



7th Biennial ESTD Conference

THE LEGACY OF TRAUMA AND DISSOCIATION

Body and Mind in a New Perspective

ABSTRACT BOOK

ROME - OCTOBER 24-26, 2019

VENUE: AUDITORIUM DELLA TECNICA

Distinguished colleagues and dear guests!

It is our pleasure and honour to welcome you to the 7th biennial ESTD conference which, for the first time, is held in this magnificent city of Rome.

What is unique to ESTD is its focus on the phenomenon of dissociation both clinically and at the level of research. So the overarching theme of this conference is the exploration of the new and challenging findings in the relationship between the body and mind in connection with dissociation.

We have gathered here from all over the world: Europe, North America, Central America, Asia, Australia and New Zealand, to pool our knowledge, to share our experiences and insights, challenge ourselves in ways that can only happen in these forums to better understand our craft, to foster creativity in responding to the professional challenges we meet daily.

I express my gratitude to ESTD and its trainers for all I have personally learned in the last decade, and together with my dear colleague, Dr Giovanni Tagliavini, we wish you all fruitful participation!

Anca & Giovanni

WELCOME!

On behalf of the conference scientific committee, Suzette Boon and I welcome you to the 7th ESTD conference, held in Rome, the eternal city! This conference has a special focus on the connections between trauma/dissociation and the body – with regard to both the consequences of traumatizing events and the possibilities for healing. We hope that you enjoy and learn from the special talks on the mind/body/world relationship, as well as the exciting presentations on trauma and dissociation from a wide range of clinical, research and theoretical perspectives.

Enjoy your time in Rome!

Andrew Moskowitz, Ph.D.

Suzette Boon, Ph.D.

COMMITTEES



ORGANIZING COMMITTEE

Anca Sabau, Romania - Chair, President ESTD
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Giovanni Tagliavini, Italy

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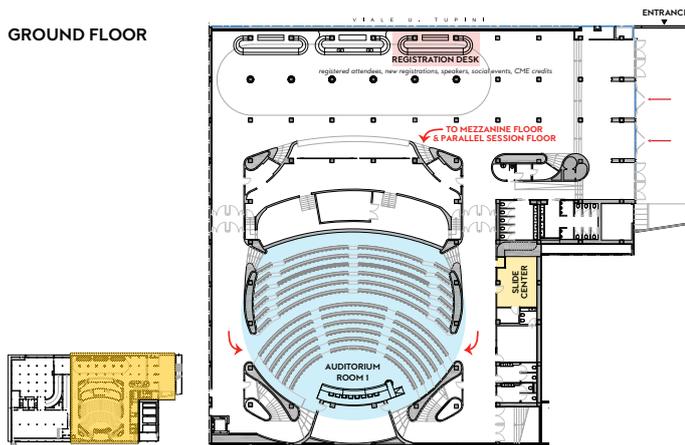


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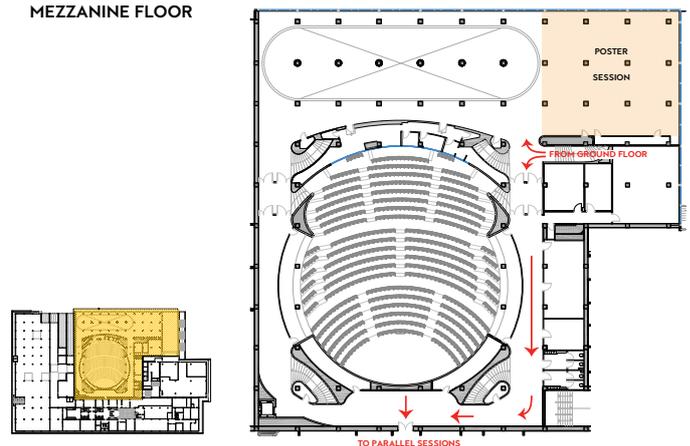
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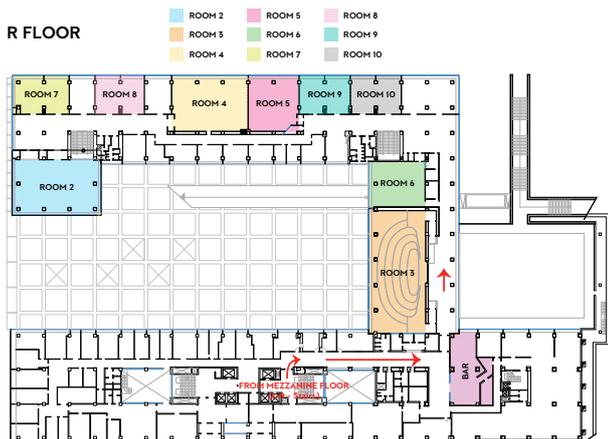
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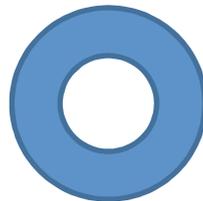
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SEARCH BUTTON



October 24th Program



October 24th, 9:30-17:30 AUDITORIUM - ROOM 1 PRE-CONFERENCE WORKSHOP #1

Working with Integration Failures Across Diagnostic Categories in Complex Trauma and Dissociation

Presented by: **Suzette Boon, Dolores Mosquera & Kathy Steele**

October 24th, 9:30-17:00 ROOM 2 PRE-CONFERENCE WORKSHOP #2

Working on Conversion Disorder: Somatoform Dissociation and Emotion Dysregulation

Presented by: **Anabel Gonzalez**

October 24th, 9:30-17:00 ROOM 3 PRE-CONFERENCE WORKSHOP #3

Unspeakable Trauma: Exploring Prenatal and Preverbal Trauma and Dissociation in Children and Adolescents

Presented by: **Renée Potgieter Marks**

October 24th, 9:30-17:00 ROOM 4 PRE-CONFERENCE WORKSHOP #4

Neurobiologically-based EMDR Therapy of Trauma and Dissociation in Depression

Presented by: **Luca Ostacoli**

October 24th, 11:00 AUDITORIUM FOYER COFFEE-BREAK

October 24th, 12:30 AUDITORIUM FOYER LUNCH

October 24th, 15:30 AUDITORIUM FOYER COFFEE-BREAK

October 24th Program



October 24th, 18:00

AUDITORIUM – ROOM 1

OPENING SESSION

Anca Sabau, ESTD chair

Giovanni Tagliavini, Conference co-chair

Laura Cantarini, Senior Protection Associate, UNHCR, Regional Office for Southern Europe

October 24th, 18:30

AUDITORIUM – ROOM 1

OPENING LECTURE

From the «Cogito Ergo Sum» to the Fragility of the Human Condition: the Contradictions of Existence

Michela Marzano, PhD, is an Italian philosopher who lives and works in Paris.

Professor of moral philosophy at the 'Université Paris Descartes', she studied at the 'Scuola Normale Superiore' in Pisa, where she graduated in philosophy.

Author of many essays and articles on moral and political philosophy. She published in Italian, among others: 'Volevo essere una farfalla' (2011), 'Avere fiducia' (2012), 'L'amore è tutto: è tutto ciò che so dell'amore' (2014), 'L'amore che mi resta' (2017), 'Idda' (2019).

October 24th, 19:30

AUDITORIUM FOYER

WELCOME RECEPTION

Welcome Cocktail will take place in the Conference venue.

ESTD Members and non-Members will get-together, have the opportunity to talk with each other, exchange ideas and look forward to the future in a relaxed and warm environment.

October 25th Program



October 25th, 09:00

AUDITORIUM – ROOM 1

PLENARY SESSION

Embedded Suffering, Embodied Self: The Developmental Journey of the Trauma Therapist

Kathy Steele, MN, CS has been a psychotherapist in Atlanta, Georgia for over three decades, and is an Adjunct Faculty at Emory University.

Kathy is a Fellow and a past President of the International Society for the Study of Trauma and Dissociation (ISSTD).

She has received a number of awards for her clinical and published works and has authored numerous publications in the field of trauma and dissociation, including three books.

She frequently lectures internationally on topics related to trauma, dissociation, attachment and therapeutic resistance and impasses.

October 25th, 10:00

AUDITORIUM FOYER

COFFEE-BREAK

October 25th, 10:30

SESSION I AUDITORIUM – ROOM 1

PANEL PN-04

What is the Relation between Psychological Trauma and Dissociation?

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Trauma and Dissociation, he has advocated for the development of testable theory as the necessary means for clinical experimentation and shareable progress. He is currently Editor for *Frontiers in the Psychotherapy of Trauma and Dissociation*, ISSTD's new clinical journal, Shrewsbury, US.

Ellert R.S. Nijenhuis, Ph.D., is a psychologist, psychotherapist, and researcher. He has engaged in the diagnosis and treatment of severely traumatized patients for more than three decades, and teaches and writes extensively on the themes of trauma-related dissociation and dissociative disorders. He initiated and continues to be engaged in the biopsychological study of complex dissociative disorders. Nijenhuis is a consultant at Clenia Littenheid, Switzerland, and collaborates with several European universities. His theoretical, scientific, and clinical publications include the book *Somatoform Dissociation*. With Onno van der Hart and Kathy Steele he co-authored the book *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*. The first two volumes of Nijenhuis' recent trilogy *The Trinity of Trauma: Ignorance, Fragility, and Control* appeared in 2015. The third volume, *Enactive Trauma Treatment* was released in 2017. The International Society for the Study of Trauma and Dissociation granted him several awards, including the Lifetime Achievement Award.

Jenny Ann Rydberg is a clinical psychologist (MA from the Université Libre de Bruxelles) in private practice specializing in the treatment of complex trauma and dissociation, an associate teacher at the University of

October 25th Program



Lorraine, a member of the editorial committees of the European Journal of Trauma and Dissociation and the Journal of EMDR Practice and Research.

Adriano Schimmenti, PhD, DClinPsych, is full professor of psychodynamic psychotherapy and director of the MSc Clinical Postgraduate Degree at UKE – Kore University of Enna (Italy), where he is also the Delegate of the Rector for students with neurodevelopmental, physical and Learning disabilities. He is deputy director of the SIPDC – Italian Society of Psychological Assessment, research director of the IIPP – Italian Institute of Psychoanalytic Psychotherapy, and is the Editor of an Italian book series on psychotraumatology. He has been trained in the administration and scoring of several interview-based measures, including the Adult Attachment Interview, the Attachment Style Interview, the Childhood Experience of Care and Abuse, and the Psychopathy Checklist-Revised. He has authored/coauthored 102 articles, 34 book chapters, and 8 books. He has published in leading journals on the topics of childhood trauma, attachment, and dissociation.

October 25th, 10:30

SESSION I

ROOM 2

SYMPOSIUM SM-06

From Screening to Diagnosis of Complex Dissociative Disorder

Screening online for dissociative disorders with E-psyche

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Why Trauma and Dissociative Symptoms Interview (TADS-I)?

Suzette Boon, PhD, Clinical psychotherapist in private practice

I am like an empty jar, experiencing emotions of the part which logs in - a case study of a patient with false positive DID

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Anna Bańbura, M.Sc. Psychologists, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Suzette Boon, PhD, Clinical psychotherapist in private practice

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October 25th, 10:30 SESSION I ROOM 3 WORKSHOP WR-07

In Conversation – Switching, Stabilisation and so much more

The therapy of the parts with patients with complex trauma and dissociation: relational strategies and emotional engagement between patient and therapist

Rémy Aquarone, Psychoanalyst, Director of Pottergate Centre for Dissociation and Trauma and a past president of the ESTD., Norwich, United Kingdom

Melanie Goodwin, Director and trainer for First Person Plural, expert by experience

October 25th, 10:30 SESSION I ROOM 4 WORKSHOP WR-33

Working with Trauma based, Chronic Shame - A three Level Model

Jarno Katajisto, trauma psychotherapist and trainer in Ubuntu Psychotherapy, Oulu, Finland

Marko Punkanen, trauma psychotherapist and trainer in Nuance therapy centre

October 25th, 10:30 SESSION I ROOM 5 WORKSHOP WR-11

Dissociative Identity Disorder: Strategies and Techniques for Stabilization

Colin Ross, Psychiatrist, The Colin A. Ross Institute for Psychological Trauma, Richardson, TX USA, Richardson, United States

October 25th, 10:30 SESSION II ROOM 6 WORKSHOP WR-02

Surviving Holocaust Trauma

Sharon Korman, MA MFT CEP, Private Practice, Paris, France

October 25th, 10:30 SESSION I ROOM 8 PAPER SP-31

Dissociative Disorder Patients in Treatment and their Positive and Negative Affective Responses to Positive Events. Results from a Pilot-Study

Kaja Kaspersen, Masters student in Psychology, University of Copenhagen, Denmark

Ellen K. K. Jepsen, Psychiatrist, Ph.D, TOP DD researcher, Vikersund, Norge

Paper co-authors:

Kaja Kaspersen, Masters student in Psychology, University of Copenhagen, Denmark

October 25th Program



October 25th, 10:50

SESSION I

ROOM 8

PAPER SP-44

The Experience of Alternative Inpatient Care for Survivors of Childhood Sexual Abuse (CSA): a Phenomenological Study

Reut Lachter, MSW, clinical social worker, University of Haifa, School of Social Work, Haifa, Israel

Paper co-authors:

Eli Somer, Ph.D., clinical psychologist, University of Haifa, School of Social Work, Haifa, Israel

October 25th, 11:10

SESSION I

ROOM 8

PAPER SP-47

Stabilization Groups: What is Useful and Difficult for Participants?

Ingunn Holbæk, Psychologist, Out-patient Trauma Clinic, Modum Bad, Norway, Oslo, Norge

October 25th, 11:30

SESSION I

ROOM 8

PAPER SP-50

Narrative Exposure Therapy for the Treatment of Complex PTSD and Dissociation: a Study of the Stages of Recovery from Dissociation

Itsuko DOMEN, Researcher, Clinical Psychologist, Hyogo Institute of Traumatic Stress, Kobe city, Japan

October 25th, 10:30

SESSION I

ROOM 9

PAPER SP-06

Implementing Mindfulness-Based Cognitive Therapy for Children (MBCT-C) with History of Trauma in Inpatient Settings: a Pilot Study

Zlatina Kostova, Post Doctoral Associate, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

Paper co-authors:

Ingrid Sarmiento, PhD, TaraVista Behavioral Health Center, Devins, Massachusetts, USA

Carl Fulwiler, MD/PHD, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

Randve Semple PhD, University of Southern California, Keck School of Medicine, Los Angeles, California, USA

October 25th, 10:50

SESSION I

ROOM 9

PAPER SP-20

Differences in Child and Caregiver Perceptions of PTSD Symptoms after Child Maltreatment and the Impact of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Zlatina Kostova, Post Doctoral Clinical Psychologist, University of Massachusetts Medical School, Worcester, USA

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Paper co-authors:

Jessica Griffin, Psy.D, Associate Professor of Psychiatry, University of Massachusetts Medical School, Worcester, Massachusetts, USA

Jessica Bartlett, PhD, Deputy Program Area Director, Early Childhood Development & Child Welfare, Acton, Massachusetts, USA

October 25th, 11:10

SESSION I

ROOM 9

PAPER SP-33

The Experience of Trauma and its Relation with Dissociation in Adolescents living in Residential Care

Luiza Nobre-Lima, Assistant Professor, University of Coimbra, Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

Paper co-authors:

Inês Sousa, MD Psychology, Faculty of Psychology, University of Coimbra, Portugal

October 25th, 11:30

SESSION I

ROOM 9

PAPER SP-40

Strangers to Ourselves: Persistent Genital Arousal Disorder as a Post-traumatic Dissociative Symptom

Anne C Pernot-Masson, MD, Child psychiatrist, Paris, France

October 25th, 10:30

SESSION I

ROOM 10

PAPER SP-07

Supporting Marginalised Elderly Muslim Women through Tree of life: A community based Intervention

Nigar G. Khawaja, Associate Professor, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

Kate Murray, Senio Lecturer, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

Paper co-authors:

Emma, Bidstrup, Ms. (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

Shaheeda Sadeed, Ms. (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

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October 25th, 10:50

SESSION I

ROOM 10

PAPER SP-12

Study of Mental Health and Thriving in School for Children from Traumatized Refugee Families

Else - Ryding, Psychologist MA, specialist in Childpsychology and Psychotraumatology. Oasis, Denmark, Copenhagen

October 25th, 11:10

SESSION I

ROOM 10

PAPER SP-13

Exploring the Effectiveness of the Tree of Life in Supporting the Mental Health of Refugee Women Living with HIV: a Case Study Approach

Agata Vitale, Senior Lecturer in Abnormal/ Clinical Psychology, Bath Spa University, UK., Bath, United Kingdom

Paper co-authors:

Dr. Judy Ryde, Trauma Foundation South West, Bath, UK.

Prof. Nigar Khawaja, Associate Professor & Clinical Psychologist at School of Psychology & Counselling, Queensland University of Technology, Brisbane, Australia

October 25th, 11:30

SESSION I

ROOM 10

PAPER SP-58

Trauma-focused Music and Imagery versus Verbal Psychotherapy with Refugees Diagnosed with PTSD – a Randomized Controlled Trial

Bolette D. Beck, Music therapist PhD, Aalborg University, Institute for Communication and Psychology, Copenhagen, Denmark

Steen T. Lund Meyer, PhD student, Copenhagen University, Department of Psychology, Copenhagen, Denmark

Paper co-authors:

Torben Moe, PhD senior researcher, Clinic for traumatized refugees, Region Zealand, Denmark

October 25th, 12:00-13:15

AUDITORIUM FOYER

LUNCH AND POSTER PITCHES

Authors are expected to be available for presentation next to their poster during poster sessions

October 25th Program



October 25th, 13:15 SESSION II ROOM 1 WORKSHOP WR-35

Dissociative, Psychotic or both: Differential Diagnosis and Treatment Implications

Suzette A. Boon-Langelaan, Clinical psychologist in private practice, Maarsssen, Nederland

Irene Michalopoulos, specialist clinical psychology, Outpatient Trauma Clinic, Modum Bad in Oslo

October 25th, 13:15 SESSION II ROOM 2 SYMPOSIUM SM-05

Principles and Interventions from Sensorimotor Psychotherapy to Treat Clients with Complex Trauma, Chronic Shame and Dissociation

Embodying The Founding Principles Of Sensorimotor Psychotherapy

Jenny Ann Rydberg, Psychologist, University of Lorraine, Buis-les-Baronnies, France

Somatic Resources In Sensorimotor Psychotherapy

Nedjma Mohammedi, Clinical psychologist

Treating Shame With Sensorimotor Psychotherapy Interventions

Raphaël Gazon, Psychologist, Sensorimotor Psychotherapy Institute Trainer

October 25th, 13:15 SESSION II ROOM 3 SYMPOSIUM SM-10

Trauma and Psychological Consequences in Heterosexual and LGB Population

Adverse Childhood Experiences' Prevalence and compulsive sexual behaviors in Lesbian/Gay, Bisexual and Heterosexual Population

Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

Co-authors:

Filippo Perrini, PsyD, Istituto A.T. Beck of Rome, Italy

Roberta Rubbino, PsyD, Istituto A.T. Beck of Rome, Italy

Roberta Borzì, PsyD, Istituto A.T. Beck of Rome, Italy

Gemma Battagliese, Phd, Centro Alcologico della Regione Lazio (CRARL), Department of Clinical Medicine, Sapienza University of Rome, Italy

Association between gender nonconformity and traumatic experiences in LGB population

Roberta Rubbino, PsyD, Istituto A.T. Beck of Rome

Co-authors:

Filippo Perrini, PsyD, Istituto A.T. Beck of Rome, Italy

Gemma Battagliese, PhD, Centro Alcologico della Regione Lazio (CRARL), Department of Clinical Medicine, Sapienza University of Rome, Italy

Roberta Borzì, PsyD, Istituto A.T. Beck of Rome, Italy

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Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

Adverse Childhood Experiences and Health Care Services Access in LGB population

Roberta Borzi, PsyD, Istituto A.T. Beck of Rome

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Roberta Rubbino, PsyD, Istituto A.T. Beck of Rome, Italy

Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

Sexual orientation, dissociation and emotional dysregulation: the mediating role of the Adverse Childhood Experiences

Filippo Perrini, PsyD, Istituto A.T. Beck of Rome

Co-authors:

Gemma Battagliese, PhD, Centro Alcologico della Regione Lazio (CRARL), Department of Clinical Medicine, Sapienza University of Rome, Italy

Roberta Borzi, PsyD, Istituto A.T. Beck of Rome, Italy

Roberta Rubbino, PsyD, Istituto A.T. Beck of Rome, Italy

Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

October 25th, 13:15

SESSION II

ROOM 4

WORKSHOP WR-10

Trauma Bonds and Dissociation in Human Trafficking and Childhood Sexual Abuse Survivors

George F. Rhoades, Clinical Psychologist, Ola Hou Clinic, Aiea, United States

October 25th, 13:15

SESSION II

ROOM 5

WORKSHOP WR-18

Psychodrama...let's Play!

Pim (W.H.T.) van Dun, Pim van Dun, (sensorimotor) psychotherapist, psychodrama director and trainer; supervisor and personal training therapist for group psychotherapy training of the Dutch Association for group dynamics and group therapy (NVGP) and the Dutch Association for P, Zegveld, Netherlands

October 25th, 13:15

SESSION II

ROOM 6

WORKSHOP WR-42

Reflections on Sexual Abuse from Mothers. Revelation, Damage and Treatment of Children Abused by Women

Rosetta Cappelluccio, Psicotherapist, advisor for Fatebenefratelli Hospita, Juvenile Cort for abuse and neglect, Naples, Italia

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Annalisa Di Luca, Psychotherapist, advisor for IL MELOGRANO/CBM Center of abuse and neglect, Università del Sacro Cuore e Università Statale di Milano

October 25th, 14:00 **SESSION II** **ROOM 6** **WORKSHOP WR-44**

The Sequelae of Embodied Trauma - Latest Movie Release

Tony Buckley, Psychotherapist, Anthony Buckley Limited, Hayling Island, UK

Marko Punkanen, Traumapsychotherapist, Nyanssi Therapy Centre

October 25th, 13:15 **SESSION II** **ROOM 7** **WORKSHOP WR-34**

Working with Traumatic Externalisations in Case Examples of Dissociative / Complex Traumatized Children and Adults

Ralf Vogt, Trauma and Body Psychoanalyst, Leipzig Trauma Academy, Leipzig, Germany

Renée Potgieter Marks, Clinical Lead, Integrate Families

October 25th, 13:15 **SESSION II** **ROOM 8** **PAPER SP-11**

"Deformed, Unfinished", (Richard III) : Disability and Dissociation

Valerie E. Sinason, Trustee, Institute for Psychotherapy and Disability, London, United Kingdom

October 25th, 13:35 **SESSION II** **ROOM 8** **PAPER SP-34**

How to Work with Trauma-Related Sexual Problems

Gaia Polloni, Clinical Psychologist, Psychotherapist, Clinical Sexologist, EMDR Therapist, Centro Terapia Cognitiva, Como, Italy

October 25th, 13:55 **SESSION II** **ROOM 8** **PAPER SP-52**

"Top-Down" and "Bottom-Up" Strategies in the Treatment of Trauma-Related Eating Disorders. Integrating DBT Skills Training and EMDR Protocol: a Pilot Study

Sara Ugolini, Psychologist, Psychoterapist at Mentis APS, Rome, Italy

Paper co-authors:

Armando Cotugno, Head of UOSD Eating Disorders departement at ASL Roma 1, Rome, Italy
Mentis Aps, Rome Italy

October 25th Program



October 25th, 14:15

SESSION II

ROOM 8

PAPER SP-55

Trauma and Mental Health: the Impact of ACEs in a Sample of Prisoners. Multicentric Research Carried out in Rehabilitation Contexts in Bologna (Italy).

Mara Fantinati, Psychotherapist, Therapeutic Community of Bologna, Villa Bianconi, Italy

Paper co-authors:

- * Marco Bianchini, Psychiatrist, Therapeutic Community of Bologna, Villa Bianconi
- * Francesca Capretti, Coordinator, Therapeutic Community of Bologna, Villa Bianconi
- * Federica Vano, Psychotherapist, Therapeutic Community of Bologna, Luna Nuova
- * Federica Bonezzi, Coordinator, Therapeutic Community of Bologna, Luna Nuova

October 25th, 13:15

SESSION II

ROOM 9

PAPER SP-16

Revisiting the Relationship between Dissociation and Suggestibility

Lillian Wieder, Postgraduate Student, Goldsmiths University of London, Department of Psychology, London, United Kingdom

Paper co-authors:

Devin B. Terhune, Senior Lecturer, Goldsmiths University of London, Department of Psychology, UK

October 25th, 13:35

SESSION II

ROOM 9

PAPER SP-24

What Makes an Event Traumatic?

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Traum, Shrewsbury, USA

October 25th, 13:55

SESSION II

ROOM 9

PAPER SP-36

Clinical Evolution and the Severity of the Complex-PTSD: Hard Post-Traumatic Context and Impairment of Ego-Self Axis

Massimo Germani, Psychiatrist, San Giovanni Hospital, Rome, Italy

Monica Luci, Psychologist, Italian Council for Refugees, Rome, Italy

October 25th, 14:15

SESSION II

ROOM 9

PAPER SP-38

Criminality as a Cause of Mental Health Problems - Informing the Aetiology of Mental Illness with Survivors' Accounts

October 25th Program



October 25th, 13:15 **SESSION II** **ROOM 10** **PAPER SP-04**

Dissociation in Oscar Wilde’s ‘Symphony in Yellow’

Tereza Brala, Masters student, English Department, University of Trier, Germany

October 25th, 13:25 **SESSION II** **ROOM 10** **PAPER SP-51**

Silencing the Survivors of War Trauma

Ruth A Blizard, Psychologist, Johnson City, US

October 25th, 13:55 **SESSION II** **ROOM 10** **PAPER SP-57**

Faith, in Trauma Treatment

Tanya Oren-Chipman, MSW Psychotherapist, Director of "Tamar" - The Jerusalem treatment center for sexual trauma, Jerusalem, Israel

October 25th, 14:15 **SESSION II** **ROOM 10** **PAPER SP-39**

Use of Integral Somatic Psychology in the Treatment of Trauma and Dissociation: a Case Study

Adithy, Counseling Psychologist, Pune, India

October 25th, 14:50 **AUDITORIUM – ROOM 1** **PLENARY SESSION**

Dissociative Identity Disorder: an Exploration of Shame, Inter-identity Amnesia and Voice Hearing

Martin Dorahy, PhD, DClinPsych, is a clinical psychologist and professor in the Department of Psychology, University of Canterbury, Christchurch, New Zealand.

He is the director of clinical psychology training at the University. He has a clinical, research and theoretical interest in self-conscious emotions (e.g., shame) and complex trauma and dissociative disorders.

He has published over 100 peer-reviewed journal articles and book chapters, and co-edited four books in the area of psycho traumatology.

He is a Past President (2017) of the International Society for the Study of Trauma and Dissociation (ISSTD), and former co-editor of the ESTD’s newsletter.

He maintains a clinical practice, focused primarily on the adult sequelae of childhood relational trauma.

