

## 29<sup>th</sup> Annual International Trauma Conference: Neuroscience, Identity and the Transformation of the Self

May 30<sup>th</sup> – June 2<sup>nd</sup>

### 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 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 or cognition. 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 understanding have only a limited influence on the operation of these subcortical processes, but synchrony, movement and reparative experiences do.

### Wednesday, May 30<sup>th</sup>, 2018

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

#### Pre-Conference Workshop 1: Sports-Based Stabilization: Run, Throw, Catch, Compete, and Heal

CE: YES\*

Experiential Workshop

#### Presenters:

Lou Bergholz, Tanya Forneris, PhD, & Maren Rojas

#### Description:

Sport continues to evolve as a recognized and powerful medium for healing and recovery from trauma. At last year’s pre-conference workshop, we introduced a framework for sports-based stabilization by discussing the core elements of sport that promote healing. This year’s workshop will present a deeper exploration of sports-based stabilization. We will map the ways that cutting-edge trauma research and clinical approaches can be applied to a sport context. We’ll do this by walking in the shoes of a trauma-sensitive coach, expanding our understanding of the healing pathways that sport offers. There will be a close examination of some of the most profound, and often hidden therapeutic mechanisms that exist inside the sport experience, including: utilizing interval training to promote self-regulation, discovering why sport may be one of the few mediums left that allows us to leverage positive touch outside of a clinical setting, and how sport can help us unlock a client’s inner narrative. There will be opportunities to study current examples of organizations that are utilizing sport to heal. And, we will be sharing lessons learned and best practices from a current sport for healing

\*APA CE credits are not available

\*\*ASWB CE credits are not available

intervention being implemented in an afterschool setting in Canada. Participants will leave with a “playbook 2.0” of sports-based stabilization techniques and strategies to apply to a wide range of clinical and non-clinical contexts.

### Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	Sports-Based Stabilization: The Clinical Underpinnings of How Sport Can Heal
	Closely look where sport fits in the landscape of clinical and adjunct treatment approaches, including CBT, PCIT, and ARC
	<i>15 Minute Morning Break</i>
	Coaching the Bench: A Trauma-Informed Coach’s Playbook
	What and how coaching with a trauma-informed lens
	Role of the coach through the perspective of the clinician
	Skills to support stabilization
	Skills to support self-regulation outcomes
	Untapped Potential: Stretching the Potential of Sport as a Stabilizing Medium
	Several aspects of sport that have particular potential to foster a healing experience for people affected by trauma
	Contribute own perspectives to inform a broader understanding of sport as stabilizing medium
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	Sport for Healing in Practice: Implementing a Community-Based Trauma-Informed Sport Program
	A study of a current trauma-informed sport project being implemented in Canada
	Design factors
	How to train, engage and support direct service staff
	Lessons learned in implementation
	Research and evaluation approaches to bring a trauma-informed sport program to life
	<i>15 Minute Afternoon Break</i>
	Healing Broken Pieces: Looking Broadly at Sport’s Role in Society and Whether Trauma-Informed Sport Programs Can Play a Role in Broader Conversations About What Isn’t Working About Sport
	Explore sport’s role in society
	Impact of the trauma-sensitive schools movement
	Speculate role that a trauma-informed sport approach could have on some of the deeper issues facing sport
5:15 PM	Pre-Conference Workshop Ends

### Objectives:

1. Summarize the essential elements of a sports-based stabilization approach to working with a population affected by trauma.
2. Identify ways that clinical approaches to treating trauma can be applied in a sport context.
3. Recognize the opportunities in sport to promote positive touch interactions.
4. Explore the power of interval training as a key component of a trauma-informed workout.
5. Describe the ways that self-talk and self-coaching in sport can help us gain a special entry point into the inner dialogue of a player affected by trauma.
6. Give examples of insights from sport organizations who are successfully implementing trauma-informed practices.
7. Explore what on-the-ground implementation looks like in a community-based sport for healing intervention.

\*APA CE credits are not available

\*\*ASWB CE credits are not available

8. Identify where sport fits in the landscape of clinical and adjunct treatment approaches, including CBT, PCIT, and ARC.

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- Whitley, M. A., Forneris, T., & Barker, B (2015). The Reality of Sustaining Community-Based Sport and Physical Activity Programs to Enhance the Development of Underserved Youth: Challenges and Potential Strategies. *Quest* 67(4), 409-423.

Pre-Conference Workshop 2: The Use of Psychedelic Substances, Particularly MDMA, for Treating PTSD

CE: YES

\*APA CE credits are not available

\*\*ASWB CE credits are not available

**Presenters:**

Rick Doblin, PhD, Michael Mithoefer, MD, Richard Schwartz, PhD, Shannon Clare Carlin, MA, Francis Guerriero, MA, LICSW, James Hopper, PhD, Bessel A. van der Kolk, MD, & the members of the Trauma Center MDMA therapy team

**Description:**

For the first time in over four decades, researchers are returning to examining the therapeutic benefits of psychedelic substances, including MDMA (ecstasy), psilocybin (mushrooms) 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 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 overwhelmingly positive and lasting over 72 months of follow-up. Few adverse effects have been reported. Psychedelics may promote a deepening and acceleration of the psychotherapeutic process. Strikingly, 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, while the Boston MDMA study team will discuss clinical experiences, applications, limitations and potential risks. Psychedelics (in appropriate therapeutic contexts) may prove to be significantly more effective than most conventional treatments, and may well prove to be safer and more cost-effective.

