Therapy and Our Polarized and Polarizing Culture
Michael Alcée, PhD

Individual and Collective Trauma fuel polarization and inhibit creative growth
- How does psychoanalysis help us understand why and how this happens?
- How does polarization inhibit creative growth and why is this problematic

Technology, the media, and our cultural obsession with perfection exacerbate polarizing tendencies in our culture
- How do these issues magnify polarizing tendencies?
- What can be done to combat this and redress this situation?

Relational concepts can help therapists better understand and redress these issues at an individual, group, and societal level
- Examine the relational concepts of multiplicity, dissociation, and enactment that help with the above
- How these concepts can be implemented on an individual, group, and societal level to heal the divisions.
Treating Complex Trauma Clients at the Edge

Frank Anderson, MD

- Experiential Treatments – Integrating neuroscience and psychotherapy
  - Necessity of utilizing physical, emotional and relationship aspects in therapeutic intervention
- Problems with traditional phase oriented treatment
  - Negative evaluation of symptoms – ignoring their protective function
- Internal Family Systems
  - Understanding symptom presentation as positive efforts pushed to extremes
  - Welcoming and integrating all parts of an individual
  - Identifying intent of symptomology, importance of avoiding shaming
- Redefining trauma related diagnoses and integrating overactive protective mechanisms
  - Disorganized attachment
  - Borderline Personality Disorder, Dissociative Identity Disorder
- Therapist factors – vulnerabilities
  - Impact of therapist parts acting as separately as the clients we work with
  - Responding effectively to personal triggers
- Symptoms of post trauma
  - Hyperarousal, hyperarousal, psychic wounds
  - Importance of obtaining permission before addressing psychic wounds
- Experiential exercise – self-awareness, response to triggers
- Mind-brain relationships
  - Neuroplasticity, neural integration
  - Neural networks associated with trauma
  - Implicit nature of trauma memories
- Autonomic nervous system
  - Role of cortisol
  - Sympathetic hyper-arousal
  - Characteristics of extreme symptom activation and mixed states
- Therapeutic responses
  - Choosing compassion or empathic responses
  - Providing auxiliary cognition
  - Strategies to avoid contributing to hyperarousal
  - Top down strategies to separate or unblend
- Case presentation – example of permission seeking, direct access and unblending
- Polyvagal Theory
  - Dorsal and ventral branches
  - Activating strategies, responding to hypo-arousal, blunting
Healing with Hypnosis Workshop Outline

Courtney Armstrong, LPC

1. What is hypnosis and how can it be used clinically?
   a. Expert definitions
   b. Evidence-based research
2. How to safely guide clients into hypnotic states
   a. Assessing if client is appropriate candidate
   b. Tools for focusing attention
   c. Deepening techniques
   d. Effectively framing suggestions
   e. Post-hypnotic suggestions
   f. Re-alerting techniques
3. How to frame suggestions for specific issues
   a. Suggestions for relieving anxiety
   b. Suggestions for relieving pain
   c. Suggestions for relieving depression
   d. Suggestions for improving self-esteem and self-compassion
4. How to use hypnosis to heal traumatic memories
   a. Preparation and resourcing techniques
   b. Steps for memory reconsolidation
5. Recall memory without reliving it
6. Identify embodied beliefs
7. Create new meaning experiences
8. Retell story with new meaning/new ending
9. Reinforce new meaning
Working in the Crucible of Complex PTSD

Mary Jo Barrett, MSW and Linda Stone Fish, MSW, PhD

- What Does “Getting Messy” Mean?
  - Four Levels of Stress Reactivity
  - Unmanageable Stress & Self-Protection
  - Relational Perspectives of Trauma
- What Does Messy Mean to You?
  - Avoidance of Discomfort
  - Difficulty Controlling Emotional Thoughts, Behaviors, and Relationships
  - Survival Mindstate
  - Engaged Mindstate
  - Regulating the Nervous System
  - Mirror Neuron Helpers’ Journey
- Ethical Attunement
  - Therapist Awareness & Attunement
  - Reactive Style of Therapist
  - Consequences of Not Being Ethically Attuned
  - Attachment Styles
  - Defining Features of Attachment Bonds
  - Neurological Regulating
- The Collaborative Change Model
  - Fractal Model of Change
  - Mirroring = Attunement
  - Stage 1: Creating a Context for Change
  - Stage 2: Challenging Patterns & Expanding Realities
  - Stage 3: Consolidation
- Building a Therapeutic Collaboration
  - Interventions
  - Understanding the Victim/Survival Cycle
  - Noticing
  - Role-Plays
- Family Messiness
  - Skills for Working with Family Messiness
    - Video, Role-Play, Case Studies
The Ethical Dilemmas No One Talks About

Mary Jo Barrett, MSW and Linda Stone Fish, MSW, PhD

- Psychotherapist's Journey
- Ethical Attunement as Boundary Regulation
- The Collaborative Change Model for Setting Ground Rules about Therapist-Client Relationship
- How to Maintain our Energy to Ensure We Make Wise and Ethical Decisions
Creating a Group Practice
Joe Bavonese, PhD

1. Is Group Practice is right for you?
   a. The benefits of a Group Practice
   b. The risks of a Group Practice
   c. Temperament and personality characteristics of a successful Group Practice leader

2. Key Metrics you must track to run a successful Group Practice
   a. Lead generation
   b. Conversions
   c. Associates performance
   d. Profit and Loss statement

3. Compensation Model
   a. Independent Contractor
   b. Employee

4. Developing a Business Plan
   a. Marketing
   b. Hiring admin
   c. Hiring clinical staff
   d. Infrastructure requirements

5. Summary
Learn general strategies for establishing and maintaining the therapeutic relationship.
- Learn how to develop a collaborative alliance.
- Learn how to effectively elicit and respond to feedback.

Specify challenges in the therapeutic relationship.
- Identify key behaviors or automatic thoughts that are problematic in session or between sessions.
- Use a cognitive conceptualization to understand problems.