October 25th Program



October 25th, 15:45

AUDITORIUM FOYER

COFFEE-BREAK

October 25th, 16:15

SESSION III AUDITORIUM - ROOM 1

WORKSHOP WR-25

“If you don’t Shut-up, I will Throw you out of my Room!” Treating Resistant Toddlers and Young Children with Complex Trauma and Dissociation

Renée Potgieter Marks, Clinical Lead, Integrate Families, Huddersfield, England

Wanda Marie Dobson, Therapist, Integrate Families

October 25th, 16:15

SESSION III

ROOM 2

SYMPOSIUM SM-02

Working with the Procedural Learning System: Deeper Brain Functions and Bottom-up Processing

Deep Brain Reorienting for the treatment of Attachment Trauma

Remy Aquarone, Pottergate Centre

Frank Corrigan, Trauma Psychotherapy Scotland

Self-Mirroring Therapy with Dissociative Identity Disorders (DID): a Pilot Project

Costanzo Frau, Psychotherapy Service and Research on Trauma & Dissociation

The Therapy of the Parts with Patients with Complex Trauma and Dissociation: Relational Strategies and Emotional Engagement between Patient and Therapist

Fabio AP Furlani, CTC School of Cognitive Psychotherapy, Como, Italy

October 25th, 16:15

SESSION III

ROOM 3

WORKSHOP WR-36

What the Mindfulness Field can Learn about Dissociation and what the Dissociation Field can Learn from Mindfulness

Christine C. Forner, Clinical Social Worker, Associated Counselling, Calgary, Canada

October 25th, 16:15

SESSION III

ROOM 4

SYMPOSIUM SM-04

The Legacy of Complex Trauma: Disturbing Memories, Invisible Wounds and Coerced Perpetration

The Legacy of Satanist Ritual Abuse (SRA) Trauma & Mind Control: a C-PTSD Assessment Case Study Background

Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London, Long Ditton, United Kingdom

October 25th Program



Seeing Invisible Wounds - A Bio-energetic Understanding of Systematic Trauma
Declan Howard, Investigator, Outstanding Achievements, London

Treatment of Victims Who Condemn Themselves for Harm Done to Other Victims
Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London
Ellen Lachter, Clinical Psychologist and Registered Play Therapist and Supervisor in private practice
Declan Howard, Investigator, Outstanding Achievements, London

October 25th, 16:15 SESSION III ROOM 5 SYMPOSIUM SM-09

TRE as a Body-Mind Therapy Working with Traumatic Consequences of Physical and Mental Illness

Using TRE (tension and trauma releasing exercises) with people with multiple sclerosis (MS) in The Danish Multiple Sclerosis Society
Michael Nissen, Clinical psychologist, The Danish Multiple Sclerosis Society, Valby, Denmark

October 25th, 16:15 SESSION III ROOM 6 WORKSHOP WR-32

Becoming whole again - Trauma Survivors
KATJA LESAR, Psychodynamic psychotetarapist under supervision, Ljubljana, Slovenia

October 25th, 17:00 SESSION III ROOM 6 WORKSHOP ID WR-19

The Reduction of Transferences of Dissociative Patients through a Special Body-oriented Trauma Treatment
Ralf Vogt, Dr. DP. Ralf Vogt is a psychotraumatologist, trauma therapist, psychoanalyst, family therapist, analytical body psychotherapist, training analyst and supervisor. He holds a joint private practice where he has been working with adults as well as children a, Leipzig, Germany

October 25th, 16:15 SESSION III ROOM 7 WORKSHOP WR-23

Substance use in Traumatized Patients: Theory and Practice
Meike Westera, Clinical Psychologist, Institute for Addiction Care North Netherlands, outpatient clinic for youth and adults, Heerenveen, The Netherlands

October 25th Program



October 25th, 16:15 SESSION III ROOM 8 WORKSHOP WR-46

Empowering Compassion: the Human Nature of Healing Trauma with Organic Intelligence®
Steven A Hoskinson, Founder, CCO (Chief Compassion Officer) Organic Intelligence, Encinitas, United States

October 25th, 16:15 SESSION III ROOM 8 WORKSHOP WR-40

My Body: the Drawing of Human Body in full Scale to Support the Treatment of Trauma
Annalisa Di Luca, psychotherapist, advisor for Il melograno/ Cbm, Centro per il bambino maltrattato e Università Cattolica del Sacro Cuore e Università Statale, Milano, Italia

October 25th, 16:15 SESSION III ROOM 9 PAPER SP-14

Fear can Stop you from Loving
Anneke JG Vinke, Child Psychologist, private practice, Bilthoven, Netherlands

October 25th, 16:35 SESSION III ROOM 9 PAPER SP-100

How to Engage Avoidant and Resistant Children with the Sleeping Dogs Method.
Arianne Struik, Institute for Chronically Traumatized Children, Scarborough, Australia

October 25th, 16:55 SESSION III ROOM 9 PAPER SP-101

How to Engage Avoidant and Resistant Children with the Sleeping Dogs Method
Simon J. Carpenter, Chief Executive and founder of CLEAR Emotional Trauma charity, Truro, UK

October 25th, 17:15 SESSION III ROOM 9 PAPER SP-18

Reducing Dissociation by Systemic Interventions
Arianne Struik, Director Institute for Chronically Traumatized Children, Scarborough, Australia

October 25th, 16:15 SESSION III ROOM 10 PAPER SP-09

The Relationship of Dissociation with Obsessive-Compulsive Symptoms: a Longitudinal Exploration on a Heterogeneous Clinical and Non-clinical Sample

October 25th Program



Nirit Soffer-Dudek, Clinical Psychologist and Dissociation researcher, Ben-Gurion University of the Negev, Department of Psychology, Beer-Sheva, Israel

October 25th, 16:55 **SESSION III** **ROOM 10** **PAPER SP-35**

Working Trauma Oriented with Mental Health Patients

Carina Tana Dragu, Psychiatrist/Family Therapist, DMC Center/CF Hospital Timisoara, România

October 25th, 17:15 **SESSION III** **ROOM 10** **PAPER SP-59**

MEMINI ME, ERGO SUM The Role of Mental Time Travelling in Generating a Coherent Representation of the SELF

Manuela Berlingeri, Associate professor, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy

Cristina Mapelli, Neuropsychologist, Psychotherapist, Department of Neurology, University of Milano Bicocca, Milan, Italy

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Lucia Cecconi (psychology student, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)

October 25th, 17:45 **AUDITORIUM – ROOM 1** **ESTD MEMBERS MEETING**

October 26th Program



October 26th, 09:00

AUDITORIUM – ROOM 1

PLENARY SESSION

Are Dissociation and Dis-integration two Separate Pathogenic Processes related to Trauma?

Benedetto Farina, PhD, is a psychiatrist and psychotherapist, and a Full Professor of Clinical Psychology at the European University of Rome.

He is member of the Scientific Committee of the International Society for the Study of Trauma and Dissociation (ISSTD), a member of the Editorial Boards of the Journal of Trauma and Dissociation and of the International Journal of Multidisciplinary Trauma Studies.

In 2015 he was given the ISSTD Richard P. Kluft Award for Best Article published in the Journal of Trauma and Dissociation.

October 26th, 10:00

AUDITORIUM FOYER

COFFEE-BREAK

October 26th, 10:30

SESSION IV AUDITORIUM - ROOM 1

PANEL PN-02

Maladaptive Daydreaming: an Overview of a Proposed Disorder

Colin Ross, Psychiatrist, The Colin A. Ross Institute for Psychological Trauma, Richardson, TX USA, Richardson, United States

Eli Somer, clinical psychologist, University of Haifa, School of Social Work. Haifa, Israel

Adriano Schimmenti, Professor of Psychopathology, Faculty of Human and Social Sciences, UKE – Kore University of Enna, Italy

Alexandra Sandor, PhD student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

Igor Pietkiewicz, Research Centre for Trauma & Dissociation, SWPS University of Social Sciences & Humanities, Poland

Liora Somer, MA, Psychotherapist and Art Therapist, Somer Psychological Counselling and Research Services, Haifa, Israel

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Luana La Marca, PhD student, Clinical Psychologist, Faculty of Human and Social Sciences, UKE – Kore University of Enna, Italy

Gianluca Santoro, MSc, Trainee in clinical psychology, Faculty of Human and Social Sciences, UKE – Kore University of Enna, Italy

Lucia Sideli, PhD, clinical psychologist, Honorary researcher, University of Palermo, Palermo, Italy; Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK.

Judit Molnár, Ph.D., clinical psychologist, assistant professor, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

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Nikolett Nagy, BA, MSc student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

Lilla Stella Bogdán, BA, MSc student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

Radosław Tomalski, Anna Bańbura, Szymon Nęcki

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences & Humanities, Poland

Naomi Halpern, CQSW, Director, The Delphi Centre, Melbourne, Australia

October 26th, 10:30

SESSION IV

ROOM 2

SYMPOSIUM SM-08

Symposium: TF-SET: Trauma Focused Social Emotional Therapy. A phase oriented Treatment 3.0

The theoretical framework of Trauma Focused - Social Emotional Therapy (TF-SET).

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, Eindhoven, The Netherlands

The organisational and therapeutic aspects of TF-SET

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

Client perspective of TF-SET

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

Co-authors:

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

The first research data of TF-SET and directions for future development

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

Co-authors:

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

October 26th, 10:30

SESSION IV

ROOM 3

WORKSHOP WR-47

The Therapist is Present and (Self)caring. Vicarious Traumatization in Psychotherapy

Viola Galleano, Psychologist psychoterapist, AISTED founder, Turin, Italy

Cristiana Chiej, Psychologist psychoterapist, AISTED founder

October 26th Program



October 26th, 10:30 **SESSION IV** **ROOM 4** **WORKSHOP WR-20**

Sensorimotor Psychotherapy and the Role of the Body when Working with Fragmentation in the Complex Trauma Population

Esther Perez, Psychologist and Faculty Member, Sensorimotor Psychotherapy Institute, Fuengirola, Spain

October 26th, 10:30 **SESSION IV** **ROOM 5** **WORKSHOP WR-30**

Daring to Care - a Novel Intervention for Parents with Childhood Traumatization

Marjo H. E. Ruismäki, Psychologist (MA) Licensed psychotherapist, Helsinki, Finland

P. Manlika, Psychologist (MA) Licensed psychotherapist, Helsinki, Finland

October 26th, 10:30 **SESSION IV** **ROOM 6** **WORKSHOP WR-22**

Trauma, Body & Reflex Integration: Introduction to « New » Sensorimotor Solutions

Julien Paul Baillet, Psychologist, EMDR and Sensorimotor Practitioner, Talence, France

October 26th, 11:15 **SESSION IV** **ROOM 6** **WORKSHOP WR-41**

Integrating Somatic Interventions in EMDR and Egostate Therapy for Clients with Traumatic Attachment and Complex Trauma

Sofia Strand, Clinical psychologist, Kode, Sweden

October 26th, 10:30 **SESSION IV** **ROOM 7** **WORKSHOP WR-27**

The Pathogenesis and Treatment of Emotion Dysregulation in Complex Posttraumatic Disorders. A Psychodynamic Explanation and Intervention

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Traum, Shrewsbury, USA

October 26th, 11:15 **SESSION IV** **ROOM 7** **WORKSHOP WR-45**

Me, Myself & Murderousness: Working with Hate and Female Killers

Carolynne Murphy, Forensic-focused Psychotherapist, Doctoral Candidate, Metanoia Institute, London, Edinburgh, Scotland United Kingdom

October 26th Program



October 26th, 10:30 **SESSION IV** **ROOM 8** **PAPER SP-08**

The Storm within the Storm: the Treatment of Complex Trauma and Dissociation with Co-Morbid Personality Disorders

Peter A. Maves, Clinical Psychologist, Private Practice, Boulder, USA

October 26th, 10:50 **SESSION IV** **ROOM 8** **PAPER SP-43**

Schizotypal Organization of Personality at the Crossroad between Trauma and Psychosis

Simone Cheli, Psychotherapist, School of Human Health Sciences, University of Florence, Italy

October 26th, 11:10 **SESSION IV** **ROOM 8** **PAPER SP-49**

Experience of using Trauma and Dissociation Symptoms Interview - TADS-I in Russia

Elena V. Kazennaya, Clinical psychologist, EMDR Europe Practitioner, Lecturer, Moscow Pedagogical State University, Psychological Anthropology Department, Moscow, Russia

October 26th, 11:30 **SESSION IV** **ROOM 8** **PAPER SP-62**

Dissociative Disorders in the ICD-11: What's new, what's Changed, and what's Important?

Andrew Moskowitz, Professor of Psychology, Touro College Berlin, Germany

October 26th, 10:30 **SESSION IV** **ROOM 9** **PAPER SP-37**

Recovered Memories: Shooting the Messenger

Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London, Long Ditton, United Kingdom
Ashley Conway, Chartered Counselling Psychologist, London, UK

October 26th, 10:50 **SESSION IV** **ROOM 9** **PAPER SP-41**

Borrowed Memories: Life Story Research, Living with Dissociative Amnesia (D.A.) the Experience of Forgetting and Remembering: Pilot Study

Marian Teresa Crowley, PhD student, University of Chester, UK, Lichfield, United Kingdom

October 26th Program



October 26th, 11:10 **SESSION IV** **ROOM 9** **PAPER SP-42**

Lost-in-the-Mall: False Memory or False Defense?

Ruth A Blizard, Psychologist, Johnson City, US

October 26th, 11:30 **SESSION IV** **ROOM 9** **PAPER SP-102**

Therapeutic Precautions to Help Prevent False Memory Allegations

George F Rhoades, Clinical Psychologist, Ola Hou Clinic, Aiea, United States

October 26th, 10:30 **SESSION IV** **ROOM 10** **PAPER SP-29**

Sexual Abuse of Mothers towards Children and their Attachment - from Generation to Generation

Agnieszka Widera Wysoczanska, University of Wroclaw, Institute of Psychology, Clinical and Health Department, Wrocław, Polska

October 26th, 11:00 **SESSION IV** **ROOM 10** **PAPER SP-22**

Child Sexual Abuse Perpetrated by Women in Early Childhood and Victim's Psychopathological Outcomes: a 7-Year-long Italian Experience

Sara Simona Racialbuto, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Italy

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Elena Coppo, MD, Dipartimento di Pediatria D'Emergenza, A.O.U., Città della Salute e della Scienza di Torino.

Antonio Francesco Urbino, MD, Direttore S.C. Pediatria D'Urgenza, Dipartimento di Pediatria D'Emergenza, A.O.U. Città della Salute e della scienza di Torino.

October 26th, 11:30 **SESSION IV** **ROOM 10** **PAPER SP-23**

A Case of Child Sexual Abuse perpetrated by the Nanny: Focus on the Severe Risk of Victim's Psychopathology

Sara Racialbuto, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Turin, Italy

October 26th Program



Paper co-authors:

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October 26th, 12:00-13:15 AUDITORIUM FOYER LUNCH AND POSTER PITCHES

Authors are expected to be available for presentation next to their poster during poster sessions

October 26th, 13:15 SESSION V AUDITORIUM - ROOM 1 WORKSHOP WR-38

Working with Parts in Dissociative Disorders. A Practical Guide for Therapists

Dolores Mosquera, Psychologist at INTRA-TP, A Coruña, Spain

October 26th, 13:15 SESSION V ROOM 2 SYMPOSIUM SM-07

Depersonalisation and Derealisation in Different Groups

Depersonalization in healthy people - theoretical models

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Roksana Duszkiwicz, M.Sc. Neurobiologist, PhD Candidate

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Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Depersonalisation and derealisation in sexually abused women with complex dissociative disorders

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

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October 26th Program



Szymon Nęcki, M.Sc. Psychologist, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Suzette Boon, PhD, Clinical psychotherapist in private practice

Out-of-body experiences in women with Dissociative Identity Disorder, Personality Disorders and Psychosis

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

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October 26th, 13:15

SESSION V

ROOM 3

WORKSHOP WR-28

How Mindfulness, Compassion and Yoga can become Healing Tools in Trauma Therapy and serve as a Bridge to a larger Community

Katinka Thorne Salvesen, Clinical psychologist, Modum Bad hospital, oslo, Norge

Malin Wästlund, Psychotherapist/physiotherapist, Telemark Hospital

October 26th, 13:15

SESSION V

ROOM 4

WORKSHOP WR-29

Attachment Focused Toolbox: Phase Oriented Strategies, Techniques and Tools for Addressing Complex Trauma and Dissociation in Children and Adolescents

Niki Gomez-Perales, Clinical Trauma Therapist; Social Worker, Hamilton, Canada

October 26th, 13:15

SESSION V

ROOM 5

WORKSHOP WR-15

The Safe Place Collage: an Art-making Protocol for Managing Traumatic Stress

Tally L. Tripp, George Washington University Art Therapy, Alexandria, United States

October 26th Program



October 26th, 13:15 **SESSION V** **ROOM 6** **WORKSHOP WR-04**

Working with Self-Injury: Underlying Dynamics, and Therapeutic Interventions, using SASH

Willa Wertheimer, PsyD, Clinical Psychologist, Director, International Society for the Study of Trauma and Dissociation, Crystal Lake, USA

Edward Groenendal, MA, LCPC, Licensed Clinical Professional Counselor

October 26th, 13:15 **SESSION V** **ROOM 7** **WORKSHOP WR-17**

Trauma and the Body

Tanja Maljevac, ECPP certified psychodynamic psychotherapist, 2. level EMDR practitioner, member of professional board of EZPPS (European association of psychoanalytical approaches – Slovenia), Ilirska Bistrica, Slovenija

October 25th, 13:15 **SESSION V** **ROOM 8** **WORKSHOP WR-37**

Working with Dissociative Disorders - from Theory to Practice

Gordon J. L. Barclay, Consultant Psychiatrist/Therapist in private practice, CRM Supervisor and Trainer, CAT Therapist, Honorary Clinical Senior Lecturer, School of Medicine, Glasgow University, Scotland

October 26th, 13:15 **SESSION V** **ROOM 9** **PAPER SP-48**

Group Music and Imagery (GrpMI) and Expressive Arts in Trauma Treatment

Gabriella Rudstam, PhD student. Music Therapy graduate program, Institute for Communication and Psychology, Aalborg University. Lic. psychotherapist, cert. EMDR supervisor, BMGIM therapist, expressive arts therapist., Stockholm, Sweden

Bolette Daniels Beck, PhD, Associate professor, music therapist. Aff: Institute for Communication and Psychology, Aalborg University, Aalborg, Denmark

October 26th, 13:45 **SESSION V** **ROOM 9** **PAPER SP-54**

Care to Care? The Effect of the total Lack of Affective Warmth during the War Experience of a Vietnam Veteran: Exposure of Single Case, treated with EMDR.

Mara Fantinati, Psychotherapist, EMDR Consultant, Italian EMDR Association, Modena, Italy

October 26th Program



October 26th, 14:15

SESSION V

ROOM 9

PAPER SP-61

Integrating Talk Therapy and Bio-Neurofeedback in Trauma Therapy

Porzia Talluri, psychologist-psychoterapist neurofeedback provider - gruppo In Thera Milano-Torino, Italy
Laura Vasini, Psychologist-psychoterapist neurofeedback provider, Torino, Italy

October 26th, 14:50

AUDITORIUM -ROOM 1

PLENARY SESSION

Enactive Trauma Therapy: Bridging Mind, Brain, Body and World

Ellert R.S. Nijenhuis, Ph.D., is a psychologist, psychotherapist and researcher.

He has engaged in the diagnosis and treatment of severely traumatized patients for more than three decades and teaches and writes extensively on the themes of trauma-related dissociation and dissociative disorders.

Dr. Nijenhuis is a consultant at Clenia Littenheid, Switzerland, and collaborates with several European universities.

With Onno van der Hart and Kathy Steele, he co-authored the award-winning 2006 book *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* (Norton, New York). The first two volumes of his magnum opus *The Trinity of Trauma: Ignorance, Fragility, and Control* (Vandenhoeck & Ruprecht, Göttingen) was published in 2015; the third volume, subtitled *Enactive Trauma Therapy*, was published in April 2017.

The International Society for the Study of Trauma and Dissociation has granted him several awards over the past few years, including the Lifetime Achievement Award.

October 26th, 15:50

AUDITORIUM -ROOM 1

POSTER PRIZE & CLOSING

Best Poster Prize

The **prize** recognises high quality research presented in **poster** format.
Prize will be presented to the lead/presenting author.

Take-home Message and Farewell Ceremony

October 26th Program



October 26th, 09:00

AUDITORIUM – ROOM 1

PLENARY SESSION

Are Dissociation and Dis-integration two Separate Pathogenic Processes related to Trauma?

Benedetto Farina, PhD, is a psychiatrist and psychotherapist, and a Full Professor of Clinical Psychology at the European University of Rome.

He is member of the Scientific Committee of the International Society for the Study of Trauma and Dissociation (ISSTD), a member of the Editorial Boards of the Journal of Trauma and Dissociation and of the International Journal of Multidisciplinary Trauma Studies.

In 2015 he was given the ISSTD Richard P. Kluft Award for Best Article published in the Journal of Trauma and Dissociation.

October 26th, 10:00

AUDITORIUM FOYER

COFFEE-BREAK

October 26th, 10:30

SESSION IV AUDITORIUM - ROOM 1

PANEL PN-02

Maladaptive Daydreaming: an Overview of a Proposed Disorder

Colin Ross, Psychiatrist, The Colin A. Ross Institute for Psychological Trauma, Richardson, TX USA, Richardson, United States

Eli Somer, clinical psychologist, University of Haifa, School of Social Work. Haifa, Israel

Adriano Schimmenti, Professor of Psychopathology, Faculty of Human and Social Sciences, UKE – Kore University of Enna, Italy

Alexandra Sandor, PhD student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

Igor Pietkiewicz, Research Centre for Trauma & Dissociation, SWPS University of Social Sciences & Humanities, Poland

Liora Somer, MA, Psychotherapist and Art Therapist, Somer Psychological Counselling and Research Services, Haifa, Israel

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Lucia Sidelì, PhD, clinical psychologist, Honorary researcher, University of Palermo, Palermo, Italy; Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK.

Judit Molnár, Ph.D., clinical psychologist, assistant professor, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary



October 25th and 26th

POSTER SESSION

ID PS-02

The Psychological and Developmental Traumas in Children - Compliance with ADHD, Differences and Diagnostic Resolution

Leona Jochmannová, Department of Psychology, Faculty of Arts, Palacký University Olomouc, Czech Republic, Olomouc, Czech Republic

October 25th and 26th

POSTER SESSION

ID PS-03

Who wrote that? Automaticity and Reduced Sense of Agency in Individuals Prone to Dissociative Absorption

Noa Bregman Hai, Phd student, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

Co-authors:

Dr. Yoav Kessler, Senior Lecturer, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

Dr. Nirit Soffer-Dudek, Senior Lecturer, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

October 25th and 26th

POSTER SESSION

ID PS-05

Model Development to Improve Capabilities to Cope with Dissociation and Affect Dysregulation in a Context of Social Care of Children

Hajime Tanabe, Psychologist, Psychiatric Social Worker, Shizuoka University, JAPAN, Shizuoka, Japan

Michiyo Tokuyama, Psychologist, Tokyo Seitoku University, Japan

October 25th and 26th

POSTER SESSION

ID PS-06

The Predictive Role of Traumatic Experiences and Dissociation in Non-suicidal Self-injury Behaviors of Adolescents in Residential Care

Luiza Nobre-Lima, Assistant Professor, University of Coimbra, Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

Co-authors:

POSTER SESSION



Margarida Peres, MD in Psychology, University of Coimbra, Faculty of Psychology and Educational Sciences, Portugal

Inês P. Sousa, MD in Psychology, University of Coimbra, Faculty of Psychology and Educational Sciences, Portugal

October 25th and 26th

POSTER SESSION

ID PS-07

Dissociation in Infants in Social Care

Michiyo Tokuyama, Tokyo Seitoku University, Kita-ku, Japan

Hajime Tanabe, Shizuoka University, Japan

October 25th and 26th

POSTER SESSION

ID PS-08

The Assessment of Self-care Patients Perception when they Access Trauma Psychotherapy

Maria Paola Boldrini, Psychologist - Psychotherapist , Trainer, GTMO/ Studi Cognitivi SpA, Modena; AreaTrauma srls, Milano, Italy, Modena, Italy

Alessandra Chiappelli, Psychologist - Psychotherapist , GTMO/ Studi Cognitivi SpA, Modena, Italy

Chiara Bellardi, Psychologist - Psychotherapist , GTMO/ Studi Cognitivi SpA, Modena, Italy

Mara Fantinati, Psychologist - Psychotherapist , GTMO/ Studi Cognitivi SpA, Modena, Italy

Additional authors:

Giulia Gualdi, Psychologist - Psychotherapist , Trainer, GTMO/ Studi Cognitivi SpA, Modena; AreaTrauma srls, Milano, Italy

October 25th and 26th

POSTER SESSION

ID PS-09

Using Trauma and Dissociation Symptoms Interview (TADS-I), in the Assessment of Differences between Dissociative and Substance Abuse Disorders

Maria Paola Boldrini, Psychologist - Psychotherapist, Trainer, GTMO/ Studi Cognitivi SpA, Modena; AreaTrauma srls, Italy

Alessandra Catania, Psychologist - Psychotherapist , AreaTrauma srls, Milano, Italy

Matteo Cavalletti, Psychologist - Psychotherapist, Studi Cognitivi SpA, Modena; AreaTrauma srls, Milano, Reggio Emilia Italy

Valeria Fusco, Psychologist - Psychotherapist in training, MAreaTrauma srls, Milano, Italy

Additional authors:

Giovanni Tagliavini, psychiatrist, psychotherapist; AreaTrauma srls, Milano, Presidente AISTED

POSTER SESSION



October 25th and 26th

POSTER SESSION

ID PS-10

The Relationships among Imagery, Boundary in the Mind, and Dream Recall

Hanae Tamura, Risho University, Tokyo, Japan

Co-authors:

Kayoko Yoshida, Ms, Risho University, Faculty of Psychology, Tokyo, Japan

October 25th and 26th

POSTER SESSION

ID PS-11

Trajectories of Traumatic Development in an Autoimmune Disease: the Case of Systemic Lupus Erythematosus (SLE)

Marina Falanga, Psychologist, Gruppo italiano LES – ONLUS Clinical and Research Unit; AISTED and ESTD affiliate, Rome, Italy

Carla Metallo, Psychologist, Gruppo italiano LES – ONLUS Clinical and Research Unitrome, Italy

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1 Psychologist, Gruppo italiano LES – ONLUS Clinical and Research Unit, Italy;

2 Rheumatologist, Unit of Allergology, Immunology, Rheumatology, Department of Medicine, Un. Campus Bio-Medico, Rome, Italy;

3 AISTED (Associazione Italiana per lo Studio del Trauma e della Dissociazione) and ESTD (European Society for Trauma & Dissociation) affiliate

October 25th and 26th

POSTER SESSION

ID PS-12

"Sense" Symptom in Post-Traumatic Stress Disorder

Sanae Aoki, University of Tsukuba Faculty of Human science, Tsukuba, Japan

Eiko Nozawa, Nagoya Family court, Japan



October 25th and 26th

POSTER SESSION

ID PS-13

Boredom, Detachment and the Divine Indifference

Maurizio Brasini, Università degli Studi "Guglielmo Marconi"; Scuola di Psicoterapia Cognitiva SPC, Roma, Italy

Additional authors:

Paola Angela Mancuso, psicoterapista, Scuola di Psicoterapia Cognitiva, Roma, Italy

Marco Saettoni, psicoterapista, Scuola di Psicoterapia Cognitiva, Grosseto, Italy

Andrea Gragnani, psicoterapista, Scuola di Psicoterapia Cognitiva, Grosseto, Italy

October 25th and 26th

POSTER SESSION

ID PS-14

Neuroanatomical Dissociations between Simplex and Complex PTSD: A Meta-analytic Study

Cristina Mapelli, Neuropsychologist, Psychotherapist, University of Milano Bicocca, Department of Neurology, Monza, Italy

Co-authors:

Laura Camillo (psychology student, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)

Lucia Cecconi (psychology student, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)

Manuela Berlingeri (associate professor, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy)

October 25th and 26th

POSTER SESSION

ID PS-15

The Adverse Childhood Experiences and Deviant Behavior: Preliminary Correlation Data through the ACE Questionnaire (Felitti, 2013)

Mara Fantinati, Psychotherapist, Therapeutic Community of Bologna, Villa Bianconi, Bologna, Italy

Co-authors:

Marco Bianchini, Psychiatrist, Therapeutic Community of Bologna, Villa Bianconi

Francesca Capretti, Coordinator, Therapeutic Community of Bologna, Villa Bianconi

Federica Vano, Psychotherapist, Therapeutic Community of Bologna, Luna Nuova

Federica Bonezzi, Coordinator, Therapeutic Community of Bologna, Luna Nuova



October 25th and 26th

POSTER SESSION

ID PS-16

Non-Suicidal Self-Injury Among University Students in Japan

Satoshi Ono, Graduate School of Comprehensive Human Sciences, University of Tsukuba, Tsukuba City, Japan

Sanae Aoki, University of Tsukuba, Japan

October 25th and 26th

POSTER SESSION

ID PS-17

Intergenerational Transmission of the Trauma in the “Living Desaparecidos”

Cecilia de Baggis, Department of Education, University of Rome Tre, Rome, Italy

Susanna Pallini, Department of Education, University of Rome Tre, Rome, Italy

October 25th and 26th

POSTER SESSION

ID PS-18

The Impact of Trauma and Dissociation in Psychiatric Patients attending to Sardinian Mental Health Services

Caterina Visioli, Psychologist - Psicoterapista, Centro Lucio Bini - Cagliari, Italy

Costanzo Frau, Psychologist-Psicoterapista, Psychotherapy Service and Research on Trauma & Dissociation - Cagliari, Italy

Alessandro Coni, Health Mental Service of Cagliari, Sanluri and Carbonia Director, Cagliari, Sanluri and Carbonia Italy

Stella Conte, Psychologist, University of Cagliari - Department of Education, Psychology and Philosophy, Cagliari, Italy

October 25th and 26th

POSTER SESSION

ID PS-19

Early traumas, Dissociation, Psychoticism and Relational Style as Risk Factor of Recidivism in Violent Behaviour: a Case of Schyzoaffective Personality Disorder

Alessandra Giuseppa Stringi, Psychologist, Psychotherapist, University of Palermo, Italy

Giovanni Trapolino, Psychiatrist, University of Palermo, Italy

Vincenzo Caretti, Psychologist, LUMSA University of Rome, Italy

Additional authors:

Alessandra Stringi, Psychologist, Psychotherapist - University of Palermo

POSTER SESSION



Giovanni Trapolino, Psychiatrist - University of Palermo
Vincenzo Caretti, Psychologist, Professor LUMSA University of Rome

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POSTER SESSION

ID PS-110

Exposure to Early-life Traumatic Events and Susceptibility to Major Depression and Cocaine Use Disorder in Adulthood

Silvia Bussone, PhD fellow, Department of Dynamic and Clinical Psychology, Sapienza, University of Rome

Renata Tambelli, PhD fellow, Department of Dynamic and Clinical Psychology, Sapienza, University of Rome

Valeria Carola, PhD fellow, Department of Dynamic and Clinical Psychology, Sapienza, University of Rome – Department of Experimental Neuroscience, Santa Lucia Foundation, Rome



October 25th and 26th

POSTER SESSION

ID PS-02

The Psychological and Developmental Traumas in Children - Compliance with ADHD, Differences and Diagnostic Resolution

Leona Jochmannová, Department of Psychology, Faculty of Arts, Palacký University Olomouc, Czech Republic, Olomouc, Czech Republic

October 25th and 26th

POSTER SESSION

ID PS-03

Who wrote that? Automaticity and Reduced Sense of Agency in Individuals Prone to Dissociative Absorption

Noa Bregman Hai, Phd student, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

Co-authors:

Dr. Yoav Kessler, Senior Lecturer, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

Dr. Nirit Soffer-Dudek, Senior Lecturer, Ben-Gurion University of the Negev, Department of Psychology, Beer Sheva, Israel

October 25th and 26th

POSTER SESSION

ID PS-05

Model Development to Improve Capabilities to Cope with Dissociation and Affect Dysregulation in a Context of Social Care of Children

Hajime Tanabe, Psychologist, Psychiatric Social Worker, Shizuoka University, JAPAN, Shizuoka, Japan

Michiyo Tokuyama, Psychologist, Tokyo Seitoku University, Japan

October 25th and 26th

POSTER SESSION

ID PS-06

The Predictive Role of Traumatic Experiences and Dissociation in Non-suicidal Self-injury Behaviors of Adolescents in Residential Care

Luiza Nobre-Lima, Assistant Professor, University of Coimbra, Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

Co-authors:

Abstracts

PRE-CONFERENCE WORKSHOPS



October 24th, 9:30-17:30 AUDITORIUM - ROOM 1 PRE-CONFERENCE WORKSHOP #1

Working with Integration Failures Across Diagnostic Categories in Complex Trauma and Dissociation

Presented by: **Suzette Boon, Dolores Mosquera & Kathy Steele**

This workshop will focus on the essential assessment and treatment of the subtle clinical differences among clients with Borderline and other Personality Disorder, Complex PTSD, and OSDD-Type 1 and Dissociative Identity Disorder. Although there are many similarities and overlaps, these groups can be distinguished by the severity and clusters of dissociative symptoms. These distinctions have treatment implications, which will be highlighted during the workshop. Participants will learn how to use detailed assessment of both diagnostic and clinical differences in complex trauma and dissociation as part of a thorough case conceptualization that also considers the client's capacities to engage in treatment. Participants will learn how to distinguish between ego states, borderline modes, and dissociative parts, as well as learn positive and negative symptoms and other subtle signs of complex dissociation. We will discuss when it may and may not be helpful to use the concepts of "parts." We will also focus on practical integrative approaches to treating clients across this broad spectrum of trauma-related diagnoses, including how to work with challenging avoidance strategies and resistance. Video vignettes will illustrate complex diagnostic and treatment issues.

