

Speakers

relationships which mimic their childhood abuse or are a direct continuation of it. Their fresh trauma then causes fresh dissociation, and locks the person into a vicious cycle, where the DID is continuously and actively re-generated. This distinction may explain some differences in clinical attitudes, as the treatment needs of these two types of DID are different. The talk will conclude with an outline of therapeutic principles for working with each of these types of DID.



DP Claudia Maria Fließ (Bremen)

Group Therapy with Personality Parts in Dissociative Disorders

Claudia Fließ is psychotherapist and behavioral therapist in Bremen. She is specialized in body oriented work with dissociative patients. She will introduce a trauma therapeutic concept for the work with dissociative disorders. Certain contact and communication settings can help to gently dissolve the barriers between different personality parts. She will present case examples to show how it is possible to motivate all personality parts to come together and share the burden of their traumatic origin together in order to fuse eventually and voluntarily.



MSc Psych Winja Lutz (Leipzig)

The Effects of Group Therapy

Winja Lutz is certified care worker, holds a diploma in fine art, is a psychologist, psychotherapist and trauma therapist in-training. She works as a research assistant, translator, interpreter and lecturer in the field of trauma and dissociation. She will speak about the current status of the professional policy regarding the combined individual and group therapy in psychodynamic therapy. The long-lasting efforts to establish the combined treatment testify to the Best-Practice evidence that supports combined individual and group therapy especially for severe disorders. Winja Lutz will present the latest research findings from the Trauma-Institute-Leipzig on how group therapy decreases pathology and attachment insecurity.



DP Irina Vogt (Leipzig)

Preparing Dissociative Patients for Group Therapy

Irina Vogt is a psychodynamic psychotherapist and trauma therapist for adults, children and adolescents. She is the director of the Trauma-Institute-Leipzig. She will present a case example to illustrate the combined individual and group treatment she conducts together with her husband. She will discuss at what point it became possible for her patient to join the additional group treatment and what it took to prepare for it. Furthermore she will describe her patient's successes, failures and insights over the course of treatment, how the group therapy provoked specific issues and the solutions that were found to resolve them.



Dr. rer. nat. DP Ralf Vogt (Leipzig)

Framework and Issues of a Combined Individual and Group Therapy with Dissociative Trauma Patients

Dr. Vogt is psychotherapist, psychoanalyst, trauma therapist, family and group therapist. Together with his wife he developed the SPIM 30 treatment model for dissociative trauma disorders and founded the Trauma-Institute-Leipzig. He is a board member of the ISSTD. Dr. Vogt will discuss indications, benefits and dangers of SPIM 30 group therapy with dissociative trauma patients. Aspects of perpetrator attachment and perpetrator introjection play a central role and demand great strength and flexibility from the psychotherapists. Demands that can only be met with the help of specific treatment methods and multimodal settings. Many case examples will illustrate his approach. Das Vorgehen wird anhand vieler Fallbeispiele erläutert.



Target Audience

- Psychotherapists for adults, children, and adolescents of all schools
- Psychologists and counselors
- Researchers from the clinical research field
- Social worker, care takers, child welfare officers, nurses and all other health professionals
- As well as all trainees in these fields

Program and Registration

Program, registration and information on directions and costs at:

http://www.traumapotentziale.de/index_en.html

e-mail: info@traumapotentziale.de

Organizers



Trauma-Institut-Leipzig an der Akademie für Ganzheitliche Psychotherapie

Training in trauma oriented school-transcending psychotherapy

Curricular for trauma counselors and trauma therapists

Directors: Dipl.-Psych. Irina Vogt, Dr. rer. nat., Dipl.-Psych. Ralf Vogt

www.traumainstitutleipzig.de

Culture, Hotels & Surroundings

www.leipzig.de | www.leipzig-sachsen.de | www.leipzig-info.de

www.bach-leipzig.de | Bachfest: June 12th – 21th 2015

Leipzig offers many cultural activities: The Gewandhaus (top address for classical music), the opera, the ballet, Leipzig's main theatres (Schauspiel & Scala), Leipzig's vaudeville show (Kristallpalastvariété) and many cabarets. At the same time as our conference is the annual Bach-festival. You find the detailed program here: www.bach-leipzig.de
Extend your stay into leisure vacation and book tickets in advance, ticket sale starts on October, 15th 2014.

