

First International Conference of Applied Neuroscience

**Portside Conference Centre
Sydney, Australia**

22 - 24 May 2019

PROGRAMME



**INTERNATIONAL ASSOCIATION OF
APPLIED NEUROSCIENCE**

Welcome and IAAN Annual Report

From Dr Roger Mysliwiec

**President of the International
Association of Applied
Neuroscience**



Dear delegates and members,

It is with great pleasure that on behalf of the IAAN management committee I extend to you a very warm welcome to the first annual conference of the International Association of Applied Neuroscience, held in Sydney.

This is IAAN's inaugural conference even though it has built on the two previous international conferences of neuropsychotherapy in 2017 and 2018, which were organised and hosted by Mediros Pty. Ltd. and endorsed by the International Association of Clinical Neuropsychotherapy. This year's conference is truly and fully organized and hosted by the association and thereby also helping the association to become financially more secure. The highlight of this year's conference will be our distinguished international keynote speaker John Arden. He is a psychologist from the US and an award-winning author and international speaker on brain-based psychotherapy. He will also provide a one-day pre-conference workshop on the "Mind-Brain-Gene: Towards Psychotherapy Integration", incorporating latest research about the capabilities of the brain and the body with psychotherapy research, synthesizing the biological with the psychological to create an integrated vision for contemporary best psychotherapy practice.

Our other keynote speakers will include Dr Sarah MacKay, a neuroscientist from Sydney who has extensively written and researched on women's health and the female brain. Thedy Veliz from Texas, US, will introduce the para-neuropsychotherapy model as well as Mary Bowles, also from the US, who will present her work on applied rapid memory reconsolidation as well as our "local" speakers, Darren Wilson from Australia and myself from Auckland, New Zealand.

The wide range of topics as well as the international origin of the speakers is a great reflection of our association and its intention to be inclusive and be a representation of the exciting developments in the field of applied neuroscience internationally.

Many thanks to all members of the conference committee, (which, in reality was largely identical with the Association's management committee) but I would like to specifically mention Daren who has done most of the footwork here in Sydney.

I would like to thank all members of the management committee for their commitment and their hard work over the past year. We have spent a lot of time undertaking a fundamental review of the association and have made a number of changes that we believe will set the association up in a good position for the future. We believe the changes will ensure transparency in the operation of the association and will set a sound and professional structure for future growth. The association's name has been changed to International Association of Applied Neuroscience reflecting the purpose,

capacity and the diversity of its members. We have also selected a new logo which reflects the networking aspect of the brain as well as the international networking aspect of the organization. Another change was that we had to ensure that our certification titles complied with professional association rules of different countries. We have therefore decided that the word *clinical* will be removed from certificates as well as the term *psychotherapist* and *practitioner*. Certificates are now issued in applied neuroscience practice. We are also now pleased to announce that the IAAN will host and provide trainings in applied neuroscience for clinicians and likely in the future separate trainings for teachers and educators. The clinical training will be held in Sydney 14 to 16 November and will be run by Dr Roger Mysliwec, Rita Princi-Hubbard and Daren Wilson. Flyers will be published very soon. This is very exciting and will provide an important pathway for interested professionals to become further trained and become IAAN certified.

A special thank you also to Matthew Dahlitz, who was Secretary of the Management Committee before he had to step down for personal reasons. He was very instrumental in setting up the website. I would once again like to thank all speakers who will be presenting and share their experience, knowledge and expertise in the field of applied neuroscience. Another important aspect of the conference will be the networking opportunities which I believe there will be plenty of. I think the programme looks excellent and has particularly a focus on the application of neuroscience, which I believe makes this conference very unique.

I would like to encourage all members to actively participate in the conference but also consider nominating for the management committee in the New Year. Please attend the AGM, which is a great opportunity to be part of the shaping and developing the association.

I hope all of you have a very satisfying and enriching conference.

Dr Roger Mysliwec

President, IAAN



From the IAAAN Secretary & Registrar



What a year of change it's been – all those new neural networks connecting away as a result of gaining new skills and doing our utmost to mould the new administrative processes into shape – I hope together with our tireless management committee colleagues we've done ok – but it's not for me to judge. It's you, our IAAAN members who are the final arbiters of whether we are doing well. We so value all our members' input in any sphere (as committee members, international journal (IJNPT) peer reviewers, training developers, IT people, conference presenters and keynotes and all other contributors) and at the end of the day, your decision to renew your IAAAN membership each year is the only test that really matters and confirms to us that you also value your membership.

300 IAAAN Members

We are 300 strong! That was the name of a famous band of Spartans who defended their home soil in 480BC – they believed in their cause. And although the analogy maybe wanting because we are not taking up arms - like the 300, our belief in the benefits of applied neuroscience for our varied clients, keep us together as a band of trained professionals in a field of practice which I believe will become ever more relevant as the years go by.

New IAAAN Level 1 and Level 2 Training

Keep an eye on our website for the launch, later this year, of the new level 1 and level 2 training (coming in 2020). We are hoping this will be the beginning of a new influx of members that will continue to grow the Association.

IAAAN Annual General Meeting

This year I must confess, we have to re-propose a number of rule changes, (together with some new ones) which were originally proposed and accepted at last years' Conference. The reason was simply that we missed the timeframe for submitting these formally to the Office of Fair Trading to be included as amendments to our Rules.

You will be introduced to the new IAAAN Executive and Management Committee during the IAAAN AGM on the second day of the Conference. Again, I would like to join with you all in welcoming them and working with them to continue to grow the IAAAN both here in Australia and around the world.

Enjoy the Conference!

Jonathan Wills

Secretary &

Registrar, IAAAN



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Programme and Housekeeping Information

The team at IAAN have worked hard to bring you the very first International Conference of Applied Neuroscience. We present to you a schedule consisting of keynote presentations, state of the art presentations, workshops, and oral presentations. You can read about the presenters and their topics within this programme.

The conference is held on Level 5 of the Portside Conference Centre. Please refer to the location map and the floor plan to ensure that you know where you need to be going.

Each day begins with keynote/state of the art presentation and then breaks off into streams, allowing you to choose which presentations you wish to attend according to your interests. The main presentations will be held in room **P1**. There will also be presentations held in rooms **P2 and P3 and P4**.

In order for the programme to stay on time, please ensure you move swiftly between sessions and take your seat at each session in time. It may be helpful to decide in advance which presentations you are wanting to hear in order to avoid any delay.

Catering is provided, so it is not necessary to bring lunch. Morning tea, lunch, and afternoon tea will take place at in the areas outside rooms **P2 to P4**. Tea and coffee will be available all day.

Again, we ask that you make your way, within the time provided, to the next session at the conclusion of each break.

We hope you enjoy the conference!



Location Map and Address

Address: Portside Conference Centre, 207 Kent Street, Sydney, NSW, 2000

Registration will be held in the area outside room P1 – please take the lift to Level 5 and P1 is adjacent to the lifts (see map below).

Conference Venue Map



First International Conference of Applied Neuroscience

**Tuesday - 21 May 2019
Pre-Conference Workshop**



**Dr John ARDEN
(California, USA)**

**Mind-Brain-Gene: Toward
Psychotherapy Integration**

0830 - 0900	Arrival and Registration (Level 5, Main Conference Room, P1)
0900 – 1030	Session 1 of 4 (Morning)
1030 – 1100	<i>Morning Tea Break</i>
1100 – 1230	Session 2 of 4 (Morning)
1230 – 1330	<i>Lunch break & Networking</i>
1330 – 1500	Session 3 of 4 (Afternoon)
1500 – 1530	Afternoon Tea Break
1530 – 1630	Final Afternoon Session

Wednesday - 22 May 2019

Conference Day 1 (Morning)

0800 – 0900	Arrival and Registration (Level 5, Main Conference Room, P1)		
Location	Main Conference Room (Level 5, P1)		
0900 – 0910	Welcome and Opening of the Conference Conference Master of Ceremonies		
0910 – 0920	<i>Acknowledgement of Country</i>		
0920 – 1030	State of the Art Keynote Dr Roger MYSLIWIEC (Auckland, New Zealand) Applying neuroscience to specialist evidence-based treatment of eating disorders		
1030 – 1100	MORNING TEA BREAK		
Presentation Location	Conference Room (P1) Chair:	Seminar Room (P2) Chair:	Seminar Room (P3) Chair:
1100 – 1130 [30 mins]	Johann ELOFF (AUS) <i>The neuroscience of spiritual practice</i>	Dr David COLLINS (AUS) <i>Technology use and the developing brain: The impact of social media, gaming, and other technologies</i>	Christopher PEARSON (UK) <i>Introduction to Memory Reconsolidation in therapy for Misophonia</i>
1130 - 1145	Movement between Presentations		
1145 – 1215 [30 mins]	Catherine DEVINE (AUS) <i>The neuroscience of intimate dialogue: "Keeping your partner close"- A Gottman informed presentation</i>	Sue PARTRIDGE (AUS) <i>Rapping & Skating to heal: An individualised therapeutic approach to address complex trauma</i>	Paul POTGIETER (AUS) <i>The Gut-Brain Connection: An overview of the research in this area and a practical application to assist clients</i>
1230 – 1330	LUNCH BREAK & NETWORKING		

Wednesday - 22 May 2019

Conference Day 1 (Afternoon)

Location	Main Conference Room (Level 5, P1)			
1330 - 1430	<div>State of the Art Keynote</div> <div>Daren WILSON (Sydney, Australia)</div> <div>Structured Image Framework Theory [SIFT]: A brain based therapeutic model designed to explain the complexities of trauma</div>			
1430 -1440	Movement between presentations			
Presentation Location	Conference Room (P1) Chair:	Seminar Room (P2) Chair:	Seminar Room (P3) Chair:	
1440 – 1510 [30 mins]	<div>Dr Fred PRIVIC (USA)</div> <div>Dissociation of measures of topographical & nontopographical cognitive ability in older adults</div>	<div>Peter JANETZKI (AUS)</div> <div>Applying neuroscience with couple therapy</div>	<div>Dr Andrew Ntsowe (AUS)</div> <div>Neuropsychosomatic Development and Psychotherapy</div>	
1510 – 1530 [20 mins]	AFTERNOON TEA BREAK			
Workshop Location	Conf. Rm (P1) Chair:	Seminar Rm (P2) Chair:	Seminar Rm (P3) Chair:	Seminar Rm (P4) Chair:
1530 -1700 [90 mins]	<div>Chris PEARSON (UK)</div> <div>Memory reconsolidation in therapy for Misophonia</div>	<div>Karen MARSH (AUS)</div> <div>Minds behind bullying: How neuroscience informs school bullying education</div>	<div>Monika KNAUSENBERGER (AUS)</div> <div>Therapeutic approaches for working with trauma</div>	<div>Marie ROSIER (AUS)</div> <div>When talk therapy alone is not enough: Using emotional freedom techniques (EFT or tapping) in the healing of trauma</div>