October 24th, 9:30-17:00 ROOM 2 PRE-CONFERENCE WORKSHOP #2

Working on Conversion Disorder: Somatoform Dissociation and Emotion Dysregulation

Presented by: **Anabel Gonzalez**

Somatoform dissociation has been related to early, severe, and chronic traumatization, including early attachment disturbances. Conversion disorders are not homogeneous conditions, presenting different levels and subtypes of concurrent psycho-form dissociation and emotion dysregulation. In this workshop this diagnostic group will be described, including different clinical pictures, and presenting some proposals of clinical interventions.

Some aspects included in this workshop are the different types of dysfunctional emotion regulation, conversion symptoms as peripheral or nuclear phenomena in different patients, the different types of conversion manifestations and their neurobiological underpinnings, and the connections between conversion symptoms and early attachment issues.

All these aspects are in the basis of the clinical interventions that are proposed, illustrated through clinical vignettes and video cases.

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PRE-CONFERENCE WORKSHOPS



October 24th, 9:30-17:00

ROOM 3

PRE-CONFERENCE WORKSHOP #3

Unspeakable Trauma: Exploring Prenatal and Preverbal Trauma and Dissociation in Children and Adolescents

Presented by: **Renée Potgieter Marks**

It is sometimes accepted that prenatal and preverbal trauma might impact the child on long term, but at the same time most professionals are still uncertain whether it is possible to actually access these memories, because the children 'cannot remember' or 'cannot speak about it'.

This training will explore the theory and long terms impact on children and adolescents of living with prenatal and preverbal trauma and dissociation. The main focus of this training will, however, be on accessing the prenatal and preverbal trauma and dissociation and the treatment process.

The training will include multiple therapeutic techniques and tools that can be used to enable children and adolescents to explore their earliest traumatic experiences. This will be done at the hand of practical case studies, children's drawings, photographic information of sessions and videos about actual sessions. It will also include the use of EMDR/BLS during this process.

October 24th, 9:30-17:00

ROOM 4

PRE-CONFERENCE WORKSHOP #4

Neurobiologically-based EMDR Therapy of Trauma and Dissociation in Depression

Presented by: **Luca Ostacoli**

Depression is a world leading cause of disability, with enormous human and social costs. The relationship with self and others is compromised. Attention is directed inward, with a detachment from resources, rumination, and a blaming and judging attitude. In addition, the window of tolerance may be very narrow, with activation shifting between hyper- and hypo-arousal and limited space for free contact with feelings and thoughts. Anhedonia and impotence may reduce motivation both in the client and in the therapist. The modern conceptualization of dissociation helped to distinguish how its role is transversal to diagnostic categories and affects their treatments. The presence of dissociation in depression increases difficulties in processing trauma, reinforcing harsh vicious circles. Research in "affective neuroscience" opens to new promising developments, offering the possibility to "tailor" psychotherapeutic treatments to individual neurobiological profiles, based on the close connection between Central and Autonomic Nervous System in affective processing and in relational engagement. Porges' Polyvagal Theory is widely used as a functional model of autonomic arousal but its efficacy can be improved integrating it with new models of Central Nervous System processing. Richard Davidson identified six neurobiologically grounded "Emotional Styles", reflecting activity levels in specific and identifiable brain circuits. Each dimension is a continuum according to the degree of activation. In our centre at the Clinical Psychology Service at University of Turin, we developed EMDR and Mindful approaches based on these neurobiological findings. The workshop will focus on these integrative tools for a comprehensive neurobiologically-based EMDR treatment of trauma and dissociation in depression, choosing some techniques with the best ratio between simplicity and effectiveness. These techniques will be described in their subsequent steps and illustrated with audio visual clinical material.

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PLENARY SESSIONS



October 24th, 18:30

AUDITORIUM – ROOM 1

OPENING LECTURE

From the «Cogito Ergo Sum» to the Fragility of the Human Condition: the Contradictions of Existence

Michela Marzano, PhD, is an Italian philosopher who lives and works in Paris. Professor of moral philosophy at the 'Université Paris Descartes', she studied at the 'Scuola Normale Superiore' in Pisa, where she graduated in philosophy.

Author of many essays and articles on moral and political philosophy. She published in Italian, among others: 'Volevo essere una farfalla' (2011), 'Avere fiducia' (2012), 'L'amore è tutto: é tutto ciò che so dell'amore' (2014), 'L'amore che mi resta' (2017), 'Idda' (2019).

If Descartes was right that the subject of I think was always, and in every case, the "I" who doubts, dreams, gets angry, hopes and loves, probably it would not be so complicated to tackle the contradictions of existence and think about the human condition. But Descartes disregards the fact that often the "I" emerges when the "I" does not think – in the hesitant stutter of a discourse that gets mixed up, or taking root directly in the body. Starting from the symptom of anorexia, the goal of this presentation will be to show the need we have today for thinking rooted in the body, and the need for a philosophy that is able to narrate not only the courage required to put an end to suffering, but also the frailty of the love that gives life its meaning; not only the difficulty of trusting, but also the possibility of believing again in ourselves and in other people.

October 25th, 09:00

AUDITORIUM -ROOM 1

PLENARY SESSION

Embedded Suffering, Embodied Self: The Developmental Journey of the Trauma Therapist

Kathy Steele, MN, CS has been a psychotherapist in Atlanta, Georgia for over three decades, and is an Adjunct Faculty at Emory University.

Kathy is a Fellow and a past President of the International Society for the Study of Trauma and Dissociation (ISSTD).

She has received a number of awards for her clinical and published works and has authored numerous publications in the field of trauma and dissociation, including three books.

She frequently lectures internationally on topics related to trauma, dissociation, attachment and therapeutic resistance and impasses.

We often extoll the benefits of being trauma therapists, and rightly so. We exult in moments of light and clarity, of change and insight, of near miraculous movement toward progress, of synchronicity and intersubjective joy shared with our clients. We revel in compassion and mindfulness, embodied in the moment. These experiences sustain us and support our growth. But there are also moments when we sit with the unbearable without answers; when existential crisis overwhelms us; when our most strenuous efforts to connect with a client fail; when we are confronted with embedded suffering in a disembodied client and we feel helpless and hopeless. The journey of the trauma therapist includes both wonderful experiences and unbearable ones.

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Integrating these discrepant experiences is our developmental task. How can we remain embodied and engaged? What is the cost to the therapist of a constant focus on trauma from hour to hour? We will explore what happens in our mind and body when we are confronted with chronic existential crisis; how we develop belief systems that support us or not; different ways we carry the client's embedded suffering in our intrapsychic space; and how we engage in parallel process with our clients in knowing and not knowing our own suffering. Our capacity for compassion and connection are essential bridges that offer deep bonds with our clients, but these can also become conduits for their suffering to be transmitted to our own bodies and minds, a burden we may carry to our own detriment. The constant pull to be available, to caretake, to repair, and to find solutions in the face of the client's complexity, helplessness, despair, desperation, rage and relentless shame can end in vicarious traumatization and burnout for the therapist. It is in only in our small and fallible movements toward becoming our fully embodied self that we can most fully be with our clients, without having to take on their suffering as our own. We will discover ways to care for ourselves through the practices of reflection, enjoyment and exuberance, activity and stillness, grieving, and embodied engagement with the world. These can provide restoration and resilience to our own vulnerable but enduring embodied self.

October 25th, 14:50

AUDITORIUM – ROOM 1

PLENARY SESSION

Dissociative Identity Disorder: An Exploration of Shame, Inter-Identity Amnesia and Voice Hearing

Martin Dorahy, PhD, DClinPsych, is a clinical psychologist and professor in the Department of Psychology, University of Canterbury, Christchurch, New Zealand.

He is the director of clinical psychology training at the University. He has a clinical, research and theoretical interest in self-conscious emotions (e.g., shame) and complex trauma and dissociative disorders.

He has published over 100 peer-reviewed journal articles and book chapters, and co-edited four books in the area of psycho traumatology.

He is a Past President (2017) of the International Society for the Study of Trauma and Dissociation (ISSTD), and former co-editor of the ESTD's newsletter.

He maintains a clinical practice, focused primarily on the adult sequelae of childhood relational trauma.

The clinical presentation of dissociative identity disorder (DID) is often not overt, but cloaked in more subtle cues that reflect the patient's effort to hide the true nature of their underlying difficulties. One proposed reason for this attempt to cover over major dissociative symptoms is the shame present in disclosing phenomena that are considered central features of DID. These include the existence of dissociative identities, lacking awareness of these different identities and their content, and hearing voices whose composition, tone and perspective seem alien to the person. Shame, inter-identity amnesia and voice hearing are pervasive in DID, and each is examined in this presentation. Studies assessing shame in DID, have found it elevated compared to other trauma-related disorders, including chronic and complex PTSD. These studies have also found that despite a heightened propensity to withdraw and avoid shame-laden material, individuals with DID recognize the therapeutic importance of addressing shame and its corollaries. Studies of inter-identity amnesia in DID have more recently shown that semantic autobiographical memories are available for recall across identities, despite the person reporting no awareness of the material. The results from a set of studies

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expanding on this work to look at self-referential and episodic autobiographical memory across identities reporting amnesia is outlined. Findings generally support the idea that whilst a person may report no awareness of the material, it is available for recall. In terms of voice hearing, studies comparing DID and those with schizophrenia have shown higher levels of auditory hallucinations in DID and more evidence of child voices. This presentation shares the findings from a new study comparing DID (n = 50) with psychotic disorder (i.e., schizophrenia, schizoaffective) participants (n=50) on different dimensions of voice hearing. Overall, the results empirically paint the picture of DID as a shame-prone disorder with subjective difficulty retrieving events experienced as foreign and distressing, and where hallucinatory experiences are heightened, seemingly due to the dissociative nature of their difficulties.

October 26th, 09:00

AUDITORIUM – ROOM 1

PLENARY SESSION

Are Dissociation and Dis-integration two Separate Pathogenic Processes related to Trauma?

Benedetto Farina, PhD, is a psychiatrist and psychotherapist, and a Full Professor of Clinical Psychology at the European University of Rome.

He is member of the Scientific Committee of the International Society for the Study of Trauma and Dissociation (ISSTD), a member of the Editorial Boards of the Journal of Trauma and Dissociation and of the International Journal of Multidisciplinary Trauma Studies.

In 2015 he was given the ISSTD Richard P. Kluft Award for Best Article published in the Journal of Trauma and Dissociation.

There is a broad consensus among many authors on conceiving dissociation as a lack of integration of different high order mental functions. Dissociation and dis-integration are the same process with different names? Clinical observation and scientific reports let us to hypothesize that the two processes are different, but highly correlated. Is it possible to consider the lack of integration the effect, overwhelming emotions and archaic defense system activated by traumatic events or their following memories. This process could be sustained and continued by the long-lasting hampering effect of stress hormones on integrative neuro-structures. Differently, the dissociation could be considered the subsequent recomposition of the system's constituting elements in a more separated way. The distinction of the two processes could be helpful for clinicians in their therapeutic choices

October 26th, 14:50

AUDITORIUM – ROOM 1

PLENARY SESSION

Enactive Trauma Therapy: Bridging Mind, Brain, Body and World

Ellert R.S. Nijenhuis, Ph.D., is a psychologist, psychotherapist and researcher.

He has engaged in the diagnosis and treatment of severely traumatized patients for more than three decades and teaches and writes extensively on the themes of trauma-related dissociation and dissociative disorders.

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Dr. Nijenhuis is a consultant at Clenia Littenheid, Switzerland, and collaborates with several European universities.

With Onno van der Hart and Kathy Steele, he co-authored the award-winning 2006 book *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* (Norton, New York). The first two volumes of his magnum opus *The Trinity of Trauma: Ignorance, Fragility, and Control* (Vandenhoeck & Ruprecht, Göttingen) was published in 2015; the third volume, subtitled *Enactive Trauma Therapy*, was published in April 2017.

The International Society for the Study of Trauma and Dissociation has granted him several awards over the past few years, including the Lifetime Achievement Award.

Enactive trauma therapy is influenced by the enactive approach in philosophy, psychology, and biology. In terms of this approach, like anyone else, traumatized individuals (1) are essentially embodied and embedded in their environment; (2) are goal-oriented human organism-environment systems that primarily long and strive to preserve their existence; (3) are primordial affective systems oriented toward making sense of things; (4) bring forth, i.e., enact a mental and phenomenal self, world, and self-as-a-part-of-this-world, and (5) primarily gain knowledge on the basis of their goal-oriented sensorimotor and affect-laden actions. In this light, trauma is an injury to a whole human organism-environment system. Its core is a lack of integration of various dynamic modes of longing and striving: those that concern longings to live daily life and to avoid perceived threat (notably including traumatic memories) and those that involve longings to defend the integrity of the body. In dissociative disorders, these modes take the form of two or more conscious and self-conscious dissociative subsystems that enact their own mental and phenomenal self, world, and self-as-a-part-of-this-world. Enactive trauma therapy is the endeavour to mend the integrative deficit. It is comprised of the patient and the therapist as two organism-environment systems that co-enact a common world and that long and strive to achieve common results. Together they spawn new actions and meaning. Their collaboration and communication resembles dancing: It takes pacing, attunement, timing, a sensitivity to balance, movement and rhythm, courage, as well as the ability and willingness to follow and lead. It involves the progression from passions to actions. Individuals engage in passions and experience sorrow the more they are mostly acted on, that is, influenced by external causes. The more they are their own master, the more they act, and the more they act, the more they experience joy.

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October 25th, 10:30

SESSION I AUDITORIUM - ROOM 1

PANEL PN-04

What is the Relation between Psychological Trauma and Dissociation?

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Trauma and Dissociation, he has advocated for the development of testable theory as the necessary means for clinical experimentation and shareable progress. He is currently Editor for *Frontiers in the Psychotherapy of Trauma and Dissociation*, ISSTD's new clinical e-journal., Shrewsbury, US

Ellert R.S. Nijenhuis, Ph.D., is a psychologist, psychotherapist, and researcher. He has engaged in the diagnosis and treatment of severely traumatized patients for more than three decades, and teaches and writes extensively on the themes of trauma-related dissociation and dissociative disorders. He initiated and continues to be engaged in the biopsychological study of complex dissociative disorders. Nijenhuis is a consultant at Clenia Littenheid, Switzerland, and collaborates with several European universities. His theoretical, scientific, and clinical publications include the book *Somatoform Dissociation*. With Onno van der Hart and Kathy Steele he co-authored the book *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*. The first two volumes of Nijenhuis' recent trilogy *The Trinity of Trauma: Ignorance, Fragility, and Control* appeared in 2015. The third volume, *Enactive Trauma Treatment* was released in 2017. The International Society for the Study of Trauma and Dissociation granted him several awards, including the Lifetime Achievement Award.

Jenny Ann Rydberg is a clinical psychologist (MA from the Université Libre de Bruxelles) in private practice specializing in the treatment of complex trauma and dissociation, an associate teacher at the University of Lorraine, a member of the editorial committees of the *European Journal of Trauma and Dissociation* and the *Journal of EMDR Practice and Research*.

Adriano Schimmenti, PhD, DClinPsych, is full professor of psychodynamic psychotherapy and director of the MSc Clinical Postgraduate Degree at UKE – Kore University of Enna (Italy), where he is also the Delegate of the Rector for students with neurodevelopmental, physical and Learning disabilities. He is deputy director of the SIPDC – Italian Society of Psychological Assessment, research director of the IIPP – Italian Institute of Psychoanalytic Psychotherapy, and is the Editor of an Italian book series on psychotraumatology. He has been trained in the administration and scoring of several interview-based measures, including the Adult Attachment Interview, the Attachment Style Interview, the Childhood Experience of Care and Abuse, and the Psychopathy Checklist-Revised. He has authored/coauthored 102 articles, 34 book chapters, and 8 books. He has published in leading journals on the topics of childhood trauma, attachment, and dissociation.

As the name of ESTD (or of ISSTD) implies, we infer a causal relation between a) traumatic stress and b) dissociation in the individual's course of mental activity and initiatives in a social and material life world. We, on this panel, stipulate that the two phenomena co-occur. Replicable empirical evidence for the theory we share requires us to gradually, collaboratively narrow down what characterizes "true" trauma and dissociation. It requires us to discern a) what distinguishes traumatic stress from ordinary stress and b) what distinguishes trauma-related dissociation from phenomena that merely resemble it. As experts, we owe it to

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ourselves and to traumatized individuals to collaborate for progress with the boundaries of what we include in those two concepts. The panelists will each present their version of that endeavor. Then, they will open it to questions and statements from the audience.

October 25th, 10:30

SESSION I

ROOM 2

SYMPOSIUM SM-06

From Screening to Diagnosis of Complex Dissociative Disorder

This symposium focuses on practical issues and challenges associated with recognizing dissociative disorders and coming up with a valid diagnosis. Presentations relate to the diagnostic process and elaborate on screening and specialized, in-depth assessment. Potential traps and diagnostic errors are also mentioned and illustrated with a case study.

Screening online for Dissociative Disorders with E-psyche

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

*Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland
It is typical of trauma survivors to avoid talking about traumatic experiences and their consequences. Dissociative patients will not spontaneously report many of their symptoms, unless healthcare providers directly ask about them. For this reason, it is helpful in general practice to use instruments inquiring about adverse childhood experiences, PTSD, and other dissociative symptoms. We will present an online application (E-psyche) offering easy way to administer screening tests, monitor results, and share feedback. During a consultation, clinicians can qualitatively analyse test outcomes and consider further specialised evaluation, if they suspect a dissociative disorder. Because administrating structured clinical interviews is time-consuming, these initial steps are helpful to assess the risk of a dissociative disorder.*

Why Trauma and Dissociative Symptoms Interview (TADS-I)?

Suzette Boon, PhD, Clinical psychotherapist in private practice

Dissociative symptoms and disorders are not easy to recognize for the following reasons: (1) There is no consensus about the concept of dissociation. (2) Patients generally do not present with dissociative symptoms but have a tendency to hide or avoid there symptoms. (3) There is a lot of overlap in symptoms with other disorders, such as: personality disorders and Complex PTSD. (4) Clinicians do not receive systematic education in diagnosis and treatment of dissociative disorders.(5) There is an ongoing polarized debate about the existence of dissociative identity disorder (DID) as a reliable and valid diagnosis.

TADS-I was developed to enable a trained clinician to make a DSM-5 or ICD-10 diagnosis of dissociative disorders thus including somatoform dissociative disorders. A section of trauma-related symptoms is added to get a more complete clinical picture including symptoms of PTSD and Complex PTSD. Finally, it helps the

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clinician better distinguish between genuine and false positive DID patients. In this presentation I will discuss difficulties in diagnosing dissociative disorders and show small video vignettes to illustrate diagnostic complexities.

I am like an Empty Jar, Experiencing Emotions of the Part which Logs in - a Case Study of a Patient with False Positive DID

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Anna Bańbura, M.Sc. Psychologists, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Suzette Boon, PhD, Clinical psychotherapist in private practice

Psychiatric manuals, ICD-10 and DSM-5, outline selected phenomena characteristic of dissociative identity disorder but do not provide specific guidelines to qualitatively distinguish the dissociative and non-dissociative nature of some symptoms. During specialised assessment, clinicians should go beyond the face value and carefully examine various clusters of symptoms, how patients experience or talk about them. This lowers the risk of false-positive DID diagnosis of patients with other disorders.

During this presentation we will discuss a patient with borderline personality disorder who was previously diagnosed with DID. This 'unseen child' embraced new diagnosis as a metaphor explaining her intra-psychic conflicts and allowing her to feel special. Searching information about DID using Internet and literature helped her elaborate her symptoms, which she presented during clinical interview to show a switch between dissociative parts. A short part of video recording will illustrate that.

Using the Trauma & Dissociative Symptoms Interview allowed to rule out significant clusters of dissociative symptoms, especially: PTSD, amnesia, and the existence of autonomous dissociative parts. On the other hand, we observed personality diffusion, problems with self-esteem and affect regulation, anxiety, persistent difficulties in interpersonal relationships, and conflicts with expressing difficult emotions. Data collected during the interview confirmed borderline personality disorder and ruled out dissociative identity disorder, despite the patient presented the symptoms by the book. We stress that the clinical evaluation of complex dissociative disorders requires special training and skills.

October 25th, 13:15

SESSION II

ROOM 2

SYMPOSIUM SM-05

Principles and Interventions from Sensorimotor Psychotherapy to Treat Clients with Complex Trauma, Chronic Shame and Dissociation

Building on the implementation of Sensorimotor Psychotherapy's foundational principles in their practice, therapists will learn to help clients identify and strengthen their somatic resources through mindful experiments in the treatment of trauma. We will also illustrate the clinical application of the principles and interventions of Sensorimotor Psychotherapy to the treatment of shame-related issues.

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Embodying the Founding Principles of Sensorimotor Psychotherapy

Jenny Ann Rydberg, Psychologist, University of Lorraine, Buis-les-Baronnies, France

Sensorimotor psychotherapy's founding principles were first defined by Ron Kurtz, the originator of Hakomi therapy. These principles are: unity, mindfulness, non-violence, organicity, and mind-body-spirit holism. They guide and inform practice, from moment to moment in session, on the level of case conceptualisation and treatment planning, and in the therapist's beliefs and outlook on mental health and the therapeutic relationship.

Briefly, unity reflects to our interconnectedness and commonalities; mindfulness is used as a particular way of paying attention, with curiosity, but without judgment; non-violence involves being sensitive to the patient's boundaries, needs, and pace, being careful not to impose the therapist's own agenda; organicity refers to the patient's inherent and organic wisdom and ability to heal; mind-body-spirit holism recognises that the mind and the body, the emotional, cognitive, and somatic, are inseparable.

The presentation will illustrate the implications and effects on therapy for each of these five principles, so that the participants may leave with practical ideas that may be applied within their usual frameworks and techniques in order to foster a sense of safety, attunement, collaboration and reparative attachment experiences.

Somatic Resources in Sensorimotor Psychotherapy

Nedjma Mohammedi, Clinical psychologist

Somatic resources play an important role in each of the 3 phases of the treatment of trauma, described by Pierre Janet. In Phase 1, the development of resources helps to stabilise the patient. In Phase 2, they provide the necessary support to deal with and integrate traumatic memories. In Phase 3, they consolidate the skills and creativity that are needed to manage life events.

Somatic resources (such as alignment, grounding, etc.) are central in sensorimotor psychotherapy. The therapist teaches the patient to track and read the body during the entire session. Reading the body enables the assessment of body defensive responses that were not implemented or completed at the time of the traumatising event, such as flight or fight. Based on these observations, the therapist invites the patient to try out physical experiments in mindfulness, by mobilising the body's core or periphery, to initiate or to complete the body's defensive sequence. This enables the patient to activate existing somatic resources, and to identify and install somatic resources that were missing.

In this presentation, participants will learn how to set up a physical experiment to access the patient's somatic resources.

Treating Shame with Sensorimotor Psychotherapy Interventions

Raphaël Gazon, Psychologist, Sensorimotor Psychotherapy Institute Trainer

Shame is an overwhelming affect associated with intense autonomic nervous system activation, inability to think clearly, incapacity to behave voluntarily and impulse to hide or flee. It functions as a defensive strategy against interpersonal or social danger. In many ways, the very particular body posture and autonomic pattern of shame are fairly similar to what we observe in trauma. In particular, the issue of shame and self-blame is central to chronic and developmental trauma.

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This presentation will illustrate the use of Sensorimotor Psychotherapy interventions that directly address the manifestations of shame in movement, posture, and gesture of the body, as well as in a dysregulated nervous system.

With an emphasis on the relational nature of shame, special attention will be given to the importance of the therapeutic relationship. Typically, when we try to create closeness with someone who experiences shame, it activates more shame. Therefore, when a therapist tries to move a client out of shame, it often forces the client back into that shame.

In this presentation, we'll review how therapists can use the foundational principles of Sensorimotor Psychotherapy to create a relational context that maximizes the possibility of breaking out of the relational vicious circle of shame.

October 25th, 13:15

SESSION II

ROOM 3

SYMPOSIUM SM-10

Trauma and Psychological Consequences in Heterosexual and LGB Population

Adverse childhood experiences (ACEs) represent a source of early stress conditions that can lead to the development of post-traumatic stress consequences. In our symposium we present data on an Italian heterosexual and LGB sample and we analyze the relationship between sexual orientation, ACEs and their long-term consequences related to trauma.

Adverse Childhood Experiences' Prevalence and Compulsive Sexual Behaviors in Lesbian/Gay, Bisexual and Heterosexual Population

Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Rome, Italy

Co-authors:

Filippo Perrini, PsyD, Istituto A.T. Beck of Rome, Italy

Roberta Rubbino, PsyD, Istituto A.T. Beck of Rome, Italy

Roberta Borzì, PsyD, Istituto A.T. Beck of Rome, Italy

Gemma Battagliese, Phd, Centro Alcolologico della Regione Lazio (CRARL), Department of Clinical Medicine, Sapienza University of Rome, Italy

Adverse Childhood Experiences (ACEs) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life (WHO 2019, statement). LGB people represent a population with a high prevalence of ACEs due also to homophobia and gender non conformity.

The aim of the talk is to examine prevalence of childhood abuse, neglect and household dysfunctions among LGB and heterosexual adults. Participants were 1184 heterosexual and LGB subjects recruited informally in locations where they could respond with a complete anonymity. Adverse childhood experiences were assessed with the ACE questionnaire. Data showed higher prevalence of ACEs in LGB population. In particular, lesbian and bisexual women are more exposed to sexual abuse; bisexual men are more physically maltreated; gay men are more witnessing their mother been abused. Clinical implications will be discussed.

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Association between Gender Nonconformity and Traumatic Experiences in LGB Population

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Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

Gender nonconformity is higher in same-sex sexual oriented people and has been associated with lower quality of life, mental and physical health (Gordon, 2017). Some studies indicate that gender nonconformity represents a risk factor for traumatic experiences and lifetime probable posttraumatic stress disorder (Roberts, 2012). In the present study we examined the relationship between gender nonconformity and adverse childhood experiences among heterosexual, lesbian, gay, and bisexual (LGB) individuals. Participants were 1184 heterosexual and LGB individuals who completed the Adverse Childhood Experiences (ACEs) questionnaire and the Traditional Masculinity and Femininity (TMF) scale. We found that higher gender nonconformity is associated with higher prevalence of adverse childhood experiences as emotional and sexual abuse and emotional and physical neglect. Gender nonconformity is greater also in people exposed to parental separation or divorce and household mental illness. Future studies will investigate gender nonconformity as a vulnerability factor predicting the higher probability to be exposed to traumatic experiences in LGB population.

Adverse Childhood Experiences and Health Care Services Access in LGB population

Roberta Borzì, PsyD, Istituto A.T. Beck of Rome

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Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

LGB population has a greater exposure to adverse childhood experiences (ACEs) and early adversities are associated with leading causes of adult psychopathology. For these reasons, LGB clients more frequently need for treatment. So, we examined the relationship between ACEs, psychological consequences and prevalence of treatment request in sexual minority and heterosexual adults. Participants were 1184 Italian subjects that completed the Symptoms Checklist-90 (SCL-90) and ACE (Adverse Childhood Experiences) questionnaire. In spite of a higher prevalence of ACEs and of psychopathological symptoms in LGB subjects, no significant differences in the treatment request were revealed among heterosexual and LGB people. Results and some issues will be discussed. Clinical implications suggest that mental health professionals should recognize that their own attitudes and knowledge about the experiences of sexual minorities are relevant to the therapeutic process with these clients.

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Sexual Orientation and Severe Dissociative Symptoms: the Mediating Role of the Adverse Childhood Experiences and Emotional Dysregulation

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Co-authors:

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Roberta Borzì, PsyD, Istituto A.T. Beck of Rome, Italy

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Antonella Montano, PsyD, Istituto A.T. Beck of Rome, Italy

Studies reported a greater proportion of early traumatic experiences in lesbian, gay and bisexual (LGB) adults and an association between exposure to victimization and emotion dysregulation. Traumatic experiences are also related to dissociation, a process enabling the organism to survive the threatening situation and the overwhelming internal distress. In our study we explored the relationship between severe dissociative symptoms, emotional dysregulation and adverse childhood experiences in heterosexual, lesbian and gay adults. The total sample consists of 1052 heterosexual, lesbian and gay individuals who completed the Adverse Childhood Experiences (ACE) questionnaire, the Difficulties in Emotion Regulation Scale (DERS) and the Dissociative Experiences Scale – II (DES-II).