Learn strategies to solve problems in the therapeutic relationship.
- Modify clients’ and your own unhelpful beliefs and coping strategies.
- Help clients develop more accurate and functional beliefs about relationships in general.
Confronting the Narcissistic Client
Wendy Behary, LCSW

Origins of Narcissism and Treatment
- Conceptualization of narcissism and early unmet needs
- Assessment tools
- Narcissism DSM® and Schema Theory

The Spectrum of Narcissism
- Full-blown character pathology
- Sociopathic profiles
- Entitled types

The Narcissist in Treatment
- Unmet needs
- Coping styles
- Imbedded states of mind
- Modes and schema of the narcissistic client

Overcoming the Challenges in Treating the Narcissist
- Traits, states, and coping styles
  - How the narcissist provokes the therapist
  - How the therapist’s schemas and modes can sabotage treatment
  - Gaining leverage
  - Meaningful consequences
  - Working with the narcissist’s spouse or significant other

Interventions and Strategies for Change
- Establishing agreements regarding mutual respect
  - Imagery, for linking new thinking and behavior with early maladaptive experiences
  - Confronting the detached modes in order to access the lonely child
  - The power of candid “realness” to build trust
  - Break through intellectual and approval seeking barriers
  - Confront overcompensating grandiosity
  - Effectively tackle aggressiveness
  - How to remain the credible, compassionate expert that you are

How to Implement Interventions:
Demonstrations and Role Plays
- Video presentation / case discussion
- Imagery
- Transformational chair work
- Mode work
- Empathic confrontation
- Therapy relationship
- Limit setting
Mindful Aging: Finding Fulfillment, Purpose, and Joy in Later Life
Andrea Brandt, PhD, MFT

Introduction

Debunking the Stereotypes Around Aging
Recognizing the True Potential for Post–Middle Age
The Therapist’s Responsibility in Helping Clients Approach Aging Mindfully

Mindfulness Practices for Increasing Self-Awareness and Decreasing Reactivity in Clients

Mindfulness as THE Tool for Developing Inner Resources and Making Positive Change
Emotional Mindfulness as the Antidote to Reactivity
The Body’s Pivotal Role in Promoting Healing
An Exercise to Uncover Negative Beliefs about Aging and Reinforce Positive Ones

Strategies for Helping Clients Get Unstuck from Their Past and Embrace a Future of Possibilities

Using Emotional Mindfulness to Create the Psychological Safety Needed to Heal
An Exercise for Identifying Resentments and Regrets
9 Simple Steps to Help Clients Feel Their Feelings and Process Old Wounds

Helping Clients Make New Choices That Can Energize Them

Using Self-Discovery Strategies for Clients to Craft a Life Vision They Love
Challenging Clients’ Self-Limiting Beliefs about What Life Can Be
Helping Clients Convert Vision into Action to Transform Their Lives

The 6 Essential Ingredients for a Happy, Healthy Older Age…and the Implications for Client Treatment

The Benefits of Social Connections
The Benefits of Physical Exercise, Continuous Learning, and Creativity
The Benefits of Spirituality and Service
How Therapists Can Promote the Key Habits That Enrich Clients’ Lives

Strategies for Clients Facing Life-Altering Questions as They Approach Retirement

Increasing Tolerance for Ambiguity in the Face of the Unknown
Being Proactive and Resourceful in This Transitional Stage
Crafting an Inspiring Plan for Creating a Life They Would Love
Brain Switch
Kate Cohen-Posey, LMHC, LMFT

- Use the insula to reduce visceral sensations
- Find sensations to rewind them
- Teach clients to release endorphins
- Transform brain research into interventions
- Change the brain’s negative bias
- Externalize & personify negative thoughts
- Rapidly activate centers for positive emotions
- No-fail homework assignments
- 4-step method to overcome negative self-talk: demonstration and practicum
- Replace controlling, critical inner voices with compassion and curiosity
- Use memory tricks to increase mindfulness
- Learn the prerequisite for deep therapeutic change
- Mix everyday tech savvy with neuroscience
Safely Navigating Emotional Storms: The Power of a Polyvagal Perspective
Deborah Dana, LCSW

The evolution of the autonomic nervous system
- Understanding the autonomic hierarchy
- Tracking autonomic state and state shifts

The physiology of the Social Engagement System
- How Cranial Nerves V, VII, IX, X, and XI influence experiences of safety
  - Ways to actively engage eyes, voice, breath, body movement to increase autonomic regulation and resilience

The effect of physiological state on psychological story
- Emergent properties of autonomic states
- How to guide clients safely from dysregulation back into regulation
1. The explosion of understanding about complexity of trauma
   a. Personal/Family of origin
   b. Intergenerational
   c. Collective

2. Intergenerational
   a. Epigenetic
      i. Somatic
      ii. Family constellations

3. Collective
   a. Research on natural disasters and 9/11
   b. Carried in all of us

4. Therapists
   a. Must treat it in us to treat our clients
   b. Need collective group
Making Your Best Sessions Happen More Often
Bruce Ecker, MA, LMFT

1. How memory reconsolidation works
   A. Emotional learning as the basis of symptom production
   B. Profound unlearning: Neuroscience research findings

2. Research-based clinical methodology for transformational change
   A. Accessing a symptom’s underlying emotional learning
   B. Accessing vivid contradictory knowledge for disconfirmation
   C. Juxtaposition as the critical condition of transformational change

3. Case examples of transformational change demonstrating therapist’s freedom of choice of techniques to induce memory reconsolidation
   A. Stage fright
   B. Anger
   C. Child’s violent behavior
   D. Compulsive inaction
   E. PTSD based in sexual molestation
Befriending Stress
George Faller, LMFT

Defining Stress
   Eustress
   Distress

Reframing how we see Stress
   Fight or Flight Response
   Challenge Response
   PTSD vs PTS growth

Embracing Emotions & Relationships
   Emotionally Focused Therapy Stage One
   Going Deeper EFT Stage 2
The Power of Family Attachments

George Faller, LMFT and James Furrow, PhD

Emotionally Focused Family Therapy

Attachment Theory

Working with Emotions

EFFT Steps & Stages

Stage One- De-escalation

Stage Two- Restructuring

Stage Three- Consolidation

Interventions in EFFT

Multiple Feedback loops

Enactments
Helping Clients Find Their Ruby Slippers
Lisa Ferentz, LCSW-C, DAPA

- Integrate the “ruby slippers” metaphor as a resource for empowerment and inner wisdom.

- Describe the value of using positive mantras or “life lessons” in therapy.

- Identify at least three therapeutic benefits of journaling both in and out of sessions.

- Identify and implement at least five “life lessons” designed to help clients self-actualize and experience greater empowerment in their personal and professional lives.

- Implement at least six journal prompts designed to improve positive self-talk, healthy risk taking, and overcome obstacles and fear.