Thursday - 23 May 2019

Conference Day 2 (Morning)

0800 – 0900	Early morning networking & coffee			
Location	Main Conference Room			
0900 – 1000	<p style="text-align: center;">State of the Art Keynote</p> <p style="text-align: center;">Dr John ARDEN (California, USA)</p> <p style="text-align: center;">Mind-Brain-Gene: Toward Psychotherapy Integration</p>			
1000 - 1015	Question time			
1015 – 1045	<i>MORNING TEA BREAK</i>			
1045 - 1100	<i>Movement between workshops</i>			
Workshop Location	Conf. Rm (P1) Chair:	Seminar Rm (P2) Chair:	Seminar Rm (P3) Chair:	Seminar Rm (P4) Chair:
1100 -1230 [90 mins]	<p>Renee MILL (AUS) [30 mins] <i>The broad benefits of manualised CBT treatment for anxiety</i></p> <p>Dr Andrew Ntsowe (AUS) [60 mins] <i>The Body, Brain and Mind in Trauma and Psychotherapy</i></p>	<p>Dr Lyn GARDON (AUS) <i>Exploring the principles & applications of the neuroscience in calming the whole school environment</i></p>	<p>Fiona STEVENS (AUS) <i>A neuropsychological analysis of workplace bullying: What causes it & what fixes it</i></p>	<p>Joseph RIORDAN (AUS) <i>Trauma: A Contagion!</i></p>
1230 – 1330	<i>LUNCH BREAK & NETWORKING</i>			

Thursday - 23 May 2019

Conference Day 2 (Afternoon)

Location	Main Conference Room (Level 5, P1)
1330 – 1430	<p style="text-align: center;">State of the Art Keynote</p> <p style="text-align: center;">Dr Sarah McKAY (Australia & USA)</p> <p style="text-align: center;">In her head: Lessons from writing a book about the female brain</p>
1430 - 1445	Movement from presentation
1445 – 1515	<i>AFTERNOON TEA BREAK</i>
1515 – 1615 [60 Mins]	<p style="text-align: center;">Panel Discussion</p> <p style="text-align: center;">Applied neuroscience in clinical practice and education: What difference does it make?</p>
1615 - 1630	Movement to AGM or prepare for social event
Location	Main Conference Room (Level 5, P1) Chair: Dr Roger Mysliwiec
1630 - 1730	<p style="text-align: center;">ANNUAL GENERAL MEETING</p> <p style="text-align: center;">International Association of Applied Neuroscience (IAAN)</p>
1730 – 1830	<p style="text-align: center;"><i>Social Event</i></p> <p style="text-align: center;">Opportunity for networking with members across the world</p> <p style="text-align: center;">Everyone welcome for nibbles & drinks</p>



Friday - 24 May 2019

Conference Day 3 (Morning)

0800 – 0900	Early morning networking & coffee (Level 5)		
Location	Main Conference Room (Level 5, P1)		
0900 – 1000	<p style="text-align: center;">State of the Art Keynote</p> <p style="text-align: center;">Mary BOWLES (Colorado, USA)</p> <p style="text-align: center;">An Assembly of Scientific and Psychological Footprints: The Groundwork for Rapid Transformational Change</p>		
1000 - 1015	Movement between respective rooms as per stream/interest		
Meeting Location	<i>Seminar Room (P2) Chair:</i>	<i>Seminar Room (P3) Chair:</i>	<i>Seminar Room (P4) Chair:</i>
1015 – 1045 [30 mins]	<i>Psychotherapy Interest Group & a focus of future training</i>	<i>Education Interest Group & a focus on future training</i>	<i>Organisational /Pastoral as per advised</i>
1045 – 1115	<i>MORNING TEA BREAK</i>		
1115 - 1130	Movement between respective rooms as per stream/interest		



Friday – 24 May 2019

Conference Day 3 (Continued)

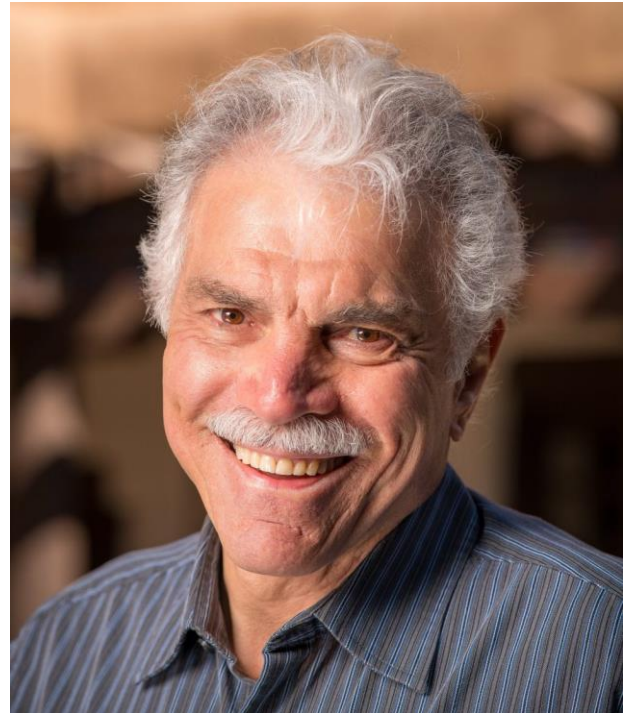
Workshop Location	Conf. Rm (P1) Chair:	Seminar Rm (P2) Chair:	Seminar Rm (P3) Chair:	Seminar Rm (P4) Chair:
1130 – 1300 [90 mins]	Dr Rosemary SAXTON & Olivia KEENE (AUS) <i>NeuroFrontiers: A Corpus Callosum of the Neuroscience world!</i>	Karen FERRY (AUS) <i>When life throws curve balls! Assisting children, teenagers & adults who have experienced situations of loss.</i>	Tess GRAHAM (AUS) <i>Addressing dysfunctional breathing patterns: A vital tool to down-regulate the stress response & enhance neuropsychotherapy outcomes.</i>	Daren WILSON (AUS) <i>Applying Structured Image Framework Theory (SIFT) in trauma therapy & Critical Incident Group settings.</i>
1300 – 1400	<i>LUNCH BREAK & NETWORKING</i>			
Location	Main Conference Room (Level 5, P1)			
1400 - 1500	<p style="text-align: center;">State of the Art Keynote</p> <p style="text-align: center;">Thedy VELIZ (California, USA)</p> <p style="text-align: center;">Developmental Neurogenomics: A Relational Approach for Conceptualising Youth's Behavioural & Emotional Symptoms as Self-Regulation Challenges</p>			
1500 - 1530	<p style="text-align: center;">Dr Roger MYSLIWIEC (President of IAAN)</p> <p style="text-align: center;">Farewell and Looking forward to 2020</p>			
1530 – 1600	<i>AFTERNOON TEA BREAK</i>			

Keynote Speakers

DR JOHN ARDEN

PhD Psychologist

Author of 15 books (translated into 20 languages) including, *Brain2Brain*, *The Brain Bible*, *Rewire Your Brain*, and *Brain-Based Therapy with Adults*. His new book is entitled ***Mind-Brain-Gene: Toward the Integration of Psychotherapy***. He recently retired from Kaiser Permanente where he served as the Northern California Regional Director of Training where he developed one of the largest mental health training programs in the United States. In this capacity he oversaw more than 150 interns and postdoctoral psychology residents in 24 medical centers. He has presented in all US States and 25 countries.



CONFERENCE KEYNOTE

DR JOHN ARDEN - Toward Psychotherapy Integration

This keynote synthesizes the substantial literature on psychoneuroimmunology and epigenetics, combining it with the neuroscience of emotional, interpersonal, cognitive, dynamics, with psychotherapeutic approaches to offer an integrated vision of psychotherapy. The integrative model promotes a sea change in how we conceptualize mental health problems and their solutions. We can now understand how the immune system, diet, brain structure, and even gut bacteria effect mental health. Psychotherapists in the 21st Century will by necessity become more like healthcare workers to address and resolve adverse mind-body-brain interactions.

Pre-Conference Workshop

Mind-Brain-Gene: Toward Psychotherapy Integration

This seminar presents the sea change revolutionizing psychotherapy in the 21st Century. Back in the 20th Century there was a blizzard of psychotherapy schools, with a seemingly new approach surging in popularity, only to fade away as a distant memory a few years later. The 21st Century psychotherapy is all about the integration of what we have learned and synthesizing the new research on mind-body-brain feedback loops.

We begin with the “mind” because, though we bat around the term all the time, we had not agreed what it is. Now we know through research in neuroscience and psychology that the mind is not one thing but is composed of ongoing synthesis of mental operating networks. Our minds contribute to “self”-organization as we co-evolve within families and interpersonal interactions. What we encounter and how we take care of ourselves can change our brains, immune systems, and even turn on or off genes, resulting in mental health or ill health. Inflammation and autoimmune disorders are strongly associated with depression and anxiety. Therefore, psychotherapists are offered a primer on the fields of psychoneuroimmunology and epigenetics, combining it with the neuroscience of emotional, interpersonal, cognitive, dynamics, with psychotherapeutic approaches to offer an integrated vision of psychotherapy. We can now understand how the immune system, diet, brain structure, and even gut bacteria profoundly affect mental health through leaky gut syndrome and the inflammatory spiral.

Mind-Brain-Gene uncovers a wide variety of relationships between stress, trauma, depression, anxiety, the immune system, and gene expression. The interaction between all these factors has been by illuminated by studies examining the effects of life style factors on the incidence of health and psychological problems. There are significant relationships between immune system function, stress, insecure attachment, anxiety, depression, poor nutrition, bad quality sleep, physical inactivity, and neurophysiological dysregulation. For example, insecure attachment, deprivation, and child abuse contribute to anxiety and depression in far more extensive ways then was believed. This complex range of health conditions effects millions of people who seek psychotherapy.

Learning Objectives

- Contrast: The overly compartmental field of mental health treatment of the 20th Century to the integrative vision of healthcare in the 21st Century
- Distinguish: Between various health conditions and psychological disorders and their overlap
- Explain: Explain how poor health contributes to poor mental health as well as vice versa
- Analyze: How an overactive immune system contributes to depression and anxiety
- Evaluate: How adverse childhood experiences contributes to long-term chronic health and mental health conditions and what to do about it.
- Plan: Where to encourage lifestyle changes that improve health and mental health
- Measure: The effect of poor sleep, diet, and lack of exercise contributions to changes in mental health
- Choose: What psychotherapeutic intervention to use for various psychological conditions
- Assess: The effects of various psychotherapeutic interventions
- Select: Brain-based and evidence-based approaches with the most practical outcomes
- Formulate: A therapeutic plan most appropriate for the individual based on her/his ethnicity, socio-economic position, and LGBTQI identification.



