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## **(Zoom) 8th International Complex Trauma Conference: The Future of Trauma-Informed Practice** (Building the next generation of trauma-informed systems and professionals).

29th of Aug 2026, or **watch on demand for 10 months'** access (5-6 live + additional prerecorded presentations = over 20 altogether).

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**\*Live Event on August 29, 2026 (09:30 - 15:30 UK time) – Featuring 5-6 live presentations only.** Please note: Not all presenters will be speaking live on 29th August. **The conference includes over 20 presentations: 5-6 live sessions on 29th August, plus a range of additional pre-recorded talk = over 20 altogether.** All sessions will be available on-demand for 9 months starting from 5th September 2026. You need to watch a minimum of 12 presentations in order to receive a 12-hour CPD certificate.

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### **Full Programme – Live & Recorded Presentations with Topics & Speakers**

Please be aware that the programme is subject to change, and additional presentations will be added.

1. **Dr Alessia Baretta**, PhD, Istituto di Psicosomatica Integrata, Milan, Italy, **Live Presentation on 29th Aug**

**Title: Reclaiming Embodiment through Trauma-Informed Yoga: Somatic Competence<sup>®</sup>, Yoga Experiential workshop.**

Trauma-informed yoga is a specific approach that embeds trauma literacy into yoga practice to provide a safe, supportive environment for individuals who have experienced stress or trauma, promoting self-agency, body-mind reconnection and emotional regulation. Somatic Competence<sup>®</sup> Yoga (SCY) is a trauma-informed yoga approach based on the clinical construct of Somatic Competence, and has been developed since 2017 within the clinical context of Istituto di Psicosomatica Integrata, Italy. In this workshop, participants will be guided through a gentle and non-performative somatic yoga practice integrating somatic focusing, i.e. the awareness on one's physical sensations and bodily signals. This practical workshop is intended for therapists interested in yoga or who include somatic practices in their clinical routine, as well as somatic practitioners. Participants can practice on their yoga mat or on a chair. Main learning objectives: 1. Know what trauma-informed yoga is and SCY as a specific trauma-informed yoga approach; 2. Experience a SCY practice with the guidance of one of its founders; 3. Take the opportunity to reconnect with oneself, the body and the breath, while learning effective self-regulation techniques.

Dr Alessia Baretta is a psychologist, co-founder of Somatic Competence<sup>®</sup> Yoga at Istituto di Psicosomatica Integrata in Milan, Italy, and holds a PhD in Bioengineering. She is a certified yoga teacher trained in trauma-informed and somatic yoga approaches, including internationally recognized programs such as Boston's Trauma Center

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Trauma-Sensitive Yoga and Polyvagal Theory. She integrates neuroscience, somatic awareness and clinical insight into her path, designing and leading practices and trainings that foster embodied awareness and relational safety through body-mind integration.

2. **Donna Dickinson**, BABCP-accredited CBT therapist and EMDR therapist (The UK)

**Title: Slow Bilateral Auditory Stimulation for Stabilisation in Trauma Therapy: Evidence, Clinical Integration, and Boundaries**

Clients presenting for trauma-focused therapy frequently experience significant autonomic dysregulation, requiring careful stabilisation prior to trauma memory processing. While bilateral stimulation (BLS) is most commonly associated with EMDR reprocessing protocols, slower rhythmic auditory BLS is increasingly used in clinical contexts to support grounding, dual awareness, and nervous system regulation.

However, many therapists rely on commercially available audio resources which may not always be developed with trauma-focused clinical parameters in mind or clearly differentiated from formal reprocessing protocols. This presentation outlines the clinical rationale, development, and intended application of a clinician-designed bilateral auditory stabilisation toolkit to support early-phase trauma therapy.

Theoretical considerations relating to rhythm, attentional engagement, paced bilateral input, and autonomic regulation will be explored, alongside a clear distinction between slow stabilisation-oriented BLS and fast BLS used in EMDR reprocessing. Clinical integration, scope of use, and contraindications will be addressed, with emphasis on ethical boundaries and safe application within trauma-informed practice.

