Trauma Series 2015 – Intermountain Lecture Hall
3240 Dredge Drive, Helena MT 59602

Each session is shown for approximately 1 hour Monday at 3 and Friday at 12:30 on the dates delineated. You must attend the webinar in person for CEU credits. The video and the study guide will be available online starting the week after the presentation.

Session 1: Polyvagal theory and practice – Stephen Porges, Ph.D, January 19 & 23, 2015; 1 CEU

Stephen W. Porges is a Professor in the Department of Psychiatry at the University of North Carolina in Chapel Hill, North Carolina. Prior to moving to North Carolina, Professor Porges directed the Brain-Body Center in the Department of Psychiatry at the University of Illinois at Chicago, where he also held appointments in the Departments of Psychology, BioEngineering, and the Program in Neurosocience. Prior to joining the faculty at the University of Illinois at Chicago, Dr. Porges served as Chair of the Department of Human Development and Director of the Institute for Child Study. He is a former President of the Society for Psychophysiological Research and has been President of the Federation of Behavioral, Psychological and Cognitive Sciences (now called the Federation of Associations in Behavioral & Brain Sciences), a consortium of societies representing approximately 20,000 biobehavioral scientists. . In 1994 he proposed the Polyvagal Theory, a theory that links the evolution of the autonomic nervous system to the emergence of social behavior. The theory provides insights into the mechanisms mediating symptoms observed in several behavioral, psychiatric, and physical disorders. The theory has stimulated research and treatments that emphasize the importance of physiological state and behavioral regulation in the expression of several psychiatric disorders including autism and provides a theoretical perspective to study and to treat stress and trauma.

Polyvagal Theory and Trauma (60 minutes)

I. Polyvagal theory: "new" vagus – psychosocial biological responsivity and "old" vagus – subdiagphragmatic interactions. Afferent and efferent connections.
II. Using the personal narrative to "unpack" vagal biological response to trauma.
III. Connection as the biological imperative that soothes vagal connections.
IV. Ways of intervening in response to trauma to calm the vagal response:
    a. Longer exhale, singing, talking
    b. Playing, listening to music, prosody in speech.

Session 2: Neurofeedback and developmental trauma: Sebern Fisher, MA Feburary 2 & 6, 2015, 1 CEU

Sebern F. Fisher, MA, is a psychotherapist and neurofeedback practitioner in private practice who specializes in attachment issues. She trains professionals nationally and internationally on

neurofeedback, neurofeedback and attachment disorder, and the integration of neurofeedback with psychotherapy.

Sebern attended the Masters School before she went to Smith College, Columbia University and the University of Massachusetts. She graduated with a B.S. from the University in 1976. She graduated from Antioch New-England with a Masters in Counseling Psychology in 1978.

Neurofeedback

I. Using a videogame to calm the fear-driven brain
II. Finding the right "frequency" for each patient
III. Repairing attachment with neurofeedback
IV. Neurofeedback in the clinical setting
V. When NOT to use neurofeedback
VI. Mindfulness and neurofeedback
VII. The research behind neurofeedback

Session 3: The traumatized brain; Bessel VanderKolk, MD (Feb 16 & 20), 1 CEU

Bessel van der Kolk is a psychiatrist noted for his research in the area of post-traumatic stress since the 1970s. His work focuses on the interaction of attachment, neurobiology, and developmental aspects of trauma's effects on people. His major publication, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, talks about how the role of trauma in psychiatric illness has changed over the past 20 years. Van der Kolk has published extensively on the effect trauma can have on development. He has found connections to dissociative problems, borderline personality disorder, self-mutilation, and a wide range of other issues.[1] Currently, he is researching how trauma can affect memory. He is also working on brain imaging studies with PTSD patients. He is also researching how yoga and neurofeedback can be used as alternative treatments for trauma.

I. The three differences in a traumatized brain
II. How flashbacks affect the brain
III. How trauma can hijack three fundamental areas of the brain
IV. How attachment issues can be linked with a vulnerability to PTSD in trauma therapy
V. Quieting the limbic system
VI. How neurofeedback can help patients heal from trauma

Session 4: Somatic therapy and trauma: Pat Ogden, Ph.D. (March 2 & 6), 1 CEU

Pat Ogden founded the Sensorimotor Psychotherapy Institute, located in Boulder, Colorado. She is the director of the institute, which focuses on educating and training clinicians in sensorimotor therapy techniques used to address developmental, attachment, and trauma issues. Her 2006 book, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*, outlines her approach.

Sensorimotor therapy helps clients uncover unconscious behaviors and habits—both physical and psychological. These habits and behaviors inform a person's experiences, good and bad. By focusing on mindfulness and becoming fully aware of both the physical and psychological sensations and responses to emotions, a client learns how to change maladaptive responses. Uncovering unconscious behaviors allows a client to understand and change those behaviors. Sensorimotor psychotherapy has shown promise in helping individuals transform emotions and attitudes resulting from trauma.

I. When the "thinking brain" goes offline after trauma.
II. Helping patients quiet anxiety about their bodies
III. Reframing the trauma response to help patients heal
IV. How to read the somatic narrative
V. Is working with memory imperative in trauma?
VI. Five basic movements that open a window to procedural memory
VII. Strategies for working with the body in trauma

Session 5: Healing the traumatized brain: Daniel Siegel, MD., (March 16 & 20), 1 CEU

Daniel Siegel, MD: Siegel completed his medical degree from Harvard Medical School and his post-graduate medical education at UCLA.[1] His training is in pediatrics and child, adolescent and adult psychiatry. Siegel was the recipient of the UCLA psychiatry department's teaching award and several honorary fellowships for his work as director of UCLA's training program in child psychiatry and the Infant and Preschool Service at UCLA. He is a Distinguished Fellow of the American Psychiatric Association and is the Executive Director of the Mindsight Institute.

I. The hallmarks of a traumatized brain
II. The chemical effects of trauma on the brain
III. Working with flashback phenomena and PTSD
IV. Can trauma be passed on through DNA?
V. How to recognize early developmental trauma
VI. Helping patients become less vulnerable to dissociative triggers

VII. Empowering trauma survivors to better deal with Stress
VIII. 3 ways that patients can strengthen their brain

Session 6: Working with trauma through the body: Peter Levine, Ph.D. March 30 & April 3) 1 CEU

Peter A. Levine is an American therapist, author and educator who specializes in the treatment and understanding of chronic stress and tonic immobility, more commonly known as Post Traumatic Stress Disorder (or PTSD). Dr. Levine is the developer of Somatic Experiencing® (a body awareness approach to the treatment of trauma) and founder of the non-profit educational and research organization dedicated to the worldwide healing and prevention of trauma, The Somatic Experiencing Training Institute (formerly known as The Foundation for Human Enrichment). He is also an author of numerous books about trauma and post traumatic stress disorder, including *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* and the New York Times Best Seller *Waking the Tiger: Healing Trauma*.

I. Working with traumatic memories more productively
II. Breaking down the different memory systems (and how they relate to trauma treatment
III. Helping patients create new memory to change the impact of trauma
IV. How to help trauma survivors revisit memories without becoming stuck in them
V. How to create a sense of community in trauma
VI. How to help your clients reconnect to themselves