DR ROGER MYSLIWIEC

NZMC DKPM PBANZ MIAAN(Cert)

Dr Roger Mysliwiec is a specialist in psychosomatic medicine and psychotherapy and lives in Auckland, New Zealand.



Dr Mysliwiec has trained in Germany as a medical doctor before qualifying as a specialist in Psychosomatic Medicine and Psychotherapy. He has over the past 30 years specialised in the treatment of eating disorders and has been the Clinical Director of the public Regional Eating Disorders Service in Auckland from 1999 until 2014 and has since co-founded the specialist outpatient New Zealand Eating Disorders Clinic (NZEDC). He has been in private practice for the past 25 years providing psychotherapy and supervision, trained in Hakomi Mindfulness Centered Somatic Psychotherapy, and for many years has had a strong interest to integrate the findings of neuroscience into treatment.

He has been passionate about the field of neuroscience and neuropsychotherapy for many years. Roger is also the current President of the IAAN.

CONFERENCE KEYNOTE

DR ROGER MYSLIWIEC - Applying neuroscience to specialist evidence based treatment of eating disorders

Roger will provide an introduction into the neural networks involved in eating as well as some information on why diets do not work. Eating disorders are complex disorders with aberrations in the interplay of these networks. Roger will provide a brief overview of the neurobiological underpinnings of eating disorders as well as a brief description of the current specialist evidence-based treatments. He will then provide examples of challenges of applying these treatments and explore how an understanding of neuroscience-based principles can be applied to progress treatment further. He will also describe how the application of research findings of the neuroscience of eating disorders can provide direction for the identification of target areas for potential future developments in eating disorders treatment.



DAREN WILSON

BA MQual(Psych) MA(Sport Psych) MAPS FAAP
MIAAN(Cert)

Daren Wilson is the Director of Clear View Psychology Services in Sydney, Australia. He has worked as a psychologist in Disabilities, the Australian Army (Psych corps), Dept of Veteran Affairs and as a Principal Consultant for over 29 years. He completed his Masters in Applied Sport Psychology in 1997.

During his career Daren has served as a UN Peacemaker / keeper in Somalia, Rwanda and East-Timor. These experiences working extensively in crisis, trauma reprocessing, EMDR and advanced CBT interventions have enabled him to support the Thredbo Landslide, Blackhawk Disaster, Glenbrook Train Disaster, MP's returning from East-Timor and Australian Special Forces in performance enhancement. Additional work has been conducted formulating the Australian Defence Force Psych policies / procedures, Lifestyle Adjustment Residential Programs for Vietnam Veterans, Indian Ocean Tsunami, Bush Fire / Emergency Services support counselling and Pain Management treatment programs (Concord Hospital study) for injured workers.

Daren has become fascinated over the past decade by the advancements in Neuroscience and formulating diagrams / models to best describe psychopathology, which highlights neuroscience to clients. This in turn has significantly improved therapeutic success and outcomes across a diverse range of client presentations.

Daren Wilson is Member of the Australian Psychological Society, Fellow of the Australian Assoc. of Psychologists and Executive Board Member of the International Assoc. of Applied Neuroscience.



CONFERENCE KEYNOTE

DAREN WILSON – Structured Image Framework Theory (SIFT): A brain based therapeutic technique to explain the traumatic experience

This presentation will describe the dynamics of a newly developed Structured Image Framework Theory (SIFT) and how it directly corresponds to known brain structures. SIFT allows clients to understand how they process everyday and heightened emotional distress created by trauma that mirrors recent neurological understanding of how the brain operates.

The SIFT model has been designed and formulated from thousands of clients' descriptions over 26 years of clinical treatment across childhood dynamics, a variety of devastating psychopathologies, community settings, disasters and war service adjustment.

The SIFT base model framework enables the therapist to clearly describe brain structures and functions that correspond to an applied diagram. The SIFT diagrammatic structure highlights what clients have experienced during typical emotional processing and traumatic crises. This encourages

normalisation, initiates adaptive processing mechanisms and secures a greater therapeutic alliance in a timely fashion, which increases positive therapeutic outcomes.

CONFERENCE WORKSHOP

Structured Image Framework Theory (SIFT): To learn how to use this newly developed brain based therapeutic technique within a group setting and individual therapy session to explain trauma.

The training will teach how the dynamics of a newly developed Structured Image Framework Theory (SIFT) can enhance therapeutic alliance by linking known brain structures, with what an individual client or group experience during trauma. SIFT will be shown within a variety of practical applications verbally, using a template to graphically promote enhanced understanding of how we process trauma.

The training will teach how the SIFT base model can enable the therapist or educator to clearly describe trauma processes within known brain structures and functions. The SIFT training will highlight what clients have experienced during typical traumatic crises within known brain structures.

Teaching Objectives

During the 90 minute mini-workshop training session the following teaching objectives will be achieved:

- A brief understanding of the brain structures that correspond to the base Structured Image Framework (SIFT) model.
- To review the functions of the brain structures that link with the SIFT model.
- To understand the base model of the SIFT sections.
- To be able to apply and describe how traumatic processing using SIFT.
- Using SIFT within a group vs an individual therapy session.

Recommended reading:

Wilson, D.J, (2014). *A new treatment for PTSD: Ross, a 65 year old male survivor of the December 26, 2004 Indian Ocean Tsunami; Chap. 14, pp. 291-308.* In Rossouw, P. J, (Ed) (2014). **Neuropsychotherapy: Theoretical Underpinnings and Clinical Applications.** Brisbane, Australia. Mediros.

Maddocks, J. (2018). **Against the odds, Surviving the world's worst tsunami and overcoming trauma.** Hazelbrook, Australia. MoshPit Pub.

Wilson, D.J. (2018). Structured Image Framework Theory (SIFT): A Neurologically Based Diagrammatic Structure Enabling the Therapist to Describe Emotionally Distressing Situations Within Known Brain Functions. **International Journal of Neuropsychotherapy**, 6(2), 93-104. doi:10.12744/ijnpt.2018.0093-0104



DR SARAH M McKAY

BSc (Hons) 1st class M Sc D Phil (Oxon)

Dr Sarah McKay is an increasingly influential brain health commentator, neuroscientist, TEDx speaker and TV presenter who specialises in translating brain science research into simple, actionable strategies for peak performance, creativity, mental health and wellbeing.

Sarah is the author of *The Women's Brain Book* (Hachette 2018), Director of The Neuroscience Academy, which offers a professional development program in applied neuroscience and brain health, and is currently filming an upcoming episode of the ABC TV science show *Catalyst*.

Dr McKay completed a MSc and D Phil in neuroscience at Oxford and she sums her PhD thesis up in few words: 'Nature, Nurture or Neuroplasticity?' After five years of postdoctoral research, Sarah hung up her lab coat to pursue a career in science communications.



Sarah combines a wry sense of humour with an uncompromising mind and a natural ability at making the complex simple and practical. Whether she is writing, speaking or teaching, she tells impeccably researched evidence-based stories in a simple, fun and compelling way.

Sarah has been published extensively for consumers and professional audiences. She's been quoted in the *Wall Street Journal*, *Australian Women's Health*, *Daily Life*, *Sydney Morning Herald*, *Body & Soul*, and can be heard and seen on SBS Insight, ABC Radio National, ABC Catalyst, Channel 7, The Exchange TV and others.

CONFERENCE KEYNOTE

DR SARAH McKAY - In her head: Lessons from writing a book about the female brain

In 2016 Sarah unexpectedly found herself writing a book on women's health and the female brain. Despite 25 years as a neuroscientist and 43 years owning and operating a female body and brain, she'd given little consideration to how her neurobiology was sculpted by her life as a girl and woman, and indeed how her brain influenced her reproductive life and experiences. Sarah's book takes the reader on a chronological journey across the lifespan to explore how our minds and brains are shaped from the womb to tomb — including in utero life, infancy, puberty, adolescence, pregnancy, menopause and old age. In her talk, Sarah will describe her exploration of the academic literature, conversations with researchers and women's health practitioners and concepts and surprises she learned along the way.

MARY BOWLES

LMFT RRT MIAAN(Cert)

Mary is a Licensed Marriage and Family Therapist, a Certified Rapid Resolution Therapist, a Doctor of Psychology (PSYD) Student at California Southern University, and Management Committee Member for the International Association of Applied Neuroscience (IAAN). Mary is in private practice in Colorado, USA and she is the executive director/founder of the MindWise Institute. She is trained in Interpersonal Neurobiology and the Gottman Method. Mary advocates for the cultivation of equal-value approaches to working with all humans in all areas of life and for reducing stigma in mental health by making science accessible through the interpretation of scientific language to lay people.



CONFERENCE KEYNOTE

MARY BOWLES – An Assembly of Scientific and Psychological Footprints: The Groundwork for Rapid Transformational Change

The historical contributions of many, including Pavlov, Hebb, Skinner, and Bandura, among others, have allowed for the present-day possibility of erasing emotional suffering brought on by past experiences. Along with the erasure of emotional learning, such therapeutic progress allows us to begin erasing the commonly held belief that once an emotional injury is present, it can never be removed; that trauma and emotional baggage is lifelong. Rapid memory reconsolidation treatment models offer the ability to indirectly treat mental injuries without re-exposing individuals to their traumatic memories, thus removing the potential for strengthening neural networks that store original emotional memories. Optimistically, Mary professes that the availability of rapid memory reconsolidation approaches presents the opportunity to destigmatize mental health care by removing the fear of having to relive emotionally overwhelming events, by decreasing the time involved in treatment and cost of care, and by ending the long-held cultural beliefs that seeking help is a sign of weakness. This keynote will present examples of applied rapid memory reconsolidation sessions which result in rapid transformational change.



THEDY VELIZ

MBA MA

Thedy Veliz is a Licensed Marriage and Family Therapist (LMFT) in private practice in Los Gatos, California, USA. Veliz is currently working with children, adolescents, families, couples, and individuals who are experiencing symptoms caused by relational and emotional problems. Thedy recognises that childrens' symptoms communicate the relational challenges of the family, and uses a family systems approach to encourage parents to become curious about what aspects of the parents' dynamics might be showing up as challenging behaviors in their children. Thedy uses "Relational Neuro-Narratives" as the active ingredient of his Parent Therapy approach by providing parents with affective neuroscience psychoeducation, assistance in self-regulating their own limbic system, and ongoing coaching support to develop a safe relationship with their children in order to co-regulate their children's limbic system so that eventually the child can utilise their prefrontal cortex to move from being trapped in a reactive avoidant state towards wellness, engagement, and resilience.



