvisations to shift emotional states
  Experience singing as therapy
  Improvise a simple song of grief and loss

12:30—2 PM  Lunch (on your own)
2 PM  Afternoon Program
  Finding your voice
    Notice feelings
    Discovering deep thoughts
    Trust your perspective
    Exploring self-expression

15 Minute Afternoon Break
  Rhythmic attunement and embodied voice
    Theatrical and experiential exercises
  Somatic awareness and expression
    Writing, spoken word, movement, music

5:15 PM  Pre-Conference Ends

Objectives:
1. Utilize rhythmicity and synchronicity as a way of establishing safety and attunement.
2. Illustrate songwriting as a way of safely knowing what you know.
3. Combine music and movement for mindful self-observation.
4. Arrange music and movement for grounding that makes it possible to be fully alive in the present, not stuck in the past.
5. Choose 3 musical ways to attune with a variety of clients.
6. Develop music therapy interventions to help your clients regulate their nervous systems and shift emotional states.
7. Design effective musical interventions that work for multiple populations to overcome trauma.
8. Arrange numerous ways to use improvisation in your practice for the treatment of depression, trauma and grief.

Workshop 5
The Internal Family System Model: Treating the Long Term Effects of Trauma
Richard C. Schwartz, PhD and Michael Mitheofer, MD

Description:
The Internal Family Systems (IFS) model is an evidence-based, empowering approach to treating trauma. It offers a way to help even severely traumatized individuals access an undamaged essence (the “Self”) from which they can spontaneously relate to the parts of them that carry extreme emotions and beliefs with compassion, which allows the parts to transform. These “parts” (angry, self-destructive, compliant, etc.) evolved to help the self-survive. These are not “bad” parts, but internal organizations that stubbornly cling to their old function, even when it’s no longer helpful for survival & thriving. The activities of protective parts can be negotiated with, rather than as controlled or extirpated as pathological processes. This workshop will introduce the IFS model and illustrate its application through videotaped examples. In addition, IFS is being combined with MDMA in research studies on PTSD and this integration will be discussed and illustrated.

Up to 6.75 clock hours

Outline:
8-8:30 AM Registration
8:30 AM Morning Program
Multiplicity & the Self
Evolution of the IFS approach
Multiplicity of the mind
Stumbling on to the self

15 Minute Morning Break
Internal Family System (IFS) with Trauma
Protector parts and exiles
IFS technique:
Honoring protectors
Dealing with the overwhelm
Witness and retrieve exiles
Unburden trauma memories, beliefs and emotions

12:30—2 PM Lunch (on your own)
2 PM Afternoon Program
Video example extensive review of technique
Introduce parts language
Steps toward helping client access self
Help client get to know protectors
Get permission to go to exiles
Common protector fears

15 Minute Afternoon Break
IFS + MDMA research studies
Integration of MDMA
Therapist-client relationship
Keys to work safely with trauma clients

5:15 PM
Pre-Conference Ends

Objectives:

1. Identify the theory and principles of Internal Family Systems therapy.
2. Summarize how to access clients’ self- a core of compassion and other leadership qualities.
3. Explain how to deal with client “resistance” more effectively and with less effort.
4. Utilize the clients’ self to repair attachment injuries.
5. Recognize the IFS model as an internal attachment model.
6. Identify the parallels between external and internal attachment styles.
7. Describe the effects of trauma on parts and Self.
8. Utilize the model in treating trauma.
9. Gain an awareness of their own parts and how those parts impact therapy.
10. Apply IFS principles to transference and counter-transference.

FRIDAY, JUNE 2ND, 2017

Up to 12.75 clock hours for Friday and Saturday

8:30 – 9:15 AM
Self and Identity in Traumatic Stress: From “Fixation on the Trauma”, to Resuming the Arc of One’s Life
Bessel A. van der Kolk, MD

Objective:
1. Explain how the brain has fundamental capacities to learn to regulate itself.

9:15 – 10:30 AM
Dealing with Unrelenting Threat: Translating the Lessons from the Neuroimaging Lab into Effective Treatment
Ruth Lanius, MD, PhD

Objective:
1. Explain how infant brains develop over time.
2. Describe how to integrate neuroimaging into effective treatment.

10:30 – 11:00 AM Coffee Break

11:00 AM – 12:00 PM
Trauma, Body and Self: How Physiological Hypoarousal Contributes to Alterations in Identity, Awareness and Agency
Wendy d’ Andrea, PhD

Objective:
1. Recognize how physiological hyparoousal contributes to alterations in identity, awareness and agency.

12:00 – 12:20 PM
Panel Discussion & Questions
Faculty & conference participants

12:20 – 1:30 PM Lunch (on your own)

1:00 – 1:30 PM
Chair Yoga (optional) – NO CE
David Emerson, E-RYT

1:30 – 2:30 PM
The Impact of Trauma Over Time: The Need for Stage-Dependent Diagnosis & Treatment of Traumatic Stress
Alexander McFarlane, MD

Objective:
1. Identify the impact of trauma over time.