**Outline:**

- 8-8:30 AM Registration
- 8:30 AM Morning Program
  - Evolution of psychedelic therapy
    - MDMA – ecstasy
    - Psilocybin – mushrooms
    - LSD
  - Why study MDMA-assisted therapy for PTSD
- 15 Minute Morning Break*
  - Clinical Trials
  - Phase I & II trials
    - Process
    - Outcomes
    - Potential risks and benefits
- 12:30—2 PM Lunch (on your own)
- 2 PM Afternoon Program
  - PTSD - Boston’s MDMA study team
    - Clinical experiences
    - Applications
- 15 Minute Afternoon Break*
  - IFS + MDMA research studies
  - Integration of MDMA
  - Therapist-client relationship
  - Keys to work safely with trauma clients
  - Questions/comments
- 5:15 PM Pre-Conference Workshop Ends

\*APA CE credits are not available  
\*\*ASWB CE credits are not available

### 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.

### References:

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- Bershad, A., De Wit, H., Miller, M., & Seiden, J. (2016, October). Low-dose MDMA increases responses to psychosocial stress in healthy human volunteers. *European Neuropsychopharmacology*, 26(Supplement 2), S695. Retrieved from [https://doi.org/10.1016/S0924-977X\(16\)31826-0](https://doi.org/10.1016/S0924-977X(16)31826-0)
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### Pre-Conference Workshop 3: Embodied Self-Experience

CE: **NO**

Experiential Workshop

Presenters:

Betsy Polatin, MFA, AmSAT, SEP & Licia Sky

#### Description:

The body keeps the score. The latest neuro-scientific research presented at this conference further confirms trauma affects the ways our bodies process sensations, balance, movement in space, and sense of self. Traditionally trained therapists may wonder how this knowledge can be applied to bring an embodied approach to therapeutic sessions. In this workshop, Betsy Polatin, author of *The Actor's Secret*, and Licia Sky, co-author of the *Body Keeps the Score Workbook*, will offer experiential exercises drawn from 30 years' experience in theater training, Alexander Technique, Somatic Experiencing, meditation, yoga, massage and Embodied Voice. We will focus on what happens in a therapy session from an interpersonal neurobiology perspective and demonstrate how bodily self-awareness affects the safety and ability to be present with whatever emerges. Participants will be guided through awareness experiences and reflective discussion of embodied orientation in clinical practice.

### Pre-Conference Workshop 4: Abiding in Community: A Model of Community-Based, Spiritually-Informed Trauma Intervention in the Midst of Individual and Collective Trauma Exposure

CE: **YES**

Experiential Workshop

Presenters:

Jana Pressley, PsyD, Douglas Lomax & Colleen Sharka, LMHC

#### Description:

This workshop will highlight a community intervention model that addresses the chronic and collective impact of community violence and structural oppression as a form of developmental trauma exposure. A non-profit organization led by Rev. Liz Walker of Roxbury Presbyterian Church, the Cory Johnson Program for Post Traumatic Healing was developed after the loss of a young man in the community to homicide, and has committed to the ultimate value of abiding - existing as a long term, relational presence and sacred space for community members to find emotional and spiritual restoration in the midst of distress. This program promotes individual and community healing and empowerment through facilitating relational support, building/enhancing regulation capacity, and providing a context for narrative processing and meaning-making. This includes support groups, sharing of personal narratives, trauma education, support by trained community companions and individual psychotherapy.

#### Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	PTSD
	Impact of community violence
	Structural oppression

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Disconnection created by traumatic experience

*15 Minute Morning Break*

Community Intervention Model

Psychoeducation on trauma

Group support

Healing and empowerment through relational support

Narrative processing

Meaning-making

12:30—2 PM

Lunch (on your own)

2 PM

Afternoon Program

Community Intervention Model

Building and enhancing regulation capacity

Spiritual restoration

*15 Minute Afternoon Break*

Coping strategies

Mind-body approaches

Creative therapeutic interventions

Questions/comments

5:15 PM

Pre-Conference Workshop Ends

**Objectives:**

1. Analyze how community violence and structural oppression might lead to development of PTSD symptoms.
2. Utilize narrative processing and relational support for purposes of client psychoeducation
3. Evaluate the Community Intervention Model as it relates to clinical practice to improve treatment outcomes.
4. Develop strategies to build and enhance client's regulation capacity for trauma symptom management.
5. Teach clients how to integrate creative therapeutic interventions into their daily lives to alleviate symptoms and improve level of functioning.
6. Determine the impact of movement and exercise on the reduction of trauma symptoms as it relates to treatment interventions.
7. Examine the clinical impact of providing psychoeducation on trauma to clients to enhance their coping skills.
8. Apply spiritual restoration as a component of the Community Intervention Model to improve client level of functioning.

**References:**

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Frewen, P., Rogers, N., Flodrowski, L., & Lanius, R. (2015). Mindfulness and metta-based trauma therapy (MMTT): Initial development and proof-of-concept of an internet resource. *Mindfulness*, 6(6), 1322-1334.

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Brochure # 62840

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Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence*, 6(1), 42-48. <http://dx.doi.org/10.1037/vio0000025>

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Thursday, May 31<sup>st</sup>, 2018

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

#### Pre-Conference Workshop 5: Embodied Self-Experience

CE: NO

Experiential Workshop

Presenters:

Betsy Polatin, MFA, AmSAT, SEP & Licia Sky

#### Description:

The body keeps the score. The latest neuro-scientific research presented at this conference further confirms trauma affects the ways our bodies process sensations, balance, movement in space, and sense of self. Traditionally trained therapists may wonder how this knowledge can be applied to bring an embodied approach to therapeutic sessions. In this workshop, Betsy Polatin, author of *The Actor's Secret*, and Licia Sky, co-author of the *Body Keeps the Score Workbook*, will offer experiential exercises drawn from 30 years' experience in theater training, Alexander Technique, Somatic Experiencing, meditation, yoga, massage and Embodied Voice. We will focus on what happens in a therapy session from an interpersonal neurobiology perspective and demonstrate how bodily self-awareness affects the safety and ability to be present with whatever emerges. Participants will be guided through awareness experiences and reflective discussion of embodied orientation in clinical practice.

#### Pre-Conference Workshop 6: De-Cruit: Helping Veterans to Come Home Using Theater

CE: NO

Experiential Workshop

Presenters:

Stephan Wolfert, Actor/Writer/Director, MFA

\*APA CE credits are not available

\*\*ASWB CE credits are not available



### Description:

An army veteran, Shakespearean actor and theater director, Stephan Wolfert both wrote & performs the critically acclaimed play Cry Havoc! and created DE-CRUIT, an interdisciplinary program designed to help military veterans overcome the obstacles of transitioning from military service back into their communities. Countering the military's intense indoctrination and training, DE-CRUIT uses routinized techniques derived from principles of classical actor training (e.g., experiential analysis, symbolic representation, spoken verse) to transform military camaraderie into camaraderie among treatment group members to communalize the process of healing from the trauma of war. At its core DE-CRUIT is the process of interweaving personal writings with Veteran-related Shakespeare texts, applying stage skills to life-skills, and of processing of trauma within community.