Thedy combines 15 years of corporate engineering design and finance management experience with his experience in motivational speaking, leadership development, and his most recent education and training in life coaching, counselling psychology, and human development to provide children, adolescents and their families with a neuropsychotherapeutic path towards wellness and resilience by focusing on the power of dyadic relationships as the medium for healing.

Thedy completed his clinical training by working with a diverse population of children, adolescents, and their families in private practice, school and community agency settings. Thedy specialises in working with fathers and sons, and the entire family by utilizing "thera-neuro coaching" in order to assist individuals to achieve personal fulfillment and creativity while becoming social innovation catalysts. Thedy holds a Masters in Counselling Psychology (MA) from Santa Clara University, a Masters in Business Administration (MBA) from the University of Notre Dame, and a Bachelors in Mechanical Engineering (BSME) from Iowa State University.

CONFERENCE KEYNOTE

THEDY VELIZ – Developmental neurogenomics: A relational approach for conceptualizing youth's behavioral and emotional symptoms as self-regulation challenges

Over the last two decades we have been learning how to influence activation in various areas of the brain in order to ameliorate the emotional and behavioral conditions that affect human functioning. We know that approach behaviors rather than withdrawal and avoidant behaviors increase

activation of the left prefrontal cortex which in turn reduce amygdala activation resulting in the reduction of depression and anxiety symptoms, and that exercise reduces depression due to the resulting increases in brain-derived neurotropic factor, serotonin, norepinephrine, and dopamine (Arden, 2015).

Clinicians have known the positive effects of therapeutic interventions for many decades now, yet understanding the neural substrates of such interventions has not only brought scientific validation to our field, but has also made it more attractive for skeptical consumer to try out treatments that are brain-based. However, the challenges pertaining to treating a certain kind of youth that existed 20 years ago still exist today. Even though we know the role of brain development and function in the development and reduction of symptomatology, how do we influence a child to actively try these brain-based approaches when chances are the reason why they are unable to follow the counselor's guidance is related to why they have been referred to counseling to begin with?

Thedy will deliver a dynamic and engaging keynote address designed to translate research findings into a Developmental Neurogenomics Model (Veliz, 2018) that will lay down the molecular underpinnings leading to a therapeutic focus on improving the “goodness of fit” between the child and the caregiver. The crown jewel of this dyadic treatment comes from the positive effects that oxytocin has on the self-regulatory system of both parent and child because “oxytocin stimulates dopamine production and interacts with dopamine to enhance the reward value of a significant other” (Cozolino, 2014, p. 123), and “oxytocin also blocks dopamine receptors to prevent habituation to those we love” (Cozolino, 2014, p. 123). In essence, the oxytocin system is positioned to interact, inhibit, and/or stimulate other critical self-regulatory systems including the HPA-axis, the immune system, the dopamine reward system, the serotonin system, and the vagus nerve resulting in increases in resilience by “reducing drug reward, increasing social reward, reducing anxiety, reducing stress response and immune stimulation” (Buisman-Pijlman, Sumracki, Gordon, Carter, and Tops, 2014, p. 34).



Conference Speakers

DR DAVID COLLINS

PhD Clin Psych

Dr David Collins is a doctoral trained clinical psychologist who has worked with young people for over a decade. Together with Professor Pieter Rossouw, David developed BRAiNgro, a neuroscience based whole of school wellbeing program currently being implemented in schools across Australia. David has worked in a variety of settings in public mental health, been an honorary research fellow with the University of Melbourne, and has been involved in local and international research collaborations developing treatment programs for a range of psychological difficulties.



In addition to his private practice, David has trained teachers, psychologists, and counsellors in the neuroscience of young brains.

Technology use and the developing brain: The impact of social media, gaming, and other technologies

A fundamental principle of neuroscience is that experiences change the brain. The developing brain needs a wide variety of experiences to help shape an integrated brain capable of thriving in a modern world. This modern world also offers unprecedented access to technology-based experiences. Such technology shapes the way we think and act. Sometimes this can be advantageous, other times this can be problematic. How do technologies such as social media, gaming, and the internet in general, impact key developmental areas such as attention, identity formation, decision making, and social connection? For example, such technologies have the capacity to activate reward loops in the brain, having impacts on motivation and what experiences young people choose to engage in. This presentation will focus not on whether technology is good or bad, but more, how do we help young people navigate the complex world of technology to ensure that the key needs for brain development continue to be met. Practical take away strategies will be discussed to use with young people and their families.



CATHERINE DEVINE

BA MA Dip CH CeRC CGT MAPS MIAAN(Cert)

Catherine is a Consulting Psychologist who has been in private practice for over 20 years.

Her approach and orientation have been greatly influenced by her specializing in Neuropsychotherapy for the past nine years. Catherine works with clients experiencing addictions, depression, trauma, eating disorders, anxiety, and being trapped in unhealthy patterns of relating.

She has a passion working with intimate relationships and families. Catherine is a Certified Gottman Therapist, trained by Dr John Gottman and Dr Julie Schwartz Gottman. This methodology complements neuroscience and enables couples to achieve an engaged and resilient collaborative partnership. She is committed to empower the partners to learn strategies to self and co regulate and in so doing, create patterns of engagement and thriving.

Catherine has been a Health Care Reviewer with the Health Care Complaints Commission, assessing and evaluating professional conduct of Psychologists in clinical practice and their adherence to the ethics of the Australian Psychological Society and the Psychology Board of Australia.

Catherine is a Certified Brain-based Resilience Coach with a passion for working with elite athletes and teams in maximizing peak performance. She facilitates how to utilize one's neuroscience and psychology to achieve sustainable results.

In her energetic, innovative, entertaining and inspiring way of communicating, Catherine creatively engages individuals and groups to approach and achieve their goals.



The Neuroscience of Intimate Dialogue, “keeping your partner close”: A Gottman Informed Presentation and Group Discussion

In this presentation, the Gottman Method will be presented as a research-based approach to couple therapy. I will explain the fundamental scientific approach and discuss research findings and clinical data, which demonstrates there are patterns of interaction that delineate between the “master” and the “disaster” couples. In the presentation, I will particularly focus on Gottman’s metaphor of the Four Horsemen of the Apocalypse. These patterns of interaction and engagement will be discussed and explained in terms of their negative impact on a marriage and how, through the anecdotes highlighted, a more mutually rewarding relational construct can be created. A case study will then be presented of how this specific methodology was implemented and applied with a real couple in crisis. Specific issues that will be addressed include: How do we observe couple interactions during the session to identify the couples relational landscape?; How do we facilitate more engaging and connecting responses that begin to interrupt the dance?; and How do we utilize the bottom-up approach and facilitate each individual’s self-regulatory capacity by shifting the neurobiology from limbic system survival states to thriving prefrontal cortex functioning? It is concluded that the

Gottman research provides evidence-based strategies to assist with interventions that can be more precise and intentional and, hence, lead to more measurable and predictable results.



DR JOHANN ELOFF

PhD MTh BTh BA MIAAN(cert)

Since 1978, Johann spent most of his career literally 'standing in the gap' between the spiritual and practical dimensions of people's lives. As Army Chaplain both in the South African and Australian Defence Forces during times of military conflict, Johann served for extensive periods on the frontlines of battle. Johann personally experienced the horrors of bloody traumatic incidents, death, loss, brokenness, anger and the reality of excessive aggression behind retaliation on the frontline. Johann counselled wounded and maimed young soldiers and helped bury their mates while empathising with the pain of their loved ones. As Executive Director of three charities rendering care services (to the poorest of the poor in the streets of cities where the unemployment figure was more than 40%), Johann gained extensive



experience in counselling extremely distressed people and families. Literally in the gutters of these streets late at night, early hours of the morning and even at midday, Johann found himself feeding, clothing and counselling prostitutes, druggies, alcoholics, hobos, homeless refugees from war torn countries, street children, disillusioned and broken soldiers, sexually abused teenagers, violent gang members, and drug pushers - those who had nothing left to fall back on. Johann migrated to Australia in 2003 with his wife and three children, and has since been counselling those who have it all – those who are chronically stressed, overloaded, exhausted, redundant, anxious, separated, divorced, hopeless, purposeless, meaningless, depressed, self-medicated, or suicidal.

The Neuroscience of Spiritual Practice

From a scientific point of view, Johann has learnt that we have to behold a 'spiritual balloon' somehow, while trying to explain our profound scientific discoveries. In this presentation Johann suggests that spiritual practices may act like balloon-strings facilitating interaction between immeasurable spirituality and the empirical realm of neuroscience. Although spirituality cannot be measured empirically, the effects of spiritual practices associated with specific spiritualities can be measured empirically. This is where the realms of neurobiology and spirituality are fused! Over the last four decades a growing number of quantitative empirical studies and more technologically sophisticated neuroscientific studies have been done regarding the impact of spiritual practices on our physical, mental and spiritual wellbeing. These studies suggest that a first group of spiritual practices effectively facilitate the discouragement of behaviour detrimental to our health and

wellbeing. They also suggest that a second group of spiritual practices encourage involvement and active participation in the caring and supporting activities and social structures of spiritual organisations. These studies also suggest that a third group of spiritual practices facilitate at least to some extent, the down regulation of certain mental and physical disorders and conditions. As practitioners in various fields of mental health and wellness in general, and in Pastoral Care in particular, it is our responsibility, and probably also our duty of care, to deal with certain pending questions in this regard.

Join Johann in this profoundly interesting and challenging discussion!

Learning Objectives

During this presentation Johann will first endeavour to establish a common understanding of the concept 'spiritual practice'. Then we will focus on the 'key factor' that links neuroscience and most spiritual practices. We will then deal with the neuroscience and clinical implications of spiritual practices common to the field of Pastoral Care.



KAREN FERRY

DipTch BEd MCoun MIAAN(Cert)

Karen Ferry is a Counsellor and a Certified member of the IAAAN, with a focus on Neuropsychotherapy. She works as a counsellor and a first responder in workplace trauma situations across metropolitan Melbourne. Karen is also an educator and has worked in the private and public school systems as a classroom teacher, administrator, in curriculum development and in specialist educational care for children in home education environments.