2:30 – 3 PM Coffee Break

3:00 – 5:00 PM Afternoon Workshops (See below for options)

Workshop 1
From the Lab to the Clinic and Back: Integrate Psychophysiological Measurement and Interpretation into Experience and Intervention
Wendy D’Andrea, PhD & friends

Up to 2.0 clock hours

Outline:
Investigate the effects of chronic or complex trauma
How these effects differ from acute trauma
Single-incident assault
Effects on body and brain
Differences using measures of
  Attention
  Cognition
  Emotion
Physiological measures of autonomic nervous system reactivity
  Heart rate
  Skin conductance
  Respiratory sinus arrhythmia (RSA)

Objectives:
1. Differentiate between acute and chronic trauma.
2. Discover the different effects when measuring attention, cognition, emotion and physiological reactivity.

Workshop 2
Neurofeedback for Affect Dysregulation and Impairment of Executive Functioning
Hilary Hodgdon, PhD & Ainan Rogel, PhD

Up to 2.0 clock hours

Outline:
Neurofeedback
  Efficacy of neurofeedback
  Treatment process for affect dysregulation & impairment of executive functioning
  Case examples
  Sample systems

Objectives:
1. Define affect regulation and executive function as these constructs relate to children with developmental trauma.
2. Identify one way in which Neurofeedback is an effective treatment for children with developmental trauma.

Workshop 3
Meditation as Trauma Therapy: A Cognitive Neuroscience Perspective
Peter Bayley, PhD

Up to 2.0 clock hours

Outline:
Meditation for PTSD
Sudarshan Kriya Yoga (SKY) - breathing mediation
Balance autonomic nervous system activity
Promote the relaxation response that counters hyperarousal
May improve sleep quality

Case study

Objectives:
1. Examine the role and mediating mechanisms of meditation practices in healing emotional suffering.
2. Discover integration for paradoxes of mind and brain using meditation

Workshop 4
Mending Broken Souls: Japanese Kintsugi and the Art of Trauma Therapy
Richard Jacobs PsyD

Up to 2.0 clock hours

Outline:
Blending Eastern philosophy with Western psychology
Research
Japanese aesthetic principles into psychotherapy
Kintsugi helps those suffer with the long-term effects of trauma

Objectives:
1. Describe a method for engaging right brain, non-verbal processing for trauma recovery.
2. Explain a new model for considering what healing from trauma may mean, and what it may “look like.”
3. Recognize a Japanese metaphor for healing that they can apply to their work with trauma clients.
4. Develop an integration of Japanese aesthetics and ethics, with Western understanding of trauma.

Workshop 5
Getting In-Touch with Touch: A Powerful Tool for Emotional and Physiological Regulation
Elya Steinberg MD

Up to 2.0 clock hours

Outline:
Biodynamic Body-Psychotherapy
Support integration of sensory input with motoric output
Find an internal framework which enables self-regulation
Psychophysiology of touch
Emotional communication
Physical contact
Cellular memory
Manual messages
Tactile stimulation

Objectives:
1. List at least one experimental approach to deal with trauma.
2. Summarize how refugees responded to these experiential approaches.

Workshop 6
The Vestibular Network, Multisensory Integration and Psychotherapeutic Work with Traumatized Children and Adolescents
Elizabeth Warner, PsyD, Ruth Lanius MD, PhD & Sherain Haricharan PhD

Up to 2.0 clock hours

Outline:
Neurological foundations of sensory integration
   Primary sensory systems in SI
   Receptors, neurological tracts and brain locations of sensory systems
   How is each system stimulated?
   Types of sensory integration dysfunction associated with each system
Clinical observation and interviews for assessment
   Analyze case studies: sensory integration frame of reference vs developmental or motor
   Distinguish between sensory-based and non-sensory-based behaviors
   Clustering observations of behavior into sensory processing categories

Objectives:
1. Identify two sensory components of the Sensory Motor Arousal Regulation Treatment (SMART) model.
2. Name two ways in which integrating sensory integration theory with traditional psychotherapy may be helpful in treating traumatized children and adolescents.

Friday’s Outline:
8:00-8:30 AM Registration
8:30 – 9:15 AM Self and Identity in Traumatic Stress: From “fixation on the trauma”, to Resuming the Arc of One’s Life
9:15 – 10:30 AM Dealing with Unrelenting Threat: Translating the Lessons from the Neuroimaging Lab into Effective Treatment
10:30 – 11:00 AM Coffee Break
11:00 AM – 12:00 PM  Trauma, Body and Self: How Physiological Hypoarousal Contributes to Alterations in Identity, Awareness and Agency
12:00 – 12:20 PM  Panel Discussion & Questions
12:20 – 1:30 PM  Lunch (on your own)
1:00 – 1:30 PM  Chair Yoga (optional)
1:30 – 2:30 PM  The Impact of Trauma Over Time: The Need for Stage-Dependent Diagnosis & Treatment of Traumatic Stress
2:30 – 3:00 PM  Coffee Break
3:00 – 5:00 PM  Afternoon Workshops (See above for options)