- Explain the “before” and ‘after” impact of positive mantras on at least three clinical cases.
Opening the Heart
Janina Fisher, PhD

I: Early attachment and the capacity for empathy
   1. Somatic effects of anxious or traumatic attachment
   2. How the body protects us from hurt: armoring, bracing, constricting
   3. Consequences in later life: emotional distance, guarded, closed off

II. When clients cannot feel, working with the body feels safer than accessing emotion
   1. Increase engagement in spine and core to promote internal sense of safety
   2. Experiment with changes in posture, shoulders, opening the chest, relaxing the body
   3. Experiment with increasing or decreasing heart rate and tension

III. Use the client’s history to diagnose why the body has closed off emotion
   1. What necessitated distance from emotion?
   2. How did guarding, constricting, or armoring help client survive?
   3. What happens when the client thinks about being vulnerable?

IV. Accessing the social engagement system also evokes emotional engagement
   1. Make use of the facial muscles, larynx, movements of the head and neck
   2. Increase playfulness, laughter, lightness
   3. Avoid pressure on client to feel vulnerable emotions
Creating Safety with High-Conflict Couples

Janina Fisher, PhD

I. What creates a ‘volatile’ couple?
   1. Early attachment, trauma, and later relationships
   2. Animal defense survival responses are activated by perceived threat
   3. Inhibition of the prefrontal cortex deprives them of access to perspective

II. Reducing volatility by helping couples communicate without words
   1. Tracking their bodily reactions to the other
   2. Increasing awareness of the role of triggering
   3. Regulating the nervous system and bodily tension
   4. Using gesture and movement to practice new alternatives to conflict and reactivity
1. Neglect and abuse in early childhood impacts the developing brain
   a. review of latest research
   b. clinical impact
   c. the multiple meanings of symptoms

2. Sub-cortical drivers in developmental trauma
   a. pervasiveness of ambient fear
   b. anger and the anti-social element
   c. shame in the absence of self

3. The science of neurofeedback
   a. the electrical circuitry of brain function
   b. brain plasticity in how the brain fires

4. Integration of neurofeedback and psychotherapy
   a. training the brain toward self-regulation
   b. helping your patient to self-regulate
The Last-Chance Couple

Peter Fraenkel, PhD

Here are the seven topics I will address in the workshop, with specific information I will provide:

1. Four Types of Last Chance Couples
   a. High conflict couples
   b. Couples where there has been a value or safety violation (domestic violence, infidelity, gambling, abuse of substances)
   c. Couples where partners have mismatched personal time lines/life goals (e.g., whether/when to have a child, when to move from city to suburb, by when to achieve financial security)
   d. Couples with little to know passionate connection: Burned out and conflict avoidant couples

2. How to Engage the Partner Who is Ambivalent about Staying in the Marriage
   a. Inviting and validating the partner’s ambivalent feelings and helping the committed partner get more comfortable with the ambivalent partner’s current lack of definite commitment, and have the committed partner make a clear statement that he (committed partner) will not pressure her (ambivalent partner) to stay in therapy or in the relationship
   b. Stating that the therapy will go session by session – no long-term commitment to the therapy until/unless the ambivalent partner has fairly clearly decided to stay in the marriage. Asking the ambivalent partner at the beginning of each session what she’d need to see happen in the session to lead her to want to return for another session
   c. Stating therapist’s bias towards working to keep partners together if possible, which he/she (the therapist) will monitor to make sure it doesn’t lead to pressuring the ambivalent partner to stay. Inviting the couple to gently confront the therapist if they feel the therapist is pushing them to stay together

3. Techniques that Restore Hope and a Possible Better Future
   a. Teaching communication and problem-solving skills that restore hope by demonstrating that they can talk to each other safely, productively, and without destructive conflict
   b. Introducing reframes of problem patterns that restore a sense of the positive qualities of the relationship: for instance, that their sensitivity/reactivity to each other’s strong negative reactions to some of their respective behaviors show that they still care about the other’s opinion of them; and the fact that they have different ideas about how to solve problems and construct their life together is not a liability, but rather, one of their greatest assets – different perspectives provide “binocular vision” on problems and are necessary for “harmony” (which cannot occur when there is only one “note”).
   c. Writing a letter of gratitude to themselves in the present from themselves in the future about how life is now so much better (in the future) and how they appreciate all the steps they are taking now to improve their relationships
4. Ideas that Encourage Couples to Try New Patterns of Interacting that they don’t Feel Fully Prepared to Try
   a. Describing a new theory of change developed by the workshop presenter in which new, positive interactional behaviors are cast as always feeling somewhat *irrational*, given all the pain they’ve experienced in their present interactional style.
   b. Change therefore requires a leap of faith and courage. Adopting an attitude of “experimenting with the world,” and tweaking new behaviors until they work
   c. Change doesn’t require feelings of “motivation” to continue it – just motion, consistent effort, no matter if the couple is at their height of motivation

5. Communication Techniques
   a. Brief introduction to research-supported communication and problem-solving techniques, developed by Howard Markman, Scott Stanley, and colleagues at the U. of Denver (PREP).

6. Techniques for Restoring Pleasure and Passion
   a. The Sixty Second Pleasure Point activity: Brainstorming on all the fun, pleasurable, and sensual activities a couple can do in which the activities last only 60 seconds or less. Encouraging the couple to enact six of these 60 second pleasure points across the day (with each other initiating three of these each day)
   b. The Silent Shared New Experience activity: Exploring a new part of one’s city or town (or a new path in the woods) and drawing each other’s attention to something beautiful or interesting by pointing, but without speaking
Laughter and Joy in the Consulting Room, A Solution-Focused Approach

Ben Furman, MD

Fun therapy techniques with individuals
  Introduction to techniques
  Application of techniques
Fun therapy techniques with families
  Introduction to techniques
  Application of techniques
Fun therapy techniques with couples
  Introduction to techniques
  Application of techniques

Playful Approaches with Kids and Teens, A Crash Course in the Kids’ Skills Method

Ben Furman, MD

The background of the Kids’skills method
  - the origins of KS
  - the history of the development of the approach
The practical use of the Kids’Skills method
  - The fifteen steps of KS
  - Creative use of the steps
The new applications of KS
  - how to work with school classes using KS
  - how to work with families using KS
Transforming the Difficult Child
Howard Glasser, MA