Combining her passion for children and her study into grief and loss counselling, Karen has authored the storybook *Benson the Boxer: A Story of Loss and Life* and *Benson the Boxer Program for Loss and Grief: A Manual for Therapists, Educators and Parents Working with Children*. She also worked with Matthew Dahlitz (Editor-in-Chief of the Neuropsychologist and the Age of Robots) to co-author *The Teachers Essential Guide to the Brain*.

Karen's work takes her into the business sector to assist in relationship building, individual wellbeing, workplace challenges (particular restructure and redundancies). She provides professional assistance to clinicians, educators and parents in Australia and internationally and is a regular presenter at conferences, community groups, schools and youth groups.



When life throws curve balls! Assisting children, teenagers and adults who have experienced situations of loss.

Life doesn't always go as planned. Unfortunate and sometimes tragic situations happen and we find ourselves caught up in extraordinary events that are frightening or perhaps even life-threatening. Most individuals can maintain a relatively stable equilibrium, and over time are able to make healthy adjustments to situations of loss. Other individuals suffer mild to acute distress and can adopt trauma related behaviours as a result.

Neuropsychotherapy provides a framework to address situations of loss and trauma. This multidisciplinary perspective provides a window of understanding into the struggles a person may experience as the result of loss, as it contextualizes behaviours from the standpoint of their neural underpinnings.

Neuropsychotherapy focusses on developing behavioural patterns of approach, rather than avoidance protection behaviours, and pays attention to the fulfillment of distinct, and most essential, basic psychological needs. It is in our ability, as therapists, to move a client from a situation of feeling trapped and stuck, to a place where they can move forward with hope that we find our greatest satisfaction. This workshop is a practical, interactive session with numerous take-home ideas that put theory into practice.



DR LYN GARDON

PhD Psychologist

Lyn is a researcher, psychologist, teacher and Certified Member of IAAN. She has over thirty five years experience in education working across schools and with students from Kindergarten to Year 12. She worked as a classroom teacher before specialising in behaviour where she has supported hundreds of schools and teachers to design supportive interventions for individual students as well as build school capacity and systems aimed at reducing problem student behaviour.

As a psychologist, consultant and director Lyn works extensively with children, adolescents and their families to reduce problem behaviours both within the school and home setting. Her expertise is often sought to support children and adolescents with highly complex behaviours.

Lyn's doctoral research was in the area of school behaviour assessment where she developed a valid, reliable and easy to use tool for schools to use in their support of students with problem behaviours.



This School Behaviours Rating Scale is used widely throughout Australia and has been translated and re-normed for use in China.

Lyn has presented her research at national and international conferences and has been published both within Australia and overseas.

Exploring the principles and applications of the neuroscience in calming the whole school environment

School environments can be challenging for everyone. The extensive interpersonal relationships between students, staff and community impact on an individual's senses of safety and subsequent behaviours of approach and avoidance.

Managing such a dynamic ecology, a school setting is a challenging and ever changing process. Systems and processes across a whole school setting can have significant impact on the emotional regulation of all in the setting. Recognising systems which downregulate can assist school leaders in establishing processes across the school to support the safety and wellbeing of everyone.

This workshop will focus on how school leaders and educators can use the principles of neuroscience to establish safe learning environments for all students through school wide systems and processes.

Workshop participants will explore key concepts which can then be applied to any school setting and can be easily adopted by leaders to reduce fear-based learning settings.

Time for discussion, sharing and questions will be included.

Key learning outcomes

- Understanding of how traditional school practices impacts on all key stakeholders
- Build knowledge of how neuroscience can inform a safe school wide environment
- Practical strategies to build safe learning environments for all learners



TESS GRAHAM

BSc PGD Phty Dip BM

Tess Graham is a physiotherapist and breathing educator, with a Bachelor of Science (anatomy, physiology) and postgraduate qualifications in physiotherapy and breathing retraining. Tess has 35 years of clinical experience. She established Australia's first dedicated breathing retraining clinic in 1993, has been involved in research, and presents nationally and internationally. Tess's current focus is on training health professionals in the application of breathing retraining into mental health, sleep disorders, pain management, asthma, sports performance enhancement and other therapeutic approaches. Tess is the author of two books, *Relief from Snoring and Sleep Apnoea* (2012) and *Relief from Anxiety and Panic* (2017).



Addressing Dysfunctional Breathing Patterns: A vital tool to down-regulate the stress response and enhance neuropsychotherapy outcomes

The connection between acute hyperventilation and anxiety is well known. Less so, is that hyperventilation is often present in a chronic, hidden form, creating on a day-to-day basis, a fundamental disturbance in physiology and biochemistry. This 'baseline-overbreathing' drives sympathetic-dominant state, interferes with cognitive function, depletes energy, and primes a person for acute stress-response. It may underlie loss of resilience, relapse, or failure to respond to therapeutic intervention.

By restoring physiologically normal breathing, 'breathing retraining' down-regulates primitive systems in the medulla – breathing and heart rate, balances blood chemistry, optimises oxygenation, and promotes the parasympathetic state. This is a vital key to effectively working on higher order systems – emotions and cognition.

This theoretical, interactive and experiential workshop provides an understanding of relevant neuroscience and physiology of breathing, and tools to identify and address dysfunctional breathing habits. Clinical and research findings on the incidence and nature of abnormal respiratory parameters in patients with anxiety disorders are reviewed. Case studies are used to illustrate application, results and benefits of breathing retraining in anxiety disorders. You will practice basic skills to apply in a clinical situation to defuse the stress response and to improve and stabilise breathing for immediate and long-term benefits.

Learning Outcomes

- Relevant neuroscience and physiology of breathing - 20 mins
- The link between dysfunctional breathing and biochemical and neurophysiological imbalance, sympathetic dominant state, tissue hypoxia, and common mental and physical symptoms of anxiety disorders- 15 mins

- Understanding the breathing retraining process - 10 mins
- Identification and evaluation of dysfunctional breathing patterns (interactive, practical) – 15 mins
- Strategies to defuse the stress response and relieve breathlessness, panic attacks and insomnia (interactive, practical) - 15 mins
- Integration of better breathing into psychotherapy, meditation, yoga and everyday life (interactive, practical)- 15 mins



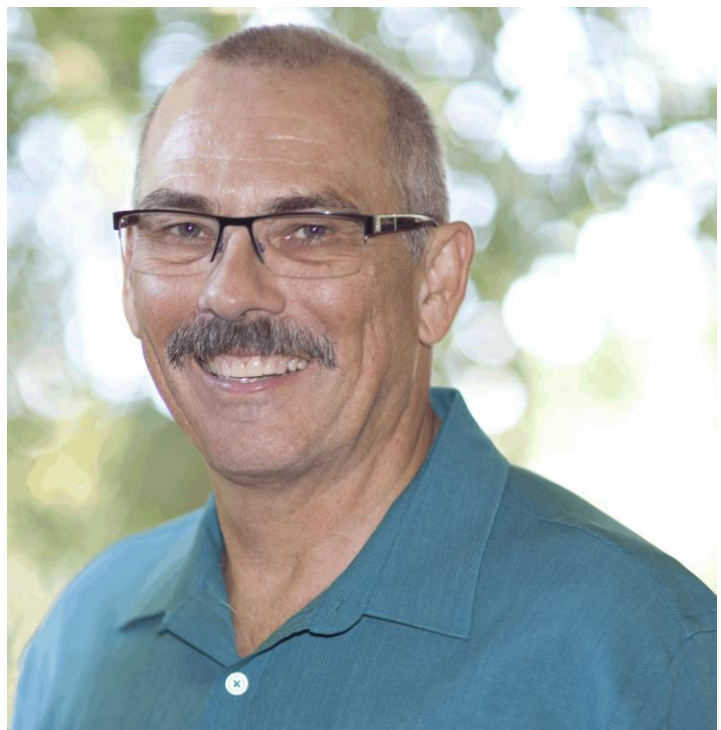
PETER JANETZKI

DipT Grad Dip Soc Sc M Soc Sc
(Counselling) CCAA (Clin.) CCAA (Reg
Supervisor) MIAAN(Cert)

Peter Janetzki is a counsellor, psychotherapist and educator in private practice in Wellington Point, Brisbane, with a special interest in couple's therapy with a focus on relational and personal growth & Neuropsychotherapy.

For sixteen and half years (and nearly 700 programs) Peter hosted a two-hour weekly talk back radio program focusing on life issues that are not often discuss in depth within broader community. As a result of this vast experience he regularly presents seminars on a range of topics from professional development to marriage and parenting issues, as well as presenting at national and international conferences.

Peter has a keen interest in neuroscience which developed a decade ago after he encountered Norman Doidge's landmark work *The Brain That Changes Itself*, and later an interest in Neuropsychotherapy, and in particular its application in couple's therapy. Peter completed his neuropsychotherapy certification training in the first training course in 2016 and was later asked by Pieter Rossouw to co-chair with him the training stream of IACN. Since the passing of Pieter



Rossouw, he has taken on a key teaching and development role in the new Graduate Certificate in Neuropsychotherapy program at Christian Heritage College.

Integrated Process-Based Framework: A Neuropsychotherapy Approach with Couples

In the journey of becoming a couples' therapist, many of us commence our career in training by working with individuals, and we may also happen to fall into working with couples. Consequently, many therapists will seek further training, often in a specific theory or modality, complimented by a myriad of professional development opportunities. Therapists will seek books, papers and conferences with practitioners and researchers such as David Schnarch, John Gottman, Ellyn Bader and Peter Pearson, and John Briere. Add to this the rapidly growing understandings of neuroscience, and a therapist absorbs a potpourri of therapeutic concepts, strategies and skills which leaves many couples' therapists describing themselves as 'eclectic'.

Recent developments from the field of neuroscience is changing the landscape of counselling and psychotherapy. As our knowledge and understanding of neurobiology increases we are better able to refine counselling practice and theory for more effective outcomes.

In this presentation the theoretical underpinnings of neuropsychotherapy (Rossouw) will be presented in a systematic schema that provides therapists an integrated framework for working with couples. This framework utilizes the couples' inter-personal process with their intra-personal process as well as enabling them to apply neuroscience processes that enables better self-regulation and emotional maturation that underpins personal and relational growth.

