



San Diego Psychological Association
2017 Fall Conference
Innovations in Trauma Treatment: What's Outside the Box?
Saturday, October 28, 2017

COURSE DESCRIPTIONS

PLEASE NOTE ALL SPEAKERS REPORT NO CONFLICTS OF INTEREST.

8:30-9:45 am Keynote Address:

Hidden in Plain Sight: Decoding the Body Language of Trauma

Bonnie Goldstein Ph.D., Sensorimotor Psychotherapy Institute

This keynote address from Dr. Goldstein, a pioneer and experienced trainer in Sensorimotor Therapy, will highlight the importance of working “beneath the words” - exploring body-based, implicit, nonverbal behavior (movements, gestures, posture, etc.). This approach prioritizes understanding the “organization of experience” rather than “talking about” it, when dealing with clients who have been traumatized. Through work with the body and “embodied” therapeutic conversations, clients who have experienced trauma can be encouraged to be curious and report about their experience in the present moment. This is a critical requisite to therapeutic work with trauma.

Working with the body is very helpful in enabling a client to identify their experiences, emotions, and sensations more clearly. This collaboration between client and therapist often uncovers information which is useful in further understanding and then, treating their trauma. Basic principles of the Sensorimotor Psychotherapy approach will be discussed, with practical illustrations and videotaped examples of how this approach works in practice. Learn about how to apply this elegantly simple and useful approach to monitor client process and engage the somatic realm during trauma treatment!

10:00 am-12:00 pm Morning Workshops: (2 hours)

1) Brain to Brain, Body to Body: Teaching Embedded Relational Mindfulness in Youth, Individual and Group Therapy

Bonnie Goldstein Ph.D., Sensorimotor Psychotherapy Institute

The significance of the “somatic narrative” in Sensorimotor Psychotherapy individual and group treatment will be illustrated by didactic and videotaped clinical examples from Dr. Goldstein’s clinical work. Through the lens of the Sensorimotor Psychotherapy approach, clients are encouraged to tap into and report about their experience in the present moment to build mindfulness. This enables them to develop insights and new information about self and other. The Sensorimotor psychotherapist helps to develop the client’s integrative capacity, collaboratively asking questions such as “when you have that thought, what emotions come up?”, “What happens in your body”? This process and the trust that forms with the therapist, works to transform maladaptive attachment over time, as new connections & brain circuits are formed. This is ideal for children and can be adapted to groups.

Group members explore the development of identity, affect regulation, verbal and non-verbal communication, the ability to form and sustain relationships and consider different viewpoints, while they are “embedded” in an interpersonal, regulatory framework. This helps them grow. The client may become better able to modulate affect and troublesome symptoms. Participating side by side with others who have been traumatized in a group in this way deepens intimacy and the group process. Trust is further enhanced. The aim is to help the client understand what emerges from their developmental history, beliefs, emotions, and physical patterns, more clearly, and to have this occur mindfully, “ embedded” in a relational context. This method builds mindful capacity and healthy attachment, which can be translated into daily life and relationships for resilient coping. Consider this novel take on the value of integrating mindfulness and a somatic focus into group work!

2) The Drama in Trauma: Transference and Countertransference Crises in Psychotherapy with Traumatized Clients

Constance Dalenberg Ph.D., Trauma Research Institute, Alliant International University

Wachtel (1982) once wrote that psychotherapy is no profession for any person who likes certainty, predictability or a fairly constant sense that one knows what one is doing. Traumatized patients are over-represented among those patients who will love you intensely, those who will hate you intensely, those who will want to stay forever and those who will terminate precipitously. Using the data from the San Diego Countertransference Study, together with supplemental studies conducted by myself and my graduate students, I will discuss in this talk the central themes in the psychotherapy crises seen most often in traumatized patients, and the subcategory of crises seen most often in dissociative patients.

With each of the three common psychotherapy crises related to trauma, we will try together to derive some lessons from patient descriptions of therapists who handled the crisis well (at least according to this patient in retrospect) and those who handled the crisis less well. We will also discuss why these particular crises arise, and how they might be pre-emptively addressed in psychotherapy with volatile clients. Join us, and prepare yourself to respond effectively as a therapist when you need to most!