### Pre-Conference Workshop 7: Using EMDR Across the Lifespan

CE: YES

### Presenters:

Robert Tinker, PhD, PC

### Description:

This is will be a discussion of research starting at age one and ending with issues related to dying, EMDR can be effective across a wide spectrum of human problems. We will examine how EMDR is used with traumatized children, in phantom limb pain, after motor vehicle accidents and other discrete traumatic experiences, in dissociative clients, and with pain issues, using data from scientific studies, videotaped demonstrations and case histories. We not only have brain pre-and post- neuroimaging studies of EMDR treatment, but also have been able to demonstrate neurobiological shifts during the session itself, making EMDR a form of treatment with neurobiological shifts within a single session, as well as over time; not only with PTSD, but also in phantom limb pain.

### Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	Research of EMDR across the lifespan
	EMDR application
	Traumatized children
	Phantom limb pain and other pain
	After motor vehicle accident or single incident trauma
	Clients with Dissociative Identity Disorder
	And more
	Data and Scientific Studies
12:30—2 PM	Lunch (on your own)
2 PM	Afternoon Program
	EMDR and the Brain
	Neuroscience behind EMDR
	Neuroimaging studies comparing before/after treatment
	Evidence of Neurobiological shifts during session
	Review of Client Success with EMDR
	Case studies
	Video demonstration
	Questions/comments
5:15 PM	Pre-Conference Workshop Ends

\*APA CE credits are not available

\*\*ASWB CE credits are not available

### Objectives:

1. Summarize the biological nature of trauma and how trauma can create physical and psychological symptoms to better understand your clients.
2. Explain how EMDR is used for processing traumatic memories as it relates to clinical practice.
3. Evaluate research of the effectiveness of EMDR with clients aging across the lifespan.
4. Examine the research that suggests EMDR as a successful tool for the clinical treatment of phantom limb pain and as well as other pain.
5. Describe how EMDR has been used to treat clients after motor vehicle accidents and other discrete traumatic experiences, in dissociative clients.
6. Review the studies that show EMDR as a form of treatment with neurobiological shifts within a single session, as well as over time; not only with PTSD, but also in phantom limb pain.
7. Summarize the results of neuroimaging studies that show the brain pre-and post EMDR treatment.
8. Determine when/if your client is prepared to safely process trauma memories via EMDR.

### References:

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Bisson, J., & Andrew, M. (2009). Psychological treatment of post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD003388. DOI: 10.1002/14651858.CD003388.pub3. "Trauma focused cognitive behavioural therapy and eye movement desensitisation and reprocessing have the best evidence for efficacy at present and should be made available to PTSD sufferers." (p. 18)

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Frustaci, A., Lanza, G.A., Fernandez, I., di Giannantonio, M. & Pozzi, G. (2010). Changes in psychological symptoms and heart rate variability during EMDR treatment: A case series of subthreshold PTSD. *Journal of EMDR Practice and Research*, 4, 3-11.

Lee, C.W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy & Experimental Psychiatry*, 44, 231-239.

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Paul AJM de Bont Email author, David PG van den Berg, Berber M van der Vleugel, Carlijn de Roos, Cornelis L Mulder, Eni S Becker, Ad de Jongh, Mark van der Gaag and Agnes van Minnen, (2013). A multi-site single blind clinical study to compare the effects of prolonged exposure, eye movement desensitization and reprocessing and waiting list on patients with a

current diagnosis of psychosis and co morbid post traumatic stress disorder: study protocol for the randomized controlled trial Treating Trauma in Psychosis. *Trials*

Sassi Andrade Vieira, S., Di Giorgio, M., Cohen, E., Caurand, M., Manchon, A., Quaderi, A., & Palazzolo, J. (2017, April). Benefits of EMDR therapy on the memory in the treatment of PTSD. *European Psychiatry: The Journal of the European Psychiatry Association*, 41, S359. Retrieved from <https://doi.org/10.1016/j.eurpsy.2017.02.353>

Staring, A., van den Berg, D., Cath, D., Schoorl, M., Engelhard, I., & Korrelboom, C. (2016, July). Self-esteem treatment in anxiety: A randomized controlled crossover trial of Eye Movement Desensitization and Reprocessing (EMDR) versus Competitive Memory Training (COMET) in patients with anxiety disorders. *Behaviour Research and Therapy*, 82, 11-20. Retrieved from <https://doi.org/10.1016/j.brat.2016.04.002>

van der Kolk, B., Spinazzola, J. Blaustein, M., Hopper, J. Hopper, E., Korn, D., & Simpson, W. (2007). A randomized clinical trial of EMDR, fluoxetine and pill placebo in the treatment of PTSD: Treatment effects and long-term maintenance. *Journal of Clinical Psychiatry*, 68, 37-46.

Wood, E., Ricketts, T., & Parry, G. (2018). EMDR as a treatment for long-term depression: A feasibility study. *Psychology and Psychotherapy*, 91, 63-78. doi:10.1111/papt.12145

## Pre-Conference Workshop 8: Utilizing Trauma-Informed Practice as a Foundation for Peace-Building & Development in Humanitarian Settings

CE: YES\*

Presenters:

Ilya Yacevich, MA, LMFT & Anita Shankar, MPH

Description:

The Global Trauma Project is a Kenya-based non-governmental organization that works to reduce the detrimental impacts of war trauma, child abuse, and interpersonal violence in Eastern Africa by strengthening trauma-informed, community-based healing initiatives. In this interactive session, the Global Trauma Project (GTP) will introduce the Trauma-Informed Community Empowerment (TICE) Framework, and share lessons learned from developing a National Trauma-Healing Initiative in South Sudan. The TICE Framework offers a foundation for practitioners in developing/ strengthening trauma-informed supports by targeting 5 core areas impacted by trauma: Safety, Regulation, Connection, Identity and Empowerment. TICE has been culturally contextualized and translated for use in South Sudan and Somalia, and was developed from the "Attachment, Regulation & Competency" (ARC) model, IASC Guidelines for Psycho-Social support, and Body-Based Mindfulness practice.

