



With the partnership of
Associazione EMDR Italia

CONGRESS ATTACHMENT AND TRAUMA



ROME
19TH 20TH 21TH
SEPTEMBER 2014



CONGRESS ATTACHMENT AND TRAUMA



According to international research, trauma and attachment are strictly related to each other. The way both our brain and we as humans react to trauma seems to be linked to our early attachment bonds.

Moreover, it appears that one patient out of three with a psychiatric diagnosis has a personal history of trauma. Suffice it to consider patients who develop Borderline Personality Disorders and/or a Dissociative Disorder following a traumatic childhood, besides having traumatic, dissociative memories. In such an important scenario, a subtle understanding of neurophysiological, psy-

chological and relational mechanisms underlying the specific way of experiencing traumatic events is of major importance. Eminent experts from around the world will meet to present the latest developments in understanding trauma and attachment as well as the connection between them. Unique conference held in one of the most beautiful capitals in the world, it represents a special occasion to gain a major insight from those who have dedicated their lives to explore functioning of humans. Therefore, all the interventions become relevant to those who deal with psychological traumas and the treatment of people whose psychological pain stems from traumatic experiences, even complex ones.

PROGRAM



DANIEL SIEGEL United States

Is currently clinical professor of psychiatry at the UCLA School of Medicine where he is on the faculty of the Center for Culture, Brain, and Development and the Co-Director of the Mindful Awareness Research Center.

THE IMPACT OF TRAUMA ON NEURAL INTEGRATION

This presentation will explore the nature of neural integration--the linkage of differentiated parts of a system--and the impact of trauma on the integrative circuits of the brain. Sequelae of trauma include impediments to the growth of the major circuits that integrate the brain--the hippocampus, prefrontal regions, and the corpus callosum. These integrative fibers are the source of the coordination and balance necessary to achieve self-regulation, the flexible and adaptive capacity for attention, emotion, thought, behavior, and relatedness. Trauma negatively impacts each of these integration-dependent regulatory functions. This presentation will review these findings along with the implications of emerging research on the epigenetic regulation of gene expression that also appears to play an important role in the legacy of traumatic experience for both the individual, and possibly for the offspring of traumatized people.

PSYCHOTHERAPEUTIC INTERVENTION TO PROMOTE NEURAL AND INTERPERSONAL INTEGRATION IN THE FACE OF TRAUMA

In this second presentation regarding integration, we will explore how the proposal that trauma involves the impairment of integration necessary for effective regulation leads to the profile of chaos or rigidity across a range of internal and interpersonal domains. Clinical assessment can be reformulated to include assessment of these extremes of states outside the flow of harmony that emerges from an integrated life, one that can be used to define mental "unhealth." Treatment planning in this interpersonal neurobiology frameworks would then involve focusing on domains of integration that are impaired following trauma, including those of consciousness, bilateral, vertical, memory, narrative, state, interpersonal and temporal integration. Then strategic therapeutic interventions, within the inherently integrative therapeutic relationship, can be planned and carried out to SNAG the brain (stimulate neuronal activation and growth) toward integration.



PAT OGDEN United States

She founded the Sensorimotor Psychotherapy and The Sensorimotor Psychitehrapy Institute.

ACTS OF RECOGNITION: EMBEDDED RELATIONAL MINDFULNESS, MOVEMENT, AND THE DYADIC REPAIR OF TRAUMA AND ATTACHMENT FAILURE

The past is remembered as unconscious predictions and expectations that are all the more potent because the memories that shaped them are unavailable for reflection and revision. An exclusive reliance on the “talking cure” may limit clinical efficacy since patients cannot discuss the memories that are not explicitly encoded. Privileging mindful awareness of the moment-by-moment experience of implicitly encoded expectations over conversation and discussion of current problems can clearly reveal the internal, unconscious patterns of organization that underlie patients’ current difficulties so that these patterns themselves can be directly addressed. Several psychotherapeutic methods have been developed that teach mindfulness through structured exercises, solitary practices, and sets of specific skills. However, in Sensorimotor Psychotherapy, mindfulness is integrated with and embedded within what transpires moment-to-moment between therapist and patient. Taking place within an attuned therapeutic dyad, embedded relational mindfulness is used to activate not only patients’ present moment experience of attachment failure and unresolved trauma but also their here-and-now experiential connectedness with their therapist. This simultaneous evocation of the effects of past wounds and social engagement between therapist and client, combined with attention to the body as a primary source of therapeutic action, can inspire a depth of intersubjectivity that potentiates acts of recognition in the dyadic repair of trauma and attachment failures.