- The energetic influences of relationship
  - Children respond poorly to normal and traditional methods
  - Children respond beautifully to interaction that is energetically aligned
- Then positive movement can be accomplished
  - Highly appreciative interaction can inspire children to their greatness
Using Group Process to Promote Healing

James Gordon, MD & Sabrina N’Diaye PhD, LCSW-C

- Improve self-awareness and self-care
  - Guided meditation
  - Drawing
  - Movement
  - Mind-body exercises
- Scientific basis for the exercises
- Role of Group leader, educator, guide, and coach
Breaking the Spell of Our Digital Devices
Linda Graham, MFT

Course Outline

Impact of Digital Technology
  Time
  Attention
  Resonant Relationships
  Empathy
  Self-Awareness

Assessment of Addiction
  Neurological pathways
  Devices designed to be addictive – attention economy

Solutions
  Digital Detox
  Harm Reduction
  Rediscovering Real Life

Resources
Catalyzing Brain Change
Linda Graham, MFT

Course Outline

Essentials of Brain and Behavior Shift
  Evolution, attachment conditioning, and development of human brain
  Neuroplasticity
  Four mechanisms of brain change
  Five conditions that accelerate brain change

Recover Equilibrium When Experiencing Stress and Trauma
  Body-based tools to regulate the stressed-out/numbed our cycles of the nervous system
  Social engagement tools to antidote the brain’s innate negative bias
  Sensorimotor approaches to manage surges of emotions

Manage Emotions Skillfully
  Shift out of the brain’s ruminative negative judgments
  Rewire memories of toxic shame
  Strengthen one’s sense of self and self-worth

Skills of Relational Intelligence
  Mindful empathy
  Theory of mind
  Negotiating change; repairing ruptures

Seeing Clearly; Choosing Wisely
  Monitoring and modifying perceptions and responses
  Re-frame meaning and consequences of challenges and catastrophes
  Finding the silver lining in difficulties and disasters
  Revisioning traumatizing events in coherent narrative
Therapy with a Coaching Edge
Lynn Grodzki, LCSW, MCC

Point 1: A model of therapy that incorporates a coaching approach
  • The differences and similarities between therapy and coaching
  • Identifying a coaching style

Point 2: Client Suitability, including:
  • Client Preference
  • Client Challenges
  • Client Capacity

Point 3: Enhancing partnership and collaboration between therapist and client
  • Leading vs. following
  • Use of Self
  • Appropriate Self Disclosure

Point 4: Specific Coaching Skills adapted for therapy
  • Powerful questions
  • Calling clients into action
  • Delivering a coaching edge
From Dysfunction to Erotic Discovery
Suzanne Iasenza, PhD

Participants will learn how to conduct a detailed sexual history
  How to collect sexual history information in a conversational way
  How to identify conscious and unconscious sexual narratives that affect sexuality

Participants will learn how to help improve sexual communication in couples
  How to co-create safe therapeutic space to discuss sexuality
  How to introduce the Sexual Menu Assignment
  How to process and utilize the results of the Sexual Menu Assignment

Participants will learn how to utilize Sensate Focus Technique to improve mindful sexual awareness
  How and when to introduce Mindfulness Sensate Focus
  How to process results of Mindfulness Sensate Focus experiences.
Promoting Positive Caregiving

Barry Jacobs, PsyD and Julia Mayer, PsyD

1: Review research on both the negative and positive psychological and medical effects of caregiving on family caregivers

- Describe the negative effects, including increased rates of insomnia, depression and anxiety, and decreased health
- Describe the positive effects, including personal and spiritual growth, an enhanced sense of purpose and possibly increased lifespan

2: Demonstrate the efficacy of a psychotherapy that decreases caregiving’s negative effects and increases its potential positive effects

- Outline psychotherapeutic techniques for working with family caregivers, including normalizing ambivalence, utilizing support, and identifying the values that underlie a caregiver’s choice to provide care to a family member

3: Outline psychotherapeutic means of identifying caregivers’ positive beliefs about caregiving as means of increasing their coping

- Demonstrate psychotherapeutic techniques including “Honoring the Mission,” prospective retrospection and mindfulness practices
Preventing Gray Divorce

Barry Jacobs, PsyD and Julia Mayer, PsyD

1: Review research on the rising rates of divorce among U.S. couples over the age of 50
   - Present theories about the reasons for the increased rate of late-life divorce, including the impact of cohort effects, previous divorces and increased longevity

2: Review normative and non-normative family developmental changes on late-life marriage
   - Identify relationship challenges during the Empty Nest phase
   - Discuss the negative impact of rising rates of chronic illnesses and caregiving demands on marriage

3: Outline psychotherapeutic techniques for bolstering late-life marriages and preventing gray divorces
   - Demonstrate adaptations of traditional couples therapy techniques for late-life marriages, including exercises for increased communication, engagement and negotiation and decreasing triangulation with adult children and grandchildren
   - Describe means of identifying and reconciling spouses’ personal values and existential missions
Harnessing the Power of Emotion
Susan Johnson, EdD

• Briefly outline the EFT approach to couple therapy
• Describe the place of emotional experience and corrective experiences in therapy
• Set out specific interventions and key change events in the therapy process
• Summarize the impact of EFT on emotional disorders – anxiety and depression.

Maintaining the Heart and Soul of Therapy
Irvin Yalom, PhD & Susan Johnson, EdD

• Discussion of Irvin Yalom’s journey as a therapist
• Review Yalom’s contributions to psychotherapy – view of the therapist & view of change
• Observations on where therapy is going a field
• Reactions & Insights into different schools of therapy
Old and New Models of Therapy
   Models of Ego Psychology
   Contemplative Psychotherapy and Neuroscience

What is Self?
   Dynamic Map of Self and parts
   Experiential Exercises to Access Self

Self to parts in Client, Therapist, and Therapy
   Case Histories of Effortless Heart Mindfulness Therapy
   Useful Techniques and Take-aways for Treating Clients
New Perspectives on Porn: its uses and misuses

Ian Kerner, PhD, LMFT

Delineating diagnostic criteria for when porn use is problematic vs. non-problematic

- Understanding porn use as a symptom of co-morbidity with another mental health issue; as a primary coping mechanism; as a form of emotion regulation; as a form of attachment dysregulation; as a symptom of an erotic conflict.
- Understanding porn as a way of bridging libido gaps; healing trauma; gaining self-insight around core erotic themes; expanding erotic inter-subjectivity with a partner.