Outline:

8-8:30 AM

Registration

8:30 AM

Morning Program

Part 1: Overview of Global Trauma Project

Targets in Global Mental Health

Overview of South Sudan National Trauma Healing Initiative

Impact Data on PTSD rates, social outcomes, physiological changes

15 Minute Morning Break

Part 2: Development of Trauma-Informed Community Empowerment (TICE) model

TICE overview

"Intro to Trauma" for Lay Providers:

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Definitions of Trauma and Compounded Stress  
Impacts of Trauma and Compounded Stress  
Survival Brain & Thinking Brain  
Triggers

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. Summarize the Trauma-Informed Community Empowerment (TICE) framework and how it equips community providers with a solid understanding of the effects of trauma, including war trauma, children and trauma, and caregiver support.
2. Summarize the clinical impact data on PTSD rates, social outcomes, physiological changes related to the Global Trauma Project.
3. Distinguish how TICE can reduce the impacts of trauma/compounded stress and increase leadership/empowerment amongst community members.
4. List the five core components that are mostly affected by the effects of trauma.
5. Identify specific tools for training and supporting non-specialized providers (religious leaders, teachers, prisons, police, government officials, women's leaders, health providers).
6. Identify tools for impact assessment (in partnership with New School for Social Research).
7. Consider opportunities and challenges of strengthening trauma-healing supports in low-resource/ development/ post-conflict settings.
8. Evaluate the lessons learned from the national trauma-healing initiative in South Sudan.

**References:**

Becker-Blease, K. A. (2017, Feb). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131-138. Retrieved from <https://doi.org/10.1080/15299732.2017.1253401>

Bowen, E. A., & Shaanta Murshid, N. (2016, February). Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *American Journal of Public Health*, 106(2), 223-229. doi:10.2105/AJPH.2015.302970

Gil-Rivas, V., & Kilmer, R. P. (2016, December). Building Community Capacity and Fostering Disaster Resilience. *Journal of Clinical Psychology*, 72(12), 1318-1332. doi:10.1002/jclp.22281

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Im, H., & Rosenberg, R. (2016, June). Building Social Capital Through a Peer-Led Community Health Workshop: A Pilot with the Bhutanese Refugee Community. *Journal of Community Health*, 41(3), 509-517. Retrieved from <https://doi.org/10.1007/s10900-015-0124-z>

Jentoft Kinniburgh, K., Blaustein, M., Spinazzola, J., & van der Kolk, B. A. (2005). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, 35(5), 424-430. Retrieved from <https://doi.org/10.3928/00485713-20050501-08>

Konanur, S., Muller, R. T., Cinamon, J. S., Thornback, K., & Zorzella, K. P. (2015, December). Effectiveness of Trauma-Focused Cognitive Behavioral Therapy in a community-based program. *Child Abuse & Neglect*, 50, 159-170. Retrieved from <https://doi.org/10.1016/j.chiabu.2015.07.013>

Wolf, M. R., Green, S. A., Nochajski, T. H., Mendel, W. E., & Kusmaul, N. S. (2014). 'We're Civil Servants': The Status of Trauma-Informed Care in the Community. *Journal of Social Service Research*, 40(1), 111-120. Retrieved from <https://doi.org/10.1080/01488376.2013.845131>

## Pre-Conference Workshop 9: Frontiers of Applied Neuroscience of Trauma: Neural Correlates of Altered Self-Experience, Agency, & Reciprocity

CE: YES

### Presenters:

Ruth Lanius, MD, PhD, Sherain Harricharan, PhD, Martin H. Teicher, MD, PhD, Paul A. Frewen, PhD, C.Psych, Wendy D'Andrea, PhD, Stephen W. Porges, PhD, Ainat Rogel, PhD, LICSW, Sebern Fisher, MA, BCN, Matthew Sanford, Janine Thome, PhD, Jacek Kolacz, PhD, Gregory F. Lewis, PhD, Lourdes P. Dale, PhD, & Bessel A. van der Kolk, MD

### Description:

For several decades, we have understood that trauma changes the brain. Of course, survivors have intuited that all along, but research in the past few years is increasingly able to pinpoint what neuronal tracks are affected by various forms of trauma at different developmental stages. A variety of neuroscience studies from different laboratories now have been able to demonstrate specific alterations in the brain areas related to safety, sense of self, different self-states, issues of physical balance and interoceptive sensations, voice modulation, eye contact, shame, movement, coordination and agency. Being able to scientifically observe those changes in the central nervous system validates and confirms the importance of clinical phenomena whose relevance can easily be overlooked and dismissed. Being able to understand the underlying neurobiology of trauma opens up new (and old, but not widely practiced) methods of treatment. This workshop brings together researchers, clinicians, and neurofeedback practitioners who are evaluating limitations, clinical risks and exploring ways in which we can apply the neuroscience of trauma to clinical practice.

### Outline:

8-8:30 AM	Registration
8:30 AM	Morning Program
	Introduction
	Technology
	Explore ways in which computers
	Modulation of focusing
	Arousal
	Filtering
	Emotional and behavioral functioning
	Essential self-experiences

\*APA CE credits are not available

\*\*ASWB CE credits are not available

*15 Minute Morning Break*

Non-invasive office-based electrophysiology  
Specific neuronetworks associated with trauma

12:30—2 PM

Lunch (on your own)  
Quantitative EEG

2 PM

Afternoon Program

*15 Minute Afternoon Break*

Discussion panel with the experts  
Conclusion/review/questions

5:15 PM

Pre-Conference Workshop Ends

Objectives:

1. Summarize the recent developments in neuroscience as they relate to the treatment of trauma.
2. Explore ways in which computers can assist treatment interventions in the modulation of focusing, arousal, and filtering.
3. Describe the role of specific neuronetworks associated with trauma and put to practical use in session.
4. Demonstrate how to provide non-invasive office-based electrophysiology measures of both central and autonomic nervous system functions as it relates to treatment outcomes.
5. Summarize an overview of arousal dysregulation in severe emotional disorders to inform clinical treatment interventions.
6. Utilize technology in session to regulate arousal and improve client emotional and behavioral functioning.
7. Identify the default network mode that is associated with PTSD dysfunctions to improve treatment outcomes.
8. Explore the use of the quantitative EEG as it relates to clinical treatment.

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.

## Thursday Evening at the Movies

CE: **NO**

7:30 PM

Angelo Unwritten Alice Stone

Discussants: Andy Pond, MSW, MAT & Adam Pertman

This documentary tells the story of a gifted yet troubled youth, and his final set of foster parents. For three tumultuous years, they face unforeseen challenges as they start a new chapter in their lives together as a family. The film is a call to action for continuing support and services for foster youth and families, which so often goes lacking once permanency or adoption has been established.