Learning Outcomes

1. An overview of the theoretical underpinnings of Integrated Process-Based Framework

- Two Tasks of the Brain
- Bottom Up Approach
- The Power of Procedural Learning
- The Brain's Response to Perceived Threats
- Neuroception & the Polyvagal System
- The Window of Tolerance
- The Pillars of Neuropsychotherapy

2. Application to Practice: Putting it all Together Into The Integrated Process-Based Framework (Peter Janetzki © 2016)



MONIKA KNAUSENBERGER

BSc (Hons)Psych Postgrad Dip Psych
Dip Fam Therapy MAPS AAFt
MIAAN(Cert) MTS(Theo)



Monika is a registered psychologist and currently lives with her husband Peter in the remote north of Western Australia. She works part-time in her private practice. In her past, she worked as a registered nurse in Germany, studied psychology while living in the UK, and has some experience in the Mission field while the family lived for four years in Papua New Guinea. She has a special concern for those who live in remote and isolated places, often facing very limited resources for support, inspiration and encouragement. Therapeutically, she is trained extensively in Cognitive Behavioural Therapies (CBT, DBT, Schema therapy, ACT, TA, MI, Trauma therapy) as well as couples and family therapy.

Monika and Peter have three grown children who are currently studying, or just finished their studies.

Therapeutic approaches for working with trauma

In this workshop, a summary of developmental vs external/incidental trauma will be presented from a neuropsychotherapeutic point of view. Developmental trauma includes substance use and detrimental experiences during pregnancy, attachment disruption, relationships and cultural issues during childhood and early adolescence, and intergenerational trauma; external trauma will include neglect, abuse, and witnessing and experiencing traumatic events.

We will then discuss different approaches to therapy. These include assessment and intervention for different age groups, based on neuropsychological principles and building on the work of Stephen Porges, Pieter Rossouw, Deb Dana, Louis Cozolino, Edna Foa and others. These approaches will be based on the Christian understanding of each human being made in the *imago dei* and worth our best effort as therapists to help bring about neural change, working toward healing and the ability to grow beyond traumatic limitations. Participants of the workshop will have opportunities to practice some of the approaches, and take away practical tools to use in their daily therapeutic practice.

Goals

- Increased understanding of the nature of trauma, and its long-term implications for the nervous system
- Practical ideas for intervention and supportive management

Objectives

Traumatised clients present with multiple symptoms; each story is personal and individual. Our objective is to understand our client through empathic attunement, and to fine-tune our interventions to the specific needs and the client's personal readiness for change. For this task, love

of people and a dedication to excellence in therapy are required, which the workshop is designed to help shape.

Learning outcomes

Participants of the workshop will have gained a clear understanding of the impact of traumatic events on the brain, and be equipped therapeutically to assist the healing process of those willing and wanting to work on their limitations.



KAREN MARSH

BPsySc BSocSc(Couns) GradCert(Neuro)
GradDipCouns GradDipExprTher
GradDipGestTher MIAAN(Cert)

Karen has been working for 18 years in direct practice as a counsellor and educator with children and families in the area of domestic violence (DV) and sexual assault, facilitating mens' change behaviour programs and providing specialist DV workplace training. In her role as Coordinator, Team Leader and Senior Practitioner, Karen has facilitated effective operations of the DV court support practice across five regional courts, and undertaken education to key community stakeholders and schools within the region, to facilitate and share specialist knowledge and promote a coordinated community response to domestic and family violence (D & FV).



Karen has a passion to see a reduction in the occurrence and impacts of D & FV and in 2015 she developed and presented a workshop 'Safety in a Digital World' at the *Building Bridges Family Law Conference* in Sydney. In 2018 at the International Neuropsychotherapy Conference in Brisbane Karen presented a neuropsych-educational tool *Calming the Angry Brain: A resource animation for working with perpetrators of abuse*. More recently Karen has turned her attention to working with young people, producing an early intervention educational tool that provides students with an understanding of the neuroscience behind bullying, outlining the steps to empower victims of abuse, prevent bullying, and facilitate positive change.

Minds behind Bullying: How Neuroscience Informs School Bullying Education

Bullying is a rising, wide-spread school-age phenomenon in which there is growing interest and awareness both internationally and in Australia (Rigby & Smith, 2011). Bullying can be described as the intentional, repeated misuse of power in a relationship, involving physical, verbal and/or social behaviour, causing physical and/or psychological harm (Idsoe et al., 2012). This definition refers to

the specific behaviours of the perpetrator of abuse and the emotional and physical harm they inflict on the victim.

More recently neuroscience has made giant strides in aiding our understanding of human-aggression, and the effects of bullying on the brain. Bullying is defined as a more complex phenomenon involving biological, psychological and social systems (Rossouw, 2005). This definition takes into consideration the role of neurobiological markers and the detrimental effects of bullying on neuro-development, neuro-chemical production and changes in neural structure and functioning of the brains of both the bullied and the person bullying (Kaya & Rossouw, 2016).

In this workshop Karen will present “Minds behind Bullying”, an educational resource and animation that incorporates a neuropsychotherapeutic approach to current top-down educational interventions exploring the minds of both victim and perpetrator of bullying. The animation unpacks the neuroscience of bullying exploring brain structures, functions and processes associated with bullying. Students learn how to manage trauma, and calm the brain, and the principles of change essential to a thriving brain. The eBook provides guidelines for using the animation designed for use in a group setting or working one-on-one with a clinician, school teacher, guidance officer or school nurse.

Names of others who contributed to the project:

Jeremy Ghali – Narration

Karen Ferry & Jonathan Wills – Lecturer and Tutor

Liana Volpe – Illustrations

Pieter Rossouw’s (2014) Integrated Model of Neuropsychotherapy

Team Futive TechNet – Animation



RENEE MILL

BSc (OT) BA Hons (Psych) MA (Clin Psych) MAPS MIAAN(Cert)

Originally an occupational therapist, Renee Mill graduated with distinction as a Clinical Psychologist in 1982 at the University of the Witwatersrand, Johannesburg. She has worked in private practice ever since, always looking for user friendly, cost effective and successful solutions for her clients. With a special interest in emotion regulation, anxiety, stress and anger, Renee is the published author of "Anxiety Free, Drug Free"; "Parenting without Anger " and "The Anxiety Management Manual"

Renee is a well-known public speaker and has presented in South Africa, USA, Israel, China and Australia. She is often called upon for comment by the media.



She presented at the AACBT conference in 2017 on "Why I wrote my CBT manual" and the APS clinical division in 2015 on "The practical process for treatment of anxiety in private practice".

Renee is the owner and principal at Anxiety Solutions CBT Psychology Practice in Edgecliff, Sydney.

The broad benefits of manualised CBT treatment for anxiety

This workshop presents the benefits of treating clients with anxiety in a structured manner utilising a manual, daily diary and regular practice of practical tools.

Participants will have the opportunity to observe how integrating psycho-education, cognitive behavioural therapy, neuro-psychotherapy principles and CBM (cognitive bias modification) assists clients in a few sessions.

The workshop will be practical. Participants will engage in the worksheets and other exercises and experience firsthand how they work. There will be discussion about how this manual was developed, and why. Critical analysis of alternate methods will be made. The ultimate goal of the workshop is to enhance the clinical skills of practitioners.



DR ANDREW NTSOWE

MBChB MPsy MBMSc (ClinNeur) MIACN(Cert)
ANZAP Trauma (Cert)



Dr Andrew Ntsowe is Medical Practitioner and Advanced Psychiatrist in Training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Andrew completed his Medical degree in South Africa in 2002 and subsequently attained a Master of Psychiatry from the New South Wales Institute of Psychiatry, Master of Brain and Mind Sciences from University of Sydney, and Training in Psychodynamic Psychotherapy with the Australian and New Zealand Association of Psychotherapy. Andrew is a member of the International Association of Applied Neuroscience, the International Association of Relational Psychoanalysis and Psychotherapy, Australian and New Zealand Association of Psychotherapy, and the International Neuropsychanalysis Society. He has extensive experience in Psychiatry and Mental Health in Australia and overseas. His experience includes general adult psychiatry, child and adolescence psychiatry, consultation-liaison psychiatry, forensic psychiatry, old age psychiatry and addictions psychiatry. He is also a Psychotherapist trained in Psychodynamic Psychotherapy, Cognitive Behavioural Therapy, Interpersonal Psychotherapy and Clinical Neuropsychotherapy. Andrew currently works in the Public Service with the Northern Sydney Local Health District at Macquarie Hospital in dual diagnosis. Andrew's areas of professional interest are trauma and the interface of psychotherapy and neuroscience, in particular, how trauma affects the body, the brain and the mind, and the reversal of this process in treatment.

Neuropsychosomatic Development and Psychotherapy

Human development across the lifespan has been approached through physical, psychological and philosophical constructs. Physical development takes the form of anatomical and physiological development and maturation, including degeneration in the later stages of life. Psychological development, described by different schools of thought, often pairs up with physical development and chronological age, with emphasis on cognitive, behavioural and emotional development. The relevance of this in psychotherapy cannot be overstated. Human development in psychotherapy should be holistic, encompassing body, brain and psychic development with relevant and equal significance. The recognition that the development of the human organism follows a continuous and seamless process can be used to pair up various models of the development of the mind, with that of the brain and the body, to create a holistic construct of neuropsychosomatic development. This theoretical construct forms a model that minimises reductionistic and unhelpful approaches to treatment, as these are likely to alienate other relevant parts of the whole person in psychotherapy. Neuropsychosomatic development emphasises an intimately integrated and seamless developmental process of the individual from conception onwards. The presentation will demonstrate the contribution of the body, brain and mind in maintaining complete human homeostasis and coherent functioning. Amongst other approaches, neuropsychosomatic development is a helpful model of understanding human suffering and formulating a holistic therapeutic plan in psychological and physical care.

Objectives

At the end of this presentation the participants will:

1. Recognise the fact that various developmental theories offer a fragmented understanding of human suffering in treatment
2. Understand the intricate and seamless development of the body, brain and the mind
3. Understand the relevance of integrating the brain, body and mind development for formulation and psychotherapy

CONFERENCE WORKSHOP

The Body, Brain and Mind in Trauma and Psychotherapy

Although holistic care is frequently theoretically acknowledged in health care, the actual practice of this phenomenon is often neglected in clinical practice. Sigmund Freud, a Neurologist, developed his work from his fascination about the link between the body and the mind. He attempted to demonstrate that the brain was the substrate of psychic functioning but deferred this project (which was ahead of its time), and he went on to develop psychoanalysis. Current evidence from medical sciences and neuroscience research allows us to integrate the functions of brain, body and mind as an important tool in the treatment of psychological disorders. Integrated treatment approaches avoids unhelpful reductionism in psychotherapy. The relevance of integrated treatment approaches is particularly important in trauma treatment.