Working with self-diagnosis of sex-addiction

- Reviewing the history of sex addiction; decoupling discourses around masturbation from porn use; a review of literature on the topic.
- Taking a closer look at the neuroscience behind the addiction model as it applies to behavioral addictions

Treating problematic porn use

- Using a harm reduction approach
- Using CBT to look at triggers for porn use, and decoupling masturbation from porn use.
Beyond Masters and Johnson: Sex Therapy for the 21st Century

Ian Kerner, PhD, LMFT

The latest science of sexual desire

- Understanding spontaneous vs. responsive desire, and the dual-control model of human sexuality
- Interventions that draw on willingness and the generation of subjective arousal.

The latest innovations in addressing common sexual problems such as erectile disorder, premature or delayed ejaculation, inhibited arousal, and sexual pain and orgasm issues

- Using combination therapy to take a bio-psychosocial-interpersonal approach.
- How to conduct a sexual history/sex script analysis.

The art of crafting the sex therapy homework assignment.

- Using a constructive model to create a framework.
- Working with the diagnostic data on an ongoing basis; working with erotic counter-transference.
Losing inspiration
  o Loss of inspiration through burnout, loss of heart, challenging clients, and discouragement
  o In Buddhist psychology, one antidote to loss of inspiration is called *bodhichitta* or awakened heart

How to reconnect with inspiration through traditional mindfulness and compassion practices
  o Mindfulness practices for the therapist such as mindfulness-awareness meditation
  o Compassion practice for the therapist such as *metta* (loving-kindness practice) and *tonglen* (compassion practice)

Benefits to your clients of your engaging in mindfulness and compassion practices
  o Cultivating compassionate presence
  o Recognizing and working with counter-transference and *exchange*
  o Reconnecting with awakened heart even with challenging clients
  o Expanding one’s therapeutic range to more clients and their issues

Practices for clients
  o Concentration, Mindfulness, and Loving-kindness practices for clients
  o The Empty Mirror Contemplation for therapists and also with their clients
Focusing and the Felt Sense
Joan Klagsburn, PhD

1) Research studies that support the benefits of Focusing in psychotherapy
   a. people who are natural focusers seem to have better outcomes from a year of psychotherapy

2) Focusing enables Clients to have their feelings and not be their feelings
   a. example of a client who was able to consult her body felt sense and get the right distance from her feelings
   b. the importance of self compassion and self-acceptance and curiosity ie the Focusing Attitude

3) Description of Presence Language that is practiced in Focusing-Oriented Therapy:
   language such as Something in me, Part of me, a place in me, etc
   a. experiential exercise demonstrating the benefits of this linguistic approach and its value in therapy

4) How Focusing taps into the right hemisphere’s knowing and then connects to left hemisphere’s capacity for labeling
   a. describing the concept of the felt sense and felt shift
   b. an experience of the felt sense and the felt shift

5) The use of the “handle” (word, phrase, image or gesture) in Focusing

6) The ‘philosophy of the Implicit’ that Gene Gendlin coined and how that philosophy is translated into psychotherapy
   a. Case study of focusing informed psychotherapy with a man with MS
   b. Practice of Focusing—participants will experience the Focusing protocol

7) Clearing a Space—the optional first step of Focusing and a stress reduction method that can be used in therapy by itself
   a. origins and research on this method
   b. case study demonstrating the use of Clearing a Space with a client
   c. participants practice this optional first step of Focusing
   d. description of research study of Clearing a space with women with breast cancer

8) Wrap up
   a. short role play between therapist and client
   b. resources (websites) for more information about this mindful approach
   c. applications for the care of the therapist as well as for clients
1) The Social Engagement System-What is it?
   a) Underlying biology
   b) Effect on fight/flight/freeze reaction
   c) How interacting with others can help

2) The Social Engagement System-How to use it
   a) Voice Prosidy
   b) Resonance
   c) Facial expressions
   d) Eye contact
   e) Touch

3) Play as a neural exercise for harnessing the SES to create safety and connection
   a) The concept of interstate travel
   b) Practicing various games for calming, regulating, establishing trust, maximizing eye contact, maximizing prosodic voice
Working with Cross-Cultural Couples

Kirsten Lind Seal, PhD, LMFT

Issues most often encountered with cross-cultural couples

Uneven awareness of privilege

Hidden impact of cultural assumptions and values

Helping these couples navigate their cultural differences

Inviting cultural perspective taking via:

Intentional discussion around gender roles

Intentional discussion around family/couple formation

Specific interventions for cross-cultural couples

Intentional pacing to support/intervene re: language/communication difficulties

Validation of experiences of racism/exclusion
The Dos and Don’ts of Working with Children
Lynn Lyons, LICSW

- The three frames of flexibility, parts, and action to identify salient problems, teach skills, and set goals with families
- Strategies to use the mind-body connection to children in order to interrupt common somatic symptoms like GI issues, sleep problems, and headaches
- How to create assignments for families that develop flexibility, action, and emotional management
- Avoid the common therapeutic pitfalls that can unintentionally reinforce anxiety and depression in families and children
Cultural and Historical Traumas

Anita Mandley, MS, LCPC

Awareness, Acknowledgement and Assessment

1. Acknowledgement and awareness of the intergenerational impact and memory traces of cultural and historical traumas on clients and the therapist’s own self
2. Learn relevant areas for assessment and a structured model of assessment
3. Case examples of the clinical implications of those traumatic experiences in the present

Moving from reflexive reactivity to connection, fluidity and coherence in the here and now

1. Learn the difference between bias, prejudice and the “isms”, and a process to regulate the neurobiology of bias
2. Learn the benefit and power of providing the resources of witness, protector and comforter to heal intergenerational wounds

How to uncover the survival narrative, validate the trauma, and move to a strengths-based process of empowerment and healing

1. Studying, listening to and validating the client’s traumatic cultural narrative, while listening for the resources that helped them survive
2. Using the client’s own survival resources, as well as cultural-specific rituals and/or creating new rituals for acknowledging and processing the loss and grief connected to historical traumas
3. Look at new ways to establish boundaries and self-defense and self-protection
Working with A@@holes
Keith Miller, LICSW

I. Where do a@@holes come from?
   1) Owning your inner a@@hole: Examining our own political incorrectness and selfishness
   2) Biological, epigenetic, and behavioral factors

II. Trick or treat? What to do when compassion and empathy are met with hostility
   1) Case conceptualization for narcissistic, borderline, and perfectionist personalities
   2) Compassionate confrontation: Standing up for yourself without putting the other down

III. Changing A@@hole Culture
   1) Creative, non-violent responses to repression and socially violent behavior
   2) Nurturing courage and connection: Breaking the cycle of shame and silence
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Ethics Made Fun: A Game Show Approach
Clifton Mitchell, Ph.D.