Clinician's Toolbox: (2- 1 hour, practically oriented sessions)

3) Therapy as Sanctuary? How to Respond Effectively to the Needs of Vulnerable Non-Citizen Clients

a. Beginning Anew: Refugees and Asylum Seekers

Dawn Stary Ph.D., Survivors of Torture

The world is currently facing the worst refugee crisis since the end of World War II. Millions of men, women and children are displaced. People are fleeing conflicts in Syria, Iraq, Afghanistan and Ukraine, others are fleeing persecution in areas of Southeast Asia and Sub-Saharan Africa and Latin America. CA is one of highest states for immigration. San Diego County, in recent years, has seen the highest refugee resettlement level in the state. It is critical to assess the needs and wellbeing of refugees and asylum seekers. These individuals are community members who send their children to school and who work in local businesses. They have many needs and often require mental health care with special outreach efforts and adaptation. Dr. Stary is very experienced in this unique area of clinical service.

This workshop will discuss the differences between refugees and asylum seekers. It will analyze the obstacles both groups face. Adjustment to life in the United States can be difficult for them due to the effects of mental health problems. These problems result from displacement, loss of identity, separation from families, exposure to violence, incidents of torture, and the death of loved ones. Refugees and asylum seekers may face poverty and must overcome cultural/language barriers. These barriers can aggravate mental health issues and slow treatment progress. This talk will describe the positive impact a community-based, group model can have on refugees and asylum seekers, where narratives are collected and honored. These therapeutic practices uplift the voices of survivors. Stories connect them to their homeland, heritage, and their new community. Learn about these effective, culturally tailored methods for use in this vulnerable, marginalized population. Become part of the solution with informed compassion!

b. Shadow on the Heart: Undocumented Immigrants, DREAMers and Their Loved Ones

Mariela Shibley, Psy.D., Bi-Cultural Specialist

Immigration has a significant impact on many aspects of life in the United States. The nation's immigrant population (documented and undocumented) hit a record high of 42.1 million in 2015, and immigrants comprise 13.3 percent of the nation's total population. Approximately one fifth of children in the United States today are growing up in immigrant families, and as of 2009, there were an estimated 5.1 million children (more than seven percent of all children living in the United States) who had unauthorized immigrant parents. Nearly eighty percent of these children were U.S.-born citizens.

Recent changes in immigration policy have created a widespread crisis of fear, confusion, uncertainty, exposure to hateful rhetoric and stress for many immigrants and their families.

Little focus is placed on how current immigration policies affect mixed status families, such as U.S. citizens married to an immigrant, or children born in the United States to foreign-born parents. The plight of the DREAMers, young people brought to the US as children who grew up here, is a unique niche in current society. This presentation will shed light on the adversities and new traumas immigrants and their loved one's face on a daily basis, and the often-disenfranchised nature of their trauma. Learn from a Bi-Cultural therapist what signs to look for when conducting assessments, and how the culture of uncertainty, fear and hiding immigrants typically operate in, complicates their mental health and well-being and creates a need for tailored treatment strategies.

4) The Unbroken Part: Strategic Approaches to Enhancing Client Resilience During Trauma Recovery

a. A Perfect Storm: Transforming Trauma with Mental Imagery

Michelle Warfield Ph.D., Creative Imagination Specialist

Mental Imagery is a mindful practice that offers a multitude of beneficial effects. With the use of Mental Imagery one can transform depression, anxiety, physical pain, and relationship difficulties. Images are thoughts. The mind has the ability to change one's thoughts for the purpose of healing. The use of Mental Imagery is a novel, non-verbal way to contribute to the treatment of trauma and to help achieve integrated emotional, mental, physical, social balance and psychological health.

The experience of Mental Imagery practice during therapy may extend to a successful practice of daily Mental Imagery to support an ongoing healing experience, enhancing therapeutic progress. By attending this course you will learn the benefits of Mental Imagery practices in the process of healing from trauma. Key topics Dr. Warfield will address: the importance of safety and relaxation with the practice of Mental Imagery, important prerequisites for using Mental Imagery in trauma treatment, the use of guided vs. discovered images, and how to help clients alter distressing images. Discover how beneficial it is to tap into the power of imagination!

b. Solution-Focused Resilience: Discovering and Amplifying Strengths People Already Have

Ellen Quick Ph.D., Psychiatric Centers at San Diego, Inc.