Drawing on the Polyvagal Theory, affect regulation theory, and principles on interpersonal neurobiology, this presentation offers a practical overview of clinical skills for embedded relational mindfulness. Clarifying physical actions that pertain to both attachment and defense, participants will learn interventions for recognizing and working with gestures, movements and postures that reflect and sustain the deleterious impact of trauma and attachment failure on our patients’ current realities. Interventions for child, adolescent, and adult therapy will be illustrated through video taped excerpts of therapy sessions and brief experiential exercises



KATHY STEELE United States

Member of the International Society for the Study of Trauma and Dissociation, received numerous awards for his research work. Co-author of the book “Haunted Self.”

ALTERNATIVE RELATIONAL MODELS FOR TRAUMA-INFORMED PSYCHOTHERAPY: BEYOND THE PARENT-CHILD ATTACHMENT PARADIGM

Therapists often experience a major dilemma with traumatized individuals. On the one hand, secure attachment is heralded as the single most essential ingredient in successful therapy, giving clients a chance for relational repair. We are thus taught to develop an attachment on which the client becomes dependent for predictability and consistent repair, a healthy bridge to earned secure attachment. On the other hand, our clients' unmet dependency needs and insecure attachment patterns can derail the therapy. We are thus taught to prevent the client from becoming “too” dependent on us. Our own implicit belief systems about attachment and dependency, and our own unprocessed relational trauma can play a major role in maintaining overly distant or caregiving stances in therapy. Implicitly or explicitly, much of the literature discusses the therapeutic relationship in the context of a parent-child attachment model, in which the client safely depends upon the therapist's secure attachment to support developmental repair. Therapists often implicitly use a parent-child model in relating to their clients, and in helping clients relate to their dissociative parts internally. Is this the most effective or only way to help our clients develop secure internal working models? We will examine the pros and cons of this approach. Then we will explore other possible relational models, such as mentor-learners, adult team members, and co-leaders. These emphasize the free agency and collaboration of both parties, who are focused on specific and mutual goals. These models are based on reciprocal adult relationships that can free therapists from an undue burden of “taking care of” clients and violating a helpful treatment frame and boundaries, while remaining deeply connected to those we treat. Treatment implications will be emphasized.



STEPHEN PORGES United States

Professor of Psychiatry at the University of North Carolina, he is Professor Emeritus of Psychiatry at the University of Illinois at Chicago and at the University of Maryland. In 1994 he proposed the Polyvagal Theory.

THE POLYVAGAL THEORY: DEMYSTIFYING THE BODY'S RESPONSE TO TRAUMA

Human responses to trauma and abuse are devastating and compromise subsequent social behavior and emotion regulation. Understanding the mechanisms underlying the “hardwired” response to life threat, may demystify these debilitating consequences. The Polyvagal Theory provides a plausible explanation of how trauma experiences and chronic abuse disrupt homeostatic physiological processes and social behavior and how clinical treatments might be designed to remediate these problems and how trauma distorts perception and displaces spontaneous social behaviors with defensive reactions.

The presentation will focus on the restorative power of understanding the adaptive function of stress reactions as an important adjunct to treatment. By deconstructing the biobehavioral features of stress reactions, both client and therapist are better informed in their journey to a successful outcome. The presentation will emphasize the role of “neuroception,” a neurophysiological process through which our nervous system evaluates risk in the environment, without awareness and often independent of a cognitive narrative. Trauma may reset neuroception to protect us from others when there is no “real” danger. The presentation will inform the therapist on how to assess the deleterious consequences of trauma-related experiences by understanding the adaptive psychological, behavioral, and health features of each of the three “Polyvagal” visceral response strategies (i.e., social engagement, mobilization, and immobilization) and how successful therapeutic interventions promote a neuroception of safety with the consequential improvements in mental and physical health by enabling mobilization and immobilization to occur without fear.



ALLAN SCHORE United States

Author of numerous articles and books on theory of emotional regulation, he works on the faculty of the Department of Psychiatry and Biobehavioral Sciences.

A PARADIGM SHIFT IN THE THERAPEUTIC APPROACH TO CLINICAL ENACTMENTS

Recent relational and neuropsychanalytic models posit that mutual enactments are eruptions of unconsciously strong overwhelming affect within the co-constructed therapeutic relationship, and that they represent a relational mechanism for reaching deeply into traumatized areas of the unconscious mind. Within the interpersonal neurobiological perspective of regulation theory, enactments are re-expressions of right brain dysregulation associated with the re-experiencing of early attachment “relational trauma,” yet they also allow therapeutic access into encountering unconscious, dissociated painful affects that have been blocked from consciousness and subjective awareness. Citing both recent clinical advances and neurobiological research, this presentation suggests that although mutual enactments are the most stressful intersubjective contexts of the treatment, interactively regulated enactments can facilitate top-down and bottom-up integration of right cortical and subcortical systems and thereby an expansion of the patient’s right lateralized “emotional brain”, the biological substrate of the human unconscious.