Opening
Introduction, Instructions, and Rules of Play

Round 1: General Questions --Topics Include:
Aspirational /Virtue ethics
Dual Relationships
Elder Abuse
Insurance Fraud
Treatment Mandates
Suicide obligations
Advertisements
HIPAA
Duty to Treat
Suicide Liability
Sex with supervisees

Round 2: Jeopardy-Style Play -- Topics Include:
Informed Consent
Confidentiality
Court Records
50¢ Terms
Dual Relationships
Pot Luck

Family Feud-Style Play -- Topics Include:
Duty to Warn
Child Abuse
Therapist Stress
Elder Abuse
Confidentiality
Informed Consent
Malpractice

Round 3: Jeopardy-Style Play -- Topics Include:
Child Abuse
Statutory Rape
HIPAA
Duty to Warn
Malpractice
Famous Cases
Scope of Practice
Confidentiality

Summary and Concluding Discussion
The Optimal Future Self: Overcoming Blocks, Accessing Possibilities
Nancy J. Napier, LMFT

Overview of working with the Optimal Future Self (OFS)
Rationale for accessing the OFS
Used as a metaphor and/or “part” of the self to access resources and challenges to achieving goals

Clinical Elements of the Optimal Future Self (OFS)
A means to uncover blocks to achieving goals, reveal resistance and blocking beliefs

Clinical elements
Break Through with Breathwork
Jim Morningstar, PhD & Jessica Dibb

1. Overview of breath awareness and modulation in healing traditions and contemporary research and applications
   a. Healthy vs. dis-regulated breathing
   b. Benefits of slower and faster than normal breathing in emotional and mental well-being and trauma recovery

2. The neurobiology of trauma and how recent discoveries have affected trauma recovery.
   a. Repairing neural integration after trauma
   b. Identifying clients who will most benefit from breathwork applications, and what types of breathing techniques are most useful for them

3. Slower than normal breathing techniques and their application to optimal emotional and mental functioning, and trauma recovery.
   a. Unfreezing with breath modulation
   b. Identifying and enhancing somatic cues of well-being
   c. Group and partner exercises; feedback and discussion

4. Faster than normal breathing, research, application and examples.
   a. When and why to use slower and faster breath modulation to regain hijacked mental abilities, and to cultivate relaxation, and optimal emotional wellness and functioning
   b. Role playing, partner breathing exercises; sharing and feedback

5. Compassion fatigue and burnout prevention in therapy, including treating trauma
   a. Reading one’s own as well as clients' body messages
   b. Increasing resiliency in clients and therapists

6. Which techniques require further training.
   a. Summary, conclusions, feedback
   b. Further training opportunities
An Introduction to Gender Affirmative Care
Margaret Nichols, PhD and Laura Jacobs, LCSW-R

1 The Two Models of Transgender Care
   a. The old paradigm – pre 2011
   b. The new paradigm – WPATH SOC 7 and DSM 5
2 Basic Principles of Gender Affirmative Treatment
   a. Validation of client’s identity
   b. Support for client’s gender expression
   c. Advocacy with family and community and medical providers
3 Assessment Issues Across Age Groups
   a. Childhood, pre-puberty
   b. Adolescence
   c. Adults

Advanced Issues in Gender Affirmative Therapy
Margaret Nichols, PhD and Laura Jacobs, LCSW-R

1 Issues of Co-occurring Disorders
   a. Autism spectrum disorder
   b. Mood disorders
   c. PTSD and dissociative disorders
2 Countertransference and Difficult Clients
   a. Clients who seem unsure of their identity
   b. Clients who make you wonder if you are a gatekeeper
   c. Clients who don’t demonstrate informed consent
3 Detransitioners
   a. Research on detransition
   b. Current visibility of detransitioners
4 Current Climate of Controversy
   a. Claims of social contagion
   b. Claims of therapist induced gender dysphoria
Clinician’s Biases can provide a powerful impact in treatment of BPD and Co-occurring disorders
  • The core of BPD is relational and inevitably comes into the therapeutic relationship
  • The question isn’t whether it’s impacting the therapeutic relationship but “How?”
  • Clinicians can identify common traps within the relationship and strategies to stay engaged in the therapeutic relationship

Evidenced-Based Approach to BPD and Co-occurring Disorders – Dual Focused Schema Therapy
  • How to assess and create change through the negative belief system
  • Early relapse prevention planning is the key to changing the negative belief system

Evidenced-Based Approach to BPD and Co-occurring Disorders – DBT and ACT
  • Shifting perspectives to see emotional dysregulation as a source of impulsivity that often leads to relapse
  • Introduction DBT and ACT skills to address emotional dysregulation
    i. Thought Diffusion
    ii. Distress Tolerance Skills
    iii. Mindfulness Skills
Putting Positive Psychology into Practice

Jonah Paquette, Psy.D.

Happiness 101

- What is happiness?
- Why happiness matters
  - Impact on health, brain
- Myths and Misconceptions
- Barriers to happiness

Gratitude

- Effects on Mental Health
- Impact on Physical Wellbeing
- Tools for Change

Kindness and Compassion

- Effects on Mental Health
- Impact on Physical Wellbeing
- Tools for Change

Mindfulness

- Effects on Mental Health
- Impact on Physical Wellbeing
- Tools for Change

Self-Compassion

- Effects on Mental Health
- Impact on Physical Wellbeing
- Tools for Change

Optimism

- Effects on Mental Health
- Impact on Physical Wellbeing
- Tools for Change

Connection
• Effects on Mental Health
• Impact on Physical Wellbeing
• Tools for Change

Cultivating Strengths

• Effects on Mental Health
• Impact on Physical Wellbeing
• Tools for Change

Savoring the Good

• Effects on Mental Health
• Impact on Physical Wellbeing
• Tools for Change

Happiness as Habit

• Applying Positive Psychology
• Use with specific populations
• Creating lasting change
The Pervasiveness of Technology

- The digital age
- How technology can positive or negatively impact our lives
- The surprising amount of time we spend online

Happiness 101

- Happiness as an old and new pursuit
- Myths and misconceptions related to happiness
- 5 keys to lasting happiness