Statistical analysis revealed higher levels of emotional dysregulation, dissociation and severe dissociative symptoms such as feelings of depersonalization, divided identity, amnesia and auditory hallucinations (DES-Taxon index) in lesbian and gay adults compared to heterosexuals. Exposure to early adverse experiences of abuse, neglect and household dysfunctions predicted emotion dysregulation and dissociation levels but DES-taxon scores were predicted only by neglect experiences. Then, to better understand the relationship between sexual orientation and severe dissociative symptoms we conducted mediation analyses with neglect experiences and emotional dysregulation as mediators. The results and clinical implications will be discussed.

October 25th, 16:15

SESSION III

ROOM 2

SYMPOSIUM SM-02

Working with the Procedural Learning System: Deeper Brain Functions and Bottom-up Processing

Trauma effects concern embodied and procedural memories in subcortical systems of complex PTSD and dissociative disorders.

In this symposium authors will present their therapeutic approach and describe their attempt to positively influence the underlying neurophysiological processes involved in memory reconsolidation therapies and the procedural learning system related to relational mechanisms.

Deep Brain Reorienting for the Treatment of Attachment Trauma

Remy Aquarone, Pottergate Centre

Frank Corrigan, Trauma Psychotherapy Scotland

This presentation focuses on a subcortical attachment system driving a tendency for approach or avoidance/defence which is hypothesised to be based in the brainstem orienting response to another person.

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The relevant neuroanatomy and functioning of the midbrain superior colliculi (SC), the adjacent periaqueductal gray (PAG), and the ascending monoamine systems from the brainstem activated by emotionally salient stimuli, especially those of a relational nature, will be outlined.

The implications for the body's holding of conflicted attachment tendencies, often made complex at a very early developmental stage when the cortex is not fully mature, will be discussed; these can explain some of the apparently contradictory aspects of dissociative and borderline presentations in adults.

The therapeutic, healing, reorienting which occurs is hypothesised to have its base in the midbrain but to generate transformation also through upper levels of the developed brain.

An audio-visual recording will be shown of a therapy session in which this method of Deep Brain Reorienting is used with an adult whose experience of severe early attachment trauma had clinical consequences throughout later life.

Self-Mirroring Therapy with Dissociative Identity Disorders (DID): a Pilot Project

Costanzo Frau, Psychotherapy Service and Research on Trauma & Dissociation, Cagliari, Italy

As many studies have shown trauma can interfere with the normal development of the brain causing a series of consequences both on a psychological and neurobiological level. This is why different therapies with dissociative patients focused their intervention on the physical aspects related to the trauma. Somatic psychotherapies, such as Sensorimotor Psychotherapy, incorporated mindfulness and attention to the experiences of the body into the therapy process, by paying attention to bottom-up aspects of psychophysiology (Ogden, Minton & Pain, 2006). Other treatments like Comprehensive Resource Model (Schwarz, Corrigan, Hull & Raju, 2016) and Deep Brain Reorienting (Corrigan, 2019) try to access to the implicit memory sequences based in the brainstem which influence feelings, thoughts and behaviours. In this research framework Self-Mirroring technique could contribute to improve the integration process with dissociative patients by working with the procedural learning system.

In my presentation I will describe a pilot project in which I tested Self-Mirroring Therapy with 5 Dissociative Identity Disorders (DID).

The Therapy of the Parts with Patients with Complex Trauma and Dissociation: Relational Strategies and Emotional Engagement between Patient and Therapist

Fabio AP Furlani, CTC School of Cognitive Psychotherapy, Como, Italy

The therapy of the parts with patients with complex trauma and dissociation: relational strategies and emotional engagement between patient and therapist.

We are living in a time when psychopathology seems to change faster than our methods to identify and understand it. Descriptive books - trying to stop the symptoms of mental disorders and allowing a conversation between clinicians, researchers and experts - risk to fail against time and to end up telling today something that yesterday was different already.

For every individual, the integrity of Self is the divide between a sensation of safety, balance and well-being versus restlessness, emotional dysregulation and ill-being. This translates into an open attitude versus a closed-off attitude in the relationships with others. Understanding the deep functionings with a constructivist approach allows a phenomenological analysis of dissociation seen as a sudden and clear interruption of sameness and selfhood, between continuity and discontinuity of Self.



In this scenario, while fully respecting the individuality of the patient, and in order to avoid a determinist drift, our treatment approach aims to shift from the judging aspects towards the Self and the world to an explorative curiosity of one's own ways to be and to suffer.

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SESSION III

ROOM 4

SYMPOSIUM SM-04

The Legacy of Complex Trauma: Disturbing Memories, Invisible Wounds and Coerced Perpetration

This symposium features 1) an assessment specialist who outlines traumas that were missed by inadequate family court processes, 2) an 'Expert-by-Experience' who explores bio-energetic aspects of trauma and survivor artwork and, 3) a clinical psychologist who discusses treatment of victims of extreme abuse who have done harm to other victims.

The Legacy of Satanist Ritual Abuse (SRA) Trauma & Mind Control: a C-PTSD Assessment Case Study Background

Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London, Long Ditton, United Kingdom

A UK Family Court ruling deprived a young mother of custody for her toddler as four Court Appointed Experts had concluded that she had been 'delusional' about witnessing a sexual assault on her boy and (implicitly) about delivering a baby as a young teenager that succeeded from incestuous rape and 'disappeared'.

Method

Observation of a session run by a Clinical Psychologist raised concerns as somatoform dissociations were ignored and two key index incidents not covered. Following a series of six privately funded and video-recorded disclosure sessions a C-PTSD assessment session was conducted.

Results

The mother within 10 minutes rattled off 67 events of which about 2/3 had been disclosed previously. The most frequently mentioned traumas were categorised as Threat (7), Sadism (5), Physical Abuse (5) and Satanism (5) including instances of 'drinking blood' and 'eating improper food'. Furthermore, two instances of Bestiality were mentioned. Three violent deaths and two disappearances of new-born babies were mentioned. Family Persecution was mentioned three times and Authority Persecution once.

Conclusions

A 100-page report incorporating evidence from 5 suitably qualified mental health professionals was compiled and an appeal application signed by the mother. Shortly afterwards she abandoned the appeals process under coercive pressure.



Seeing Invisible Wounds - a Bio-energetic Understanding of Systematic Trauma **Declan Howard**, Investigator, Outstanding Achievements, London

Background

Trauma victims report wounds and problems which are to a greater or lesser degree invisible. In treatment it is very helpful to locate these wounds and diagnose them in type, cause and effect. These wounds are located in the energy body. The energy body is in many contexts synonymous with the consciousness.

Method

This presentation aims to familiarise the participants with a bio-energetic model which serves to interpret

- 1. The relationship between energy body wounding and the emotional, nervous, muscular and hormonal systems.*
- 2. Subsequent alterations in cognition, behaviour and also development.*
- 3. The motivation and methods of organised predation.*

This will be illustrated using survivor artwork which demonstrates these processes, lesions and consequences as portrayed by the damaged person.

Results

A bio-energetic locus of wounding clarifies the trauma model. It explains why traumatic events have short-term and long-term consequences, and indicates specific psychosomatic mechanisms for symptom generation through consciousness-body-environment feedback processes. It is also applicable to multiple relevant fields including law enforcement, criminology, poetry and literature, psychotherapy, psychopathology, self-care and metaphysics.

Conclusions

To demonstrate that invisible does not mean non-existent, and how the accurate perception and description of invisible wounding can be used in healing.

Treatment of Victims who Condemn Themselves for Harm Done to Other Victims

Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London

Ellen Lachter, Clinical Psychologist and Registered Play Therapist and Supervisor in private practice

Declan Howard, Investigator, Outstanding Achievements, London

Background

This presentation will discuss the treatment of victims who have done harm to other victims driven by: a) abuser coercion and threats, b) psychological manipulation by dissociation-savvy abusers, and, c) enactments of sexual and physical abuse in dissociated states.

Method

Treatment of victims of extreme abuse with dissociative disorders for 25 years revealed that many of these victims were subjected to torture to coerce them to harm other victims.

Results

The presentation will cover:

- 1. Abuser tactics to coerce perpetration*
- 2. Dissociative “breaks” in agency and forms of dissociated self-states formed in victims in response*
- 3. Dissociation-savvy manipulation of victims to induce new self-states to form and to manipulate and fear-condition self-states (“programming”) for long-term control to serve abuser agendas, including harm to others*

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4. Abuse enactments of dissociated abuse that cause harm to others
5. Uncontrolled eruptions of rage
6. Treatment strategies to help victims develop self-compassion in the place of self-condemnation and to gain mastery over abuse enactments
7. Coerced and/or dissociated perpetration vs. conscious and willing perpetration

Conclusions

Victims of extreme abuse have had no choice but to discover the capacity for cruelty and violence resides in them as well as in their abusers. See:

<<http://endritualabuse.org/coerced-under-torture/>>

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SESSION III

ROOM 5

SYMPOSIUM SM-09

TRE as a Body-mind Therapy Working with Traumatic Consequences of Physical and Mental Illness

In this symposium, we will focus on how TRE can be used to address trauma, dissociation and attachment ability of people being severely influenced by physical or mental illness. TRE is being applied for breast cancer survivors, people with multiple sclerosis, and deprived young adults.

Using TRE (tension and trauma releasing exercises) with people with multiple sclerosis (MS) in The Danish Multiple Sclerosis Society

Michael Nissen, Clinical psychologist, The Danish Multiple Sclerosis Society, Valby, Denmark

Background: Many people, suffering from a disease or not, have problems with self-regulation. In this context, self-regulation means the person's ability to regulate the level of physical and emotional tension. Not being able to self-regulate often results in chronic tension patterns, emotional problems, stress reactions, and inadequate lifestyles. The process of being diagnosed with, and thereafter living with, a chronic disease like MS can lead to shock, trauma and crisis. In this situation, the person suffering from a chronic disease is dependent on having a good ability to self-regulate.

Methods: In The Danish Multiple Sclerosis Society we have for the last 12 years offered TRE to around 800 people with MS (PwMS). TRE activates the ability for self-regulation through the body's tremor mechanism. Results: The results with TRE with PwMS is based on anecdotal case histories and a pilot study. The most significant results: decrease of tension, fatigue, stress, depression, anxiety and dissociation and improvement of body sensation, attachment and owning one's body. Discussion: Many PwMS have been traumatized through their hospital treatment and as MS is a central nervous system disease their nervous system has come out of balance. TRE helps the central nervous system getting more in balance.

Hidden Motion – Working with Deprived Young Adults in TRE and Dance Art

Kirsi Törmi, Clinical Gestalt Psychotherapist, Postdoctoral researcher University of Arts, CERADA (The Center for Educational Research and Academic Development in the Arts)

Trauma-informed and trauma-sensitive practices of therapy have taken an increasing role in therapy and counseling during the last ten years. As we know, the impact of living through traumatic events and in a

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traumatic relationship can result in a range of behavioral health problems other than PTSD, including anxiety problems, depression, substance abuse and psychosis. According to statistics these problems are increasingly growing in Finland especially among young adults. However, in Finland trauma-informed practice in social services is playing a very tiny role, if any.

The purpose of this research is to study how to increase social engagement through the body movement that takes into account the autonomic nervous system. In the presentation, I will describe my ongoing research (February 2019 – October 2019) in Social services (in six cities) with deprived young adults.

I have created group-practice called “Hidden motion” where I combine TRE (Tension, Stress and Trauma Releasing Exercises) and a method “Move your feelings, feel your movements” from my doctoral dissertation. Research tries to formulate a bodily working method that can be utilized in social work in the future. Hypothesis of this research is that bodily and trauma-sensitive way of working is valuable when supporting clients' agency and empowerment.

TRE for Breast Cancer Survivors

Tjasa Stepisnik Perdih, Psychotherapist, Assistant Professor, School of Advanced Social Studies, Department of Psychosocial Counseling

Breast cancer (BC) is one of the most common cancers affecting women worldwide. Research has emphasized that for many, cancer may be experienced as trauma and may lead to traumatic stress symptomatology. In the first year after BC treatment, the majority of women exhibit high levels of distress, appearance and body image concerns, and psychological dysfunction. In some women, issues such as a threat to life and body integrity including disfigurement, disability, pain, and loss of social and occupational roles persist. Moreover, persistent emotional distress can lead to psychological pathology, including anxiety disorders or clinical depression. For that reason, in Slovenia, Europa Donna offers psychosocial support for BC survivors. Support includes TRE, a body-mind therapy which has been applied to specifically address stress responses and the relationship with the body which was affected by the treatment. TRE works based on the body's natural tremor mechanism and thus represents a unique intervention for autonomic recovery from stress. In this symposium, we address the implications of TRE to a group of 8 BC survivors. The improvements in pain symptomatology, sleep disturbances, body image, stress coping mechanism following the 8-week TRE intervention are discussed.

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SESSION IV

ROOM 1

PANEL PN-02

Maladaptive Daydreaming: an Overview of a Proposed Disorder

Colin Ross, Psychiatrist, The Colin A. Ross Institute for Psychological Trauma, Richardson, TX USA, Richardson, United States

Eli Somer, clinical psychologist, University of Haifa, School of Social Work, Haifa, Israel

Adriano Schimmenti, Professor of Psychopathology, Faculty of Human and Social Sciences, UKE – Kore University of Enna, Italy

Alexandra Sandor, PhD student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

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Lilla Stella Bogdán, BA, MSc student, University of Debrecen, Faculty of Public Health, Institute of Behavioural Sciences, Debrecen, Hungary

Radosław Tomalski, Anna Bańbura, Szymon Nęcki, Research Centre for Trauma & Dissociation, SWPS University of Social Sciences & Humanities, Poland

Naomi Halpern, CQSW, Director, The Delphi Centre, Melbourne, Australia

This panel discussion about maladaptive daydreaming (MD) will include presenters from Israel, Italy, Hungary, Poland and the United States. People with MD spend many hours per day in a complex inner world that often includes many different characters and complex plots and actions. The MD causes significant distress and dysfunction. Presenters will discuss the diagnostic criteria for MD, its phenomenology, comorbidity and associated features. The differential diagnosis includes addictions, OCD, dissociative disorders and stereotypical movement disorders. None of these features are present in all cases. One presentation will focus on the artwork produced by 9 individuals in treatment for MD. Another panelist will present a correlation network analysis of 135 cases of MD. Another presenter will discuss the relationships between MD and fantasy proneness, default mode networks and other models that might help us understand MD. Trauma and dissociation are prominent in MD, but do not occur in all cases. Nevertheless, even if typical structural dissociation is not present, virtually all individuals with MD describe a dissociation between their empty, unhappy, drab external self and life and their comparatively rich, colored and fulfilling inner fantasy world. MD should be understood and considered by clinicians treating trauma and dissociation.

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SESSION IV

ROOM 2

SYMPOSIUM SM-08

Symposium: TF-SET: Trauma Focused Social Emotional Therapy. A phase oriented treatment 3.0

A new treatment model for intensive group-based treatment already applied to over 300 clients with complex PTSD and complex Dissociative Disorders is presented. After its theoretical framework is outlined, the organisational and therapeutic aspects will be presented from therapist and client perspective. The first treatment results will be discussed.

The Theoretical Framework of Trauma Focused - Social Emotional Therapy (TF-SET)

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands, Eindhoven, The Netherlands

First of all the polyvagal theory (S. Porges) will be explained as a base to provide a language to develop a new phase-oriented treatment model that focuses on safety, development, autonomy and connection. Several action systems for survival and their neurobiological origin are illustrated as well as the way they interfere with daily life of early childhood trauma survivors.

Next, the Window of Tolerance (A. Schore, P. Ogden) and the Trauma Triangle (according to the S. Karpman Drama Triangle) as theoretical frameworks to contain and transform emerging re-enactments in the therapeutic process will be explained.

The therapy, developed as a result of the above theoretical frameworks, is trauma focused and trauma informed. It is called TF-SET: Trauma focused social emotional therapy. The main aim of this therapy is to improve social emotional development. By participating in group based treatment in a trauma sensitive environment, clients are able to develop social emotionally in a relatively secure attachment environment that serves as playground for daily life interactions.

Experts by experience are part of the therapist team to increase the containment that is needed to provide a secure environment.

The Organisational and Therapeutic Aspects of TF-SET

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

The second presenter will outline the organisational and therapeutic aspects of this new intensive group-based treatment for patients with complex PTSD and complex Dissociative Disorders from therapist and client perspective. Autonomy, connection and development is facilitated in a community-based Therapeutic Community that focuses on the intensive use of different groups and e-health. Firstly, the focus is on the trauma sensitive social emotional environment the Therapeutic Community has developed in the last 6 years. Secondly, the focus is on the various aspects of the multidisciplinary treatment program and the way clients are involved through individual psychotherapy and a combination of peer groups, skill training and e-health. Next, the implications for therapists as a new generation of phase-oriented therapists in this multidisciplinary treatment model will be discussed. Benefits and challenges therapist experience in their work as a part of the Therapeutic Community, as well as the window of tolerance and Trauma Triangle and their practical

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implications for therapists will be illustrated. From a therapist view, the therapeutic process, treatment outcome, social emotional development and daily life effects for clients will be discussed.

Client Perspective of TF-SET

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

Co-authors:

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

In a video presentation, several client participants of the Therapeutic Community will provide the audience with their input. They focus on client participation in the Therapeutic Community and the various peer groups. The clients in the video illustrate what they have achieved, how they have experienced the therapeutic process and what this process means for their own social emotional development and daily life. From the client perspective, they focus on the way working with the Window of Tolerance and Trauma Triangle has been part of their growth and development and what benefits and challenges they have met.

The First Research Data of TF-SET and Directions for Future Development

Linda Gerits, Clinical Psychologist, Managing director Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

Co-authors:

Tom Horemans, Psychiatrist, Managing director, Top Referent Trauma Centre, Eindhoven Mental health care, the Netherlands

The present state of affairs after developing a Therapeutic Community for 6 years and 300 participants so far will be addressed. Future developments and directions for research will be mentioned.

October 26th, 13:15

SESSION V

ROOM 2

SYMPOSIUM SM-07

Depersonalisation and Derealisation in Different Groups

This symposium focuses on symptoms of depersonalisation and derealisation in patients representing dissociative and non-dissociative disorders. Presentations elaborate on different qualities of these alterations in consciousness, their triggers and consequences.

Depersonalization in Healthy People - Theoretical Models

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Roksana Duszkiwicz, M.Sc. Neurobiologist, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Radosław Tomalski, MD, PhD, Psychiatrist, psychotherapist and supervisor

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Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland
Depersonalization and derealization are alterations in consciousness which can normally be experienced by healthy individuals due to: significant threat, extreme exhaustion, use of certain substances or meditation techniques. It is estimated that 26-74% of healthy people have such experiences at least once during lifetime. In this presentation depersonalization and derealization will be discussed as natural reactions to certain circumstances and exemplified with case material. Modern theories explaining neural and psycho-physiological mechanisms behind depersonalization and derealization will be discussed to highlight differences between its healthy and pathological forms, observed in people with mental disorders.

Depersonalisation and Derealisation in Sexually abused Women with Complex Dissociative Disorders

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

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Anna Bańbura, M.Sc. Psychologist, PhD Candidate

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Mateusz Barłóg, M.Sc. Psychologist, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Szymon Nęcki, M.Sc. Psychologist, PhD Candidate

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences and Humanities, Poland

Suzette Boon, PhD, Clinical psychotherapist in private practice

Depersonalisation and derealisation exist in different psychiatric disorders and are also common in non-clinical population, as reactions to physical exhaustion, using substances, or very stressful situations. However, empirical research exploring qualitative similarities and differences of these alterations in consciousness in clinical and non-clinical groups is limited in scope and number. In this presentation we elaborate on depersonalisation / derealisation in women who had been sexually abused and developed a complex dissociative disorder. Transcripts of in-depth interviews with them were subjected to interpretative phenomenological analysis. We present various aspects of depersonalisation and derealization, referring them to potentially different psycho-biological mechanisms.

Out-of-body Experiences in Women with Dissociative Identity Disorder, Personality Disorders and Psychosis

Igor J. Pietkiewicz, PhD, Psychotherapist and supervisor, Head of the Research Centre for Trauma & Dissociation, ESTD Board member

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Szymon Nęcki, M.Sc. Psychologist, PhD Candidate

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Literature on somatognosia describes three types of autoscopic phenomena: autoscopic hallucination (AH), heautoscopy (HAS), and out of body experience (OBE). AH involves seeing a clone of one's body, while the centre of consciousness remains in one's physical body. In HAS, people have difficulty to define, where their centre of consciousness is localised, they can switch between two different positions (physical and autoscopic) and this experience feels very real. In OBE, the centre of consciousness is located outside one's own body, which results in seeing oneself and the surroundings from the external perspective. OBE is generally considered an extreme form of depersonalisation and associated with complex dissociative disorders. However, we also found examples of these experiences in patients with other disorders. In this presentation we compare various features of OBE in patients with different diagnoses, discuss triggers, associated emotions, and reactions to that experience.

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October 25th, 10:30

SESSION I

ROOM 3

WORKSHOP WR-07

In Conversation – Switching, Stabilisation and so Much More

The Production of the Film used during this Workshop has posed many Ethical Considerations

Rémy Aquarone, Psychoanalyst, Director of Pottergate Centre for Dissociation and Trauma and a past president of the ESTD., Norwich, United Kingdom

Melanie Goodwin, Director and trainer for First Person Plural, expert by experience

Circumstances and careful preliminary exploration has now made it possible and this is the result, a conversation between a clinician and a high functioning professional living with DID. It demonstrates both subtle and clear switches between adults parts and internal child parts.

The film naturally mirrors the various stages of the therapeutic journey, slowly getting to know each other with the client beginning to share her story. The client demonstrates a level of self-regulation through talking about her present life and her hopes and fears of entering therapy; grounding her in the here and now. The final part shows a lot more switching as the relationship is developing and many parts of this client's system feel 'safe' enough to talk.

The film demonstrates throughout the importance of boundaries and containment that is never experienced as rejecting. It is a journey that is replicated at many levels in a long term, developing therapeutic relationship.

This workshop will give you an opportunity to see and discuss the impact of a client being ready and able to enter therapy and the need for boundaries, containment and establishing stabilising techniques. Recognising and understanding why clients switch is important and will be considered as a factor while looking at it as part of the much wider context.

October 25th, 10:30

SESSION I

ROOM 4

WORKSHOP WR-33

Working with Trauma based, Chronic Shame - A three Level Model

Jarno Katajisto, trauma psychotherapist and trainer in Ubuntu Psychotherapy, Oulu, Finland

Marko Punkanen, trauma psychotherapist and trainer in Nuance therapy centre

We have created a three level model, which helps to both understand and work with chronic, trauma-based shame.

The first level of shame is experienced as an emotional response, which helps us to learn, what is socially acceptable in our society. We all have personal traits and experiences that are hard to accept as part of us or our lives.

The second level of shame is chronic. Its roots are in early, recurrent experiences, where we have felt that our true state of being is somehow shameful. When chronic shame is activated, our cognitive resources are reduced in many ways.

Chronic shame is held deep within our identity, but it doesn't necessarily include traumatisation.

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The third level of shame is chronic, trauma-based, shame. When traumatisation and chronic shame cling together they create a double protection in a patient's inner system. This double protection helps traumatised individuals to push and keep away everything that is too intolerable.

In our presentation we will explain why it's important to work with shame first when the therapist starts to resolve the trauma patient's double protection strategy.

In this presentation we will also explain more about our three level model and introduce clinical, relational and experiential tools, that help the therapist to work with chronic, trauma based shame.

October 25th, 10:30

SESSION I

ROOM 5

WORKSHOP WR-11

Dissociative Identity Disorder: Strategies and Techniques for Stabilization

Colin Ross, Psychiatrist, The Colin A. Ross Institute for Psychological Trauma, Richardson, TX USA, Richardson, United States

In this workshop, the presenter will describe techniques and strategies for stabilization in the psychotherapy of dissociative identity disorder (DID). These are of particular use in the initial phases of therapy, such as the history, preparation and assessment phases of EMDR therapy, or the first stage of a three-stage trauma therapy (stabilization, trauma memory processing, integration). The presentation will focus on specific strategies and techniques with case examples. The techniques and tasks are important aspects of preparation for memory processing. They are designed to increase co-consciousness and system communication and cooperation and reduce host personality resistance. The techniques include: reframing; correction of cognitive errors; education about fight, flight, and freeze; talking through to alter personalities; forming treatment alliances with persecutor alter personalities; the principle of therapeutic neutrality; and orienting alter personalities to the body and the present.

October 25th, 10:30

SESSION I

ROOM 6

WORKSHOP WR-02

Surviving Holocaust Trauma

Sharon Korman, MA MFT CEP, Private Practice, Paris, France

Purpose: To illustrate using narrative and video interview, a personal, intergenerational, perspective of symptom presentation in body and mind, of trauma, dissociation and affect dysregulation of a Holocaust survivor. Introductory knowledge/skill level required. My 89 yr-old, mother of Jewish origin, was raised in France during WWII. Her life story includes multiple traumas, losses and injuries of attachment. She has done her own writing and been interviewed on video by the Shoah Foundation. The written and recorded materials date from the early 1970's to the present day, family photos date from the 1930's. A timeline will be presented linking traumatic and other pertinent life events, and symptom presentation. Narrative and video accounts will be used to highlight the survivor's experience and understanding of her symptoms. The presentation will



also illustrate how life events can impede or promote healing and integration and how this impacts symptoms, meaning, and the body. An intergenerational perspective of the impact of trauma and symptomology will be woven into the presentation.

October 25th, 13:15 SESSION II AUDITORIUM - ROOM 1 WORKSHOP WR-35

Dissociative, Psychotic or both: Differential Diagnosis and Treatment Implications

Suzette A Boon-Langelaan, Clinical psychologist in private practice, Maarssen, Nederland
Irene Michalopoulos, specialist clinical psychology, Outpatient Trauma Clinic, Modum Bad in Oslo

Patients with a dissociative disorders in particular DID have often been misdiagnosed as psychotic or schizophrenic. One major reason is the prevalence of so-called Schneider symptoms in dissociative disorder patients in particular in DID. Voice hearing but also symptoms like thought insertion and thought withdrawal are quite prevalent in DID patients. But they may also report symptoms like trauma-related hallucinations or delusions. And some DD patients seem to be very paranoid. But are these symptoms really the same in quality as those of psychotic and schizophrenic patients or should we talk about “pseudo Schneider symptoms” ? What else can differentiate these two patient groups?

In the first part of this workshop we will discuss similarities and differences between patients with a dissociative disorder and patients with a psychotic disorder. Video vignettes of diagnostic interviews with the SCID-D and TADS-I will be shown. We conclude that the disorders can be differentiated by a cluster of dissociative symptoms and the quality of these symptoms including Schneider symptoms.

In the second part of the workshop we will focus on treatment interventions for “psychotic” symptoms in DID patients. It is our clinical impression that patients who report organized abuse and having been a victim of extreme coercion report more psychotic symptoms.

October 25th, 13:15 SESSION II ROOM 4 WORKSHOP WR-10

Trauma Bonds and Dissociation in Human Trafficking and Childhood Sexual Abuse Survivors

George F Rhoades, Clinical Psychologist, Ola Hou Clinic, Aiea, United States

Trauma Bonds is another way of describing a type of “Stockholm Syndrome.” Trauma Bonds led to the dissociation of Patty Hearst to become identified with her terrorist kidnappers, to become “Tania”, a terrorist herself arrested subsequent to a bank robbery. Trauma bonds are formed within the context of violence and threats of violence, alternating violence and kindness, a belief that to even think a disloyal thought would be known by the abuser, isolation and an inability to engage in behaviors that may assist in their release or detachment. Trauma bonds are common in childhood sexual abuse and sexual trafficking. This workshop will look at understanding and treatment of trauma bonds within dissociative systems of survivors of these horrific traumas. Case studies will be presented to illustrate the process and healing of trauma bonds.

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October 25th, 13:15

SESSION II

ROOM 5

WORKSHOP WR-18

Psychodrama...let's play!

Pim (W.H.T.) van Dun, Pim van Dun, (sensorimotor) psychotherapist, psychodrama director and trainer; supervisor and personal training therapist for group psychotherapy training of the Dutch Association for group dynamics and group therapy (NVGP) and the Dutch Association for P, Zegveld, Netherlands

Where would human development be without play? Observing children playing with their toys we can see them repeating impressive experiences from their recent past in the stories they play. While playing they master the situation by expressing the feelings involved. What if it turned out that acting out your pain provides similar tools to adults? wouldn't that be a great resource for trauma therapy!

Starting from an introductory lecture on trauma on one hand and psychodrama on the other, the workshop will address Trauma types PTSD --> CPTSD.

We will emphasize the importance of keeping the patients' arousal in de window of tolerance during trauma work and how psychodrama can ensure and provide structural protection at this point. The principal ingredients of psychodrama: exposure in vitro and vivo, rescripting, emotion regulation, resources, creating a safe place, dual consciousness, shaping childlike needs into dramatical expression.

The interactive part of the workshop will address basic psychodrama interventions like doubling, mirroring, role reversal, interview etc which will be demonstrated as personal experience. The participants are invited to participate in a full-circle psychodrama. Participants will be invited to psychodrama techniques like doubling, role reversal and mirroring as well as a full circle psychodrama.