**Saturday, June 3rd, 2017**

Up to 12.75 clock hours for Friday and Saturday

8:30 – 9:30 AM
Attachment, Meaning Making & Self-Regulation
*Ed Tronick PhD*

Edward Z. Tronick is a world class researcher and teacher recognized internationally for his work on the neurobehavioral and social emotional development of infants and young children, parenting in the U.S. and other cultures, and infant-parent mental health. Over the course of his career, Dr. Tronick has co-authored and authored more than 150 scientific papers and chapters

Dr. Tronick will share his expertise and years of research and clinical experience working with normal and traumatized infants and their parents, by exploring milestones in his professional life of studying the dynamics of infant-parent interaction and the effects of that interaction — that meaning-making — on the intra and inter-relationships of that infant/child’s own self.

**Objectives:**

1. Explain the nature of the process of normal and abnormal developmental processes that are embedded in the emotional and social exchanges of infants and young children and their caregivers.
2. List three key findings Dr. Tronick discovered that help understand the neurobiological and social-emotional development of infants/children.
3. Describe three factors that can influence meaning-making in the developing infant.
4. Discuss the clinical implications of neglect and/or abuse on meaning-making on their developing self in relation to others.

9:30 – 10:40 AM
Ecstasy (MDMA) & Psychedelics: Re-Frame Experience and Change Self-Awareness
*Michael Mithoefer MD, Richard C. Schwartz, PhD and Frank Putnam MD*
Description:
Like every drug or technology that has therapeutic value, MDMA and psychedelics have potential risks and benefits. Unlike most other drugs under clinical investigation, psychedelics has a complex and controversial history that has delayed dispassionate scientific investigation into its therapeutic use.

Doing MDMA research in a rigorous, scientific way always involves a tension between striving to understand and not needing to understand. The ongoing challenge is to balance the intention not to be attached to any story at all—to be open and receptive to unexpected discoveries when we’re sitting with people in MDMA psychotherapy sessions—with the inescapable and potentially fruitful propensity of the rational mind to weave new discoveries into our evolving understanding of therapeutic methods and mechanisms. Without losing sight of this compelling tension, which is inherent to some degree in any psychotherapy, we will discuss some of the similarities and differences between MDMA-assisted psychotherapy and other approaches to psychotherapy for Posttraumatic Stress Disorder (PTSD).

Objective:
1. Identify that MDMA-assisted psychotherapy can be an effective treatment for people who do not respond to traditional therapies for PTSD.
2. Explain the mechanism of MDMA in the brain.

10:40 AM – 10:55 AM
Panel Discussion & Questions

10:55 – 11:15 AM Coffee Break

11:15 AM – 12:10 PM
Playing to Heal: Sports as Tools for Stabilization, Identity Development, and Connection

Lou Bergholz

Objective:
1. Uncover the case for sport as a medium for healing and the emerging field of sports-based stabilization.

12:10 – 1:30 PM Lunch (on your own)

Saturday Afternoon Description:
Saturday afternoon the conference explores theater for the treatment of Traumatic Stress. Since, with the help of a grant from the Centers for Disease Control, our team at the Trauma Center has demonstrated that theater is an effective treatment intervention for traumatized
adolescents in Boston, theater, one of the oldest approaches to treating traumatic stress around the world, has achieved a scientific imprimatur of being an “evidence based” treatment.

Saturday afternoon will consist of a series of speakers who run theater based programs for 1) veterans in New York (Wolpert), 2) rape victims in the Congo (Enslr), and 3) juvenile offenders in Berkshire County, MA who are condemned by juvenile court justices to attend a mandatory Shakespeare actor's training, instead of a jail sentence in “Shakespeare in the Courts”. They will perform parts of their theater work to illustrate the healing capacities of theater.

Eve Enslr’s play, the Vagina Monologues has been translated into 48 languages and has been performed in over 140 different counties around the world to help women deal with sexual trauma. She will present her work with rape victims in the Congo where an estimated 50 million women have been victims of sexual violence in the civil war that has been raging in that country.

1:30 – 2:50 PM
Cry Havoc – Theater Play
*Stephan Wolfert*

*Objective:*
1. Explore the impact of combat trauma for military veterans.

2:50 – 3:10 PM *Coffee Break*

3:10 – 5:00 PM
Transformation Through Theater
*Eve Enslr, Kevin Coleman, Carol Gilligan, PhD*

*Objectives:*
2. Determine what is involved in setting up a theater program for a) veterans with PTSD, b) juvenile delinquents, and c) rape victims.
3. Apply learn specific techniques that help traumatized individuals to deal with their experience in theater programs.

5:00 – 5:30 PM –(optional)  *NO CE*
Closing: Quaker Style Sharing & Debriefing (Optional)

*Saturday’s Outline:*

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2:50 – 3:10 PM  Coffee Break  
3:10 – 5:00 PM  Transformation Through Theater  
5:00 – 5:30 PM  Closing: Quaker Style Sharing & Debriefing