## Friday, June 1st, 2018

### Outline:

8:00 – 8:30 am	Registration
8:30 – 8:45am	Welcome & Introduction: Trauma and Embodied Cognition
8:45 – 9:45am	The Effects of Traumatic Stress on Self-Experience: Balance, Perception & Sensory Integration
9:45 – 10:45am	The Psychological Processing of Traumatic Experience: Self-Awareness, Interoception & Memory Processing - How (and How Well) Does EMDR Actually Work?
10:45 – 11:05 am	Coffee Break
11:05 am – 12:05pm	The Craving Mind: Why We Get Stuck in Habits & How Mindfulness Helps Us Get Unstuck
12:05 – 12:30 pm	Panel Discussion & Questions
12:30 – 1:45 pm	Lunch

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Brochure # 62840

1:15 – 1:45 pm	Chair Yoga
1:45 – 2:45pm	The Emergence of a Polygonal-Informed Therapy: How Music & Voice Contribute to Healing Following Trauma
2:45 – 3:00 pm	Coffee Break
3 – 5 pm	Afternoon Workshops (workshops 1-6: participants will choose one workshop)

### Expanded Outline:

8:30 – 8:45am

Welcome & Introduction: Trauma and Embodied Cognition

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

The Effects of Traumatic Stress on Self-Experience: Balance, Perception & Sensory Integration

CE: YES

Presenters: Sherain Harricharan, PhD, Elizabeth Warner, PsyD & Ruth Lanius, MD, PhD

Objective:

1. Examine the nature of traumatic stress and evaluate the research of how exposure to extreme stress affects brain function.

Reference:

Rabellino, D., Harricharan, S., Frewen, P. A., Burin, D., McKinnon, M. C., & Lanius, R. A. (2016). "I can't tell whether it's my hand": a pilot study of the neurophenomenology of body representation during the rubber hand illusion in trauma-related disorders. *European journal of psychotraumatology*, 7(1), 32918.

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.

Warner, E., Cook, A., Westcott, A., & Koomar, J. (2011). *Sensory motor arousal regulation treatment (SMART), A manual for therapists working with children and adolescents: A "bottom up" approach to treatment of complex trauma*. Boston: Trauma Center at JRI.

9:45 – 10:45am

The Psychological Processing of Traumatic Experience: Self-Awareness, Interoception & Memory Processing - How (and How Well) Does EMDR Actually Work?

CE: YES

Presenters: Ruth Lanius, MD, PhD, Matthew Sanford & Bessel A. van der Kolk, MD

Objective:

\*APA CE credits are not available

\*\*ASWB CE credits are not available



1. Explain how EMDR is used for processing traumatic memories as it relates to clinical practice.

Reference:

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.

11:05 am – 12:05pm

The Craving Mind: Why We Get Stuck in Habits & How Mindfulness Helps Us Get Unstuck

CE: **YES**

Presenter: Judson Brewer, MD, PhD

Objective:

1. Explore how habits form, why they can be hard to overcome and the current research that can give clients hope that habits can change.

Reference:

Schuman-Olivier, Z., Hoepfner, B., Evins, A., Brewer, J. (2014). Finding the Right Match: Mindfulness Training May Potentiate the Therapeutic Effect of Nonjudgment of Inner Experience on Smoking Cessation, *Journal Substance Use & Misuse*, 49(5). 586-594.

1:15 – 1:45pm

Chair Yoga (optional)

CE: **NO**

1:45 – 2:45 pm

The Emergence of a Polygonal-Informed Therapy: How Music & Voice Contribute to Healing Following Trauma

CE: **YES**

Presenter: Stephen W. Porges, PhD

Objective:

1. Articulate the foundation of Polyvagal Theory as it relates to the clinical treatment of trauma.

Reference:

Dale, L. P., Shaikh, S. K., Fasciano, L. C., Watorek, V. D., Heilman, K. J., & Porges, S. W. (2017). College Females With Maltreatment Histories Have Atypical Autonomic Regulation and Poor Psychological Wellbeing. *Psychological trauma: theory, research, practice and policy*.

Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192.

### **3-5 pm – Friday Afternoon Workshops:**

#### **Workshop 1: Internal Family Systems and the Psychotherapy of Self-Leadership: Self and Identity**

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:

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: Trauma and Self-Experience**

\*APA CE credits are not available

\*\*ASWB CE credits are not available

CE: **YES**

Ruth Lanius, MD, PhD, Wendy D'Andrea, PhD, Paul A. Frewen, PhD, C.Psych & Bessel A. van der Kolk, MD

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:

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.

### **Workshop 3: Getting In-Touch with Touch: A Powerful Tool for Emotional and Physiological Regulation**

CE: **YES**

Elya Steinberg, MD

Objectives:

1. Present current research findings on the neuroscience of touch, affective touch, attachment and trauma.
2. Identify how touch can be used to regulate emotional and behavioral responses, and explore its potential role in relationships of protecting and restoring safety and regulation.

References:

Abraira Victoria E. and Ginty David D.; The Sensory Neurons of Touch, *Neuron*. 2013 August 21; 79(4). available in PMC 2014 February 21

Case Laura K. Ceko Marta, Gracely John L., Richards Emily A., Olausson Håkan, Bushnell M. Catherine; Touch Perception Altered by Chronic Pain and by Opioid Blockade. *eNeuro*, eNeuro.sfn.org, 3(1), (2016)

Chatel-Goldman Jonas, Congedo Marco, Juttenand Christian, Schwartz Jean-Luc; Touch increases autonomic coupling between romantic partners, *Frontiers in Behavioral Neuroscience*; www.frontiersin.org Vol 8 Article 95 1-12 (2014)

### **Workshop 4: The Equus Effect - Deepening the Somatic Experience through Attunement with Horses**

CE: **YES**

David Sonatore, LCSW, SEP and Jane Strong, SEP

Objectives:

1. Investigate the 'language' and reactions of horses to reconnect clients with their own inner wisdom without fear of judgment or repercussion and to improve clinical outcomes.
2. Outline the somatic experience as it relates to clinical treatment through attunement with horses.

References:

Staudt, M. & Cherry, D. (2017). Equine Facilitated Therapy and Trauma: Current Knowledge, Future Needs. *Advances in Social Work* Vol. 18 No. 1 (Spring 2017), 403-414, DOI: 10.18060/21292

Naste, T.M., Price, M., Karol, J. et al. (2017). Equine Facilitated Therapy for Complex Trauma (EFT-CT). *Journ Child Adol Trauma*

### **Workshop 5: Traumatized Children & Adolescents: Balance, Multisensory Integration & Psychotherapeutic Work**

CE: **YES**

Elizabeth Warner, PsyD & Sherain Harricharan, PhD

Objectives:

1. Articulate the role of balance in psychotherapeutic work with traumatized children and adolescents.
2. Develop multisensory interventions for practical use in session with children and adolescent clients.