October 25th, 13:15

SESSION II

ROOM 6

WORKSHOP WR-42

Reflections on Sexual Abuse from Mothers. Revelation, Damage and Treatment of Children abused by Women

Rosetta Cappelluccio, Psicotherapist, advisor for Fatebenefratelli Hospita, Juvenile Cort for abuse and neglect, Naples, Napoli, Italia

Annalisa Di Luca, Psicotherapist, advisor for IL Melograno/CBM Center of abuse and neglect, Università del Sacro Cuore e Università Statale di Milano

Sexual abuse from women is hardly noticed. This is probably due to stereotypes that identify women as excellent educators and caregivers, not as potential aggressors (Saradijan 1996, Margolin 1991 and others). From our clinical experience with children abused by mothers, we present some significant cases and discuss on how maternal abuse can affect revelation, damage assessment and treatment. What happens when the abuser is the mother? It is likely that because of the caring role, which involves caring for the child's body, the abuse is confused with usual care behaviors as compared to the same abuse committed by a man. Thus these traumatic experiences are so precocious and important that they necessarily induce a protective dissociation of the Self, with an apparent normal side responsible of the daily-life control and a more emotionally connected side charged with suffering and anger, often gathered in a collusive secret. Through

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the description of the take charge stages, assessment and treatment, we will show how dramatic the damage is in these children, and how shame (Van der Kolk, 2015) and identification with the aggressor are present (R.P. Marks).

October 25th, 14:00

SESSION II

ROOM 6

WORKSHOP WR-44

The Sequelae of Embodied Trauma - Latest Movie Release

Tony Buckley, Psychotherapist, Anthony Buckley Limited, Hayling Island, UK

Marko Punkanen, Traumapsychotherapist, Nyanssi Therapy Centre

The movies provide an interesting metaphor for illustrating the impacts of trauma which later becomes a sequence of replayed activation in the client's body in response to triggering stimuli. Defensive action becomes truncated, an incomplete script encoding only partial sequence of activation in response to danger and life threat.

Trauma can be characterised as an interrupted movie script which remains fixated as an incomplete sequence of immobilising or defensive life preserving action patterns, experienced as sensation, tension and impulse replaying like a looping but incomplete movie reel.

Dissociation can be understood as consciousness operating as a movie film board censor, editing and removing the most disturbing scenes which further interrupts the sequence and leaves free floating physiological sensations divorced from original imagistic content.

The phrase "latest movie release" represents a sensorimotor treatment approach which invites the client to access the interrupted sequence and allow the body to complete its sequence of activation where the client can become their own hero or heroine to triumphant outcome.

This workshop illustrates the sensorimotor approach towards resolution of dysregulated states through exercises, slides and video highlighting the body's natural sequencing processes.

October 25th, 13:15

SESSION II

ROOM 7

WORKSHOP WR-34

Working with Traumatic Externalisations in Case Examples of Dissociative / Complex traumatized Children and Adults

Ralf Vogt, Trauma and Body Psychoanalyst, Leipzig Trauma Academy, Leipzig, Germany

Renée Potgieter Marks, Clinical Lead, Integrate Families

In this symposium the therapists give the audience firstly, a basic theoretical overview of the general understanding of traumatic transferences, introjections and attachments. They both work with elements of the SPIM 30 treatment model for dissociative disorders for man-made human violence. In this model we distinguish different kinds of disturbed interactions as a result of early and long-term cumulative trauma experience.

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In the case of dissociative self regulation, the use of objects to promote externalizing of the traumatic experience can be essential and is very efficient. During this workshop the participants will learn, by description of case examples, how this body-oriented interaction works. It will also include therapeutic symbolization object work. This includes, not only the use of objects, but also the use of symbolism and body experiences, enabling the client to access earlier traumatic experiences, which might have been inaccessible before. It also explores attachments and perpetrator introjects. This therapeutic approach is specifically designed for dissociative clients, who might struggle to access their traumatic experiences. It also greatly reduces the negative transference onto the therapist. The cases will be discussed using photos of actual therapy sessions.

October 25th, 16:15 SESSION III AUDITORIUM - ROOM 1 WORKSHOP WR-25

“If you don’t shut-up, I will throw you out of my Room!” Treating Resistant Toddlers and Young Children with Complex Trauma and Dissociation

Renée Potgieter Marks, Clinical Lead, Integrate Families, Huddersfield, England
Wanda Marie Dobson, Therapist, Integrate Families

Very little literature is available at present on the treatment of complex trauma and dissociation of young children. This group of children prefer to play, have fun and can very easily use the therapeutic space as a time to explore new toys or move into fantastical thinking and playing.

But does the play have meaning? How do we know whether the child is in the therapeutic process, or whether the child is only playing? How do we access the trauma when the child is actively steering away from it? What is the correct way of treating this young population?

This training will focus on the treatment of young children with complex trauma and dissociation with the aid of practical case discussions. This will be done with the use of drawings, photos of actual sessions and DVD clips. The training will contain a wealth of ideas, suggestions and tools that can be used to enable the young children to start to access their earlier traumatic experiences. It will also include the use of EMDR/BLS in young children.

October 25th, 16:15 SESSION III ROOM 3 WORKSHOP WR-36

What the Mindfulness Field can learn about Dissociation and what the Dissociation field can learn from Mindfulness

Christine C. Forner, Clinical Social Worker, Associated Counselling, Calgary, Canada

Mindfulness based psychotherapeutic interventions have shown to be an effective intervention for quite some time now. These intervention, however, have not been that successful with individuals who experience dissociative disorders. There is a very clear disconnect between these two fields. In an attempt to close the

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that there is a lot more occurring in a mindful state other than relaxation. There is a level of human development achievement that comes from a regular mindfulness practice that seems to play a role in raising our young and being part of a complex social group. Evidence suggests that the end product of mindfulness is likely deeply connected human relationships and balanced care-giving abilities. In knowing the benefits from a relational perspective of mindfulness those in the dissociative world can utilize adaptations of mindfulness so that their clients can eventually learn to developed mindfulness and, in turn, have the same deeply connected relationship that they often missed. Conversely those in the mindfulness based therapeutic world can learn a lot about dissociation and harmed people by understanding the real difficulties that individuals with dissociative disorders have in experiencing a mindful state. They can learn to understand the need to adapt mindfulness based practices to accommodate individuals who have a system that is phobic of awareness, terrified of being calm and who have no concept of what non-judgement means. Both fields would benefit greatly by knowing more about the other

October 25th, 16:15

SESSION III

ROOM 6

WORKSHOP WR-32

Becoming whole again - Trauma Survivors

KATJA LESAR, Psychodynamic psychotetarapist under supervision, LJUBLJANA, Slovenia

Research in recent decades showed that traumatic experiences affect the body's biochemical processes and the part of brain responsible for cognitive and speaking capabilities. Simultaneously, imaginary, emotional, metaphoric and sensory activities of the right brain hemisphere are activated.

Traumatic memories are usually stored in disassociated sensory feelings, muscle impulses, and somatic experiences, in more primitive parts of the brain. As such, they cannot be accessed through the conscious mind and cognition, and consecutively not changed via reason and understanding.

Psychotherapy, when focused mainly as a talk therapy, may contribute significantly to individuals whose internal system is already burned out and often provokes re-traumatisation.

Trauma survivors tend to disconnect from the body in the process of disconnecting from emotional and physical pain. Furthermore, dissociation is also strongly linked with vulnerability to post-traumatic stress.

In treating trauma and dissociation, good results are observed from techniques which focus on the right side of the brain, like guided imagination, energy techniques, movement, etc. They contribute to re-inhabitation of the traumatised body and obtaining emotional distance, as well to managing symptoms, reintegrating experience and helping in building confidence and connection with others. Some of these techniques will be presented and practiced during the workshop.

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October 25th, 17:00

SESSION III

ROOM 6

WORKSHOP WR-19

The Reduction of Transferences of Dissociative Patients through a Special Body-oriented Trauma Treatment

Ralf Vogt, Dr. DP. Ralf Vogt is a psychotraumatologist, trauma therapist, psychoanalyst, family therapist, analytical body psychotherapist, training analyst and supervisor. He holds a joint private practice where he has been working with adults as well as children a, Leipzig, Germany

SPIM 30 is a body and interaction-oriented therapy concept for patients with dissociative disorders. It offers differentiated treatment settings from slightly to severely affected dissociative patients, while taking into account the emotional and atmospheric data and experience levels of each patient. The information will be illustrated by case examples, supported by photo-documentation of patients who experienced birth traumatisation, sexual and physical violence or severe emotional neglect. Different body-oriented settings used during treatment will also be illustrated and discussed.

Benevolent interaction offers an easy and mutual contribution to building a positive transference relationship. The patient as well as the therapist, can examine and experience the patient's unconscious sequence of actions through movement. This is especially helpful as it provides new alternatives to avoid serious perpetrator transferences onto the therapist. As shown in the case examples, trauma patients require contact, reparenting and trauma exposure settings. These trauma exposure settings usually depict a specific complex situation and is co-designed by the therapist so that these interventions do not trigger uncontrolled

October 25th, 16:15

SESSION III

ROOM 7

WORKSHOP WR-23

Substance Use in Traumatized Patients: Theory and Practice

Meike Westera, Clinical Psychologist, Institute for Addiction Care North Netherlands, outpatient clinic for youth and adults, Heerenveen, The Netherlands

Trauma therapists face many challenges in dealing with all kinds of harmful behaviour when treating traumatized and dissociative patients. Substance use may well be one of these challenges, as the lifetime prevalence of substance use disorder in traumatized patients is about 66%.

Patient characteristics, interpersonal dynamics and the therapists frame of reference might prevent substance use being recognized in the early stages of trauma therapy. This could lead to misdiagnosis and inadequate treatment.

Theories about self-medication and chemical dissociation are common in the trauma field.

This interactive workshop offers the opportunity to update your knowledge on both theory and practice concerning substance use. It will show some of the specific consequences of alcohol, drugs and medication to the perception of one's body, affect regulation and sense and meaning of time, place and person.

Strengths and limitations of the self-medication and chemical dissociation theory will be discussed. Current insights on neurobiology, self-regulation and attachment in relationship to substance use will be explained.

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All leading to a broader understanding of substance use in traumatized patients and contributing to practical guidelines for treatment.

October 25th, 16:15

SESSION III

ROOM 8

WORKSHOP WR-46

Empowering Compassion: the Human Nature of Healing Trauma with Organic Intelligence®

Steven A Hoskinson, Founder, CCO (Chief Compassion Officer) Organic Intelligence, Encinitas, United States

By the end of this experiential workshop, participants will understand this therapeutic koan: “Trauma means unintegrated resource.” Developed and taught to trauma professionals for almost 20 years, this 90 workshop will give the neuroscience, positive psychology and mindfulness background for why the presenter’s podcast is called “The End of Trauma”. Working directly with biological states through a strategic “free association conversation”, we will see that the biology’s interest is not in processing trauma. There are two key system intentions that are primary: increasing information processing bandwidth and preservation of system stability. Therapists will learn how to work with these by recognizing subtle self-organizing signals from the client’s imaginal, sensation, orientation, cognition and affective experience. Explicit traumatic content becomes one of the final points of therapy, not its beginning. Topics discussed will include: the negativity bias, state-specific memory, self-organizing systems, and complexity science. Clinical maps from Organic Intelligence® will be given, and a lively lecture will be complemented with video session review, and experiential exercise and practice. Participants will go back to home and office with tools to use, and a new frame of reference for seeing the biology of trauma— social, interpersonal and individual.

My Body: the Drawing of Human Body in full Scale to Support the Treatment of Trauma

Annalisa Di Luca, psychotherapist, advisor for Il melograno/ Cbm, Centro per il bambino maltrattato e Università Cattolica del Sacro Cuore e Università Statale, Milano, Italia

In 2008 we started to suggest the patients to work on the drawing of their body, inspiring a modified version of the drawing of the Machover’s human figure (1968). My Body involves the use of a full scale shape of the human body which the patients are asked to complete in the therapeutic setting; My Body has been applied on the treatment of 50 adolescents, aged between 11 and 17. They have been followed on therapy from 2008 to 2018, all of them carrying psychological diseases linked to traumatic experiences of sexual abuse or ill-treatment. The work focuses on the main elements used by the patients making My Body, elements which suggest the emergence of traumatic thoughts and emotions. Drawing can help the subjects’ communication of their internal world, leading the self construction and the valuation of the body’s image; moreover, this tool may promote resilience, encouraging the expression of feelings such as shame, threat, powerless, which decrease the coping abilities. The “real” dimension creates a strong visual impact; the drawn body describes what has happened and what happens now, and allows to “touch” and get in contact with “all” that has been

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experienced. My Body could be a valuable support in the elaboration of trauma and negative experiences; it facilitates the reintegration of dissociated parts, enhancing the ability to communicate and the confidence in self-emotions.

October 26th, 10:30

SESSION IV

ROOM 3

WORKSHOP WR-47

The Therapist is Present and (Self)caring. Vicarious Traumatization in Psychotherapy

Viola Galleano, Psychologist psychoterapist, AISTED founder, Turin, Italy

Cristiana Chiej, Psychologist psychoterapist, AISTED founder

Due to vicarious traumatization, people who daily work with severely suffering patients may experience short or long term mental disorders, as DSM-5 also acknowledges. When exposed to the traumatic experience of a patient, therapists themselves directly witness the trauma; this can induce modifications in the Self and have negative effects on the personal and professional life, leading to a metamorphosis in the way the therapist perceives him- or herself, others and the world.

Therefore, we believe that the introduction of a space opened to reflections and sharing of the way therapists' self-care can be functional to clinical practice with people suffering from complex traumatization.

We propose an experiential workshop in which we can collaboratively reflect on such aspects, starting from sharing the preliminary results from the administration of the Self-Care Scale (Gonzalez, In press) to psychotherapists and then extending to the personal experiences of colleagues, cooperating in the creation of a set of management tools.

In conclusion, we propose a collective sharing of experiences and resources, in order to promote self-care, also according to one's clinical work.

References:

\- Gonzalez A. Construction and initial validation of a scale to evaluate self-care patterns: The Self-Care Scale. In press.

October 26th, 10:30

SESSION IV

ROOM 4

WORKSHOP WR-20

Sensorimotor Psychotherapy and the Role of the Body when Working with Fragmentation in the Complex Trauma Population

Esther Perez, Psychologist and Faculty Member, Sensorimotor Psychotherapy Institute, Fuengirola, Spain

When working with fragmentation with complex trauma clients, the role of the body is essential in guiding our interventions and the pace of the treatment.

This workshop aims to illustrate how a Sensorimotor Psychotherapy approach can help our clients embody parts that engage in daily living or adult functioning parts and can facilitate an increased willingness and ability to explore less tolerated dissociative parts, through somatic resources that increase clients' window of tolerance, and helping regulate emotions and bodily sensations that accompany those parts. Through

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collaborative and mindful self-study, conflict between parts can be discovered and addressed, as often, these parts manifest through the body in opposite physical (as well as emotional and cognitive) action tendencies. Often, each part has individual needs, be it a need to complete an act of triumph, develop a somatic resource, or experience an attachment related movement/gesture. It is easy to override other parts when one has a particular action to complete, therefore, we need to include different parts in the action. Through client's increased somatic awareness of parts and their action tendencies, we can facilitate differentiation of these parts so that we can then work towards integration. These very important steps toward integration and recovery are possible when attuning to the wisdom of the body in the here and now and with the use of Embedded Relational Mindfulness, which is the hallmark of the Sensorimotor Psychotherapy approach.

October 26th, 10:30

SESSION IV

ROOM 5

WORKSHOP WR-30

Daring to Care - a Novel Intervention for Parents with Childhood Traumatization

Marjo H. E. Ruismäki, Psychologist (MA) Licensed psychotherapist, Helsinki, Finland

P. Manlika, Psychologist (MA) Licensed psychotherapist, Helsinki, Finland

Trauma centre Finland has developed the Daring to care -group intervention for parents with childhood intra familial trauma and resulting trauma symptoms. Aim of the 30 meeting conjoint model is to help parents regulate their trauma based reactions arising in everyday parenting situations.

Group based parenting interventions have shown to be effective in improving parental mental wellbeing (Barlow et al. 2014). Trauma focused treatments have shown to be efficacious in treating the consequences of childhood traumatization (Ehring et al. 2014). Daring to care integrates trauma information, peer support, cognitive-behavioral methods and mentalization exercises to improve parental psychological skills and wellbeing.

Of 31 mothers that attended the pilot groups 27 (84%) were completers. Symptoms were assessed before, after, at 3 and 12 months follow up. Measures included experienced traumatic events (T.E.C.), PTSD-symptoms (DTS), somatoform (SDQ-20) and dissociative (DES) symptoms and depression (BDI). Preliminary results show a decline in depression and trauma symptoms at 12 months follow up.

We outline principles and content of the Daring to care -intervention. The presented approach and methods are applicable to individual psychotherapeutic work in this difficult-to-treat population.

October 26th, 10:30

SESSION IV

ROOM 6

WORKSHOP WR-22

Trauma, Body & Reflex Integration: Introduction to « New » Sensorimotor Solutions

Julien Paul Baillet, Psychologist, EMDR and Sensorimotor Practitioner, Talence, France

It is actually well known (B. Van der kolk 2016, P. Ogden 2006) that trauma symptoms involves automatic defensive systems : fight, flight, freeze and submit responses. These reflex systems enable survival through

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the extrapyramidal nerve system, brainstem functions (including peripheral nerve system, spinal cord), the interbrain (basal ganglia, thalamus, amygdala, insula, and limbic system), and the cortex (S.Masgutova, 2016).

Traumatic stress is known to damage reflex circuits's neurons. PTSD studies indicate that 5-10% of the extrapyramidal system are damaged, leading to a possible Reflex Integration Disorder (RID) (S.Masgutova, 2016).

Reflex Integration is a key for patients from the shock state to a state of positive protection that supports survival, but also the ability to thrive, enabling further development of self-regulation mechanisms (S.Masgutova 2016).

Workshop Objectives :

1. Presentation of reflex defensive systems
2. Learn how to test defensive reflex systems
3. Learn how self-integrate these reflexes

Bibliography :

B. Van der kolk 2016 , *The Body keep the score*

P. Ogden 2006, *Trauma and the body*

S.Masgutova 2016, *Post-Trauma Recovery in Children of Newtown*

October 26th, 11:15

SESSION IV

ROOM 6

WORKSHOP WR-41

Integrating Somatic Interventions in EMDR and Egostate Therapy for Clients with Traumatic Attachment and Complex Trauma

Sofia Strand, Clinical psychologist, Kode, Sweden

This workshop will focus on how to integrate somatic interventions in EMDR and Ego state therapy for patients with complex trauma and traumatic attachment . A brief background will be presented, and will be followed by key principles in choosing and designing clinical interventions. Each intervention will be presented along with clinical examples to deepen the understanding of the principles and to help participants to apply these to their own clinical work.

October 26th, 10:30

SESSION IV

ROOM 7

WORKSHOP WR-27

The Pathogenesis and Treatment of Emotion Dysregulation in Complex Posttraumatic Disorders. A Psychodynamic Explanation and Intervention

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Traum, Shrewsbury, USA



This workshop will present a crisis intervention based on the theory that episodes of disorder happen in the mental context of fearing traumatic betrayal in a current, greatly needed relationship. All familiar symptoms, including flashbacks and frantically testing everyone's trustworthiness, derive from an intention to urgently ascertain the current threat as true or false. Patients can recall having once created that intention consciously but have reasons to keep that memory private from therapy and are barely aware of it as the source of their symptoms. At intervals, between recurrently failing to ascertain the valued partner's trustworthiness, that compelling intention lingers on latently, and imparts its priority and urgency on the patient's conscious preferences. The proposed crisis intervention aims to a) guide the patient about making that intention in consciousness, and then b) coach the patient in ascertaining the threat of traumatic betrayal effectively. A study of this intervention's efficacy showed a greater reduction of all symptoms within 8-24 hours from initiation of treatment at a crisis stabilization unit, compared to treatment that included elements of DBT and much more medication. The presenter will invite participants to rehearse this intervention with scenarios of disorder from their own clinical experience.

October 26th, 11:15

SESSION IV

ROOM 7

WORKSHOP WR-45

Me, Myself & Murderousness: Working with Hate and Female Killers

Carolynne Murphy, Forensic-focused Psychotherapist, Doctoral Candidate, Metanoia Institute, London, Edinburgh, Scotland, United Kingdom

Hate, often cited as the most 'hated' word in our English vocabulary, is more present in therapy than we often admit: it's attached to the noun 'murderousness' and the concepts of 'cruelness' 'harshness' 'cruelty' 'hate' 'hatred'.

Actually, to hold a sense of murderousness is part of being human. We are all capable of murder. When two, or more, people meet the possibility of a murderous encounter exists.

This workshop will chart my experience of "I who feels murderousness" whilst working with four female convicted still incarcerated killers. Crimes of hate may turn inward or outward. Expressed as harm to self or other within a group.

Inside and outside prison hate exists (symbolically-concretely-collusively) as a means of expression in our global village. Statistics estimate one million individuals commit suicide annually.

Research shows men and women experience fear and hate similarly. So do appropriately balanced gendered attitudes exist or does it even matter?

In this workshop the existential link between hate and female aggression will be placed centrepiece. The main aim is to support therapists to utilise their own aggression and the aggression they negotiate with their patients (male, female or intersex).

Ends

191 words

Carolynne Murphy, a UKCP and HCPC registered psychotherapist, will focus on her Doctorate research and work in maximum secure prisons, to highlight key areas in which the reality of female aggression can help to heal within a relational, therapeutic and societal context.

Abstracts WORKSHOPS



October 26th, 13:15

SESSION V AUDITORIUM -ROOM 1

WORKSHOP WR-38

Working with Parts in Dissociative Disorders. A Practical Guide for Therapists

Dolores Mosquera, Psychologist at INTRA-TP, A Coruña, Spain

Many therapists report problems in working with patients with dissociative disorders, especially in regards to developing the treatment plan, structuring the sessions, or managing the patient's internal conflict, as well as working with those parts that are most challenging. When parts are stuck in trauma, it is easy to encounter a wide range of difficulties in therapy. Some of the main problems are related to the internal conflict presented by these patients, who show difficulties in regulatory capacities, distrust and hostility. Working with trauma requires approaching the difficulties of this clinical population, as well as developing skills to adapt the procedures and techniques.

This workshop will describe useful concepts to help therapists understand patients with dissociative disorders and organize the work plan. In addition, a variety of techniques and tools for the different steps of the work will be illustrated, allowing for safe interventions with various types of clinical problems and dissociative parts. A conceptualization model developed specifically for dissociative disorders will be presented, as well as a guide to carry out a treatment plan adapted to several common difficulties (Mosquera, 2019).

October 26th, 13:15

SESSION V

ROOM 3

WORKSHOP WR-28

How Mindfulness, Compassion and Yoga can become Healing Tools in Trauma Therapy and serve as a Bridge to a Larger Community

Katinka Thorne Salvesen, Clinical psychologist, Modum Bad hospital, Oslo, Norge

Malin Wästlund, Psychotherapist/physiotherapist, Telemark Hospital

First phase trauma treatment addresses skills training in strengthening presence and self compassion. Many clients find it hard to practice on their own, and therefore seek support in mindfulness and yoga classes. Some get triggered and take it as a confirmation that it's another area they fail, where they see others benefit. So why not align our skills training so that our clients can seek support in communities that see the value in strengthening these skills? A trauma sensitive approach to yoga and mindfulness can facilitate practicing these skills and serve as a bridge to other mindfulness and yoga communities. Being part of a community which sees the value of presence and embodiment, can be of great support in a healing process.

The workshop holders have for years run groups in trauma sensitive mindfulness and compassion meditation, yoga and movement, both in specialized trauma care and in an open community setting. The workshop holders will share experiences, exercises and some principles they have found important in making mindfulness, compassion, movement and yoga exercises trauma sensitive. They have also written a book and are currently doing a pilot study on a program in trauma sensitive mindfulness and compassion.

Abstracts WORKSHOPS



October 26th, 13:15

SESSION V

ROOM 4

WORKSHOP WR-29

Attachment Focused Toolbox: Phase Oriented Strategies, Techniques and Tools for Addressing Complex Trauma and Dissociation in Children and Adolescents

Niki Gomez-Perales, Clinical Trauma Therapist; Social Worker, Hamilton, Canada

Disrupted attachment and traumatic impact are both components of complex trauma. New research in neurobiology provides insight into the impact of early trauma and disrupted attachment on brain development in the children and adolescents with whom we work. Niki Gomez-Perales, therapist and author of Attachment-Focused Trauma Treatment for Children and Adolescents: Phase-Oriented Strategies for Addressing Complex Trauma Disorders (Routledge, 2015), and Attachment Focused Toolbox: Phase Oriented Strategies, techniques and tools for Addressing Complex Trauma Disorders in Children and Adolescents (Routledge, scheduled for release 2019) provides hands on strategies, techniques and tools to treat these impacts, supporting neurological integration and post traumatic growth. From engaging child and caregiver, achieving stability, attachment, and co-regulation skills, through trauma processing and integration, and on to creating a childhood within their developmental trajectory, this workshop utilises principles of attachment therapy, neurological integration and trauma treatment within a phase oriented framework to develop effective treatment for young clients with histories of complex trauma. Issues specific to the treatment of pre-verbal trauma, dissociative presentations and dissociative disorders will be addressed in a detailed way allowing for the application of this approach to the treatment of even the most complex and challenging traumatised young people.

October 26th, 13:15

SESSION V

ROOM 5

WORKSHOP WR-15

The Safe Place Collage: an Art-making Protocol for Managing Traumatic Stress

Tally L Tripp, George Washington University Art Therapy, Alexandria, United States

The concept of creating a safe place in trauma therapy is a simple idea that can be a deceptively challenging in its implementation. Individuals who are affected by trauma may find safety to be at best elusive and at worst triggering and entirely unattainable. The theme of creating a safe place, whether in art or in the imagination, can bring up painful reminders of loss that causes discomfort, sadness and anxiety.

This workshop gives participants a new look at a creative art therapy protocol that focuses on safe place resourcing. The author's Safe Place Collage protocol has been researched at a University Art Therapy Clinic and in clinical practice. The theory behind the protocol is informed by cognitive behavioral, focusing oriented, somatic therapies and art therapy.

The workshop will provide an experience of art making with the goal of creating a "safe place" that integrates comforting and disturbing images in one picture. The experiential session will be followed by a discussion of the author's research and further implications for clinical practice. This collage protocol requires little to no art experience and can be a valuable tool for all therapists working with trauma.

Abstracts WORKSHOPS



October 26th, 13:15

SESSION V

ROOM 6

WORKSHOP WR-04

Working with Self-Injury: Underlying Dynamics, and Therapeutic Interventions, using SASH

Willa Wertheimer, PsyD, Clinical Psychologist, Director, International Society for the Study of Trauma and Dissociation, Crystal Lake, USA

Edward Groenendal, MA, LCPC, Licensed Clinical Professional Counselor

Self-injury is a language our clients will speak to us, with their entire being. The goals of self-injury include regulating affect, reenacting trauma, preserving the attachment with the abuser and managing annihilation anxiety, among others. This discussion will explore the ways that self-injury develops in response to trauma, how it is intended to function and "take care of" many of the client's needs, and how it "speaks" in the therapy transference. If the therapist has a no harm contract but does not know how to talk with the client about the self-injury, this may merely increase client secrecy about it, or the client will simply switch to a different high-risk behavior. We will discuss how to approach these underlying layers of meaning with the client, in a collaborative fashion. Lastly, we will be introducing the System Assessment of Self-Harm (SASH) and providing instruction for its use in therapy.

Learning Objectives:

- Identify several ways that self-injury is an attempt to cope
- Learn ways of discussing self-injury with the client that result in insight and healing, rather than secrecy and shame
- Convey to the client that discussing the issues around self-harm is encouraged, even when the therapist is not condoning self-injury
- Develop a therapeutic plan, based on more safely addressing the needs each client connects with their self-injury
- Introduction and instruction for administration of the SASH

October 26th, 13:15

SESSION V

ROOM 7

WORKSHOP WR-17

Trauma and the Body

Tanja Maljevac, ECPP certified psychodynamic psychotherapist, 2. level EMDR practitioner, member of professional board of EZPPS (European association of psychoanalytical approaches – Slovenia), Ilirska Bistrica, Slovenija

Trauma is anchored in our entire mental field and the body. Trauma persists in the body in stressful response, the structure of the brain and non-functional neural networks. It also forms "character/body armor" with restrictions of movement and expression, negatively effects body posture and spills over into psychosomatics. I will present my process of integrative multimodal work with trauma and its various stages. With exercises and examples, I will illustrate how we can work with the body to raise awareness of unconscious content and to 'discharge' emotions. In addition, we will look at the importance of stabilizing, normalizing and regulating the nervous system through relationship, relaxation techniques and psychoeducation.

Abstracts WORKSHOPS



Reconnecting with the body and building the body's sense of self (embodied cognition), has a positive effect on self-awareness and self-image. The transformation of the body armor, motion patterns and somatosensorics alters psychological patterns and establishes more functional neural networks and connections between neocortex and deeper brain structures. The softened body becomes more conductive for impulses, emotions, authentic expression, and more easily establishes the physical and psychological balance. The fluctuation between the poles (past vs. future, contact with itself vs. contact with the outside, structure vs. dynamics, activation (sympaticus) vs. release (parasympaticus), etc.) is also one of the principles of working with trauma, which teaches balancing, flexibility, extends the experiential range and helps to integrate and bridge the splitting mechanism, etc.