People bounce back from adversity and trauma. Clients are probably already doing so, even if they don't yet realize it. This course explores how solution-focused practice taps and amplifies resilience that is already present. The approach is grounded in the solution-focused assumption that pieces of the desired outcome are already happening and that when therapists and clients notice them, they grow. Dr. Quick, author of many highly acclaimed books on the solution-focused approach, will review the literature on how resilience is actually the most common response to trauma and on tools for increasing coping abilities.

Multiple solution-focused methods elicit and strengthen resilience. The course introduces the following tools: future scenarios, coping questions, scaling questions, the “how did you get here today” question, relationship questions, difference questions, “the lemon question,” vicarious resilience, and more. There is also a role-play exercise: “Therapists” interview “clients” who describe feeling overwhelmed. “Consultants” observe and watch for signs of resilience in the client—and in the therapist. Find out what the solution-focused perspective on trauma and resilience can add to your work! Learn practical methods you can implement immediately in your practice with a wide range of clients.

1:15-3:15 pm Afternoon Workshops: (2 hours)

1) “Charlie Golf One”: Virtual Reality Graded Exposure Therapy (VR-GET) for the Treatment of Combat-Related PTSD (CANCELLED)

Dennis Wood Ph.D., ABPP (*CAPT., MSC, USN, ret.*)

Brenda Wiederhold Ph.D., MBA, BCB, BCN, President, Virtual Reality Medical Center

PTSD is one of the invisible “wounds of war” experienced by warriors returning from combat duty in Iraq and Afghanistan. This is a challenging condition to treat, since exposures are often very intense and distressing. Virtual Reality Graded Exposure Therapy (VR-GET), combined with arousal monitoring/control, is a promising, “patient centered” intervention which has been evaluated as an early intervention with returning post-combat veterans, just a few months from combat theatre. It has also been used successfully in post-combat veterans years after returning.

VR-GET is a type of exposure therapy in which a patient learns to manage their fear/anxiety related to combat trauma (sentinel events) in a controlled, simulated environment generated using virtual reality (VR). VR-GET combines graded VR exposure with meditation and attention control. This is applied in combination with autonomic control using biofeedback. In one study, VR-GET reduced combat-related PTSD symptoms by at least 30% in 70% of participants. VR-GET is an important, new tool to address combat-related PTSD, which is often hard to treat.

Drs. Wood and Wiederhold will review the research on the development of VR-GET. They will review the literature on the outcomes VR-GET has had in treating combat warriors diagnosed with PTSD. They will also discuss its limitations as an exposure therapy. This workshop will include demonstrations and “hands on” experience with the VR-GET equipment. Workshop participants will be able to observe VR-GET in action in simulated treatment sessions and try it out to see what the experience of using it is like for patients. Discover how this technology is being used successfully to aid combat veterans!

2) A Crack in the Foundation: Healing Developmental Trauma in Couples Therapy

Linda Collins Ph.D.

Trish Stanley Psy.D., MFT, The Center for Couples Therapy

The focus of this workshop is to define developmental trauma and the dysregulation of the nervous system that results from the lack of safety in early familial relationships. This course will address neurobiological responses that become conditioned by early developmental trauma and how these patterns impact partner responses in intimate relationships. Key therapeutic considerations when dealing with trauma in couples' therapy will be addressed, including when to incorporate the trauma treatment into the couples' therapy and when to refer out for collateral trauma therapy.

Case examples and approaches for assisting couples with understanding and appreciating their neurobiological responses aimed at survival will be discussed by Drs. Collins and Stanley, experienced couple's therapists. Additionally, somatic, communication and self-regulatory approaches for supporting each partner will be described. Strategies for integrating the trauma work into the larger scope of the couples' therapy process will be demonstrated. Finally, the role of the self-regulatory capacity of the therapist will be explored. This workshop will bring clarity, a sophisticated multi-faceted perspective, and concrete examples to illuminate this complex area. Expand your conceptual framework to encompass the full scope of work needed for relationship repair and developmental healing in this common clinical issue.