Reference:

\*APA CE credits are not available

\*\*ASWB CE credits are not available

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.

### Workshop 6 (Part 1) Neurofeedback for Affect Dysregulation and Impairment of Executive Functioning

CE: **YES**

Diana Martinez, MD, Ainat Rogel, PhD, LICSW & Hilary Hodgdon, PhD

(Note: Can attend one or both parts)

Objectives:

1. Determine methods of helping those with affect dysregulation overcome their difficulties with executive function.
2. Determine neurofeedback strategies that are appropriate for intervening when executive function difficulties are identified.

References:

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.

McKinnon, M. C., Boyd, J. E., Frewen, P. A., Lanius, U. F., Jetly, R., Richardson, J. D., & Lanius, R. A. (2016). A review of the relation between dissociation, memory, executive functioning and social cognition in military members and civilians with neuropsychiatric conditions. *Neuropsychologia*, 90, 210-234.

## Saturday, June 2<sup>nd</sup>, 2018

### Outline:

8:00 – 8:30 am	Registration
8:30 – 9:30 am	The Effects of Trauma on the Mind-Body Relationship in Everyday Life: Posture, Balance, Self-Awareness, Sensory Integration, Giving and Receiving
9:30 – 10:30 am	When the Body Says No: Trauma, Physical Illness and Self Care
10:30 – 10:50 am	Panel Discussion
10:50 – 11:10 am	Coffee Break
11:10 am – 12:10 pm	The Evolution of Child Trauma Treatment: 15 Years of Attachment, Regulation and Competency (ARC)
12:10 – 12:30 pm	Panel Discussion & Questions
12:30 – 1:45 pm	Lunch
1:15 – 1:45 pm	Chair Yoga
1:45-3:45 pm	Afternoon Workshops (workshops 7-12: participants will choose one workshop)
3:45 – 4:00 pm	Coffee Break
4:00 – 5:00 pm	Amazing Grace: Journey to Wellness -The Intersection of Spirituality & Medicine to Promote Personal Healing and Community Wholeness
5:00 - 5:30 pm	Closing: Quaker Style Sharing & Debriefing

### Expanded Outline:

8:30 – 9:30 am

The Effects of Trauma on the Mind-Body Relationship in Everyday Life: Posture, Balance, Self-Awareness, Sensory Integration, Giving and Receiving

CE: **NO**

Presenter: Matthew Sanford

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Brochure # 62840

9:30 – 10:30 am

When the Body Says No: Trauma, Physical Illness and Self Care

CE: YES

Presenter: Gabor Maté, MD

Objective:

1. Identify the role of stress and developmental trauma when it comes psychoneuroimmunology, and how can this increased knowledge enhance clinical practice.

Reference:

Maté G. (2014) Postscript—Psychedelics in Unlocking the Unconscious: From Cancer to Addiction. In: Labate B., Cavnar C. (eds) *The Therapeutic Use of Ayahuasca*. Springer, Berlin, Heidelberg

Maté, Gabor, "The Mind/Body Connection" (2015). Public Programs & Performances. 5.

<https://digitalcommons.ciis.edu/publicprograms/5>

Trencsenyi, G., Kertesz, I., Krasznai, Z. T., Mate, G., Szabo Judit, P., Karpati, L., . . . Goda, K. (2015, July). 2-[18F]-fluoroethylrhodamine B is a promising radiotracer to measure P-glycoprotein function. *European Journal of Pharmaceutical Sciences*, 74, 27-35. Retrieved from <https://doi.org/10.1016/j.ejps.2015.03.026>

11:10 am – 12:10 pm

The Evolution of Child Trauma Treatment: 15 Years of Attachment, Regulation and Competency (ARC)

CE: YES

Presenter: Margaret E. Blaustein, PhD

Objectives:

1. Summarize the ARC framework with youth and families who have experienced multiple and/or prolonged traumatic stress.

Reference:

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.

Hodgdon, H., Kinniburgh, K., Gabowitz, D., Blaustein, M., & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in residential schools using the ARC framework. *Journal of Family Violence*, 27(8).

1:15 – 1:45 pm

Chair Yoga (optional)

CE: NO

**1:45-3:45 pm – Saturday Afternoon Workshops:**

**Workshop 7 (Part 2): Neurofeedback for Affect Dysregulation and Impairment of Executive Functioning**

CE: YES

Presenters: Diana Martinez, MD, Ainat Rogel, PhD, LICSW & Hilary Hodgdon, PhD

Objectives:

1. Communicate how Affect Dysregulation and Executive Function difficulties are manifested in individuals diagnosed with various psychological disorders.
2. Analyze the neurobiology of Executive Functions as it relates to treatment outcomes.

Reference:

Ros, T., Frewen, P., Theberge, J., Kluetsch, R., Mueller, A., Candrian, G., Lanius, R. (2015). Neurofeedback Tunes Long-Range Temporal Correlations in Spontaneous Brain Activity. *arXiv preprint arXiv:1512.09133*.

\*APA CE credits are not available

\*\*ASWB CE credits are not available

### **Workshop 8: Healing Relational Trauma with Internal Family Systems (IFS) Therapy**

CE: **YES**

Presenter: Frank Guastella Anderson, MD

Objectives:

1. Demonstrate how IFS translates common comorbidities into parts language, showing a non-pathological perspective of mental health disorders.
2. Identify and clarify the protective parts of clients with trauma histories to help with assessment and treatment planning.

References:

Follette, V.M., Briere, J., Rozelle, D., Hopper, J.W., Rome, D. I. (2015) *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices*. Guilford Press, New York.

Frewen, P., Lanius, R. (2015) *Healing the Traumatized Self: Consciousness Neuroscience Treatment*. W. W. Norton & Company, New York.

### **UPDATED Workshop 9: The Little Girls We Were...And The Women We Are: RAHI's Indian National Award Winning Documentary**

CE: **NO**

Presenters: Anuja Gupta & Ashwini Ailawadi

### **Workshop 10: When the Body Says NO: Consultation Time with Gabor Maté**

CE: **YES**

Presenter: Gabor Maté, MD

Objectives:

1. Connect the role of the mind-body link in conditions and diseases such as arthritis, cancer, diabetes, heart disease, IBS, and multiple sclerosis as it relates to treatment outcomes.
2. Discover the principles of healing to alleviate symptoms of illness from hidden stress.