Technology and Happiness

- How technology and social media impact our well-being
- How technology can help, or hurt, mental health

Hacking Happiness

- 5 practical strategies for changing our relationship with technology
- Turning small changes into lasting habit
The Power of Embodied Presence

SueAnne Pillero, PhD

The Use of the Therapist’s Self as a healing mechanism
  -Self Disclosure
  -Anticipatory Mirroring
  -Delighting in the patient

How to work with wounded parts
  -Building compassion for the trauma parts
  -Reparenting the child parts

Moment-to-Moment tracking of Self, Other, & The Space between
  -Attuning to the verbals and nonverbal
  -Right-brain-to-right brain communication
  -Building Presence within ourselves

Fierce Love
  -Championing/advocating for our patient’s trauma parts and core authentic self
  -Speaking the truth on behalf of the patient when s/he is unable to
  -Holding the hope even when the patient sees and feels nothing but darkness
High-Impact Couples Therapy

Terry Real, PhD, LICSW

In this workshop, you’ll discover how to:

- Quickly arrive at a clear map of the repeating loop the couple is mired in
- Use their relational diagnosis to wake them up to their patterns of dysfunction and wish to connect
- Smoothly transition from the dysfunctional family of origin backstory to a reparenting dialogue
- Introduce relational skills like having good boundaries, speaking up for oneself with love, and responding to criticism nondefensively with a generous heart
Helping Clients Unlearn Their Pain
Howard Schubiner, MD

I. Knowledge about Psychophysiologic Disorders (PPD)
   A. How is pain produced and processed in the conscious and subconscious brain
   B. What are some of the common manifestations of PPD
   C. Relationship between stressful life events and PPD
   D. Overview of treatment of PPD

II. How to assess if someone has PPD, including examination skills if appropriate (Medical assessment)
   A. Medical history
   B. Review of records and imaging studies
   C. The search for discrepancies
   D. Review of symptoms checklist lifetime
   E. Medical examination or review of medical examinations

III. How to determine the psychological cause of PPD
   A. Early childhood history—priming events
   B. Teen and early adult history—triggering events
   C. Later life history, search for themes and patterns
   D. Connection between onset and exacerbation of symptoms and stressful life events

IV. How to educate patients and personalize information about PPD
   A. Explaining PPD 101—the information
   B. Review themes and relate life events to onset and exacerbation of PPD symptoms
   C. Obtain feedback and answer questions

V. How to implement the basic cognitive and behavioral elements of Treatment
   A. Education as a basis of treatment
   B. Understanding the concepts and applying them personally
   C. Believing in them and self-confidence to allay doubts
   D. Developing self-confidence for successful recovery
   E. Affirmations for recovery
   F. Challenging symptoms
   G. Conditioned responses and outcome independence

VI. Description of expressive writing exercises, handouts only
   A. List of writing techniques (Lists)
      1. Free writing
      2. Unsent letters
      3. Dialogues
4. Gratitude
5. Forgiveness
6. Barriers to recovery
7. Responding to life situations
8. Writing a new life narrative

VII. Description of the role of meditative exercises, handouts only
   A. Mindfulness practices
      a. Attending to emotional states
      b. Decreasing self-induced suffering
      c. Tolerating symptoms as transient events
   B. Guided meditations

VIII. How to guide a PPD patient in emotional awareness and expression exercises
   A. Basic principles
   B. Description of steps in the process
   C. Demonstration of the process

IX. Conclusions, Questions and Answers
The Therapist as Healer

Richard Schwartz, PhD

- Describe the IFS model
- Illustrate it’s application with video examples
- Apply strategies used in IFS to contact the core Self
- Shift the role of therapist from the primary attachment figure to a container who opens the way for the client’s Self to emerge
- Use methods for transparently handling situations in which you get emotionally triggered by your client
- Get clients’ polarized, deeply conflicted parts to negotiate with each other
Millennials approach love and sexuality differently compared to other age groups.

- Understand the challenge of committing to relationships
- Understand the challenge millennials face in the context of a desire for independence and commitment

Understand the how to build a therapeutic alliance with millennials

- Explore the qualities that millennials value in a therapist such as self-disclosure and directness
- Explore how to develop these qualities as a therapist

Learn the language of millennials

- Understand the distinctive language millennials speak
- Gain knowledge about the way millennials communicate in relationships
How to Stress-Proof a Relationship

Steven Stosny, PhD

Couples often fail to maintain the skills they learn in therapy.
Under stress, they retreat to entrenched habits of emotion regulation.
Under stress they invoke childhood coping mechanisms of blame, denial, and avoidance.

Teach clients to switch from “toddler brain” to “adult brain” coping mechanisms.
Convert blame, denial, avoidance into improve, appreciate, connect, protect.
Show clients how to act on their deeper values rather than temporary feelings.
Show clients how to use guilt and shame as motivations to stay true to deeper values,
i.e., showing compassion and kindness to loved ones.

Create positive emotional habits to replace dysfunctional ones
Help clients build routine micro-moments of connection, e.g., eye contact, brief touch, smiles.
Help clients use cognitive dissonance to improve their connection.
Therapeutic Activities with Kids and Families

Martha B. Straus, PhD

• Adults treating dysregulated children need to stay calm and present
  o Therapists need to know what “hooks” them, and how to get unhooked
  o The React-Reflect-Respond model helps create corrective relational experiences

• It is important to collaborate on goals and get session feedback from children, too
  o What kinds of questions tap into a child’s level of therapeutic engagement?
  o There are evidence-based feedback measures available for use with children that take just a couple minutes to complete.