Clinician's Toolbox: (2- 1 hour, practically oriented sessions)

3) Integrative Psychiatry: Evidence-based Solutions for Vexing Clinical Challenges

a. When Grief Derails: How to Help Clients Get Back on Track

Sidney Zisook M.D., Distinguished Professor, UCSD Department of Psychiatry,
Alana Iglewicz M.D. UCSD Department of Psychiatry, and
Danielle Glorioso LCSW, UCSD Complicated Grief Multi-Site Study Team,
with Ariceli Sanchez.

Complicated Grief (CG), a painful and debilitating condition that, without treatment, can last for years if not indefinitely, is much more common than generally recognized, but often missed or misunderstood by even the most astute clinicians. One of our key objectives will be to describe the main features of CG, how to differentiate CG from "normal" grief, major depression and PTSD, and why it is so important to recognize and diagnose. Even when appropriately diagnosed, few clinicians are trained to provide most effective, evidence-based treatments.

A form of grief-focused psychotherapy, Complicated Grief Therapy (CGT), is an evidence-based intervention designed to promote adaptation to loss in individuals with CG. Three large randomized, controlled trials have documented and confirmed its effectiveness. Dr. Zisook and his clinical team will discuss research findings on CGT outcome after sudden death, CGT principles and the CGT structured treatment protocol. The cornerstone of the session will be an interview with a woman who suffered from CG after a loved one's death by suicide. She, her grief therapist and a psychiatrist who works with CG will comment, answer questions and lead a fascinating group discussion exploring how

clinicians might best serve clients experiencing a complicated grief response. Discover the key components research has revealed to be effective in this difficult situation and see how they are put into practice with a client!

b. Whole Healing: Integrative Medicine Solutions for Depression, Anxiety and Sleep Problems

Janna Larson M.D., Psychiatrist, Integrative Medicine Physician

Research has demonstrated that nearly one in three Americans seeks out complementary and alternative medicine to supplement conventional care. Patients and families are asking their providers about the clinical value of these therapies, including their potentially helpful role in treating anxiety, depression and sleep problems commonly seen in practice. Since these approaches have not become routinely incorporated into most health professional school curricula, health care providers are seeking trusted sources for learning about these techniques. With much misinformation in the media, and a burgeoning evidence base, sorting out the facts, myths, personal beliefs, benefits, risks, and appropriate applications of natural substances is complicated for the average mental health clinician.

Dr. Larson will introduce integrative medicine as a field, as well as explain how it applies to the most common complaints in the mental health field- depression, anxiety, and sleep disturbance. These troublesome conditions are often seen in trauma's aftermath. Find out from a psychiatrist who is also board certified in integrative medicine, what we know, what is currently being studied, and what to watch out for, in this emerging and interesting field of integrative medicine applied to mental health.

4) A Higher Truth: Values-Based Approaches to Treating Trauma

a. Living a Valued Life: Integrating Acceptance and Commitment Therapy (ACT) and Mindfulness into Trauma Treatment

Alexandra Laifer Ph.D., Co-Chair SDPA Mindfulness Committee

The current state of the literature suggests that mindfulness holds a good deal of promise in the treatment of trauma and trauma-related psychopathology, particularly when delivered within the context of mindfulness-based psychotherapies such as ACT. The complex, pervasive nature of trauma, and the subsequent development of PTSD when it persists, is such that a one-size-fits-all approach simply does not suffice, and mindfulness-based approaches like ACT may provide a path to wellness in ways that fill the gaps within existing treatment models.