ISABEL FERNANDEZ Italy

President of the Associazione per l'EMDR in Italy and Professor and Supervisor in EMDR courses. Centre for Research and Studies in Psychotraumatology – Milan

TRAUMA AND ATTACHMENT: THE CONTRIBUTION OF EMDR THERAPY

EMDR has demonstrated effectiveness in treating chronic PTSD and old trauma memories that can underlie most mental disorders. The goal of EMDR treatment is to address past, present and future issues related to traumatic events in order to reprocess them. Once these issues are desensitized and reprocessed, usually post-traumatic symptoms show significant remission. Furthermore, clients report behavioral change and post-traumatic growth.

A promising field of EMDR is the application with population exposed to early neglect and interpersonal trauma.

EMDR therapy can be effective not only with “A” criteria trauma, but also for “early relational traumas” according to scientific research and several randomized studies. According to both Internal Working Model and Adaptive Information Processing model, negative beliefs, emotions and sensations related to the chronic stress linked to experiences of domestic violence, physical, sexual or psychological abuse, rejection and neglect, may be dysfunctionally stored in memory networks and can contribute to mental disorders. During the presentation results of a study exploring the role of EMDR on IWMs of attachment will be shown. After processing with EMDR past traumatic experiences with the attachment figures, coherence and Reflective competences increase significantly regarding attachment representations. Participants were 20 adult patients, who met criteria for only DSM-IV Axis I disorders and had required a therapeutical treatment for parenting and relational problems. Findings showed that EMDR treatment significantly reduced lack of resolution of loss and trauma: all patients’ attachment status changed from primarily Unresolved to the other classifications. Moreover, the level of narrative coherence and the score at Reflective Functioning Scale significantly increased.



GIOVANNI LIOTTI Italy

Founding member of the SITCC and ARPAS, has worked for years in the field clinical applications of the theory of Attachment. He received the Pierre Janet's Writing Award and the International Mind and Brain Award.

INTERACTIONS BETWEEN INFANT ATTACHMENT DISORGANIZATION AND LATER PSYCHOLOGICAL TRAUMA IN THE GENESIS OF DISSOCIATIVE PSYCHOPATHOLOGY

Two prospective longitudinal studies suggest that infant attachment disorganization is a much more powerful predictor of dissociation during personality development than later reported trauma.

The explanation of this surprising research finding may lie in the interaction between two evolved behavioral control systems (or motivational systems): the attachment system and the defense (freezing-fight-flight-feigned death). The normal interaction between the two systems can be explained by Bowlby's original formulation of the attachment theory and by polyvagal theory. Dissociation can be conceptualized not merely as a response to trauma, but as the result of a failure of the attachment system in the process of inhibiting the activation of the defense system after the trauma is over. In infant attachment disorganization the defense system may be activated not only by overly traumatic experiences, but also by the caregiver's lack of response to the infant's cry, as in the still face experiment.

The clinical consequences of this conceptualization of dissociation can be better understood in the light of a multi-motivational theory the main evolved behavioral (motivational) systems that, together with attachment and defense against environmental threats, are the evolved endowment of every human being. A particularly important clinical consequence concerns the role of the cooperative (egalitarian) motivational system in the psychotherapy of adult patients with attachment disorganization and histories of complex trauma.





VITTORIO GALLESE Italy

Profesor at the Faculty of Medicine
University of Parma, is the author
numerous articles on mirror neurons and
neurophysiology.

MIRROR NEURONS, EMBODIED SIMULATION AND A SECOND-PERSON RELATIONAL APPROACH TO SOCIAL COGNITION. A NEW TAKE ON INTERSUBJECTIVITY

The discovery of a mirror mechanism for action, emotions and sensations suggested an embodied approach to simulation – Embodied Simulation (ES). ES provides a new empirically based notion of intersubjectivity, viewed first and foremost as intercorporeity. ES challenges the notion that Folk Psychology is the sole account of interpersonal understanding. Before and below mind reading is intercorporeity as the main source of knowledge we directly gather about others. By means of ES we do not just “see” an action, an emotion, or a sensation and then understand it through an inference by analogy. By means of ES we can map others’ actions by re-using our own motor representations, as well as others’ emotions and sensations by re-using our own visero-motor and somatosensory representations. ES provides an original and unitary account of basic aspects of intersubjectivity, demonstrating how deeply our making sense of others’ living and acting bodies is rooted in the power of re-using our own motor, emotional and somatosensory resources. The notion that a theoretical meta-representational approach to the other is the sole/main key to intersubjectivity will be challenged and a second-person approach to intersubjectivity will be proposed. Some implications of this model for the relationship between trauma and emotion recognition and regulation will be discussed.