Venue

Mediencampus - Leipzig/Gohlis, Poetenweg 28 (www.medien-campus-villa-ida.de)

(close to Leipzig zoo and main station)



Mediencampus Villa Ida



Group Therapy, Perpetrator Attachment & Social Neurobiology

**Traumatherapeutic Conference
June 11th – 13th 2015
At the Mediencampus Leipzig**

Conference for psychotraumatology and
interdisciplinary fields



Psychotraumatology, Dissociation Research,
Psychoanalysis, Dynamic Psychotherapy,
Behavioral Psychotherapy, Child and Adolescent
Psychotherapy, Systemic and Body-oriented
Psychotherapy, Neurobiology and Brain Research

Akin to our last conferences "Perpetrator Introjects" (2011) and "Slander and Betrayal" (2013) our upcoming conference again tackles a special issue in the field of posttraumatic disorders after relational trauma:

Group Therapy, Perpetrator Attachment and Social Neurobiology

We encounter perpetrator attachment in our every day clinical practice in a subtle way: Clients feel obliged to be obedient and loyal to people who humiliated them by physically, emotionally and sexually abusing them. Other clients feel sorry for their parents, even if their parents demand submission and slander them behind their backs. Many clients are scared to end their intimate relationships even though their partners constantly cheat on them and neglect them. Then there are children who want to go back to their alcoholic or drug dependent parents even though all they'll find is unheated apartments, dirt and hunger.

Why is this?

What are the relevant psychodynamic and brain physiological laws that rule these vicious circles of dysfunctional dependency? And how can we break them? Is it helpful to develop new treatment models that focus on group therapeutic work in order to facilitate a kind of long term, committed substitute family? In case it is possible to build alternative attachment systems, what are the characteristics they have to adhere to so clients are neither hindered by fearful perpetrator transferences resulting in avoidance nor by perpetrator introjects resulting in the destruction of the relationships offered?

Scientists and clinicians from various fields will come together at this conference to discuss these questions and share their ideas, experiences, and approaches. While preparing this event we realized there is a lot more to this topic than even we assumed beforehand. It is a deeply complex issue that we need to further research and broaden our minds about, to fully comprehend its many implications. Latest neurobiological theories will be introduced to help further our understanding of introjected traumatic experiences and social healing and will surely proffer interesting starting points for trauma and group therapists. Neuroscientific experts, of whom two of the most important representatives will be present, have confirmed the importance of social relationships for physiological regulation and stress coping and how early trauma can only be healed by social attachment. Which begs the question: How dynamic and how well structured can or should a course of psychotherapy be? Is it feasible, maybe even necessary to acknowledge combined individual and group therapy as a new standard for psychodynamic therapy?

Renowned speakers from the US, Denmark, Great Britain, Austria and Germany will present the latest research and practical case evaluations to address this cutting edge topic at the 2015 conference of the Trauma-Institute-Leipzig!



Main Conference Including all Speakers Thursday, June 11th til Saturday June 13th



Prof. Dr. Stephen W. Porges (USA)

Social Connectedness as a Biological Imperative: A Polyvagal Perspective

Dr Porges is Professor of Psychiatry at the University of North Carolina. He served as president of the Society for Psychophysiological Research. In 1994 he proposed the Polyvagal Theory, which he will introduce at this conference. The presentation will explore how a polyvagal perspective informs us of the profound biological significance of social behavior. Social interactions, which target the capacity to feel safe and elicit positive reciprocal behaviors, function as a neural exercise that improves physiological state regulation and optimizes mental and physical health. The Polyvagal Theory provides a biobehavioral basis for therapeutic strategies that employ group interactions. Within this perspective the interactions within a group exercise the social engagement system to increase the client's capacity to feel safe and provide an opportunity for patients with a trauma history to dampened defenses associated with both mobilization (i.e., fight/flight behaviors) and immobilization (i.e., behavioral shutdown and dissociation).



Prof. Dr. med. Luise Reddemann (D)

Resource Oriented Group Psychotherapy with Complex Trauma Patients

Prof. Reddemann is honorary Prof. for psychotraumatology and medical psychology at the University of Klagenfurt, she is MD for psychotherapeutic medicine and psychoanalyst. She developed the »Psychodynamic Imaginative Traumatherapy« (PITT) and focuses her work on researching resilience. She will talk about group therapy as "hothouses for resources". Gathering, activating and utilizing resources in a group fosters the individual's potential as well as the group's. Traumatized patients should alternate group therapy with individual trauma processing therapy. Prof. Reddemann will introduce possibilities and limitations of this psychodynamic imaginative trauma therapy



Prof. Dr. Andrew Moskowitz (DK)

Whose voices are we hearing? Are there continuities between normal self-states, the voices of schizophrenia and personality parts in DID?