References:

\*not sure what to do here, no current references but is a leader in addictions

Maté, Gabor, "The Mind/Body Connection" (2015). Public Programs & Performances. 5.  
<https://digitalcommons.ciis.edu/publicprograms/5>

Maté, G. (2004), *When the Body Says No*. Wiley

Maté G. (2014) Postscript—Psychedelics in Unlocking the Unconscious: From Cancer to Addiction. In: Labate B., Cavnar C. (eds) *The Therapeutic Use of Ayahuasca*. Springer, Berlin, Heidelberg

Maté, Gabor, "The Mind/Body Connection" (2015). Public Programs & Performances. 5.  
<https://digitalcommons.ciis.edu/publicprograms/5>

Trencsenyi, G., Kertesz, I., Krasznai, Z. T., Mate, G., Szabo Judit, P., Karpati, L., . . . Goda, K. (2015, July). 2'[18F]-fluoroethylrhodamine B is a promising radiotracer to measure P-glycoprotein function. *European Journal of Pharmaceutical Sciences*, 74, 27-35. Retrieved from <https://doi.org/10.1016/j.ejps.2015.03.026>

### **Workshop 11: Traumatized Inner City Youth: Opportunities and Obstacles in Hands-On Work**

\*APA CE credits are not available

\*\*ASWB CE credits are not available

Brochure # 62840

CE: **YES**

Presenters: Rev. Gloria E. White-Hammond, MD, MDiv, Alexandra Cook, PhD & Jana Pressley, PsyD

Objectives:

1. Analyze the occurrence and impact of chronic adversity for young adults who grew up amidst poverty and community violence.
2. Evaluate the opportunities and difficulties when applying hands-on work with traumatized inner city youth kids.

References:

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.

## **Workshop 12: Moving the Traumatized Body: Consultation Time with Matthew Sanford**

CE: **NO**

Presenter: Matthew Sanford

4:00 – 5:00 pm

Amazing Grace: Journey to Wellness -The Intersection of Spirituality & Medicine to Promote Personal Healing and Community Wholeness

CE: **YES**

Presenter: Rev. Gloria E. White-Hammond, MD, MDiv

Objective:

1. Identify the intersection of spirituality and medicine to promote personal healing and community wholeness.

References:

Parker, Stephane, (2011), "Spirituality in Counseling: A Faith Development Perspective." *Journal of Counseling & Development, 89*: 112-117.

Bohecker, Lynn. (2015). "Counselor, Know Thyself." *Counseling Today*. May 2015, 47-53.

5:00 - 5:30 PM

Closing: Quaker Style Sharing & Debriefing (Optional)

CE: **NO**

## Faculty Bio's

### PLENARY FACULTY SPEAKERS

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**Margaret E. Blaustein, PhD**, director of training, the Trauma Center; Co-author, *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-regulation, and Competency*.

**Judson Brewer, MD, PhD**, chief, Division of Mindfulness Executive Director, Center for Mindfulness; Associate Professor, Medicine and Psychiatry; University of Massachusetts Medical School; Research Affiliate, Department of Brain and Cognitive Sciences, MIT; author: *The Craving Mind*.

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

**Sherain Harricharan, PhD**, post-doctoral fellow, Department of Psychiatry, University of Western Ontario, Canada.

**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*.

\*APA CE credits are not available

\*\*ASWB CE credits are not available

**Gabor Maté, MD**, adjunct professor, Faculty of Criminology, Simon Fraser University. Vancouver, BC. Has focused on child development, the mind-body unity in health and illness, and the causation and treatment of addictions; author: *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, and *When The Body Says No: Exploring The Stress-Disease Connection*. [www.drgabormate.com](http://www.drgabormate.com)

**Stephen W. Porges, PhD**, distinguished university scientist, Traumatic Stress Research Consortium, Kinsey Institute, Indiana University; author: *The Polyvagal Theory; Neurophysiological Foundations and Emotions, Attachment, Communication, and Self-Regulation*, and *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe*.

**Matthew Sanford**, yoga teacher, founder, Mind Body Solutions, and a paraplegic for the last 39 years; author: *Waking: A Memoir of Trauma and Transcendence*. He teaches people around the US living with trauma, loss, and disability how to re-inhabit their bodies. [www.mindbodysolutions.org](http://www.mindbodysolutions.org)

**Bessel A. van der Kolk, MD**, professor of Psychiatry, BUSM; Medical Director, Trauma Center; Past President, ISTSS; author, *New York Times* Science best seller *The Body Keeps the Score: Mind Brain and Body in Healing from Trauma*.

**Elizabeth Warner, PsyD**, is the Sensory Motor Arousal Regulation Treatment (SMART) Project Director at the Trauma Center, and has trained in the US, Canada and China.

**Rev. Gloria E. White-Hammond, MD, MDiv**, co-pastor, Bethel African Methodist Episcopal Church, Boston; visiting scholar in medicine and spirituality, Harvard Divinity School; retired pediatrician, South End Community Health Center; co-founder, Do The Write Thing for high-risk adolescent girls, and My Sister's Keeper for women in conflict zones.

## WORKSHOP FACULTY

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**Michael D. Alpert, MD**, psychiatry resident, Cambridge Health Alliance; Therapy team member, The Trauma Center.

**Frank Guastella Anderson, MD**, supervising psychiatrist, Trauma Center; author: *Internal Family Systems Skills Training Manual: Trauma-Informed Treatment for Anxiety, Depression, PTSD & Substance Abuse*.

**Lou Bergholz**, founder and managing partner at Edgework Consulting, has spent the last two decades working on creating trauma-sensitive interventions that adapt clinical practice and research to population without access to definitive clinical care, Author of *Vital Connections: Harnessing the Power of Relationship to Impact the Lives of Young People*, and co-author of *Redesigning Youth Sport: Change the Game*.

**Elizabeth Call, PsyD**, psychologist in private practice; therapy team member, MDMA study, the Trauma Center.

**Shannon Clare Carlin, MA**, MDMA Therapy Training Program Manager, psychedelic harm reduction program, & the Zendo Project. Served as co-therapist on Phase 2 trial researching MDMA-assisted psychotherapy for anxiety associated with life-threatening illness.

**Alexandra Cook, PhD**, SMART team member; Senior Supervisor, Trauma Center; author: *With the Phoenix Rising* and *A White Paper: Complex Trauma in Children and Adolescents*.