October 26th, 13:15

SESSION V

ROOM 8

WORKSHOP WR-37

Working with Dissociative Disorders - from Theory to Practice

Dr Gordon J L Barclay, Consultant Psychiatrist/Therapist in private practice, CRM Supervisor and Trainer, CAT Therapist, Honorary Clinical Senior Lecturer, School of Medicine, Glasgow University, Glasgow, Scotland

Based on a relational, somatically grounded, integrative approach to working with DD (Dissociative Disorders), including reference to Ego States or parts, and using clinically useful and accessible written/diagrammatic material, this workshop will give less experienced clinicians the confidence to begin working in this area, while for more experienced practitioners and for clinicians involved in teaching there will be useful pointers and practical expedients regarding formulation and treatment of DD.

The workshop will comprise 3 sections, and include a detailed handout of the didactic component of the workshop, with pointers to useful online resources and book references (including for clients) together with the written material used in the workshop

1. DIDACTIC (35-40 minutes):

** Approaching and understanding T and D in brief: epistemology; politics; aetiology; phenomenology; treatment*

** Relational, parts-based formulation of DD*

** Working with parts (1) - Reflecting and Responding*

** Working with parts (2) - Resourcing and Re-membering*

** How does (1) relational/cognitive work relate conceptually and clinically to (2) relationally understood/somatically grounded "processing work"?*

** What does successful treatment entail/how to avoid retraumatisation - including brief overview of the neurophysiology of the "resourced" state which enables clients to stay fully grounded present AS traumatic memory is accessed and "processed"; how to achieve this clinically?*

1. DYAD WORK (15+15 = 30 minutes):

Using above pointers and hand-out materials to facilitate the delivery of a somatically based, integrative, relational (with reference to Ego States or parts) formulation of DD, including formulation of what required for successful treatment

2. DISCUSSION TO CLOSE (20 minutes)

Abstracts WORKSHOPS



PRIMARY AIM OF WORKSHOP:

To give less experienced clinicians the confidence to work with DD, using written material to aid in shared case formulation, including overviewing of the requirements for successful treatment.

Parallel sessions PAPERS



October 25th, 10:30

SESSION I ROOM 8

ID SP-31

Dissociative Disorder Patients in Treatment and their Positive and Negative Affective Responses to Positive Events. Results from a Pilot-study

Kaja Kaspersen, Masters student in Psychology, University of Copenhagen, Copenhagen, Denmark

Ellen K. K. Jepsen, Psychiatrist, Ph.D, TOP DD researcher, Vikersund, Norge

Paper co-authors:

Kaja Kaspersen, Masters student in psychology, University of Copenhagen, Denmark

Gorm Hol, psychologist, private practice, Oslo, Norway

Ellen K. K. Jepsen, Modum Bad Psychiatric Center, Vikersund, Norway

Our recent studies indicated that dissociative disorder (DD) patients improved in dissociation and other symptoms following a dissociation-focused 3-months inpatient treatment program. Generally, however, the patients were still highly distressed following treatment. Despite a general view, that drastic improvements following 3-month treatment are not expected, there is an urge to look for factors associated with improvement. The clinical literature suggests that traumatized patients' tolerance for positive affect is a prognostic factor. Research findings indicate that traumatized patients may experience interfering negative responses to positive events. In the search of optimizing treatment for DD-patients, we present preliminary data from a pilot study including 25 DD-patients.

The data include:

- 1) Qualitative data from patients' experience of internal conflict in relation to positive events;*
- 2) Quantitative data of patients' tolerance for positive affect and interference, as measured by the Hedonic Deficit and Interference Scale, and their relation to changes in dissociative-, PTSD-, and general psychiatric symptoms, self-compassion, and interpersonal problems.*

We will discuss the data, and include perspectives from the trauma-, dissociation-, and attachment theories, and give suggestions for future research and clinical practice.

October 25th, 10:50

SESSION I ROOM 8

ID SP-44

The Experience of Alternative Inpatient Care for Survivors of Childhood Sexual Abuse (CSA): a Phenomenological Study

Reut Lachter, MSW, clinical social worker, University of Haifa, School of Social Work, Haifa, Tel-Aviv, Israel

Paper co-authors:

Eli Somer, Ph.D., clinical psychologist, University of Haifa, School of Social Work, Haifa, Israel

Purpose: Emerging evidence calls for a pursuit of inpatient treatment dedicated to survivors of childhood sexual abuse experiencing Complex PTSD and Dissociative Disorders (1-3). The goal of this research paper was to investigate the survivors' experiences in an innovative specialized community-based residential inpatient care center and to draw conclusions regarding means to improve treatment outcome.

Parallel sessions PAPERS



Method: Semi-structured in-depth interviews were conducted with 10 former residents of Beit Ella and coded for themes of meaning.

Findings: The studied residential care unit was experienced to be superior to psychiatric hospitalization because it was seen as safe and perceived as a protective peer group that evoked a sense of a family and a cherished sense of belonging. Although the residential setting had triggered distressful traumatic childhood experiences among some residents, the reported benevolent environment enabled the surfacing of different personality states that were otherwise suppressed. Challenges expressed regarding discharge and return to the community, highlighted the void in the continuity of care within the community.

Conclusion: Despite some suggested improvements, our data demonstrate the potential usefulness of specialized alternatives to inpatient care for survivors of CSA.

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October 25th, 11:10

SESSION I ROOM 8

ID SP-47

Stabilization Groups: what is Useful and Difficult for Participants?

Ingunn Holbæk, Psychologist, Out-patient Trauma Clinic, Modum Bad, Norway, Oslo, Norge

The purpose of this presentation is to reflect upon preliminary results from a qualitative study with patients with complex dissociative disorders 6 month after they have finished 20 weeks stabilization group. We have interviewed about 30 participants.

How do the participants experience getting psychoeducation and learn a model to understand themselves? What is useful and difficult? What kind of changes do they report in their daily life?

The group protocol is based on Suzette Boons book Coping with Trauma-related dissociation (2011). The protocol covers psychoeducation of symptoms, a model to understand parts, how to improve internal cooperation and skills training to increase the ability to stay present.

What did we learn? The participants report that understanding of their reactions help them to deal with alienated parts of themselves. They don't feel so crazy, get a language to express themselves and don't feel so alone. They manage to handle triggers through distinguishing past and present better. Learning to talk inside to parts, helps to calm down, create internal compromises and has helped to reduce cramps and self-harm.

For some patients, the pace is too fast, and they fight with their inner phobia during the group.

Parallel sessions PAPERS



October 25th, 11:30

SESSION I ROOM 8

ID SP-50

Narrative Exposure Therapy for the Treatment of Complex PTSD and Dissociation: a Study of the Stages of Recovery from Dissociation

Itsuko DOMEN, Researcher, Clinical Psychologist, Hyogo Institute of Traumatic Stress, Kobe city, Japan

This study examined cases of individuals receiving Narrative Exposure Therapy (NET) at a Japanese psychiatric hospital. NET is an evidence based PTSD treatment therapy that combines exposure therapy and testimony therapy. This exploratory study focused on 5 patients, 2 of whom were diagnosed with a dissociative disorder and 3 of whom were with no such diagnosis but had 92-100% of DES% score. This study examined NET's effects on complex PTSD with dissociative symptoms and considered the stages of recovery from dissociation. CAPS, IES-R, SDS, and DES were used to evaluate outpatients 2 weeks, 3 months, 6 months, and 1 year after therapy.

Results indicated that NET was safely conducted for PTSD patients with dissociative symptoms. PTSD symptoms decreased markedly in 2 outpatients, and considerably in the remaining 3. Dissociative symptoms decreased markedly in 4 and depressive symptoms decreased considerably in 3.

An examination of the recovery process of these 5 patients provided the two major stages of recovery from dissociation. The first stage was reduction of dissociation and the second stage was adaptation to life without dissociation. The second stage was as hard as the first one and the social support was important to be successful in this stage.

October 25th, 10:30

SESSION I ROOM 9

ID SP-06

Implementing Mindfulness-Based Cognitive Therapy for Children (MBCT-C) with History of Trauma in Inpatient Settings: a Pilot Study

Zlatina Kostova, Post Doctoral Associate, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

Paper co-authors:

Ingrid Sarmiento, PhD, TaraVista Behavioral Health Center, Devins, Massachusetts, USA

Carl Fulwiler, MD/PHD, University of Massachusetts Medical School, Department of Psychiatry, Worcester, Massachusetts, USA

Randy Semple, PhD, University of Southern California, Keck School of Medicine, Los Angeles, California, USA

Growing literature suggests the feasibility of mindfulness-based interventions (MBIs) among youth with mental health conditions (Zoogman et al., 2015). Many protocols, however, have been implemented in outpatient settings with little attention given to psychiatric inpatient youth with trauma history. In this presentation, we use insights gained from a research developmental project, presenting factors to consider when implementing MBIs among inpatient youth affected by trauma.



The planned study is to conduct MBI on a young adults (age 15-24) unit in an inpatient psychiatric hospital. We plan to recruit 60 participants, with completion of the active phase of the study by March, 2019. The intervention is adapted from Mindfulness-Based Cognitive Therapy for Children (Semple & Lee, 2011), given its efficacy on mental health symptoms among this population.

We will discuss three key factors to consider when implementing MBIs related to: (a) the unique challenges of inpatient settings; (b) the acuity and trauma history of participants; and (c) their developmental stage. Data on feasibility and efficacy will be discussed.

MBCT-C can be a feasible intervention among inpatient youth with trauma history. Nevertheless, conducting MBIs in inpatient settings presents some unique challenges that need to be considered.

October 25th, 10:50

SESSION I ROOM 9

ID SP-20

Differences in Child and Caregiver Perceptions of PTSD Symptoms after Child Maltreatment and the Impact of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Zlatina Kostova, Post Doctoral Clinical Psychologist, University of Massachusetts Medical School, Worcester, USA

Paper co-authors:

Jessica Griffin, Psy.D, Associate Professor of Psychiatry, University of Massachusetts Medical School, Worcester, Massachusetts, USA

Jessica Bartlett, PhD, Deputy Program Area Director, Early Childhood Development & Child Welfare, Acton, Massachusetts, USA

Epidemiological research reveals the high rates at which children are exposed to traumatic events such as maltreatment (Finkelhor et al., 2007). Caregivers play a critical role in children's recovery following maltreatment. Yet, several studies have demonstrated strikingly poor agreement between caregiver and children regarding trauma symptoms (Oransky et al., 2013). The goal of this study is to investigate concordance rates among children and caregivers in their perceptions of youth' PTSD symptoms. We are examining whether those perceptions vary by type of maltreatment and how far they are narrowed by TF-CBT (Cohen et al., 2015).

This study is based on a large-scale implementation of TF-CBT by UMass Medical School. Pre- and post-treatment outcome data (N=190), including the UCLA PTSD Index, were collected from children and their caregivers. Children were aged between 8 and 18 (mean = 12.4, s.d. = 2.7) and had suffered on average almost five types of trauma (mean = 4.6, s.d. = 2.6).

Repeated-measures ANOVA indicated that caregivers' baseline reports on PTSD symptoms were 9.1 points lower than those of their children – a statistically significant and large (Cohen's $d = 0.73$) difference. However, following treatment, this gap had narrowed to 3.8 points and was no longer significant. Breakdown by trauma type reveals that these dynamics were driven largely by cases of sexual abuse ($F=5.1, p<0.05$).

Treatment goals need to address caregivers' understanding of PTSD symptoms and foster parent-child communication after trauma exposure.

Parallel sessions PAPERS



October 25th, 11:10

SESSION I ROOM 9

ID SP-33

The Experience of Trauma and its Relation with Dissociation in Adolescents Living in Residential Care

Luiza Nobre-Lima, Assistant Professor, University of Coimbra, Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention, Coimbra, Portugal

Paper co-authors:

Inês Sousa, MD Psychology, Faculty of Psychology, University of Coimbra, Portugal

Adolescents in residential care were victims of some type of child maltreatment, which is known to have a traumatic impact on development. Developmental trauma has a pervasive effect on children's functioning and one of the problems that can emerge is dissociation. With this study we aimed to analyse in a sample of adolescents in residential care: a) the exposure to traumatic events and the frequency of dissociative experiences; b) the relation between the experience of trauma and dissociation. Sample comprised 87 adolescents living in residential care, both sexes (64.4% girls), aged between 12 and 18 years old ($M=15.71$; $SD=1.73$), that completed the Childhood Trauma Questionnaire and the Adolescent Dissociative Experiences Scale. They report to have lived few traumatic experiences in their childhood and to rarely dissociate. Only sexual and emotional abuse correlate, positive and weakly, with dissociation. Discussion considers that these adolescents may tend to report their experiences based on a survival self thus devaluing the traumatic nature of the reasons for their removal or that the experience of residential care may be fostering more adaptive pathways. More research is needed to have a clearer view on the perception of maltreatment and experiences of dissociation in adolescents in residential care.

October 25th, 11:30

SESSION I ROOM 9

ID SP-40

Strangers to Ourselves: Persistent Genital Arousal Disorder as a Post-traumatic Dissociative Symptom

Anne C. Pernot-Masson, MD, Child psychiatrist, Paris, France

Persistent Genital Arousal Disorder is characterized by symptoms of physiologic sexual arousal, unrelated to any subjective sense of sexual excitement or desire. These symptoms are described as intrusive, unpleasant, and sometimes painful. They are associated with feelings of shame and isolation. Several organic etiologies have been evoked, and brutal treatments tried... All the same, several studies mention the high frequency of past sexual abuse among these patients.

The conscious beginning of PGAD can occur much later in their lives, often triggered by the onset of psychotherapy. These patients suffer from different other psychiatric symptoms and have often received several different psychiatric diagnoses, principally borderline disorder or bipolar disorder. However, in these cases, PGAD is best considered a dissociative disorder.

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Clinical cases of PGAD will serve as examples to expose how we can restore the disrupted interpersonal bond. The awkward sensations of PGAD, context-incongruent, long unspeakable, weigh greatly upon the therapeutic relationship. The patient usually reenacts with the therapist his/her disorganized attachment, simultaneously fearing unrelatedness and emotional closeness: thus, a cooperative stance must prime over care-giving. The psychotherapist must be active, with their body, sensitive right brain as well as logical and verbal left brain, to think and express the “thoughts without a thinker”.

October 25th, 10:30

SESSION I ROOM 10

ID SP-07

Supporting Marginalised Elderly Muslim Women through Tree of life: a Community based Intervention

Nigar G. Khawaja, Associate Professor, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

Kate Murray, Senio Lecturer, Queensland University of Technology, School of Psychology & Counselling, Brisbane, Australia

Paper co-authors:

Emma Bidstrup, Ms. (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

Shaheeda Sadeed, Ms. (Master of CLIN PSy candidate, Queensland University of Technology, School of Psychology & Counselling)

Tree of life (TOL) is a strength based intervention which incorporates creative, expressive and narrative principles. The present study used TOL with two groups of isolated and marginalized elderly (aged 60-80 years) Muslim women (N=16) settled in Brisbane Australia. Most of these women had minimum social and emotional support and were dealing with loss, grief and health issues. Participants consisted of 2 groups: migrants from various parts of the Worlds, who spoke varying levels of English and refugees from Bosnia who did not speak English. The 7 week program was offered to these two groups separately at a community based non-government organization established to support Muslim women. Qualitative feedback after every session and a focus group at the end of the intervention along with facilitators' notes and observation were used to understand the mechanism of change. All participants enjoyed the sense of community and support that was encouraged through the group process. Migrants reflected on various stages of their lives to identify their strengths and values. Former refugees found the drawing relaxing and used the safe setting to share their pre-war life in Bosnia and the trauma of war. The process issues and logistics of running TOL at a community level are discussed.

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October 25th, 10:50

SESSION I ROOM 10

ID SP-12

Study of Mental Health and Thriving in School for Children from Traumatized Refugee Families

Else - Ryding, Psychologist MA, specialist in Childpsychology and Psychotraumatology. Oasis, Denmark, Copenhagen, Denmark

Purpose: detect factors and patterns of factors that contribute to good and bad thriving in school for pupils from traumatized refugee families.

Focus was on pupils' own experience on thriving, psychological difficulties and support from their family, teacher, class-mates, friends, and on the schools knowledge of trauma, refugees background and understanding of the single pupil.

Method: 15 pupils (11-15 years old) were interviewed with a semi-structured interview-guide with questions from '4-H study' on Positive Development in Adolescence and intentional Self-regulation, the CPSS test on traumatic stress and a Likert scale on mental well-being. The teachers of the 15 pupils answered the teacher part of SDQ (Strength and Difficulty Questionnaire) and questions of their knowledge of refugees and trauma. School directors filled in a questionnaire on school-initiative to support children from refugee families.

Findings: Refugee pupils experienced both thriving in school and suffering from heavy trauma symptoms. The teachers and the school had little or no knowledge of refugees and trauma.

Conclusion: The pupils psychological difficulties were disguised, so they did not get the help they needed. Instead they tried to use their thriving competences to help themselves.

The findings were supported by a parallel quantitative study of the pupils' school classes.

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October 25th, 11:10

SESSION I ROOM 10

ID SP-13

Exploring the Effectiveness of the Tree of Life in supporting the Mental Health of Refugee Women Living with HIV: a case Study Approach

Agata Vitale, Senior Lecturer in Abnormal/ Clinical Psychology, Bath Spa University, UK., Bath, United Kingdom

Paper co-authors:

Dr. Judy Ryde, Trauma Foundation South West, Bath, UK.

Prof. Nigar Khawaja, Associate Professor & Clinical Psychologist at School of Psychology & Counselling, Queensland University of Technology, Brisbane, Australia

Creative interventions have been proved to be effective in promoting the mental health of refugee populations. Creativity, in fact, provides a safe distance from trauma, as this can be processed with the support of images, sounds, body movements and words. Creative interventions are strengthened by the power of the group, which enables individuals to witness, share and reframe traumatic events.

The Tree of Life, a narrative group-based intervention, has been used to support refugee populations; however, little is known on how it can promote the therapeutic growth of refugee women living with HIV. This represents a particularly vulnerable population, as they are exposed to multiple traumas, including forced migration, gender based-violence, social inequalities, dealing with the health/mental health sequelae of having contracted the virus and HIV-related stigma.

The current study is set in this context and discusses in depth three case studies of refugee women living with HIV who took part in a manualized version of the Tree of Life. The women benefited from the intervention, including overcoming their sense of isolation and solitude, in increasing their cohesiveness and in developing alternative stories related to their traumas; in turn, these strengthened their resilience and promoted their social recovery.

October 25th, 11:30

SESSION I ROOM 10

ID SP-58

Trauma-focused Music and Imagery versus Verbal Psychotherapy with Refugees Diagnosed with PTSD – a Randomized Controlled Trial

Bolette D. Beck, Music therapist PhD, Aalborg University, Institute for Communication and Psychology, Copenhagen, Denmark

Steen T. Lund Meyer, PhD student, Copenhagen University, Department of Psychology, Copenhagen, Denmark

Paper co-authors:

Torben Moe, PhD senior researcher, Clinic for traumatized refugees, Region Zealand, Denmark

Purpose: Trauma-focused Music and Imagery (tr-MI) demonstrated significant changes of trauma symptoms and seemed to help with stabilization and trauma processing in a feasibility study (Beck et al., 2017). A

Parallel sessions PAPERS



randomized controlled trial (RCT) with a non-inferiority design aimed to establish tr-MI as a complementary treatment option for traumatized refugees.

Methods: In a psychiatric refugee clinic 74 Arabic or Danish speaking adults with post-traumatic stress disorder (PTSD) were allocated to either 16 tr-MI sessions or standard psychological treatment (TAU). Trauma symptoms (HTQ-IV), somatic and psychological dissociation (SDQ-20, DSS), attachment (RAAS) and well-being (WHO-5) were assessed at baseline, post-therapy and six months follow up. Qualitative measures were patient session evaluation and therapist notes (Beck et al., 2018).

Findings: High dropout was found in the TAU condition compared to tr-MI (n=15/2). A preliminary analysis demonstrated non-inferiority of music therapy at post treatment in the primary variable HTQ. Correlations between self-reported attachment, dissociation and trauma symptoms were of medium size.

Conclusion: Analysis is ongoing, but music therapy seems to be non-inferior to standard treatment, and might serve as an alternative to verbal psychotherapy. The high retention in music therapy group might be explained by the gentleness and emotional containment of the tr-MI method.

October 25th, 13:15

SESSION II ROOM 8

ID SP-11

"Deformed, Unfinished", (Richard III) : Disability and Dissociation

Valerie E. Sinason, Trustee, Institute for Psychotherapy and Disability, London, United Kingdom

"Deformed, unfinished, sent before my time into this breathing world scarce half made up", Shakespeare's Richard III

Therapeutic Issues with Disability and Dissociation

Children and adults with DID have the painful therapeutic task of understanding they are part of one body of the same biological age, however visually differently they perceive themselves or have been made to perceive themselves. What happens when the shared body and mind have a physical and intellectual disability? Drawing on clinical material from work with children and adults with mild, severe, moderate and profound multiple handicap, the presenter examines the key issues that can appear. The fact of an intellectual disability makes for greater vulnerability in some areas. The five core key themes inherent to disability, the disability itself, attachment and dependency, loss, fear of sexuality and fear of being murdered must be processed first. States who have perceived themselves as being free of disability have a painful awakening. However, to compensate, there can be a greater emotional understanding of core issues. For example, the infanticidal attachment is already largely experienced internally and externally as a result of the disability which makes the dissociative states more able to communicate.

October 25th, 13:35

SESSION II ROOM 8

ID SP-34

How to Work with Trauma-Related Sexual Problems

Gaia Polloni, Clinical Psychologist, Psychotherapist, Clinical Sexologist, EMDR Therapist, Centro Terapia Cognitiva, Como, Italy



Even though the correlation between trauma and sexual problems is well known to the experts in the field, it has not been explored and discussed much in the literature. This speech will focus on some of the possible sexual consequences of a sexual trauma, such as sexual dysfunctions, compulsive sexuality, hyper and hyposexuality, sex addiction, sexual orientation conflicts and dissociative symptoms.

Usually, sex therapy tends to interpret symptoms as the mere consequence of dysfunctional behavioural routines previously acquired or as the aftermath of internal or relational conflicts. Therefore, therapists that work with sexuality do not always deepen the nature and meaning of symptoms and do not explore the comorbidity of trauma-related psychological disorders.

When a patient seeks psychological help for treating sexual problems, therapists should be careful and mindful before proceeding and focusing on the resolution of symptoms, and keep in mind that trauma-related sexual problems require a more delicate, experienced approach, that should be contextualized within a broader, richer, more complex frame of work.

This lecture will discuss how to approach and treat trauma-related sexual problems both in an individual and in a couple therapy setting.

October 25th, 13:55

SESSION II ROOM 8

ID SP-52

"Top-Down" and "Bottom-Up" Strategies in the Treatment of Trauma-Related Eating Disorders. Integrating DBT Skills Training and EMDR Protocol: a Pilot Study

Sara Ugolini, Psychologist, Psychoterapist at Mentis APS, Rome, Italy

Paper co-authors:

Armando Cotugno, Head of UOSD Eating Disorders department at ASL Roma 1, Rome, Italy
Mentis Aps, Rome Italy

A high percentage of people with eating disorders seem to have experienced traumatic events.

Paradigms that refer to deficits in emotional regulation in individuals presenting binge eating and purging behaviors consider dysfunctional eating behaviors as maladaptive coping strategies aimed at managing emotions linked to adverse situations experienced in childhood.

The aim of our study is to present a model of integration of Top-Down and Bottom-Up methods for the treatment of trauma-related eating disorders through the use of Behavioral Dialectic Therapy.

We will present a phase-oriented model:

phase 1: stabilization through a series of psychotherapeutic interventions (DBT and EMDR RDI, Resource Development and Installation), whose objective is the acquisition of skills aimed at managing emotional dysregulation and learning of adaptive behaviors in replacement of bingeing and purging behaviors.

Phase 2: alongside the DBT skill training, the focus will be on the treatment of traumatic memories and on strengthening skills to face present and future challenges. The pilot study, carried out at an outpatient public service, showed encouraging results from the point of view of improving symptoms related to eating disorder and dissociative symptoms.

we intend to replicate the study on a larger sample in order to generalize the results.

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October 25th, 14:15

SESSION II ROOM 8

ID SP-55

Trauma and Mental Health: the Impact of ACEs in a Sample of Prisoners. Multicentric Research carried out in Rehabilitation Contexts in Bologna (Italy)

Mara Fantinati, Psychotherapist, Therapeutic Community of Bologna, Villa Bianconi, Bologna, Italy

Paper co-authors:

Marco Bianchini, Psychiatrist, Therapeutic Community of Bologna, Villa Bianconi

Francesca Capretti, Coordinator, Therapeutic Community of Bologna, Villa Bianconi

Federica Vano, Psychotherapist, Therapeutic Community of Bologna, Luna Nuova

Federica Bonezzi, Coordinator, Therapeutic Community of Bologna, Luna Nuova

The 'Trauma and Mental Health' research aims to correlate the presence of ACE with the outcomes on physical, mental and social well-being in a sample of adult inmates, in different contexts of care and rehabilitation. The research aims to use the following tools for assessing the presence of ACEs and their psycho-social and organic effects: Adverse Childhood Experience Questionnaire (ACE; Felitti 2013), Event Impact Scale - Revised (IES-R; Horowitz et al. 1979), Health of the Nation Outcome Scales (HoNOS; Musella et al. 1993). The results of these tests are also related to information concerning internal and legal issues. The data confirm the worsening of mental health as a result of the presence of ACE and require a reflection on the construction of clinical intervention protocols aimed at identifying and reworking traumatic memories.

October 25th, 13:15

SESSION II ROOM 9

ID SP-16

Revisiting the Relationship between Dissociation and Suggestibility

Lillian Wieder, Postgraduate Student, Goldsmiths University of London, Department of Psychology, London, UK

Paper co-authors:

Devin B. Terhune, Senior Lecturer, Goldsmiths University of London, Department of Psychology, UK

Purpose: Since the 19th century, dissociation and hypnotic suggestibility have been closely intertwined but the relationship between the two remains poorly understood. Here I will present two studies that aim to elucidate the relationship between dissociation and suggestibility in different psychiatric disorders and in the general population.

Method: Study 1 is a meta-analysis of hypnotic suggestibility in the dissociative disorders and germane disorders that included a total of 21 controlled studies. Study 2 is a cross-sectional study (N=209) that sought to test predictions from the diathesis-stress model of dissociation, specifically that trauma moderates the association between suggestibility and dissociation.

Findings: Study 1 found that dissociative and trauma-related disorders are characterized by elevated hypnotic suggestibility. Notably, functional neurological (conversion) disorder patients were characterized by elevated hypnotic suggestibility but this effect was smaller than that in dissociative identity disorder. Study 2 found

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consistent and robust evidence for the prediction that trauma moderates the association between suggestibility and dissociation although these effects were small in magnitude.

Conclusion: These results help to clarify the relationship between suggestibility and dissociation and motivate further research into how elevated suggestibility may predispose certain individuals to dissociative responses.

October 25th, 13:35

SESSION II ROOM 9

ID SP-24

What makes an Event Traumatic?

Andreas Laddis, Andreas Laddis is a psychiatrist in Massachusetts, USA. He has worked mainly in public institutions for psychiatric care, where he promoted psychotherapy for clients with complex posttraumatic disorders. In the International Society for the Study of Traum, Shrewsbury, USA

Defining what makes adversity “traumatic” lies at the heart of studying trauma-related disorders. Diagnosis and treatment of such disorders hinge on the belief that a) traumatic stress is qualitatively different from other stress, and b) that mental disorder with the characteristic symptoms of Posttraumatic Stress Disorder (PTSD) may (or may not) ensue from suffering strictly that kind of stress. The presentation will focus on the “subjective” criterion of traumatization, the kind of emotions, thoughts and urges that distinguish traumatic from ordinary stress.

October 25th, 13:55

SESSION II ROOM 9

ID SP-36

Clinical Evolution and the Severity of the Complex-PTSD: Hard Post-Traumatic Context and Impairment of Ego-Self Axis

Massimo Germani, Psychiatrist, San Giovanni Hospital, Rome, Italy

Monica Luci, Psychologist, Italian Council for Refugees, Rome, Italy

The data of our research (Amsterdam's 2016 ESTD), conducted on 170 refugees, survivors of torture, have shown a statistically significant difference in dissociative symptoms, between the Group of refugees surviving torture who had arrived in Italy (92) and the group of torture survivors who were hosted in neighboring countries, close to their country of origin (78).

The data seem to confirm the critical importance of the post-traumatic period in determining the fate and psychopathological evolution and development of Complex-PTSDS.

The long journey to get to Europe expose the survivors to additional trauma: the trip, the context of reception, ethno-cultural gaps, or other factors related to the adaptation process in the host Country

From a psychodynamic perspective, such experiences may have a highly destabilizing effect on representational systems, underlying the structure of the Ego and the general sense of Self. As a consequence, a number of defense mechanisms (first of all avoidance/denial) fail to protect the Ego from overwhelming hyper-activated and dissociated parts of Self.



The centrality of these elements in the determination of more severe psychological disorders, highlights the urgent need to provide medical and psychological treatments in order to prevent and to treat complex post-traumatic disorders, being part of a multimodal treatment strategy.

October 25th, 14:15

SESSION II ROOM 9

ID SP-38

Criminality as a Cause of Mental Health Problems - Informing the Aetiology of Mental Illness with Survivors' Accounts

Declan Howard, Investigator, Outstanding Achievements, London, Long Ditton, United Kingdom

Background

Criminality occurs when a person surrenders to, accepts, or decides upon an unethical course of action. In Ritual Abuse and Mind Control (RA-MC) this typically occurs in a double-bind situation.

A lack of success in preventing and reducing the incidence of mental health problems can be attributed to underestimating criminally motivated organised abuse as a cause of damage and subsequent dysfunction.

Method

Survivor accounts of offences, offending and cover ups were used to shape this research.