Trauma to the body and the mind is encoded by the brain. Mental life rests in a physical body in a seamless connection. Therefore, the embodied aspects of psychological trauma should be given its deserving priority in psychotherapy. Most conventional psychotherapeutic approaches focus on psychological function and dysfunction, with very little emphasis on the body despite its very physical presence in the therapy room. Trauma takes different forms, however, in this workshop we focus on developmental trauma that occurs in the form of insults to the body and the mind, which is then encoded by the brain to form traumatic memories. Developmental trauma is often relational, occurring in the context of others - hence treatment should take place in a relational therapeutic setting that acknowledges and integrates all traumatised aspects of the person, as these were involved in trauma. This workshop takes the form a clinical vignette that demonstrates the relevance of physical and psychological aspects of trauma in an individual who presents with prominent physical symptoms accompanying psychic distress.

Objectives

At the end of this presentation the participants will understand the following.

1. Recognise the link between the body and the brain as understood by the functional psyche
2. Understand the relevance of drawing psychotherapeutic formulation that incorporates the body, brain and the mind
3. Understand incorporation of the body, the brain and the mind in trauma psychotherapy

SUE PARTRIDGE

BSW(Hons) MCPCYP MIAAN(Cert)

Sue Partridge is a Clinical Social Worker, Accredited Mental Health Social Worker, Certified Applied Neuroscience Professional and is registered with Victim Services (NSW). She also holds a Masters in Care and Protection of Children and Young People and Graduate Certificate in Developmental Trauma. She has worked in Private Practice for over 15 years (recently moving from Wollongong to Northern NSW). Previously she worked in a variety of positions within NSW Health, including Sexual Assault, Child and Family Teams, Infant Child Adolescent Mental Health Teams as well as working at Cedar Cottage, a court supervised programme for offenders of intra-familial child sexual assault. She has also taught casually at several Universities in Social Work for over six years. Sue's special interest is working from a trauma informed perspective, but she is mindful that she needs to adapt her approach in line with her client needs and interests.



Rapping & Skating to Heal: An Individualised Therapeutic Approach to Address Complex Trauma

This is a case study working from a neurobiological perspective. However, it only dips into some of the many intricate areas and concepts of this complex field and clearly is a very limited description of what is a very exciting and developing area of therapeutic work using a neural application.

This presentation will be informed through a case study analysis. Russell is an aboriginal person in his early twenties, who suffered terrible trauma as a teenager, which was racially motivated and left him with complex and ongoing trauma symptoms. He engaged well therapeutically and was committed to addressing his paralysing symptoms. He was keen to address his trauma and learning to link his behaviour in its many forms to his brain function. He has also recognised the importance of finding safe ways to express his anger and is aware that using his anger productively has helped him in the past. Through linking into his interests, or as he would say, “what kept me going” - writing and rapping his feelings and experiences and skateboarding - we were able to translate these activities into therapeutic tools. This assisted him to engage in mindfulness, grounding and reconnecting his limbic system to his prefrontal cortex and therefore was able to reintegrate his whole brain. As part of this presentation, if able, Russell will attend to perform in person. Otherwise he has generously agreed for some of his recordings to be played in his absence.



CHRISTOPHER PEARSON

GCertNPT HPD MIAAN (Cert)

Christopher Pearson is a British therapist with a general practice in the north east of England and has developed a specialism in misophonia.

He is a recent graduate of CHC in Queensland, awarded the Graduate Certificate in Neuropsychotherapy in 2018. He developed sequent repatterning, one of very few therapeutic approaches specifically intended for the treatment of misophonia.

Christopher is a Certified Member of IAAAN and currently leads the Association's Hypnotherapy Special Interest Group. He is a board member of Misophonia Institute and a Member of The Royal Society of Medicine.



Memory Reconsolidation in Therapy for Misophonia

Misophonia is a conditioned aversive reflex disorder: an individual reacts in an inappropriate emotional manner following exposure to an otherwise innocuous sensory stimulus. Although it has been widely held to be a condition existing in the auditory domain, misophonia is now clearly recognised as a disorder activated by any of the physical senses.

Sequent repatterning is a therapy framework developed for the effective treatment of misophonia. The therapeutic process originally incorporated approaches that may lead to transformative change through memory reconsolidation (MR). Recognising that MR elicits transformational change which hugely improves client outcomes, achieving MR became a focus of sequent repatterning during 2017. Client outcomes demonstrate clear additional benefits since that time.

This presentation briefly outlines sequent repatterning therapy, options for reframing and for MR, then presenting outcome data on clinical cases. Data from recent cases which focused on MR are compared with earlier case metrics.

Summary information cards on the condition, misophonia, and about sequent repatterning therapy will be provided. The approach to memory reconsolidation will be presented and available in a summary handout document. Statistical clinical data will be presented and made available for download. Additionally, information about Misophonia Institute will be provided.



PAUL POTGIETER

Grad Dip (Psych) BA(Hons) Semitic Languages
BD M(Prof) Studies

Paul Potgieter is a Senior Psychologist at Nutricula Psychology, providing psychological services to private clients, and the resources industry. He has over 20 years' experience in dealing and treating people who have experienced different forms of mental illness and trauma. He specialises in couples and relationship counselling and training. He recently received international recognition for his research in the connection between neuroscience and safety at work.



He holds a Post Grad Dip in Psychology, an honours degree in Semitic Languages and a Masters degree in business.

Paul is a member of the Australian Psychological Society and the International Association of Applied Neuroscience.

The Gut- Brain Connection: An overview of the research in this area and a practical application to assist clients

In spite of the advances in medical care and innovation health expenditure has increased by 300% in Australia over the past 30 years from \$ 50.3 billion in 1989-1990 to \$154.6 billion in 2013- 2014. However, it is not only the health bill that is blowing out. We have also witnessed new challenges to health such as the rapid rise in obesity, autoimmune disorders, asthma, allergies, and diseases of the developing brain and aging brain in the form of autism, Alzheimer's and Parkinson's disease.

Research reveals that the food that we eat doesn't only influence our energy levels but nearly every area of our lives including our quality and quantity of sleep, our mental health, mood, memory, relationships, work performance and overall happiness.

This study gives an overview of the newest findings regarding the gut- brain connection. It explores the interaction between the gut and the brain and how it influences nearly every area of our lives. Furthermore, it explores how the different communities of microbiome can contribute to mental illness and how this knowledge can be applied in therapy to assist clients to achieve better outcomes.



DR FRED PREVIC

PhD

Dr Previc is recently retired from teaching psychology at the University of Texas at San Antonio. In addition to his teaching career, he worked as a civil servant and contractor onsite at the Air Force Research Laboratory for twenty years in the areas of aviation psychology, visual perception, human factors, and cognitive neuroscience, and he also has worked for Northrop Grumman, the Southwest Research Institute, Wyle, and the Biomedical Development Corporation. He has written over a dozen major theoretical articles pertaining to the brain and behavior, including ones on the origins of cerebral lateralization, the neuropsychology of 3D space, the evolution of human intelligence, the role of the vestibular system in motion sickness and higher brain function, and the etiology of autism, Alzheimer's disease, and other clinical disorders. He is also the author of two books, including *The Dopaminergic Mind in Human Evolution and History*.



Dissociation of Measures of Topographical and Nontopographical Cognitive Ability in Older Adults

The relationship between topographical and nontopographical measures of cognitive ability was studied for 25 participants aged 70 to 85 years. The “topographical” measures were the Camden Topographical Recognition Memory Test, a topographical mental rotation test similar to the four mountains test, and a virtual pond maze. The “nontopographical” tests were the Montreal Cognitive Assessment (MoCA), the Trail-Making Test-B (TMT-B), and a matching-to-sample short-term visual memory test. A factor analysis yielded a distinction between the topographical and nontopographical measures. Loadings for the three topographical measures on a presumed “topographical” factor ranged from .62 to .71 but $-.23$ or less on the second factor. Conversely, short-term visual memory scores loaded heavily on the second factor (.89) but not on the “topographical” factor ($-.03$). The MoCA loaded moderately on both factors (.55 and .35, respectively) while the TMT-B loaded highly on the topographical factor (.70) and moderately on the second factor ($-.34$). A composite topographical measure correlated highly with the individual topographical measures ($>.69$ in all cases), moderately with the TMT-B (.41) but $<.30$ for the MoCA and memory test. In addition, many individuals showed wide discrepancies between topographical and nontopographical scores. The results suggest a clear dissociation between topographical and nontopographical measures of cognitive function in older adults. Moreover, standard measures of cognitive function may not be optimal for assessing topographical abilities, which are associated with a posterior neural network that includes the hippocampus and are most impaired in the early stages of Alzheimer's disease.

Learning Objectives

1. Distinction between topographical spatial cognitive abilities and nontopographical ones

2. Optimal assessments for topographical abilities
3. Importance of topographical abilities for early diagnosis of Alzheimer's disease

Other authors and affiliations:

Ruth A Ross, M S, (Research Decision Support, San Antonio, Texas, USA)

Michael A Roman, Ph D (San Antonio, Texas, USA)

Gregg Siegel, M A (Biomedical Development Corporation, San Antonio, Texas, USA)



JOSEPH RIORDAN

Clin Psych

Joseph Riordan has been a psychologist in private practice for 32 years. His early introduction to trauma was with WWII veterans. Throughout his career Joseph has treated war, civic and episodic trauma and now focuses his academic interest on the neuroscience of attachment and Dyadic Trauma.

Joseph's practice of psychology has been characterised by his search for better outcomes with treatments "that work". Combining evidence-based treatments with emerging theories of traumatology has been an enduring interest.



Trauma: A Contagion!

Loneliness is increasingly prevalent in Australian communities (25%) and a growing mental health problem. The neurobiological impact of trauma when fear/terror combine with immobilization, compromises social engagement networks, disrupting secure attachment, resulting in Dyadic Trauma - a major cause of social isolation.

When nervous systems cannot "complete" survival imperatives, secure attachment is lost. Dysfunctional social engagement systems consequently impact families, social systems, and communities as a contagion resulting in widespread social isolation.

This presentation will highlight the nature of Trauma as a Contagion and its impact on attachment relationships throughout the life cycle.

Treatment with Attachment Focused-Somatic Experiencing (AF-SE) is described through the lens of emerging neurobiological paradigms that redefine trauma including: Somatic Experiencing,

Levine (2010); Modern Attachment Theory, Schore, (2012); Polyvagal Theory, Porges, (2011); The Core Response Network, Payne et al., (2015) and The Defence Cascade, Kozłowska et al., (2015).

AF-SE combines depotentialisation of traumatic arousal with implicit Comfort-Seeking behaviours and Somatic-Attachment-Soothing in the processes of Dyadic Completion to resolve trauma and reinstate secure attachment.

Goal

To understand the impact of trauma on attachment dyads, and its role in widespread social isolation across the life-cycle.

Objective

To observe a demonstration and practice “Interoception” in a dyadic role play.

Learning Outcomes

To understand the social dynamics of trauma as a contagion.



