

## **KEYNOTE**

### *Addiction To "Alone Time" -- Avoidant Attachment, Narcissism, And A One-Person Psychology Within A Two-Person Psychological System*

- Stan Tatkin, Psy.D., MFT

#### **Abstract:**

This workshop focuses on the specific problems found in the avoidantly attached adult in relation to a primary attachment figure such as a spouse or lover. We cover traits and behaviors that commonly present in individual and couples therapy as well as interventions the therapist should consider employing early on in treatment. We also look at the health issues that often seem to accompany avoidant clinical presentations and the contributing role psychotherapy can play in improving longevity and overall physical health.

The purpose of this course is to help attendees better understand both the internal and external relational struggles of the avoidant adult from a psychobiological perspective. The Psychobiological Approach To Couples Therapy® (PACT) focuses on early attachment and its effect on brain and nervous system development as well as specific neuroendocrine issues related to interpersonal stress.

## **Psychotherapeutic Track**

### *Self Injurious Behaviors and Family Dynamics: A Family Approach to Treatment*

- Buck Runyan, MFT, LPC, CEDS

#### **Abstract:**

Addressing Eating Disorders is a difficult and complex process. By structuring specific interventions that target the development of a cohesive support system the patient will have the best opportunity to decrease Self-Injurious behaviors and increase personal coping strategies. By using a development approach in educating the members of the support system, they will be more confident in their roles. By teaching the patient and support team members specific cognitive behavioral emotion management skills they both learn how to engage one another and facilitate the recovery process in their home environment.

The goal of this presentation is to train the Professional how to motivate the patient to develop an openly communicative relationship with people who desire to assist the recovery processes. A developmental and methodical process of education will be presented that facilitates a decrease in fear, shame and potentially unnecessary conflicts between the patient and the support team members. When the patient has a support system that is well educated, trained and present in the community environment, their confidence for success and competence in life skills improve significantly.

### **What's Eating Our Children?**

#### **An Overview of Eating Disorders in Children & Adolescents: Feeding a Child's Emotional Hunger in a Therapeutic Setting**

- Michele Tamarkin, MFT

#### **Abstract:**

This interactive presentation will begin with an overview of eating disorders, "Red Flags" of disorder eating and the correlation between the lack of emotional connectedness in families and the development of eating and weight issues in childhood. The workshop will examine ways in which families connect both physically and psychologically. Emotional family connectedness will be defined using case presentations, as well as, the PAR Theory, which helps to measure connectedness and warmth in the family system. A treatment team approach will be discussed and experiential exercises will be incorporated throughout the

presentation to give clinicians helpful ideas as to the importance of using collateral resources when dealing with emotional eating in children and adolescents. Participants will discover innovative activities and techniques to encourage and enrich emotional connection with children and their families in a therapeutic setting (i.e. creative visualization, "each of us is different" exercise, "family rituals"). The main goal of this presentation is to help professionals explore the lack of family emotional connection.

*Practicing the Outer Warrior:  
Use of Physical Competence in Repairing Complex Trauma*  
- William Randle, LCSW

**Abstract:**

Patients with long-term traumatic experiences, especially those that occur across developmental stages, present a serious, and sometimes insoluble, challenge in therapy. Long after specific PTSD symptoms have resolved, patients may exhibit self-harm behaviors, disordered eating, self-sabotage, interpersonal chaos, disturbed boundaries, etc. While the patient may be eager, insightful, and willing to change, the behaviors persist.

The goal of this presentation is to examine how these behaviors are reinforced somatically, beneath conscious awareness. The sub-cognitive repetition of these somatic states 'normalizes' the trauma response, rendering traditional talk therapy largely ineffective. Basically, the core beliefs learned in trauma are validated by that constant re-experiencing many years after the trauma ended.

The therapist needs to facilitate the patient in creating and generating *actual* safety in the body. This allows for a new pattern to be reinforced, a new 'normal' of safety and competence over helplessness. In traditional martial arts - such as aikido and kung-fu – the practitioner develops physical competence *and awareness of that competence* in combining a relaxed body and an aware mind. This is a skill rather than an insight. Teaching patients to combine and practice grounded breathing, awareness of body, and deliberate action helps them to create a new 'normal', in which they are able to turn insight into practice, and their body into a safe space to occupy.

**Biofeedback Track**

*Integrating Heart Rate Variability and Neurofeedback for Optimal Meditation Training*  
- Cynthia Kerson, PhD

**Abstract:**

Many studies have shown a positively correlated relationship between breath and heart rate variability coherence and optimal brain state in the effort to meditate. Heart rate variability training consists of teaching the client how to best diaphragmatically breathe. This is obtained by determining the best breath rate (generally between 4 and 8 breaths per minute) and breath pattern, which results in the heart rate rhythm at approximately .1 Hz and is determinant of a parasympathetic state. Brain wave biofeedback, or neurofeedback, can operantly condition the brain to change state. Using the Alpha/Theta or "Bliss" protocol one can train the brain to increase the lower brain wave frequencies indicated in meditative states. Utilizing both heart rate variability training and neurofeedback training couples the body's and the brain's states, allowing for a more deep meditative experience.