TIME TABLE

● Friday 19th SEPTEMBER

- 8.30 : Registration
- 9.00-11.00 : **Daniel Siegel:** "The Impact of trauma on neural integration".
- 11.00-11.30 : **COFFEE BREAK**
- 11.30-13.30 : **Vittorio Gallese:** "Mirror neurons, embodied simulation and a second-person relational approach to social cognition. A new take on intersubjectivity".
- 1.30-3.00 : **LUNCH BREAK**
- 3.00-5.00 : **Stephen Porges:** "The polyvagal theory: demystifying the body's response to trauma".
- 5.00-5.30 : **COFFEE BREAK**
- 5.30-6.30 : **"Attachment, mirror neurons, intersubjectivity and trauma":** Chairman: Giovanni Liotti, Daniel Siegel, Vittorio Gallese e Stephen Porges

● Saturday 20th SEPTEMBER

- 9.00-11.00 : **Allan Shore:** "A paradigm shift in the therapeutic approach to clinical enactments".
- 11.00-11.30 : **COFFEE BREAK**
- 11.30-1.30 : **Daniel Siegel:** "Psychotherapeutic intervention to promote neural and interpersonal integration in the face of trauma".
- 1.30-3.00 : **LUNCH BREAK**
- 3.00-5.00 : **Giovanni Liotti:** "Interactions between infant attachment disorganization and later psychological trauma in the genesis of dissociative psychopathology".
- 5.00-5.30 : **COFFEE BREAK**
- 5.30-6.30 : **"Attachment, body and trauma":** Chairman: Antonio Onofri, Daniel Siegel, Allan Shore, Giovanni Liotti E Pat Ogden

● Sunday 21th SEPTEMBER

- 9.00-11.00 : **Pat Ogden:** "Acts of recognition: embedded relational mindfulness, movement, and the dyadic repair of trauma and attachment failure".
- 11.00-11.30 : **COFFEE BREAK**
- 11.30-1.30 : **Isabel Fernandez:** "Trauma and attachment: the contribution of EMDR therapy".

1.30-3.00

..... **LUNCH BREAK**

3.00-5.00

..... **Kathy Steele:** "Alternative relational models for trauma-informed psychotherapy: beyond the parent-child attachment paradigm".

5.00-5.30

..... **COFFEE BREAK**

5.30-6.30

..... **"Trauma therapy: the evolution":** Chairman: Giovanni Liotti, Pat Ogden, Kathy Steele, Isabel Fernandez, Daniel Siegel

LANGUAGE English

LOCATION

Ergife Palace Hotel, via Aurelia 619 - Roma - Tel. 06.66441
<http://www.ergifepalacehotel.globreshotels.com>

FEE

- 300 euro (VAT included) member EMDR
 - 420 euro (VAT included)
- It is possible pay in two tranches of 210 euro:
- 1° payment at the registration
 - 2° payment within 31 of August

DISCOUNT 100 euros if pay in one tranche within 31 of March

Discounts can not be combined

REGISTRATION

Ask the application form to: isc@istitutodiscienzecognitive.it or download it by our web site www.istitutodiscienzecognitive.it

To register yourself, you should send the application form with a copy of the transfer receipt to isc@istitutodiscienzecognitive.it

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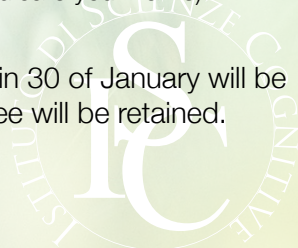
In case of cancellation, announced by letter or e-mail, within 30 of January will be refunded 50% of the amount paid. After that date the full fee will be retained.

INFO

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CONFERENCE DEDICATED TO THE MEMORY OF:



Michele Giannantonio, psychologist, psychotherapist, devoted twenty years of his life to the field of Psycho-traumatology and, together with Maria Puliatti, introduced Sensorimotor Psychotherapy in Italy (www.psicosoma.eu). He was EMDR supervisor and facilitator, assistant in Sensorimotor Psychotherapy, editor of www.psicotraumatologia.com and www.psicosoma.eu websites, teacher at the Psychotherapy schools SBPC (Scuola

Bolognese di Psicoterapia Cognitiva di Bologna) and CISSPAT (Centro Italiano per lo Studio e lo Sviluppo della Psicoterapia a Breve Termine). He wrote several works, including *Psicotraumatologia. Fondamenti e strumenti operativi* and *Trauma, attaccamento e sessualità. Psicoterapia integrata-corporea e body-work per le ferite invisibili*. Scientifically relevant was the focus on the integration of psychotherapies; his last book, *Memorie traumatiche. EMDR e strategie avanzate in psicoterapia e psicotraumatologia*, is its expression. A great loss for his family and the scientific community: “A clinician with an ethical view of the clinical practice, based on the ongoing and responsible balance between the creativity of thinking and feeling and the rigor of the method typical of science” (A. Vassalli).