**Lourdes P. Dale, PhD**, associate professor, Department of Psychology University of Hartford.

**Wendy D'Andrea, PhD**, assistant 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.

**David Emerson, E-RYT, TCTS-F**, director, Trauma Center Yoga Project, yoga instructor; president, Black Lotus Yoga Studio; author: *Trauma-Sensitive Yoga in Therapy*; co-author: *Overcoming Trauma through Yoga*.

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

**Tanya Forneris, PhD**, is the Associate Director of the School of Health and Exercise Sciences at the University of British Columbia Okanagan Campus. Her area of expertise is in the development, implementation and evaluation of community-based positive youth development programming.

**Paul A. Frewen, PhD, C.Psych**, assistant professor, Department of Psychiatry and Psychology, University of Western Ontario; Chair, Traumatic Stress Section, Canadian Psychological Association; author of 45 papers on trauma, affect regulation, mindfulness, dissociation, and the self;

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co-author: *Healing the Traumatized Self: Consciousness, Neuroscience & Treatment*.

**Francis Guerriero, MA, LICSW**, private practice, Cambridge, MA; Therapy team member, The Trauma Center.

**Katryn Haley-Little, LICSW**, clinical director, My Life My Choice, which provides mentoring services for youth who are victims of commercial sexual exploitation.

**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*.

**Hilary Hodgdon, PhD**, director of Research Operations for Trauma Center.

**Jacek Kolacz, PhD**, postdoctoral research fellow Traumatic Stress Research Consortium, Kinsey Institute, Indiana University.

**Gregory F. Lewis, PhD**, assistant research scientist, Traumatic Stress Research Consortium, Kinsey Institute, Indiana University.

**Douglas Lomax**, program manager for the Men's Health and Recovery Program at the Boston Public Health Commission; Director of Outreach and Addiction Services: The Cory Johnson Program for Post-Traumatic Healing.

**Lia Martin, PhD**, associate director of Quality Management for Justice Resource Institute.

**Diana Martinez, MD**, CEO of Necemod (Neuromodulation Center), Mexico. Director of Neurofeedback Clinic at Trauma Center.

**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.

**Pat Ogden, PhD**, founder and educational director, Sensorimotor Psychotherapy Institute; author: *Trauma and the Body: A Sensorimotor Approach to Psychotherapy and Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*.

**Adam Pertman**, president, CEO and founder of the National Center on Adoption and Permanency, a unique national nonprofit organization that provides research, resources, education, training, consulting and advocacy to improve the lives of children, families and the professionals who serve them. Recipient 2016 Adoption Excellence Award, U.S. Department of Health and Human Services; Adoption Angel in Adoption award from the U.S. Congressional Coalition on Adoption; the Special Friend of Children Award from the American Academy of Child and Adolescent Psychiatry; the Dave Thomas Center for Adoption Law award.

**Betsy Polatin, MFA, AmSAT, SEP**, faculty, Boston University College of Fine Arts; author: *The Actor's Secret*, which combines the principles of The Alexander Technique, Breathing Coordination, performance training and Somatic Experiencing.

**Andy Pond, MSW, MAT, CEO**, the Justice Resource Institute. JRI provides an array of innovative and evidence-based outpatient mental health services throughout Massachusetts, Rhode Island, and Connecticut that serve the unique needs of children, adults, and families dealing with a range of emotional, psychological, and behavioral health challenge.

**Jana Pressley, PsyD**, director of education and professional development, The Trauma Center.

**Ainat Rogel, PhD, LICSW**, senior scientist, Trauma Center Child Neurofeedback study. Former visiting researcher, Ben Gurion University, Beer-Sheva, and Hebrew University, Jerusalem, Israel.

**Maren Rojas**, master facilitator at Edgework Consulting has over 20-years of experience as a soccer coach at the university and professional levels. She is an expert in trauma-informed programming and design, and has worked with organizations using sport and recreation for healing from Iraq to Rwanda to Newton, CT.

**Richard C. Schwartz, Ph.D.**, 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; The Mosaic Mind and Metaframeworks*.

**Tara Sagor, CAGS, LMHC**, director of Training & Trauma Response for Justice Resource Institute.

**Anita Shankar, MPH**, is Senior Director at Global Trauma Project, and works on increasing access to relevant mental health resources as a social justice issue. She utilizes the Trauma-Informed Community-Empowerment (TICE) Framework to build the capacity of community leaders and government officials in South Sudan.

**Colleen Sharka, LMHC**, director of The Cory Johnson Program for Post-Traumatic Healing.

\*APA CE credits are not available

\*\*ASWB CE credits are not available



**Licia Sky**, singer/songwriter leads songwriting retreats for self-discovery and embodied voice, guiding awareness experiences that build safety, community and attunement.

**David Sonatore, LCSW, SEP**, co-founded The Equus Effect in 2012, to help military veterans rebuild healthy, authentic relationships through purposeful engagement with horses. Since 2013, they have put over 200 veterans through their program.

**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 Center.

**Alice Stone**, documentary movie maker and editor. Worked for PBS's NOVA and the Discovery Channel's "She Lives to Ride". Her documentary "Ride" showcases five women motorcyclists who slash stereotypes as they burn rubber. Co-creator of Central American stories, about the aftermath of the civil wars in Guatemala and El Salvador.

**Jane Strong, SEP**, co-founded The Equus Effect in 2012, to help military veterans rebuild healthy, authentic relationships through purposeful engagement with horses. Since 2013, they have put over 200 veterans through their program.

**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.

**Robert Tinker, PhD, PC**, has specialized in EMDR for 26 years in areas of writing, research, consultation, training and clinical practice; author: *Through the Eyes of a Child: EMDR with Children*.

**Janine Thome, PhD**, post-doctoral student; University of Western Ontario Dept. of Psychiatry.

**Susan Walker, MD**, instructor in Psychiatry, Harvard Medical School. Child and Adolescent Psychiatrist, Cambridge Health Alliance. MDMA Therapy Team Member, the Trauma Center.

**Stephan Wolfert, Actor/Writer/Director, MFA**, 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.

**Ilya Yacevich, MA, LMFT**, is founding director of the Global Trauma Project (GTP) and developer of the "Trauma-Informed Community Empowerment" (TICE) framework. She is an Ashoka Fellow, working on strengthening trauma-informed systems in Eastern Africa.