*Physiological Stress Evaluation:  
What the Self-Report May Not Tell You*  
- Margaret MacDonald, MD

**Abstract:**

Psychotherapy often deals with helping patients to find the root thought patterns that inform their thinking and feelings, and gives them a chance to rethink some of their inefficient foundations. The ability to detect reaction patterns of which the client may not even be aware can maximize the efficiency of developing self-awareness and inform the process of change.

Physiological measurements taken under resting and cognitive or emotional stress conditions can be carried out in a single visit by an experienced psychophysiology therapist. If desired, the most reactive parameters can be re-shaped using biofeedback. This process usually empowers the client and speeds the achievement of satisfactory cognitive behavioral change.

### *Neurofeedback Treatment of ADD/ADHD, Autism, and Learning Disorders*

- Gary J. Schummer, Ph.D.

#### **Abstract:**

Neurofeedback (NFB) theory and application has made a significant contribution as a treatment option for many disorders and enhancing the quality of life for many individuals. No area of application of NFB has been better researched than Attention Deficit/Hyperactivity Disorder (ADD). Studies currently in progress will likely allow us to see the day when NFB becomes the preferred treatment for this disorder. Recent advances in understanding brain connectivity have allowed us to extend NFB to those with Autism and Learning Disorders. In this workshop we will cover salient aspects of treating these disorders and participants will gain a better understanding of treating cortical instabilities and disconnections.

We will also learn the value of QEEG and suggestions will be made in how to integrate the proper use of this tool. Participants will gain skills directly applicable in their practice in order to optimize treatment plans and widen the repertoire of those disorders they currently treat. As time permits, case studies will be presented and discussed.

## **KEYNOTE PANEL**

### **Couples Therapy**

#### *Imago Relationship Therapy: Living in the Relational Paradigm*

- Waverly Farrell. LMFT, CIRT

#### **Abstract**

Imago Relationship Therapy recognizes that the inherent nature of human beings is what Carl Jung described as a "push toward wholeness". That wholeness contains Maslow's qualities of a self actualized person: spontaneity and creativity, acceptance of self and others, an ability to tolerate and even welcome uncertainty in life, a need to have both solitude and deep intense relationship, a sense of humor, caring and compassion for others, inner direction and an open and fresh attitude toward life.

Throughout our development as human beings, that wholeness is fragmented through experiences in relationship with our caretakers and results in a significant impact on the choice of a relationship partner and the dynamics of all our adult relationships. The ultimate goal of the work of the relational paradigm, specifically as noted in Imago Relationship therapy is to teach clients to assist each other in repairing the wounded or injured aspects of that original state and to reclaim the whole self. Through the awareness and skills that couples gain, they will more passionately and vibrantly express itself in life and in relationship. The role of the therapist is unique in this paradigm as the therapist becomes a witness, a coach, an objective presence that clients can rely and count on. The therapist as expert sitting in a one up position is not effective in working with the Imago model.

#### *Working with Mental Illness in Couples Therapy*

- Terry V. Eagan, M.D.

**Abstract:**

Working with couples in psychotherapy when one member is suffering from a mental illness can be especially challenging. The therapist must be at all times mindful of the couple's understanding of the nature of the partner's illness, and the "meaning" this understanding has created in their coupleship. It is important to address any misconceptions, misinformation, prejudices, fears and fantasies being held by one or both members of the couple, and how these factors may be fueling an exacerbation of some other underlying dysfunction or "unfinished business." Helping the couple become conscious of the issues and dynamics, and then working with them to address these issues in a healthy and constructive way is a key component in treatment.

The goal of this presentation is to educate the Professional in ways to determine what factors are in play in the couple's dynamic with regards to ideology around the partner's mental illness, how to bring these factors into the couple's consciousness, and then how to assist the couple in moving forward in their couple's therapy. Dealing with fears, fantasies, realities and practicalities (of both couple AND the therapist) is paramount in facilitating enduring favorable change in the couple's relationship. As the couple builds trust in the "strength" of their partnership with each other and with the therapist, deeper explorations and resolutions are possible, hopefully leading to improvements in the couple's functioning on many levels.

***Interpersonal Biofeedback***

- Steven Kassel, MFT, BCIA-c, BCIA-EEG

**Abstract:**

Biofeedback has more than 40 years of research and clinical application while Marital Counseling has many more years and a higher usage rate. Research on both fields as a hybrid is minimal and recent advances have made the study of Interpersonal Biofeedback more accessible.

The goal of this presentation is to educate participants in this unique and promising new form of treatment, which is currently in a research phase. They will be shown a research session which will display audio and video of husband and wife along with 5 channels of physiology (hand temperature, sweat gland activity, respiration rate, heart rate and heart rate variability) and how couples are learning to self-regulate physiology to enhance marital satisfaction. Treatment approach and strategies will be discussed as well as outcome from the study and ways in which they may be able to incorporate Interpersonal Biofeedback into their practices.