Results

Disclosure reports could be used as a valuable source material for identifying and profiling criminal behaviour, individuals, groups, and projects. Survivor's completeness of knowledge increases as healing progresses and amnesia reduces. Cross-referencing is helpful to some patients who have anomalous experiences, or who have suffered covert abuse.

It would be beneficial to reassess the use of the concept of delusion as a reported experience could also be regarded as

- *mistaken*
- *a derivation or distortion of biographical material*
- *stress induced*
- *the effect of psychotropic drugs*
- *anomalous*
- *idiosyncratic*
- *unknown*

Conclusions

Criminality is present in all sections of the adult population, thus also in psychology and psychiatry. A critical review of interdependencies could be helpful to remove any distortions in the literature resulting from this.

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October 25th, 13:15

SESSION II ROOM 10

ID SP-04

Dissociation in Oscar Wilde's 'Symphony in Yellow'

Tereza Brala, Masters student, English Department, University of Trier, Germany, Trier, Germany

Late Victorian aesthetes, symbolists and decadents were in a traumatic situation: their longing for eternal Platonic forms and a life detached from industrial cities and societies, collided with their fascination with industrialisation's luxuries and their repulsion with industrialisation's ugliness. One loss this clash of sensibilities resulted in was a loss of self. Oscar Wilde addresses this dissociation and its cultural root trauma in his poem 'Symphony in Yellow'. The speaker is unable to reconcile impressions of London and their body with their self: traumatized, likely drug-addled, they are derealized and depersonalized. The speaker's sense of self is overwhelmed, and, though briefly regained, ultimately lost again. The dissociation is symptomized by the liminality of space and time in the speaker's experience of light, colour and (un)steady motifs. Despite a merger of these fragments into an eponymous 'symphony', the jarring, decadent unease of the speaker's dissociation persists. This as-yet neglected psychoanalytical approach to Wilde's poem is all the more important considering that Janet discovered dissociation in that very period of history and that Wilde's work is a key point de repère for understanding the fin de siècle.

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SESSION II ROOM 10

ID SP-51

Silencing the Survivors of War Trauma

Ruth A Blizard, Psychologist, Johnson City, USA

Silencing the voices of trauma survivors may contribute to public indifference or contempt toward persecution of oppressed groups. It can also lead to widespread forgetting of war atrocities. In the US, when indigenous peoples were expelled from their lands, their story was erased. Korean War survivors remained silent to avoid government reprisals. In Israel, the narrative of the expulsion of Palestinians has been suppressed and rewritten. Survivors sometimes avoid speaking about trauma to guard against painful memories. When governments suppress the historical narratives of oppressed groups, they may use several tactics to cause society to forget: 1) silencing survivors' story by writing a new narrative, 2) prohibiting public display of identity and commemorative symbols associated with the oppressed storyline; 3) destroying all physical remains of expulsion, destruction and violence, and 4) creating a new symbolic geography of place names. This manipulation of collective forgetting may be similar to how perpetrators interfere with survivors' memories for interpersonal abuse, thus promoting dissociation. Although aging victims of silencing might remember the horrors they survived, later generations may know little about it. This silencing can be counteracted by publishing interviews with aging survivors, open discussion, and public remembering through commemoration ceremonies and the arts.

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SESSION II ROOM 10

ID SP-57

Faith, in Trauma Treatment

Tanya Oren-Chipman, MSW Psychotherapist, Director of "Tamar" - The Jerusalem treatment center for sexual trauma, Jerusalem, Israel

Post traumatic reactions include, amongst other things, dramatic changes in faith. Despite the place of faith in inhibiting or encouraging recovery from trauma, faith in fact, received a quite limited position in research and in theory. Some studies exist that point to a connection between faith and recovery from trauma, and post-traumatic growth, some of which raise hypotheses regarding the type of connection.

The research we conducted examined what is faith as viewed by therapists specializing in trauma, and as seen by patients who experienced it, aimed to conceptualize the term faith, to understand how trauma affects faith and vice versa, and to examine whether and what place there is for faith as part of the therapeutic process.

This study conceptualizes the essence of faith as a set of relationships between a person and "God", through the prism of object relations theory. It shows how Winnicott's term "transitional space" is suitable to describe the space of faith, and enables complex observation thereof. This is a paradoxical concept, and paradoxes that are connected to this term in the encounter between faith and trauma are presented. We discuss the concern that faith is liable to serve the dissociative mechanism that is aroused as a reaction to trauma, and how, when faith is in fact experienced as a type of transitional space, (that it is both real and illusionary simultaneously) it is likely to help rather than sever the connection. Another example is the paradoxical location of the "omnipotent" God, as external to man and internal to him – enabling an encounter with conflict that is often aroused vis-a-vis trauma. This is conflict in which man is "forced" to choose between a sense of helplessness and terror, and the sense of guilt that alleviates the helplessness and creates control, but bears a price. Attributing control to God, to which some of the interviewees related, often affords a semi solution to the conflict and relies on a complex perception of faith.

This study expands the knowledge and the theoretical-clinical conceptualization currently existing regarding faith, and the encounter between it and trauma. It strives to create the start of a cognitive framework for therapists in the realm of trauma.

October 25th, 14:15

SESSION II ROOM 10

ID SP-39

Use of Integral Somatic Psychology in the Treatment of Trauma and Dissociation: a Case Study

Adithy, Counseling Psychologist, Pune, India

Integral Somatic Psychology (ISP) is a relatively new approach to healing in the field of treatment of trauma and dissociation. It focuses on embodiment of emotions and increasing the tolerance for different emotions that are relevant. An emotion, in the possible context of an event, is accessed, and allowed to exist in the large container that the body is. The therapist helps work through the physical and psychological defenses as

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appropriate and accompanies the client empathically in expanding the window of tolerance for an emotion in an embodied way. As the tolerance increases, the need to dissociate from the unpleasant experience of an emotion decreases.

Purpose of this presentation is to illustrate the use of ISP in the case of an adult who has dissociation. The points to be covered include (i) The basic framework of ISP in working with emotions in the body, (ii) How simple somatic interventions helped increase tolerance for emotions in the case of an adult, (iii) How trauma and dissociation were addressed using ISP in the case.

Conclusion: How ISP was used effectively to treat trauma and dissociation in an adult client is illustrated through this presentation.

October 25th, 16:15

SESSION III ROOM 9

ID SP-14

Fear can stop you from Loving

Anneke JG Vinke, Child Psychologist, private practice, Bilthoven, Netherlands

In this paper I will focus on the treatment of dissociation and attachment formation in children that have had several attachment disruptions before finding a permanent home.

By using case material I will show how the simultaneous proces of treating trauma next to very slowly building trust and relationships with the parents can be done by using a 'mix and match' approach of attachment and trauma-informed methods: elements from Dyadic Developmental Psychotherapy (Hughes), Sensorimotor Psychotherapy (Ogden), EMDR and Attachment story telling (Golding).

Children that have had a number of attachment disruptions, did not learn to trust themselves, adults or the world. For them life is hard. Often the only way to survive has been to dissociate from the hard feelings and tough experiences. Often these children are in a constant survival mode, dissociating, making it them very hard for parents to parent. The child has gone into blocked trust, can not experience comfort and joy in close relationships, parents may go into blocked care and if not treated with lots of patience, playfulness, acceptance, curiosity and empathy alongside body-oriented trauma treatment, the child may not be able to stay in the family.

October 25th, 16:35

SESSION III ROOM 9

ID SP-100

How to Engage Avoidant and Resistant Children with the Sleeping Dogs Method

Arianne Struik, Institute for Chronically Traumatized Children, Scarborough, Australia

Simon J. Carpenter, Chief Executive and founder of CLEAR Emotional Trauma charity, Truro, UK

All traumatized children deserve a chance to heal and recover from their trauma. But how can that be done, when they are violent, avoidant, dissociate, become dysregulated and are not motivated for trauma treatment. These children often have experienced abuse or neglect within their families and child protection

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services are involved. Trauma treatment seems impossible and for these children the temptation to 'let sleeping dogs lie' and not focus on processing the traumatic memories but behaviour can be strong. The Sleeping Dogs method is a family oriented brief method, developed to engage these children in trauma-focused therapy. A structured analysis is made of the child's barriers to engage in trauma processing, after which interventions are planned to overcome these barriers, so they can participate in trauma processing and integrate their trauma. Treatment focuses on overcoming the child's barriers. Collaboration with the child's network, the child's biological family including the abuser-parent and child protection services, are key elements of the Sleeping Dogs method. If practitioners struggle with 'how to help these children', this workshop provides you with an overview and clear structure of how to intervene and in which order.

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SESSION III ROOM 9

ID SP-101

How to Engage Avoidant and Resistant Children with the Sleeping Dogs Method

Simon J. Carpenter, Chief Executive and founder of CLEAR Emotional Trauma charity, Truro, UK
Arianne Struik, Institute for Chronically Traumatized Children, Scarborough, Australia

In this presentation, some of the challenges of the treatment of avoidant and violent children are discussed and how the Sleeping Dogs method and EMDR therapy enables these children to overcome their trauma. Three children and mother from one family have been sexually and physically abused by their father and others, over a period of 5 years. The father has been convicted and is serving 25 years in prison. Their trauma has impacted them all very differently.

The oldest child has discussed his experiences and processed them with EMDR which took 12 sessions of therapy and is doing well. The middle child suffers from a dissociative disorder and has been excluded from his school. The Sleeping Dogs analysis showed his barriers to engage and interventions were planned to overcome these barriers. He struggled with immense guilt and shame. The youngest child had severe posttraumatic stress symptoms and worked through her trauma with a combination of EMDR therapy and artwork and music therapy. This case, illustrated with video material, will show how resistant traumatised children and young people can overcome their barriers to treatment with the Sleeping Dogs method. Every child deserves a chance to repair from its internal injury.

October 25th, 17:15

SESSION III ROOM 9

ID SP-18

Reducing Dissociation by Systemic Interventions

Arianne Struik, Director Institute for Chronically Traumatized Children, Scarborough, Australia

The treatment of dissociative children can be very extensive. Dissociative symptoms are a way to solve an unbearable internal conflict, but sometimes this conflict is based on misconceptions or wrong conclusions like: 'I put my father in prison.' This often happens when young children are removed forcefully from their families in a crisis and things remain unexplained and confusing for the children.

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Instead of taking the long route, working with the child and carer on symptom management and slowly unraveling their memories, a short route can be taken by giving the child the necessary information to correct these wrong conclusions. Therapists can form hypothetical ideas about this internal conflict by studying the details around the traumatizing events while putting oneself into the child's perspective and by interviewing the family and carers about the ideas the child has formed about traumatizing events and him or herself. This information can be passed on to the child verbally or a short Trauma Healing Story in child's language about the events with illustrations describing who was responsible for decisions and why were they made. This presentation will be illustrated with case examples of how systemic interventions solve internal conflicts en alleviate dissociative symptoms immediately.

October 25th, 16:15

SESSION III ROOM 10

ID SP-09

The Relationship of Dissociation with Obsessive-compulsive Symptoms: a Longitudinal Exploration on a Heterogeneous Clinical and Non-clinical Sample

Nirit Soffer-Dudek, Clinical Psychologist and Dissociation researcher, Ben-Gurion University of the Negev, Department of Psychology, Beer-Sheva, Israel

Recently it is becoming evident that there is a robust and specific relationship between dissociative experiences and obsessive-compulsive disorder/symptoms (OCD/OCS), relying on both clinical studies (e.g., Belli et al., 2012) and student-sample studies (e.g., Soffer-Dudek, 2017; Soffer-Dudek et al., 2015). Moreover, high dissociation at the beginning of treatment for OCD predicts poor prognosis and high drop-out rate (Prasko et al., 2009; Rufer et al., 2006; Semiz et al., 2014). The dissociation-OCD relationship is not attributable to neuroticism (Watson et al., 2004) or inattention (Soffer-Dudek, in press). The present study aimed to examine the clinical value of each construct in predicting the course of the other over time, using two self-report assessments taken 6 months apart, on a heterogeneous sample (N=98); half (n=49) were outpatients suffering from anxiety, OCD, and/or depression, and half were age- and gender-matched community controls. Cross-lagged regression models used each Time-1 construct to predict Time-1-to-Time-2 change in the other construct. General dissociation did not predict an increase in OCS ($\beta = -.02, p = .81$), whereas OCS predicted an increase in general dissociation ($\beta = .26, p = .01$). Subscales were also explored. It seems that OCS may play a causal relationship in the intensification of dissociative symptoms.

October 25th, 16:55

SESSION III ROOM 10

ID SP-35

Working Trauma Oriented with Mental Health Patients

Carina Tana Dragu, Psychiatrist/Family Therapist, DMC Center/CF Hospital Timisoara, Timisoara, România

PURPOSE This study comes to show the outcomes after 5 years of working trauma oriented (inspired from the core ideas of treating complex trauma and dissociation) in 89 patients with different mental health issues in Timisoara, Romania.

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METHODS 89 patients, all seen in a private practice, during 60-80 minutes weekly therapy sessions, over a period of 6-34 weeks, with the following diagnoses: GAD, MDD, Panic Disorder, Sleep Disorders, Bipolar Disorder, OCD and DID/OSDD were treated and monitored for: school/work attendance, quality of sleep, need for medication, social involvement, subjective state of well-being.

FINDINGS All patients can identify trauma in their lives that make sense with their current suffering. The vast majority of the patients have improved on all levels mentioned above, even patients with a long history of mental health issues.

CONCLUSIONS The concept of trauma and dissociation and understanding how the brain works and what happens to the brain when trauma occurs seems to be the fastest and most efficient way to improve the conditions of patients in the field of mental health. Understanding patterns and making connections between physical sensations, emotions, cognitions and behaviors seems the fastest/cheapest way to recovery.

October 25th, 17:15

SESSION III ROOM 10

ID SP-59

MEMINI ME, ERGO SUM The Role of Mental Time Travelling in Generating a Coherent Representation of the SELF

Manuela Berlingeri, Associate professor, DISTUM, Department of Humanistic Studies, University of Urbino Carlo Bo, Urbino, Italy, Urbino, Italy

Cristina Mapelli, Neuropsychologist, Psychotherapist, Department of Neurology, University of Milano Bicocca, Milan, Italy, Monza, Italy

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PURPOSE

We all have the perceived continuity of our-selves over time and the experience of a unitary SELF notwithstanding the aging processes. This is related to the concept of Mental Time Travelling (MTT) proposed by Tulving in 1985: the human ability to re-experience personal past episodes (Autobiographical Memory; AM) and to imagine the future, with a particular feeling involving the sense of SELF.

What happen when the SELF and AM become disconnected because of a trauma? Or, when the SELF is delusional, like for example in the case of schizophrenia?

METHODS

In a recent meta-analysis (Abete Fornara, 2017), we explored the overlap between atrophies in schizophrenic patients and the neurofunctional correlates of MTT. The same procedure had been adopted here for simplex and complex PTSD.

FINDINGS

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The core MTT network, i.e. brain regions commonly activated by imagining the future and remembering the past, significantly overlapped with GM atrophy in the PTSD patients, with a significant neuroanatomical dissociation in the anterior and posterior hippocampus.

CONCLUSIONS

According to our opinion, a possible touch paper for “delusional” or “petrified” SELF would be an alteration of the AM and MTT skills. The results will be discussed in the light of our previous study on Schizophrenia (Abete Fornara, 2017).

October 26th, 10:30

SESSION IV ROOM 8

ID SP-08

The Storm within the Storm: The Treatment of Complex Trauma and Dissociation with Co-Morbid Personality Disorders

Peter A Maves, Clinical Psychologist, Private Practice, Boulder, USA

The difficulties of treating complex trauma and dissociative conditions produce numerous times of confusion, uncertainty and lack of clarity about effective treatment approaches. When Axis II, personality disorder comorbidity is added, treatment considerations become even more difficult and confusing. This presentation will provide an overview of personality disorder issues and how they interact with complex trauma and dissociative conditions. Examples of personality disorders or Axis II dilemmas will be presented and how they interact in the treatment of complex trauma and dissociative conditions. A range of treatment strategies will be discussed along with the unique transference and countertransference circumstances that arise in treating this comingled population. The resistance points and treatment impasses which are a frequent part of the treatment of co-occurring personality disorders will be identified and treatment interventions will be presented for a variety of difficult case situations. Case questions will be encouraged from the audience.

October 26th, 10:50

SESSION IV ROOM 8

ID SP-43

Schizotypal Organization of Personality at the Crossroad between Trauma and Psychosis

Simone Cheli, Psychotherapist, School of Human Health Sciences, University of Florence, Italy

The raising of alternative models of personality disorder together with a trauma/dissociation paradigm may represent a turning point for the understanding of the Schizotypal Personality Disorder (SPD). Accumulating evidences on this complex phenomenon urge for further research: little is known about the disease trajectories and therapeutic options are scarce. SPD stands at the crossroad between stable personality impairment and milder manifestation of schizophrenia. In order to understand SPD, we have to reconsider the vulnerability-stress model by focusing on the intertwined path of psychosis and trauma. The majority of patients report the emergence of early experience of oddity that may be due to a genetic liability. On the other hand, patients describe how such oddity activates avoidant or hostile reactions in caregivers and peers. The aim of this presentation is to offer a meta-synthesis of the existing studies and report two case studies

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of SPD patients with a history of trauma and psychotic episode. I argue for a pathogenic role of healthy oddity in the development of SPD, through a vicious cycle of self-criticism and social discomfort, which may lead to a pattern of cumulative trauma and structural dissociation, and this pattern, in turn, to cognitive, metacognitive and interpersonal impairments.

October 26th, 11:10

SESSION IV ROOM 8

ID SP-49

Experience of using Trauma and Dissociation Symptoms Interview - TADS-I in Russia

Elena V. Kazennaya, Clinical psychologist, EMDR Europe Practitioner, Lecturer, Moscow Pedagogical State University, Psychological Anthropology Department, Moscow, Russia

The semi-structured diagnostic Trauma and Dissociation Symptoms Interview, as described in a manual by S. Boon and H. Matthews (TADS-I, version 1.9) was recently translated into the Russian language (E. Kazennaya, E. Divid, 2018). At present, about 60 specialists are using TADS-I in the Russian Federation in their clinical practice. As one of them, in this communication I will present several cases of successful application of TADS-I in my practice. Particularly interesting was the case of a client with a DID supposedly diagnosed by clinical psychologists, where TADS-I (conducted in 2018) helped to reveal the actual picture of a disorder, disproving the former DID diagnosis. Furthermore, I will present cases where TADS-I was used in collaboration with psychiatrists for the diagnosis of other complex disorders.

October 26th, 11:30

SESSION IV ROOM 8

ID SP-62

Dissociative Disorders in the ICD-11: What's new, what's changed, and what's important?

Andrew Moskowitz, Professor of Psychology, Touro College Berlin, Germany

The ICD-11 is being published in 2019. The dissociative disorders categories incorporate a series of significant changes from the ICD-10, and also differs from the DSM-5 dissociative disorders in substantial ways. One important innovation involves the creation of a complex dissociative disorders category distinct from DID which still involves a central role for several dissociative parts of the personality. In addition, the ICD-11 is designed to allow clinical judgment to play a major role in the consideration and assigning of dissociative disorder diagnoses. Important conceptual and clinical implications of the new ICD-11 dissociative disorder diagnoses will be presented.

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October 26th, 10:30

SESSION IV ROOM 9

ID SP-37

Recovered Memories: Shooting the Messenger

Rainer Hermann Kurz, C. Psychologist, Outstanding Achievements, London, Long Ditton, United Kingdom
Ashley Conway, Chartered Counselling Psychologist, London, UK

Background

This paper revisits a 1998 article by Dr Ashley Conway in a volume 'MEMORY IN DISPUTE' edited by Dr Valerie Sinason. It concerns the legacy of complex trauma and the difficulties facing survivors disclosing memories of abuse - especially from those promoting a 'False Memory' narrative.

Method

Six assumptions, explicit or implicit, derived from material provided by false memory movements, the press and other media outlined in the article were reviewed in the light of two decades that passed.

Results

The assumptions are concerned with implantation of false beliefs, therapists ostensibly persuading clients to have false belief, the effect of hypnosis, the role of retractions, claims that alleging child sexual abuse is an 'easy option' and the denial of the existence of traumatic amnesia, repression, and therefore recovered memory. False Memory proponents continue to make numerous false claims and 'play' a naive media as well as 'professionals'.

Conclusions

In good science data is gathered and a theory is formed. In bad science a theory is formed, and the evidence is gathered to fit the theory. We are well overdue switching our attention from the messenger (client or clinician) and should instead turn the spotlight on those doing the shooting.

October 26th, 10:50

SESSION IV ROOM 9

ID SP-41

Borrowed Memories: Life Story Research, Living with Dissociative Amnesia (D.A.) the experience of Forgetting and Remembering: Pilot Study

Marian Teresa Crowley, PhD student, University of Chester, UK, Lichfield, United Kingdom

Aim/purpose

The aim is the exploration of the subjective lived experience of an individual with Dissociative Amnesia. For survivors of trauma, motivated forgetting offers an important coping strategy. The start of this research journey has been the emerging narrative from a voice silenced with D.A.

Methodology:

In this study the life story narrative was the selected methodological approach, which is constructed through the story's individuals tell about their experiences, and the meaning they ascribe to these lived experiences over time. Data was collected using semi structured interviews allowing the researcher to relationally and reflexively engage with the participant. The study has been ethically approved by Chester University.

Results:

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The lived experience of the participant in this pilot study was “the memories I’ve recalled aren’t really mine, I borrowed and found them along the pathway in my life, to make me feel more normal”. The findings in this pilot study demonstrated the longing to belong and the development of coping that included emotional disconnection and borrowing memories. The conflictual world of DA leaves the person in a world that remembers yet not remembering.

Conclusions:

The findings from this research will be used to inform the development of resources that can be used in teaching, it is anticipated this will include published material.

October 26th, 11:10

SESSION IV ROOM 9

ID SP-42

Lost-in-the-Mall: False Memory or False Defense?

Ruth A Blizard, Psychologist, Johnson City, US

“The Formation of False Memories” (Loftus & Pickrell, 1995), known as the Lost-in-the-Mall study, concluded that it is possible to implant an entire false memory for something that never happened by suggestion. The study was conceived of as a means to defend parents from accusations of abuse when their adult children had recovered memories in adulthood. It was publicized widely by the False Memory Syndrome Foundation, which was part of a larger movement in the 1980s and 1990s that included Victims of Child Abuse Laws and the invention of Parental Alienation Syndrome. These groups worked to weaken child abuse laws, undermine the credibility of children, and invalidate child abuse prosecution by labeling it as a witch-hunt. The study has influenced two decades of false memory research and is cited uncritically in psychology textbooks and by the media. Expert witnesses use the study to discredit adult survivors’ testimony, inferring that false memories for childhood abuse can be implanted by psychotherapists. The study presented NO evidence that any full false memory was generated. It fails to report negative results and lacks definition of a full false memory. The conclusions are based on insufficient evidence and anecdotes rather than on scientific research.

October 26th, 11:30

SESSION IV ROOM 9

ID SP-102

Therapeutic Precautions to Help Prevent False Memory Allegations

George F Rhoades, Clinical Psychologist, Ola Hou Clinic, Aiea, United States

The 1990's was a turbulent time for psychologists and the counseling profession in general. The False Memory Foundation and other "memory" experts encouraged legal action against therapists that worked with victims of childhood abuse and "recovered memories." This backlash against therapists also discouraged victims from coming forward with their stories of sexual trauma. The 2018 hearings with the United States Senate and the selection of a new Supreme Court Justice has caused this controversy to be a focus of sharp attention again. This webinar will look at practical steps for a therapist to protect both therapist and client in the process of healing from past abuse and even current abuse. An example is the

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difference between "knowing" that a client's report is "truth" and "belief" in a client's presentation of that "truth." The role of the therapist being a counselor and not a police officer/investigator, documentation of memory recall and many other practical applications.

Principles were gleaned from actual cases and false memory writings.

October 26th, 10:30

SESSION IV ROOM 10

ID SP-29

Sexual Abuse of Mothers towards Children and their Attachment - from Generation to Generation

Agnieszka Widera Wysoczanska, University of Wroclaw, Institute of Psychology, Clinical and Health Department, Wrocław, Polska

Primary Presenter: Agnieszka Widera Wysoczanska – Assistant Professor, Department of Clinical Psychology and Health, University of Wroclaw, Institute of Psychology

The aim of the study was to check whether sexual abuse of mothers towards children influences the use of sexual abuse by such victims, towards their children. Sample of 354 randomly selected people were examined (M=34.48), of whom 151 had experienced sexual abuse by his mother. It was assumed that sexual abuse is divided into: direct (tactile, non-contact, emotional) and indirect (bringing to the perpetrator, permissiveness of abuse, lack of acceptance of abuse without protection). People filled the questionnaires: "Sexuality of mothers towards children" (Cronbach's alpha:0.92) and "Sexuality of parents towards children" (Cronbach's alpha:0.97) created for these studies. Statistical analysis showed that women after sexual abuse from their mother, use of direct and indirect sexual abuse mainly against the daughters. Men sexually injured by their mother, they hurt mainly sons using emotional sexual abuse and without touch and direct sexual abuse towards their daughters with touch and indirect abuse. Direct and indirect sexual abuse against sons and daughters it was significantly statistically more intense on the part of parents who have themselves experienced sexual abuse from their mothers than people not reporting such abuse. Experiencing sexual abuse in childhood from the mother's side is passed on to the next generation, in the form of a pathological attachment with a child.

October 26th, 11:00

SESSION IV ROOM 10

ID SP-22

Child Sexual Abuse perpetrated by Women in early Childhood and Victim's Psychopathological Outcomes: a 7-year-long Italian Experience

Sara Simona Racalbuto, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Torino, Italy

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Antonio Francesco Urbino, MD, Direttore S.C. Pediatria D'Urgenza, Dipartimento di Pediatria D'Emergenza, A.O.U. Città della Salute e della scienza di Torino.

Purpose

Female-perpetrated child sexual abuse (CSA) has been reported as rare (5% of all CSA). The authors applied a qualitative approach to clinical data of a small group of cases exploring the victim-offender relationship and the outcomes on the children.

Material and Method

Data about the cases managed from 2012 to 2018 by the “Bambi” unit (Pediatric Hospital, Turin) have been collected. This is a multidisciplinary unit trained in the assessment of child abuse.

Results

Among 536 cases of suspected CSA, in 9 cases the potential perpetrator was a woman, with a caregiver role. The victims' mean age was 5.2 years (range 3-9).

The psychological outcomes included sexualized behaviors, compulsive masturbation, aggressiveness, rejection for the mother figure, nightmares, phobias, rituals, and somatoform symptoms.

Sexual abuse was a pathological extension of the care activities. The female offenders established a symbiotic, pathological, and regressed relationship with the child, similar to that between mother and child in the early stages of life, without a real erotization. They showed inability to recognize the difference between the self and the “other” overrunning the limit of intimacy. The victim acquired the function of being a part of the woman in the context of a privileged relationship.

October 26th, 11:30

SESSION IV ROOM 10

ID SP-23

A Case of Child Sexual Abuse Perpetrated by the Nanny: Focus on the Severe Risk of Victim's Psychopathology

Sara Racalbutto, Psychology Doctor, Emergency Pediatric Department, A.O.U. Città della Salute e della Scienza di Torino, Turin, Italy

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S., a 3-year-old girl, told her mother that her nanny used to touch her “plum”. The nanny was immediately fired. Since then, the girl started to masturbate compulsively, to be very aggressive, and to show difficulty urinating and defecating, nightmares, fear of death, and rituals.

The visit at the “Bambi” unit (a multidisciplinary unit of the Pediatric Hospital of Turin - Italy - trained in the assessment of child abuse) revealed perineum erythema and anal fissures. The report to the Judicial Authority started the investigations.

Parallel sessions PAPERS



S. told about “secret games” she used to play with the nanny, consisting of masturbation and introduction of fingers and objects into the girl’s vagina and anus. The 52-year-old nanny was described as a simple person, with low cognitive tools.

The abuses always occurred when the girl was entrusted to the offender, who had the temporary role of caregiver, during routine daily activities, such as bathing, dressing or playing. The victim felt trust and affection for the offender; they had a very strong and morbid relationship.

The woman always denied the accusations. She was convicted to 7 years of imprisonment. Today, 5 years after the abuses, S. is still in psychological treatment.

October 26th, 13:15

SESSION V ROOM 9

ID SP-48

Group Music and Imagery (GrpMI) and Expressive Arts in Trauma Treatment

Gabriella Rudstam, PhD student. Music Therapy graduate program, Institute for Communication and Psychology, Aalborg University. Lic. psychotherapist, cert. EMDR supervisor, BMGIM therapist, expressive arts therapist., Stockholm, Sweden

Bolette Daniels Beck, PhD, Associate professor, music therapist. Aff: Institute for Communication and Psychology, Aalborg University, Aalborg, Denmark

Purpose: The purpose of the study was to explore whether group psychotherapy with music and expressive arts could diminish symptoms of posttraumatic stress disorder (PTSD) and dissociation and increase wellbeing in women suffering from PTSD/CPTSD (Cloitre, 2015; Grocke & Moe, 2015; Rudstam, Elofsson, Søndergaard, Bonde & Beck, 2017).

Method: The effects of a trauma-focused group intervention (12 weekly sessions) with GrpMI and expressive arts for women with a background of childhood abuse and /or domestic violence were explored. 46 women were randomized to either an experiment group (5-7 participants per group) or a wait list control condition (WLC). PTSD symptoms (primary outcome), dissociation, quality of life, depression and anxiety were measured at pre, post and 3 months follow up. After termination of treatment all participants took part in semi-structured interviews.

Findings: Significant changes with medium to large effect sizes were found on all measures (primary outcome $p=0.006$). The thematic analyses of the semi structured interviews showed that the participants found the group therapy helpful.