• Children are dysregulated across systems—emotion, body, attention, behavior, identity and relationships—our toolbox can include activities that help them become better regulated in all of these domains
  o We can tailor interventions to ground and engage children who become hyper-activated, who disengage, and who fluctuate between these two extremes.
  o We can intentionally use our own capacity to stay calm and present to co-regulate children and families as a part of every other intervention
Healing Parent-Child Cutoffs

Ron Taffel, PhD

Naming a Terrible and Often Invisible Hurt for Mothers and Fathers

- Identifying the different types of parent-child cutoffs through the life cycle
- Lifting parental shame by understanding common pathways to unwanted distance
- Recognizing family dynamics and triangles that promote cutoffs with one parent rather than the other

Healing: It's Not Me, It's Us

- Identifying and stopping what parents most commonly do to turn kids off
- Dealing with temperamental allergies, behavioral triggers and sabotaging triangulation
- Providing antidotes to the impact of developmental disorders and inter-generational traumas

From Distance and Estrangement to Connection

- Easing ineffectiveness by addressing parental 'future fears,' past scripts and being held hostage
- Providing strategies to engage kids of all ages in treatment
- Stopping powerful and mutually abusive parent-child dances
- Creating rituals designed for the damaged parent-child relationship and family
Myths vs. Realities About Millennials (18-35 year olds)

- Learning about trends in mental illness, sexual activity, substance use and emerging values, that impact treatment
- What leads to shallow, stuck, or ineffective therapeutic engagement with young adults
- How millennials describe successful therapists and treatment

Expanding the Therapy Frame

- Whether and how to use texts in sessions to create greater honesty, mindfulness and to heal damaged relationships
- Ways to be open to the fluid therapeutic role-flexibility millennials need, often within a single session
- How to stay 'remembered' in fast-paced, substance impacted and dramatic young adult lives
- Realistic guidelines about between-session communication

Expanding Yourself

- Keys to being fully present by following the 'spark of life' in you and your patient
- Timing and guidelines for the different types of therapist self-disclosure that young adults need
- How to discuss the 'un-discussable': biases, microaggressions and stereotypes between therapist and client
- Ways to effectively get your opinions and advice across to multi-tasking minds
Opioids and Chronic Pain

Martha Teater, MA, LMFT and Don Teater, MD, MPH

- What’s behind the growing link between opioids misuse and chronic pain and what you can do to reduce your clients’ reliance on opioids.
- The basic neurophysiology of both pain and opioid misuse and how they intersect, enabling you to better understand and address your clients’ thoughts, fears, and emotions.
- How to help your clients use cutting-edge, evidence-based CBT and mindfulness tools to reduce pain and enhance their quality of life.
A Time for Senior Clinicians  
David Treadway, PhD

Developmental Issues Facing Clinicians Late in their Career
  - Impact of Aging
  - Health Issues
  - Retirement Questions

Developmental Issues Facing Our Clients Late in their Lives
  - Aging Issues in our Practice
  - Changing expectations of our clients with changes in culture
  - Responding to increased frailties and limitations
  - Memory and hearing loss

Discussion of Issues with Aging
  - Impact our work
  - Techniques and interventions to age well
  - Homework assignments and daily practices
KEEPING THE INSPIRATION ALIVE

JODY WAGER, MS, BC-DMT and NAOMI NIM, EdD, LPC, NCC, BC-DMT

Use cognitive strategies and mind-body approaches to highlight your most meaningful Symposium learning

- Process Symposium learning through guided imagery and attention to the body
- Participate in a facilitated group movement experiential participants and explore thoughts and feelings associated with the Symposium

Learn 3 dance/movement therapy techniques to be more fully present and self-aware when working with your clients.

- Learn to increase attunement to an inner state and awareness of others
- Learn grounding skills
- Be introduced to the concept of kinesthetic empathy

Employ DMT techniques to integrate your Symposium experience

- Participate in a choreographic structure to capture highlights of the Symposium
- Integrate Symposium experience through text and movement personal narrative
Disrupting Rumination
Margaret Wehrenberg, PsyD

I. Rumination as the link between anxiety and depression.
   a. Brief look at brain structure/function contributions
   b. The purpose of worry: cognitive mis-steps
   c. Explore the impact of guilt and eliminate it

II. Manage Worry
   a. Contain your worry in time
   b. Invite the worry
   c. Identify and alter “magical worry”

III. The impact of stress and 4 competencies to prevent stress damage on health, anxiety and depression
   a. Eliminate the Stressor
   b. Manage time and environment
   c. Manage Attitude
   d. Practice Rest and Relaxation

IV. Perfectionism and the Too Much Activity (TMA) person
   a. Help clients identify perfectionism in thought and behavior and interrupt its negative effects
   b. When procrastination is perfectionism in disguise

V. A look at Depression – Raising Energy and Altering Cognitions
   a. Changing the neural networks that keep rumination in place

VI. “Born to be blue” – Spotting and altering the impact of endogenous depression
   a. Change the network on purpose – “Start where you already are”
   b. “Charge the batteries” to raise energy

VII. Situational Stressors
   a. Setting boundaries and utilizing help
   b. Mobilizing energy to respond

VIII. Interrupt helplessness
   a. Utilize mentors or lifelines
   b. Focus on strengths

IX. Ameliorate Impact of Early Life Adversity
   a. Prepare to stay connected
   b. Changing Explanatory style
   c. Gratitude assignments
Working with Autism and Anxiety

Margaret Wehrenberg, PsyD

I. Recognizing the Impact of High Functioning Autism (HFA) on Anxiety
   a. HFA creates anxiety
   b. Recognizing the interaction of anxiety symptoms of panic, worry and social anxiety with HFA

II. Meltdowns and Panic: Learn to identify the Signs and Correct for Panic/Meltdown
    a. Evidence of anxiety building and tools to minimize arousal
    b. Planning for panic/meltdown with emotional regulation tools and the S.C.A.R.E.D solution from Lipsky

III. Worry and the Logic of HFA
     a. Explore feeling states to develop confidence and vocabulary for self-expression
     b. Utilize Visual and concrete learning styles to diminish worry

IV. Social Anxiety (SAD) and HFA – Accommodating the Differences
    a. Identify major differences between similarly appearing HFA and SAD
    b. Diminish obstacles to forming friendship and develop social skills
    c. Help clients learn social conversation verbal and non-verbal recognition skills
THE FOUR MYTHS ABOUT DOMESTIC VIOLENCE
DAVID WEXLER, PHD

Typologies of domestic violence offenders

- Intimate Partner Terrorism vs. Situational Couple Violence
- Coercive Control Issues

New models for understanding female abusers

- Women's Motivations for Violence
- Origins of Female DV

Understanding and treating victims

- Why Victims Don't Report
- Victim Assessment/Victim Vulnerability Factors

DISARMING SHAME
DAVID WEXLER, PHD

Disarming male shame

- Developing the “twinship experience”
- Reducing denial, minimization, defensiveness, and avoidance

Crafting self-disclosure

- Here-and now disclosures
- Extra-therapeutic self-disclosures
- Mistakes in self-disclosure

Challenges with male clients

- Therapist Apologies
- The Thoroughly Unlikable Client