This workshop will present an overview of how to integrate mindfulness and acceptance and commitment therapy (ACT), a mindfulness-based psychotherapy, in the conceptualization and treatment of trauma-related psychopathology. First, the concept and practice of mindfulness will be defined and explained in global terms, including theoretical underpinnings that may specifically relate to the experience of trauma and subsequent symptoms. Then, we will elucidate how ACT, which includes mindfulness as a major component, made be used with trauma as well, providing case examples and discussion. Finally, Dr. Laifer will discuss feasibility and other practical considerations in

the implementation of ACT and other mindfulness-based treatments for trauma. Clinicians who would like to learn how to flexibly apply these approaches with their clients presenting with trauma are invited to attend.

b. Lasting Legacy: Using Dignity Therapy to Enhance Meaning at the End of Life

Lori Montross-Thomas Ph.D., Moores Cancer Center at UC San Diego Health

Dignity Therapy is an evidence-based clinical practice for sharing personal narratives at the end of life. Using a structured, brief approach, the therapist interviews the client, often in their home or a medical setting, aiding the client in constructing a meaningful narrative that commemorates their life. Most narratives describe adversity, grief, or trauma, yet nearly all depict gratitude and resilience. These are important resources for the client to access at the end of life. The therapist compiles the narrative, combined with important photos, poems or mementos, into a beautiful, personal Shutterfly book. This book of their life is meaningful and healing for the client facing death. The book can be easily shared with loved ones for discussion or copies given as memorial keepsakes.

This presentation describes the practice of Dignity Therapy, how to become trained in this novel modality, and the benefits it offers to clients at the end of life. Dr. Montross will share videotaped case examples of the structured interviews and patient books to illustrate the process. Dignity Therapy demonstrates how to help clients heal through sharing their personal narratives, both with the therapist and through their book, despite facing loss of life. Learn how to help clients at the end of life attain the comfort of commemorating their legacy.

Outdoor Workshop/Live Demonstration (two sessions 1:15-2:15 pm; 2:15-3:15 pm):

5) Beyond Words: Equine Therapy as a Bridge to Trust for Traumatized Clients

Renee Sievert LMFT, RN, Master Equus Facilitator

Tufia Steidle, Psy.D. Certified Equine Psychotherapist

The bond between human and horse dates back thousands of years. Horses are highly intuitive and keenly aware of the slightest energetic or emotional shift. Unlike most humans, who have been socially trained to relate to life through stories, judgments, or an inner dialogue, horses only reflect the truth of the present moment. Therefore, they mirror back the patterns that humans communicate. Horses give instant and honest feedback.

Why horses? Horses are prey animals, so they are highly sensitive and constantly scan the environment for safety. They experience heightened arousal, hypersensitivity and increased adrenaline, similar to the reactivity of humans after trauma. If horses feel safe, they can relax, eat, and rest. Horses are superb co-facilitators. They provide nonverbal feedback to the client, help them stay in the present moment, become more grounded and begin to be open to trust and connection. It's the first step toward translating these skills into the client's day-to-day world.

Ms. Sievert, a master equine facilitator will describe the various types of equine assisted activities available for clients who have mental health/addiction issues. After a methodological review,

attendees will observe three different types of equine activities including a haltering activity, a round pen activity, and an activity that will demonstrate facilitation of client projection with the horse. Attendees will leave with a deeper understanding of the value of equine assisted activities, the resources available locally, and ways to collaborate with equine facilitators to increase supportive, experiential activities for their clients. Enjoy an unusual interlude where you can experience what this approach feels like by observing the horses in action!

3:30-4:30 pm Closing Address:

Therapist, Protect Thyself:

Preventing Trauma Contagion When Working with Disturbing Events

Charles Nelson Ph.D., Director, Crime and Trauma Recovery Program and Director of Change with Direction

Physical and emotional exhaustion and negativism commonly develop among mental health providers after working with trauma victims and survivors. After dealing with the horrible experiences suffered by many victims of crime and trauma, we indirectly become witnesses to their traumas. In the aftermath, it is not unusual for us to find ourselves experiencing similar thoughts, behaviors and emotions as those suffered by the trauma survivors. Thus, the birth of the terms "Trauma Contagion" (vicarious trauma) and "Compassion Fatigue".

Dr. Nelson will help participants to understand, assess, treat and prevent, these common, troublesome conditions found in the mental health service provider community. His long experience in the crime victim advocacy field informs his perspective on how essential self-care is when working with disturbing events. Mental health providers are notorious for not following recognized self-care principles in their own work and lives. Simple, sound steps every provider should routinely take, and the crucial factors never to forget in order to protect one's own well-being, will be highlighted. Find out how to take care of your "instrument", so you can play your piece in the human band to the fullest of your potential!