Prof. Moskowitz is Professor for clinical psychology at Aarhus University in Denmark and director of the research group ADiTS (Attachment, Dissociation and Traumatic Stress). He is Board member of the ESTD and member of ISSD's research committee. Prof. Moskowitz will talk about differentiation between schizophrenia and Dissociative Identity Disorder (DID). For most of the 20th century, schizophrenia has been viewed as a genetically-based, brain disorder whose symptoms had no meaning and no connection to life experiences. At the same time, DID, when it began to be recognized again in the 1970s and 1980s, has been seen as a strongly environmentally-based disorder, connected to severe and often sadistic childhood abuse. Nonetheless, there are reasons to see some continuities between these two disorders (or sets of disorders), particularly in the experience of voice hearing. In this talk, theoretical, empirical and clinical evidence will be presented to suggest that voices in schizophrenia and personality parts in DID are both dissociative in nature, and that they further relate to the self states of normal personality that are experienced as continuous. Possible reasons for societal and professional resistance to these ideas are explored.



Prof. Dr. Bernhard Strauß (D)

Trauma and the Social Microcosm of the Group

Prof. Strauß is psychotherapist, psychoanalyst, and director of the institute für psychosocial medicine and psychotherapy at the university clinic in Jena. He is an expert for psychotherapy and attachment research. First, he will speak about the current status of group therapy research and conceptual group therapy questions. He will go on to discuss questions like: (How) is it possible to discuss and process trauma in group psychotherapy?

If we understand the group as a social microcosm, we have to assume that group members will make their trauma known – overtly or covertly it will "intrude" upon the process. Giving examples, Prof. Strauß will show the group's potential in processing experiences.



Prof. Dr. DP Michael Hayne (D)

Regaining Trust in Group Psychotherapy

Prof. Hayne is psychotherapist, psychoanalyst in Bonn. He was trained at the Group-Analytic Society in London and is founder of a training institute for group analysis and group therapy in Austria. He will speak about the repercussions from deliberate violence. It suggests itself to regain interpersonal trust with a psychodynamic group therapy but traumatized patients are at risk of getting hurt again too. Group therapists need to be very sensitive interpersonally and be very alert and capable of intervening quickly. The therapist has to utilize his or her counter transferences professionally and with an advanced level of self-experience.



Prof. Dr. Sue Carter (USA)

The Healing Power of Love: An Oxytocin Hypothesis

Dr. Carter is Professor of Psychiatry at the University of North Carolina. She co-directed the Brain-Body Center and is a former president of the International Behavioral Neuroscience Society. She is the founder of the oxytocin-hypotheses and will speak about the central role the neurohormone oxytocin plays in both the development and expression of social support and attachments; these in turn are necessary for what humans experience as "love." Evidence will be drawn from both human and animal research to explain the unique capacity of oxytocin to permit the development of reciprocal relationships. In conjunction with vasopressin, oxytocin also helps us understand the adaptive mechanisms through which the mammalian body protects and restores itself in the face of challenges.



Prim. Prof. Dr. Dr. DP Andreas Rimmel (Wien, München)

Perpetrator Introjects and Perpetrator Attachment in Severe Posttraumatic Disorders and Emotionally Instable Personality Disorders

Prof. Rimmel is medical director of the psychosomatic centre at the Waldviertel-Clinic in Eggenburg near Vienna. He is psychodynamic and behavioral psychotherapist and member of the research group clinical psychology and psychotherapy research at the university of Munich. He will speak about the therapeutic challenge perpetrator attachments and introjects pose in trauma therapy. Due to their "double entry bookkeeping" dissociative patients bring extremely difficult relational patterns to the therapeutic relationship. Mindfulness based integrative trauma therapy offers an effective conceptual framework for this work. Prof. Rimmel will outline this treatment approach and offer some empirical data from his clinic.



Dr. Ruth Blizard (USA)

Attachment to the Perpetrator in Families and Oppressive Social Groups

Dr. Blizard is clinical psychologist and psychoanalyst in Binghampton, New York. Her research focuses on perpetrator attachment, the transgenerational passing on of trauma and attachment trauma in Borderline Personality Disorders. Dr. Blizard will speak about attachment in abusive families. The child in these families forms two dissociated self-states, an idealizing one to preserve attachment, and a self-protective state that holds the knowledge of abuse. The perpetrator adores the idealizing, submissive child but rejects and punishes any challenge to his authority. The family becomes a closed system, and outsiders are dismissed with contempt. Persons who grew up with this dynamic may be more susceptible to joining religious cults and fringe political movements with authoritarian, charismatic leaders.



Dr. Adah Sachs (GB)

Looking at two kinds of DID: Stable and Active

Dr. Sachs is an attachment oriented psychoanalytical psychotherapist and member of the Bowlby Center. She works at the Clinic for Dissociative Studies in London and is forensic. This talk draws a distinction between two presentations of DID, Stable and Active. While people with stable DID struggle with the effects of severely traumatic childhood, they are safe at present and can focus their efforts on recovery. Conversely, people with active DID appear to be unable to progress towards a safer life and find themselves, against their own wishes and therapeutic efforts, repeatedly involved in abusive