Conclusion: GrpMI seemed to strengthen the social engagement system, increase wellbeing and decrease PTSD symptoms and dissociation in a group therapy intervention with women suffering from PTSD/CPTSD.

October 26th, 13:45

SESSION V ROOM 9

ID SP-54

Care to Care? The Effect of the Total Lack of Affective Warmth during the War Experience of a Vietnam Veteran: Exposure of Single Case, treated with EMDR

Parallel sessions PAPERS



The PTSD diagnosis constructed in the USA to describe the Vietnam veterans' symptomatology will be highlighted in the presented single case treated with EMDR. It deals with an elderly man who survived two missions carried out in Vietnam and then moved to Italy, where he built his life, but only thanks to alcohol for many years he managed to tolerate the suffering of war memories. The therapeutic process was evaluated through the following tests, administered at the beginning and end of the treatment: Barratt impulsiveness Scale (BIS-11), Visual Analogue Craving Scale (VAS-Craving), Dissociative Experiences Scale (DES), Scale of Event Impact Revised (IES-R), Structured Clinical Interview for Dissociative Disorders-Revised (SCID-D-R), Symptom Checklist-90 (SCL-90). The videos that will be presented will be an opportunity to listen to a veteran, who at the end of EMDR therapy, recognizes the outcome of the elaboration process and reflects on the experience of the war managing to highlight the neglect of both his companions and the nation. The case also shows how the dissociative process can be recognized as a resource for survival of the mind and to remain aware of the escape route from the bloody and dangerous reality to which one is exposed.

October 26th, 14:15

SESSION V ROOM 9

ID SP-61

Integrating Talk Therapy and Bio-neurofeedback in Trauma Therapy

Porzia Talluri, psychologist-psychoterapist neurofeedback provider - gruppo In Thera Milano-Torino, Italy
Laura Vasini, Psychologist-psychoterapist neurofeedback provider, Torino, Italy

In this paper we want to share our experience with traumatised patients focused on integration of talk therapy and bio-neurofeedback therapy. We integrated BNF combined with EMDR, sensorimotor, mindfulness and other techniques following the Van der Kolk Trauma center model. The aim of our intervention is to put in evidence how this computerised technics can go hand to hand with talk therapy. Many researchers have studied the traumatised brain finding out how the amigdala firing can be calmed down (usually it's not possible to talk to a deep brain structure devoted to survival) Two relevant example: R. LANIUS unveiled how to calm down a traumatised brain, while S. FISHER's found out how to help developmental traumatised patients to move out from rigidity. the first of three steps related to trauma work requires a bottom-up attention, aiming to stabilise the traumatised subject.

Following this approach, if we insert an HRV biofeedback, the ANS can be harmonised with sympathetic and parasympathetic balance. The result is a physiological response that allows to interact with patients with less anxiety.

Attempts have long been made by neurofeedback operators to learn to handle brain storms. Today, NF is able to improve (thanks to its feedback reward) patient's chances to deal with fear, anger and dysregulation. Finally a traumatising brain find a better balance alternating NF therapy sessions with talk therapy.

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October 26th, 13:15

SESSION V ROOM 10

ID SP-27

The Healing Effect of Social Engagement and Connection

Yvonne Chollet, Expert by experience & trauma survivor, Peaceful Impact Publisher, Switzerland, Corcelles, Switzerland

Yvonne is the mother of an adult child. She has a background of a long-term traumatization as a child and of several traumatic experiences as an adult and began her search for recovery in her early twenties. She underwent different therapies during many years which helped to keep her head above water but did not really heal her trauma.

At the age of 47, she found her way to a trauma-focused therapy and to the diagnosis of DID. Her life has changed radically ever since and many doors have opened. The healing process was and is a long and difficult journey, but at the same time, a new path full of hope, answers and new encounters.

The connection to her Finnish peers has allowed her to find her way out of isolation and contributes significantly to her rehabilitation. Thanks to this connection and among other reasons, her deepest wish and her goal are to accompany others on their healing process and offer them the support and hope she has experienced. She has decided to educate herself in trauma care and is currently doing a 3-year training in Somatic Experiencing® (SE) as per Peter Levine in Switzerland.



October 25th and 26th

POSTER SESSION

ID PS-12

"Sense" Symptom in Post-Traumatic Stress Disorder

Sanae Aoki, University of Tsukuba Faculty of Human science, Tsukuba, Japan
Eiko Nozawa, Nagoya Family court, Japan

For treating PTSD, the approach to the sensory system has been regarded to be as important. However, clinical studies on sensory symptoms in PTSD are lacking. Hence, this study aimed to investigate the characteristics of sensory symptoms in PTSD. Information on 249 sensory symptoms of 101 PTSD patients was gathered from interviews with 11 PTSD therapists. A comparison of symptoms observed for each sensory organ revealed that impairments more significantly occurred in the visual organs (20.4%). Conversely, hyperarousal was significantly more likely (11.7%) to be observed for the auditory system, and dissociation was significantly more likely to be observed for the gustatory organs (6.7%). Furthermore, sensory symptoms were classified into three categories according to the type of symptoms and the type of traumatic events by using the Type III quantification method. Visual and olfactory symptoms comprised the intrusion and disaster /accident group. Auditory and tactile symptoms were observed in individuals who experienced sexual victimization, abuse, and violence, and in those with hyperarousal. Gustatory symptoms comprised a group involving dissociation. In conclusion, survivors of disasters and accidents may be sensitive to pictures or smells of the trauma and victims of violence, to sounds and skin stimulations; taste remains unaffected by any type of trauma.

October 25th and 26th

POSTER SESSION

ID PS-08

The Assessment of Self-care Patients Perception when they Access Trauma Psychotherapy

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On the side of the ideas from the recent works of K. Steele and D. Mosquera (2017) on the subject of "self-care" as a proposal to the patient, we propose this work that contributes to the Italian validation of the SMCS mentioned below. The study aims to observe and detect perceptions and behaviors of clients who start treatment for post-traumatic, personality, DID or depression disorder and after 5 months (20 sessions), especially regarding self-care models (A. Gonzalez, 2012; 2017 Italian version by Boldrini MP, Chiappelli A., Bellardi C., Gualdi G., Fantinati M.). The method used involves the administration of questionnaires to a sample of patients accessing the therapy, which will be re-administered the same test package after four



months to observe any changes. The tools used will be essentially: SCL-90-R (Derogatis, 1994), DERS (Gratz, Roemer 2004), CORE OM (Evans et al., 2000, validated in the Italian version of Palmieri et al., 2009) and above all the SMCS (Scale on self-care models, by A. Gonzalez et al., 2017 - translated into Italian by the Trauma Modena Group in 2017). These tools will be used to trace a profile of the subjects from the symptomatological point of view, and then evaluate if there are connections between their response to SMCS and their mental state at access to cognitive behavioral psychotherapy and observe any changes at 4 months (16 sessions away). References: Fonagy P., Gegerly G., Jurist E.L., & Target M. (2002). *Affect regulation, mentalization and the development of the self*. Other Press, New York. Mosquera D., González A. & Van der Hart O. (2011). *Borderline personality disorder, childhood trauma and structural dissociation of the personality*. Person, FUNDA, (44-73). Nijenhuis E.R.S., Van der Hart O., & Steele K. (2002). *The emerging psychobiology of trauma-related dissociation and dissociative disorders*. In H. D'haenen, J.A. den Boer & P. Willner (Eds.) *Biological psychiatry* (pp. 1079-1098). John Wiley & Sons, Chicester, UK.
Construction and initial validation of scales to evaluate self-care patterns: The Self-Care Scale, Gonzalez-Vazquez A. I., Mosquera-Barral D., Knipe J., et al., 2017 in press.

October 25th and 26th

POSTER SESSION

ID PS-09

Using Trauma and Dissociation Symptoms Interview (TADS-I), in the Assessment of Differences between Dissociative and Substance Abuse Disorders

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Alessandra Catania, Psychologist - Psychotherapist, AreaTrauma srls, Milano, Italy

Matteo Cavalletti, Psychologist - Psychotherapist, Studi Cognitivi SpA, Modena; AreaTrauma srls, Milano, Reggio Emilia, Italy

Valeria Fusco, Psychologist - Psychotherapist in training, AreaTrauma srls, Milano, Italy

Additional authors:

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From a clinical point of view it isn't easy to discriminate the alteration of consciousness linked to the presence of a Dissociative Disorder and the alteration of consciousness as a secondary effect of the use of a substance. From the bibliography on this theme the percentage of cases seems to be high of comorbidity between Dissociative Disorder or Complex Trauma and Substance Abuse Disorder or Alcohol. However, it seems that the main disorder from the point of view of the psychopathological nucleus is the dissociative one (Gonzalez Vazquez, 2013). Tamar-Gurol noted an important association between drug use and Dissociative Disorders: using SCID-D the authors found that about 26% of the substance abusers interviewed also suffer from Dissociative Disorder (Tamar, Gurol, et al., 2008). Our research group is working on the Italian validation of the TADS-I and our interest has focused on the possibility of evaluating the effectiveness of the interview in discriminating the dissociation from the alterations of consciousness related to the use of substances. The semi-structured TADS-I interview (Boon & Mathess, 2016) is a tool designed for the evaluation of dissociative symptoms; inside there is also a section dedicated to the evaluation of the use / abuse of alcohol and drugs. Our research hypotheses are: 1. That the TADS-I is able to detect the presence or absence of dissociative



symptomatology even in patients who present with alcohol or drugs use / abuse,.2.Che difficulty of differential diagnostics is accentuated by some factors, such as: the early onset of abuse and its chronicity. The tools used within this research are: the TADS-I interview and the Dissociative Experiences Scale questionnaires (Bernstein, Putnam, 1986) and Symptom Checklist-90-R (Derogatis, 1994). The sample to date a total number of 15 patients. The conclusions emerged from this qualitative research work are that the TADS-I interview is able to discriminate between the two psychopathological dimensions and both research hypotheses are confirmed. Given the small number of patients in the reference sample the results are certainly partial. References: Bernstein E.M, Putnam, F.W. (1986). Development, reliability, and validity of a dissociation scale, *The Journal of Nervous and Mental Disease*. Boon, S. & Mathess, B. (2016). Trauma and Dissociation Symptoms Interview TADS-I. Derogatis, L.R. (1994). Symptom Checklist-90-R: Administration, scoring, and procedures manual. Minneapolis, MN: National Computer Systems. Gonzalez-Vazquez, A. (2013). Dissociative disorders - Diagnosis and treatment. Tamar-Gurol D., et al. (2008) Childhood emotional abuse, dissociation, and suicidality among patients with drug dependency in Turkey. *Psychiatry and Clinical Neurosciences*.

October 25th and 26th

POSTER SESSION

ID PS-13

Boredom, Detachment and the Divine Indifference

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In the last decade, there has been a growing interest in the phenomenon of boredom (Koerth-Baker, 2016). Although boredom has some elements in common with the melancholy and apathy that can be present in some mood disorders or with the sense of emptiness and void which is typical of the mindset of severe personality disorders (e.g narcissistic and borderline) (Dimaggio and Semerari, 2003), boredom can be better identified as a separate and distinct experience, both conceptually and empirically (Goldberg et al, 2011). Here we suggest a possible linkage between boredom and the dissociative experiences based upon some of the distinctive features of boredom, such as: the subjective state of alienation and detachment from phenomenal experience; the sense of suspension or alteration of the subjective experience of the time flow; the loss of meaningfulness of the experience. In a recent review (Vodanovich & Watt, 2015), the construct of boredom was split into 5 dimensions: disengagement (which is also synonymous of "detachment"), inattention and perception of time (two aspects that refer to experiences of absorption that can have a dissociative bank), high and low arousal.

The present work aims at exploring the possibility that there is a dissociative root in the experience of boredom, and at investigating its possible relationships with some phenomena already related to boredom, such as the sensation seeking and the mood alterations.

We administered the following scales to a sample of 300 participants:

Abstracts POSTERS



|- *Multidimensional State Boredom Scale (MSBS, Fahlman et al, 2013)*

|- *Dissociative Experiences Scale (DES-II, Carlson & Putnam, 1993)*

|- *Sensation Seeking Scale (SSS, Zuckerman, 1979)*

|- *Symptom Check List – 90 revised (SCL-90r, Derogatis, 1994)*

|- *Hypomanic Attitudes and Positive Predictions Inventory (HAPPI, Dodd et al, 2011)*

Our results show that boredom is specifically linked to general psychopathological sensitivity on one hand, and to dissociation on the other hand, above and beyond its relation to sensation seeking and mood instability.

More specifically, we found that boredom showed a positive correlation with dissociative detachment and absorption symptoms, but a negative correlation with compartmentalisation

Results are discussed in the light of a multidimensional hypothesis of dissociation.

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October 25th and 26th

POSTER SESSION

ID PS-03

Who wrote that? Automaticity and Reduced Sense of Agency in Individuals Prone to Dissociative Absorption

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Abstracts POSTERS



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Dissociative absorption is a tendency to become immersed in a stimulus while neglecting surrounding environment. Theoretically, absorption suggests automatic functioning in areas that are outside the focus of attention. Indeed, Janet's classic work described automatic writing among dissociators. This study examined whether high absorbers indeed act more automatically. Automaticity was defined as decreased meta-consciousness for, and therefore poor memory of, one's own actions, along with faster task performance and reduced sense of agency (SoA) over one's actions. High and low absorbers (N=63) performed 3 tasks, designed to enable absorption: choice-reaction time (CRT), Tetris, and stream-of-consciousness writing. Participants recognized task details and self-reported their sense of agency and automaticity during the tasks. As hypothesized, trait absorption was correlated with impaired autobiographical memory, especially omission errors, in the writing task. Contrary to hypotheses, absorption was not related to episodic memory disruptions in the CRT or Tetris tasks, nor to faster performance in any of the tasks. In all tasks, absorption was associated with self-reported decreased SoA and increased sense of automaticity. Absorbers' difficulty in identifying self-generated content implies that they may have produced it with reduced meta-consciousness (i.e., automatically), and therefore it is less accessible to them.

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POSTER SESSION

ID PS-110

Exposure to Early-life Traumatic Events and Susceptibility to Major Depression and Cocaine Use Disorder in Adulthood

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Valeria Carola, PhD fellow, Department of Dynamic and Clinical Psychology, Sapienza, University of Rome – Department of Experimental Neuroscience, Santa Lucia Foundation, Rome

Childhood maltreatment (CM) is one of the main risk factors for developing psychopathologies in adulthood, but the biological mechanisms underlying this relationship haven't been determined yet. Here, we investigated how CM contributed to the development of Major Depression (MD) and Cocaine Use Disorder (CUD). We evaluated the existence of biomarkers that were associated with the symptoms and CM. We recruited two clinical samples, one of MD and another of CUD patients, along with healthy subjects. Psychometric investigations were carried out to evaluate the history of the disease, the current symptomatology and CM. In parallel, a blood sampling was performed for the biomarker analysis. Our investigation showed that Sirtuin1 is one of the mechanisms involved in the "translation" of exposure to early emotional neglect in emotionality alterations in adulthood. Furthermore, CM induces high levels of inflammation in patients being treated for CUD. Both alterations were associated with the



symptomatology: the lowest levels of Sirtuin1 were associated with the severity of depressive symptoms, and higher levels of inflammation with the high levels of cocaine craving. For clinical purposes, these results could help for the correct formulation of the diagnosis and for the application of the adequate pharmacological and psychotherapeutic treatment.

October 25th and 26th

POSTER SESSION

ID PS-17

Intergenerational Transmission of the Trauma in the “Living Desaparecidos”

Cecilia de Baggis, Department of Education, University of Rome Tre, Rome, Italy

Susanna Pallini, Department of Education, University of Rome Tre, Rome, Italy

The term Intergenerational transmission of trauma refers to the effect of parental exposures to traumatic experiences in their offspring and subsequent generations. Offspring could be affected by changes in parental attitudes, behaviours and biology even at the time of conception, pregnancy, or in the early postnatal period. The case of the children “living desaparecidos” offers an important possibility of studying this phenomenon. Among the 30.000 desaparecidos who were kidnapped and killed in Argentina between 1976 and 1983, several pregnant women lived their pregnancy in captivity exposed to unbearable experiences. After delivery, their children, living desaparecidos, were given to families with close military ties and grew up unaware of their real identities. Their grandmothers, the Abuelas de Plaza de Mayo, searched for them, creating a DNA database to allow for their identification. To this day, 128 grandchildren have been tracked down, and returned to their biological relatives. These children found out only as adults that they were not biological children of their foster parents, who were often accomplices of their biological parents’ torturers, but, overall, their parents’ traumatic experience in prenatal and early post-natal period could have been transmitted through epigenetic changes in the parental biological system that emerged in response to stress exposure.

October 25th and 26th

POSTER SESSION

ID PS-11

Trajectories of Traumatic Development in an Autoimmune Disease: the Case of Systemic Lupus Erythematosus (SLE)

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Introduction

Cumulative childhood adversities and relationship experiences are linked to multiple biological system dysregulations and higher vulnerability to diseases. Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease with a relapsing remitting course. Pattern of disease activity, ACEs, psychological features and clinical variables were investigated in SLE patients.

Methods

40 consecutive female SLE outpatients were enrolled in a cross-sectional study. Variable set includes: ACE score and CTQ self-report questionnaire, adult attachment (ECR-R), alexithymia (TAS-20), perceived stress (PSS), HRQoL (SF-36), disease activity index (SLEDAI-2K), irreversible organ damage (SLICC / ACR damage index, SDI), length of disease, complete clinical and laboratory data. 4 patterns of flares and remissions were also evaluated.

Results

Strong positive correlations of mean SLEDAI-2k (last 24 months) were found with ES12 ES14 ES15 CTQ_EMAB CTQ_PHYAB CTQ_SEXAB CTQ_EMNEG and CTQ_PHYNEG. SDI index correlates with ES12 ES14 and ES15 CTQ_EMAB CTQ_PHYAB CTQ_SEXAB CTQ_EMNEG CTQ_PHYNEG. Categories of Emotional Neglect and Physical neglect scores significantly increased in patients with chronic active disease compared to relapsing-remitting, prolonged-remitting or clinically quiescent disease patients.

Conclusions

A Trauma-based assessment permits to reframe multidisciplinary anamnestic and treatment strategies for SLE. Childhood adversities and complex trauma show consistency as previously undescribed, independent contributors to disease trajectories and outcomes.

October 25th and 26th

POSTER SESSION

ID PS-15

The Adverse Childhood Experiences and Deviant Behavior: Preliminary Correlation Data through the ACE Questionnaire (Felitti, 2013)

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Research has shown that Adverse Childhood Experiences (ACE) are an important risk factor for the onset of psychopathological disorders both during development and in adulthood. The ACEs study has provided an important scientific contribution, therefore the present work aims to reflect on the correlations between the results of the Felitti questionnaire in a sample of adult prisoners, undergoing rehabilitation and reintegration into society. The following tests were administered to clinical cases at the beginning of the treatment: Adverse Childhood Experiences questionnaire (ACE; Felitti - 2013), Health of the Nation Outcome Scales (HoNos, -J.K.Wing et al. - 1993), The Impact of Event Scale - Revised (IES-R; D.S.Weiss et al. - 1995). The



multicentric research, carried out in various therapeutic communities in the Bologna area, has highlighted important similarities in the clinical suffering at a bio-psycho-social level. Therefore, it follows that the possibility of investigating and treating ACE in the rehabilitation process could prevent the reactivation of triggers previously acted in an anti-social sense and therefore avoid recurrences. The model of intervention proposed focuses on the treatment of traumatic memory, and it could be included in the context of rehabilitation in order to build a clinical work based on the need of giving voice to the generally hidden and apparently forgotten suffering.

October 25th and 26th

POSTER SESSION

ID PS-02

The Psychological and Developmental Traumas in Children - Compliance with ADHD, Differences and Diagnostic Resolution

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Expert care should take into account both the body and the soul. Deep knowledge of the individual's unique story is a crucial part of correct diagnosis, because we shouldn't be overlooking the experience of the soul. At the same time, this also needs to include the story of the body, which could be better understood when the view of neurobiology is involved.

However, expert care doesn't mean there is only one possible course of treatment. In fact, the system, where the traumatised child finds itself, could determine the diagnosis and intervention strategy. Therefore, the author of the text used qualitative analysis to research case studies of 150 traumatised children considering the system, which provided the expert care, the school system, and health and social care system. She shares her finding with the experts in various humanity fields.

October 25th and 26th

POSTER SESSION

ID PS-14

Neuroanatomical Dissociations between Simplex and Complex PTSD: a Meta-analytic Study

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PURPOSE

The anterior part of hippocampus (AH) is associated with memories integration and with constructive processes. When a person is exposed to a single traumatic event, like in simplex PTSD (sPTSD), these processes could fail. However, when the trauma is prolonged and repeated, the ability to integrate memories in an updated version of ourselves fails chronically (like in the case of complex PTSD), leading to a persistent change in the autobiographical long-term storage associated with the posterior hippocampus (PH).

METHODS

To explicitly test this issue, we performed a meta-analysis of 23 Voxel-Based Morphometry studies on either simplex (sPTSD) or complex (cPTSD) patients (using GingerALE 2.3.6). The selected papers included 366 patients and 614 healthy controls (HC), and reported 163 stereotactic coordinates representing either reductions (125 HC>sPTSD; 21 HC>cPTSD) or increments (17 sPTSD>HC) of grey matter (GM) density.

FINDINGS

sPTSD patients showed a significant GM reduction of the AH, while cPTSD showed a significant atrophy of the PH. Finally, sPTSD showed a significant increment of GM density in regions associated with pain perception.

CONCLUSIONS

The neuroanatomical dissociation between sPTSD and cPTSD along the rostro-caudal axes of the hippocampus is compatible both with the petrified-self concept and with the construction hypothesis.

October 25th and 26th

POSTER SESSION

ID PS-06

The Predictive Role of Traumatic Experiences and Dissociation in Non-suicidal Self-injury Behaviors of Adolescents in Residential Care

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Adolescents exposed to traumatic experiences of child maltreatment have a pattern of potentially destructive dissociative behavior and an elevated risk of deliberate self-harm. Considering that most adolescents living in residential care had a childhood marked by chronic adverse events, most often of neglect and interpersonal violence, this study aimed to analyse: a) the expression of non-suicidal self-injury behaviors (NSSIB) in these adolescents; b) the predictive role of trauma and dissociation on their NSSIB. Sample comprised 87 adolescents living in residential care, both sexes (64.4% girls), aged between 12 and 18 years old (M=15.71; SD=1.73), that completed the Childhood Trauma Questionnaire, the Adolescent Dissociative Experiences Scale and the Impulse, Self-harm and Suicide Ideation Questionnaire for Adolescents. It's scarce the number

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of adolescents who engage in NSSIB. Among the different types of traumatic experiences and dissociation, only the last one accounts for the variability of NSSIB. Since dissociation helps adolescents move away from their hard reality, NSSIB may be understood as a way to generate feelings and to have something they can control. More research is needed in order to understand how adolescents in residential care deal with their experiences of victimization and the impact they have in their mental health.

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POSTER SESSION

ID PS-16

Non-Suicidal Self-Injury Among University Students in Japan

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Objectives: Traumatic experiences such as physical and sexual abuse are related to nonsuicidal self-injury (NSSI). Although NSSI is a method of coping used to manage environmental distress without suicidal intent, it is associated with suicidal attempts later in life. We examined whether characteristics of NSSI (frequency, duration, and methods) vary according to the onset age and gender in Japanese youth.

Method: A sample of 207 Japanese university students aged 18–23 years ($M=19.86$, $SD=1.14$) completed self-report measures.

Results: Twenty percent of the participants reported a history of NSSI. An analysis by quantification theory type III revealed that specific NSSI was characterized by gender. Specifically, it was suggested that male students were likely to engage in NSSI such as biting, banging their heads, and punching themselves, whereas female students were likely to engage in NSSI such as sticking pins, needles, or staples into their skin and severe scratching.

Conclusion: Results suggest that proper treatment of NSSI depends on careful consideration of the different methods of NSSI.

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POSTER SESSION

ID PS-19

Early Traumas, Dissociation, Psychoticism and Relational Style as Risk Factor of Recidivism in Violent Behaviour: a Case of Schyzoaffective Personality Disorder

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Background

Developmental traumas predispose to personality disorganisation, dissociation, affective dysregulation, inadequate modulation of somatic, mental, affective states and behavioural issues, they occur in association with severe personality disorders and violent behavior, too.

Aim of the study

To underly the relationship between traumas, dissociation, relational style and risk factors in a case of Schizoaffective Personality Disorder with a violent behavioral episode.

Methods

A description of a severe Personality Disorder is observed through the scores of HCR - 20 v3 (Douglas et al., 2013; Caretti et al. 2018), PID - 5 (PD), RQ (Bartholomew, Horowitz, 1991), DES - II (Carlson and Putnam, 1992) and TEC (Nijenhuis et al. , 2002).

Results

Traumas of reject and physical abuse in father relationship (TEC) and victimization (H8 subscale HCR -20 v3 presence) are associated with instability (C4 subscale HCR - 20 v3 presence), negative emotionality, detachment, psychoticism subscales high average scores (PID), dismissing/derogating relationship style (RQ), personal relationship problems (H3 subscale HCR - 20 v3 presence), high percentage of dissociation (DES - II).

Conclusions

The authors propose a detachment pattern from close relationships and instability, could be risk factors in predicting violent behaviors in severe disorganized personalities. Further studies should investigate this relationship.

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POSTER SESSION

ID PS-10

The Relationships among Imagery, Boundary in the Mind, and Dream Recall

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The purpose of this study was to discuss the relationships among imagery, boundary in the mind, and dream recalls. Vividness and controllability of imagery; fragility and ambiguity as boundary; and frequency, vividness, contents and sensation modality as the aspects relating to dream recalls, were dealt with in this study. Undergraduates were administered with the following questionnaires : The short version of Questionnaire upon Mental Imagery (QMI), Test of Visual Imagery Control (TVIC) , Japanese Boundary Questionnaire (JBQ) and Questionnaire on Dream Recall Frequency. The data of 198 undergraduates who answered all question items were subject to the analyses. The analyses revealed a significant positive correlation between the vividness of dreams and the vividness of imagery (QMI) as well as the vividness of dreams and boundary. Further, the results indicated that the group of subjects with the higher imagery vividness demonstrated the significantly high vividness of dreams compared to that with the lower imagery vividness. Our results suggest that imagery, boundary in the mind and dream recalls were related with each other and that the vividness of dreams, in particular, had a correlation with the vividness of imagery and

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POSTER SESSION

ID PS-05

Model Development to Improve Capabilities to Cope with Dissociation and Affect Dysregulation in a Context of Social Care of Children

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Many care workers and foster parents have great difficulties in managing and understanding dissociative problems in the context of social care of children in Japan. Though several sophisticated support models as the Sanctuary Model (Bloom, 1997, 2011, 2013) and the Circle of Security (Powell, Cooper, Hoffman, & Marvin, 1999, 2009, 2013) have already developed, such a rich program has not been successfully disseminated enough to many of the people who need it, especially resource-limited social care setting in Japan. A simple and intuitively understandable model for the foster parents and residential care staffs may be helpful. Objective of this research is to develop such model especially focusing on dissociation and affect dysregulation, through qualitative in-depth interviews with seven experienced Child Psychologist of Child Guidance Center and others who work with care workers and foster parents, exploring the barriers and stepping stones for them to notice, understand, and cope with dissociative problems. One of the key concepts of the suggested model is an outlook and self-efficacy in care, which is discussed with theoretical background of trauma informed care and empowerment of the care givers and children.

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POSTER SESSION

ID PS-07

Dissociation in Infants in Social Care

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In Japan, children in social care number 45,000 in 2017, and about 12 percent of them are raised by foster parents. The rest of the children are raised in child welfare facilities. It has been confirmed that the ratio of the unstable type of attachment and the chaotic / undirected type of attachment increases in the case of children having abusive experiences at home or special samples raised in infant homes (Umemura, 2017). It has also been shown that being raised by multiple care workers in child welfare facilities leads to attachment problems (Roy et al., 2004). Therefore, it is considered that many of the children in social care have attachment problems. However, investigations focused on attachment in infants in social care have yet to be reported in Japan.

On the other hand, Ohkawara (2015) suggested a relationship between attachment and dissociation in children during infancy. Therefore, this study examines dissociation in infants in social care in Japan, based on behavioral observation.



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POSTER SESSION

ID PS-18

The Impact of Trauma and Dissociation in Psychiatric Patients attending to Sardinian Mental Health Services

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PURPOSE

Even though clinical and literature data show a wide diffusion of traumatic events and their strong association with various psychopathologies and dissociative symptoms [1, 2, 3], these aspects are still underestimated and not adequately considered. Currently, both in Italy and in Sardinia epidemiological data on these issues are lacking.

Methods:

The following questionnaires will be administered:

- *TEC: to investigate different types of trauma;*
- *CTQ-SF: to investigate childhood traumatic experiences;*
- *SDQ-20: to assess somatoform dissociation;*
- *DES-II : to assess dissociative symptoms;*
- *PCI: to assess parental perceived criticism;*
- *MACE - Verbal Abuse Scale: to assess parental verbal abuse.*

POPULATION:

The Experimental Group (ES) will be the whole population of psychiatric patients attending to the Sardinian mental health services engaged in the research project. The ES will be compared with two Control Groups (CG1 consists of individuals of same age and same social background as ES; CG2 is composed of traumatized subjects who experienced the same type of trauma as ES.

MAIN POINTS TO BE COVERED:

The aims of this study are: a) to assess the distribution of traumatic events in the psychiatric sample (ES); b) to assess the association between traumatic events and dissociative symptoms. The project is being approved by the Ethics Committee.

CONCLUSIONS: The data collected are still being analyzed.

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