MARIE ROSIER

Grad Dip Couns & Psych Grad Dip Ed B Ed Dip T
Certified Practitioner Whole Brain Technology

Marie is a Psychotherapist and Educator with a private practice in Brighton, Victoria. She is passionate about applying learnings from fields such as neuroscience, positive psychology and whole brain technology in order to provide an integrative client responsive approach. Via workshops and counselling, she enables people to shift from surviving to thriving. Her book (2016), *Through My Eyes: A Mothers Guide from Baby* is in maternal health centres and distributed to mothers receiving postnatal support.

Marie has a depth and breadth of experience including: Victorian Administrator, Australian Graduate Management Consortium, Marketing Manager, SGP Leadership Strategy Education; Registrar Marketing Director, Mentone Grammar; Primary Teacher; Committee Member for Lighthouse Foundation.



When Talk Therapy Alone is Not Enough: Using Emotional Freedom Techniques (EFT or Tapping) in the healing of trauma

Bessel Van der Kolk, world expert in trauma therapy says that in order to really overcome trauma, you need to quiet down the limbic system... and that's the big challenge for therapists.

Bessel recommends EFT as a helpful technique as it:

- Calms the amygdala - stops the fight/flight/freeze process
- Desensitises negative emotions and associated physical reactions
- Releases mood-altering neuro-transmitters and hormones
- Triggers the relaxation response
- Interrupts stuck or limiting mindsets and behaviours
- Resets the body's internal electrical system
- Initiates energetic, perceptual, cognitive & physical shifts
- Induces feelings of joy, satisfaction, relaxation, peacefulness, and well-being

EFT can be utilised in all stages of therapy. This session will focus on assisting clients in or out of session who are suffering intense symptoms such as high anxiety, panic attacks and/or suicide ideation to bring them to safety and stabilisation – the key to building resilience.

In this session you will:

- Review the basis of trauma and resultant symptoms
- Learn what to observe in client shifting states
- Discover why, what, how, when and with whom to use EFT
- Experience the effects of EFT in session with live demonstration
- Discuss case studies with EFT positive outcomes where talk therapy alone has not helped enough

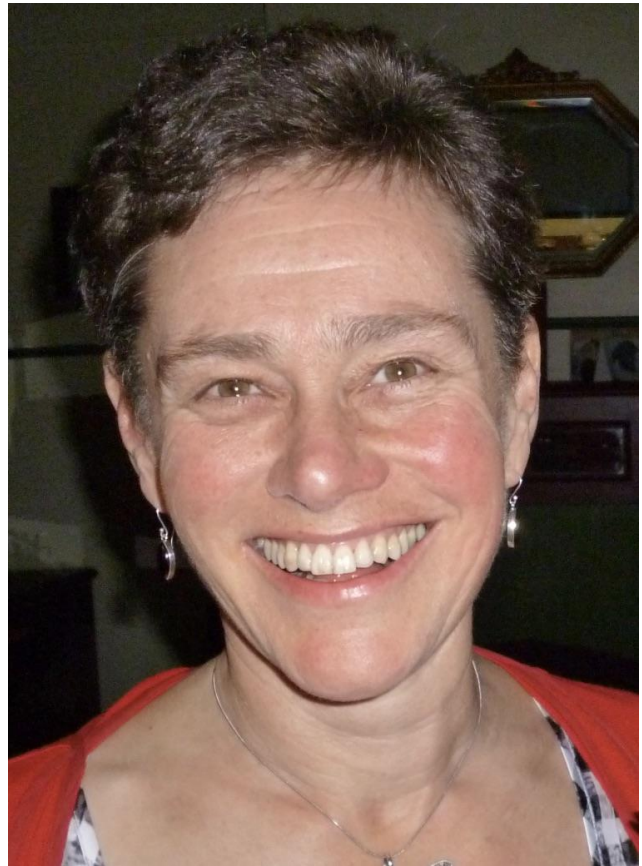


ROSEMARY SAXTON & OLIVIA KEENE

Dr Rosemary Saxton

MB ChB (Medicine) DipSolFocTherapy
DipComServ FACRRM MIAAN

Rosie is an experienced General Practitioner (over 25 years in general medical practice) and has had an enduring interest in mental health and counselling. In addition to her medical training and experience, Rosie has undertaken additional study and formal training in various neuroscience informed psychological approaches to therapy including Solution Focused Therapy (Dip), Hypnotherapy (Dip), Somatic Experiencing (level I & II), Brainspotting (certified practitioner), EMDR (level I) and NLP Master Practitioner. She has extensive knowledge in the area of mind/body medicine and has integrated research and training in neuroscience informed therapies. Rosie is a director of NeuroFrontiers.



Olivia Keene

BA (Psych) PGDip Psych MCouns MPsych (Counselling) MAPS FCCOUNS MIAAN

Olivia is a registered and endorsed counselling psychologist with over 20 years' experience working with children, adolescents, families, adults and groups. She utilises neuroscience-informed therapeutic approaches including EMDR, Brainspotting (certified) and Somatic Experiencing (level I & II). She is a certified 'train the trainer' with experience in facilitated training for health professionals individually and in groups. Olivia has been in private practice for the last fourteen years and has had an abiding interest in the research, application and building of emotional intelligence, trauma informed care and resilience. She has worked in intensive treatment teams in welfare organisations, hospital based clinical teams and in schools. Olivia is a director of NeuroFrontiers.

NeuroFrontiers: A Corpus Callosum of the Neuroscience world!

As understanding of interconnectivity in the brain grows, the compartmentalisation of professions applying neuroscience has changed little. NeuroFrontiers' directors are all early adopters in our respective fields who have at times felt isolated in our exploration of the cutting edge. We believe that the exquisite intercommunication demonstrated in the nervous system has practical implications as a model for revolutionising wellness and performance.

NeuroFrontiers directors come from the fields of psychology, medicine, education and business. While we all use both sides of our brain, our respective professions have traditionally been seen as

"right brain" or "left brain" dominated. We see and experience the value in collaborating and were delighted to find such connections at last year's conference. Our model involves bottom-up and top-down provision of service with a neuroscience-informed clinic through to group or corporate neuroscience-informed trainings. We provide peer groups, a resource library and supervision groups to create a community of like-minded professionals. A focus of our work is on the prevention and management of burn-out, using neuroscience-informed practices.

Goals

To present an innovative model of practice that connects and interconnects people, knowledge and skills in applied neuroscience. Aims to create innovation and break throughs in practice and change agency.

Objectives

To inform practitioners from varied modalities applying neuroscience of the benefits of greater interconnectivity with each other:

- Share benefits of skill sharing and upskilling to create innovation
- Left brain and right brain integration is pivotal - we aim to become a corpus callosum “Hub”!
- How to apply the lessons we have learnt about interconnectivity in the brain; reversing the trend for increased professional isolation due to specialisation and differentiation

Learning outcomes

- For participants to increase awareness of the neurogenesis possibilities inherent in cross-professional collaboration
- To come out of our silos and progress the field of applied neuroscience



FIONA STEVENS

BA Dip App Psych M Psych (Work and Organisational) MIAAN(Cert)

Fiona has worked as a psychologist for over forty years. She is endorsed as a clinical and forensic psychologist reflecting her time in a correctional role, in organisational settings and as a clinician. She brings all this background to her work in private practice where she has treated bullies in the course of her work. She chose to study a Masters Degree in Work and Organisation as she prefers a wider perspective on what affects her clients. She has brought this background into her work with bullying and the bullies in her applied research and in her role working one to one with bullies.



A Neuropsychological Analysis of Workplace Bullying: What Causes It, What Fixes It

There is now a wide literature on bullying behaviour in the workplace. This workshop is designed to introduce participants to this literature and to discuss the ramifications of studies which have shown that poor workplace culture is correlated with outcomes such as bullying. The author has been involved in applied research in the aged care sector, which has again supported these findings. The workshop will include examples of how the relationship between workplace culture and bullying plays out on the basis of her direct experiences.

A case study will be presented to enable participants to work in teams to discuss their own strategies for using this information. This will involve group work and a facilitated discussion of those factors relevant to the management of bullying in the workplace.

The workshop will also discuss identified solutions to prevent workplace bullying. We will also discuss what happens once a workplace investigation occurs and a bully is identified. Coaching and counselling for bullies and an approach which allows the bully to understand the harm they have done to others will be discussed. We will also discuss the neuropsychotherapeutic aspects of this approach and investigate with the participants constructs, such as therapeutic alliance versus theory of mind, to address the issue of collusion which can counteract therapeutic outcomes.

A model of the brain will be employed which allows for discussion of the way in which Arden (2015), Rossouw (2014) and others describe the interplay between the emotional engagement of the therapist and the understanding required to produce effective outcomes and so behaviour change in the bully.

Learning Objectives

The goals of this workshop are to counter the commonly held belief that the bully has a psychological disorder. This belief has resulted in approaches whereby preventing and managing bullying is focused on an adversarial approach. The objectives of the workshop are to use training materials

(case studies, a team exercise, diagrams of the brain and facilitation of discussion) to assist participants to integrate and discuss the information presented. The learning outcomes will be to broaden participants perspectives on what makes a bully tick and what they can do to address this as an issue in the workplace. This in turn is aimed at reducing the considerable harm bullying does, including leading some to suicide.



Closing Statement from the IAAN Management Committee

We very much hope you have enjoyed the conference. We are so very grateful to all our IAAN members for offering up their time and expertise to contribute to our Conference this year and we were fortunate to be in a position to offer a small financial acknowledgement for your contributions.

We would also like to thank all non-members for showing their interest by attending. We are aware we operate in a competitive market and there are many conferences and membership options to choose from. We value your wonderful contributions and if you ever would like to join the IAAN, simply jump online and fill in the details and, voila!, you'll receive your membership certificate and automatically be on our mailing list and will have the opportunity to take part at member rates at future events including training and conferences.

We also want to acknowledge the hard work you have all put in to being here. We recognise that, especially for clinicians and professionals who are self-employed, it's not only the up-front investment to be here but also any foregone income while you are away from your practices. We acknowledge your commitment and dedication to your professional endeavours and to your ongoing professional development.

A special thanks to all those who have travelled from overseas. Australia can be a long way to come for many and we again recognise that your contribution comes with added expense and time travelling – thank you.

We encourage you all to continue to be in touch, either as members or interested professionals. We are committed to support your initiatives, like commencing special interest groups.

In the meantime we are looking forward to offering certifiable trainings in the not too distant future and would encourage all of you to consider registering, even if it is for revisions and refinements to your existing practices.

Once again, thank you for coming!

IAAN Management Committee