Attendees will gain clarity regarding the current evidence base and its limitations in relation to slow bilateral auditory stimulation for stabilisation. The presentation will support clinicians to critically evaluate commercially available resources and consider the importance of trauma-informed, ethically bounded design when integrating auditory bilateral input within early-phase trauma therapy.

Donna Dickinson is a BABCP-accredited CBT therapist and EMDR therapist with 19 years' experience in NHS Talking Therapies and Medical Psychology services in the UK. She now works in independent practice, specialising in trauma-focused therapy. Donna has a particular interest in early-phase stabilisation and the thoughtful development of adjunct tools that support nervous system regulation while maintaining clear ethical and procedural boundaries within trauma-informed care.

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3. **Dr Denise Michelle Brend**, social worker, psychotherapist, associate professor, Université Laval, Quebec, Canada - **Live Presentation on 29th Aug**  
**Title: Structural stigma as a target for trauma-informed organizations**

Trauma-informed care calls for systemic transformation across all domains of an organization. Yet, in practice, most implementations remain confined to the level of direct service delivery, overlooking the broader institutional conditions that shape the experiences of those who work within, lead, and receive services from these systems. Although the well-being of all stakeholders has long been recognized as central to organizational functioning, developing a shared language that meaningfully includes everyone within complex systems has remained challenging. Drawing on emerging research on the embodied impacts of trauma and the articulation of racial trauma, this presentation proposes conceptual and practical pathways for broadening trauma-informed implementation. Using findings from a recent study that identified structural stigma and examined its relationship with moral distress, secondary traumatic stress, and organizational prevention efforts, we explore how trauma operates not only interpersonally but structurally. By foregrounding the structural dimensions of trauma, we argue that organizations can move beyond individual-level interventions toward systemic change. The presentation highlights strategies for embedding trauma-informed principles into governance, supervision, and workplace protections, thereby positioning institutional contexts themselves as active sites of healing, accountability, and resilience

Denise Michelle Brend, PhD is an associate professor in the School of Social Work at Université Laval in Québec, Canada. Her work focuses on trauma-informed practice within justice and child welfare systems, with particular attention to individuals who have experienced complex and developmental trauma, including those involved in the criminal legal system. She collaborates with community organizations to strengthen staff well-being, organizational health, and systemic prevention efforts. Her research integrates trauma theory, moral distress, structural stigma, and evidence-based pathways to wellbeing, she is committed to advancing institutional practices that promote safety, accountability, and healing across systems.

4. **Malachi Gillihan**, MA (PhD candidate), USA  
**Title: Rites of Healing: Applying Ritual Frameworks to CT and Sexual Trauma Recovery**

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Male sexual victimization disrupts integration across mind, brain, and relationships. This dis- integration causes many male survivors to experience Complex-PTSD. Current data suggests more than one billion men and boys have or will experience sexual victimization in their lifetime, yet a significant gap in research and treatment modalities specific to male survivors persists. My study evaluates a new group-based intervention conducted April-May 2025, applying the framework of a rite of passage to a facilitated group experience for male participants. 6-month QUAN data suggests reduced PTSD and C-PTSD symptoms. In addition, the new NPSS inventory indicates increased safety across social, relational, and bodily indexes. 6-month QUAL data suggests significant and sustained improvements in multiple life domains across the group. I will argue that this new treatment approaches supports increased levels of integration in mind, brain, and relationships, reflected in improved health and wellbeing in these areas, as well as changes in PTSD and C-PTSD symptomatology. This framework provides a promising approach to recovery and healing for male survivors of sexual trauma, and may have applicability to other genders and forms of trauma as well. Audience: trauma/CT researchers, clinicians, survivors. Objectives: introduce a new treatment modality for CT and sexual trauma

Malachi Gillihan is a trauma specialist, yogi, and spiritual counselor, integrating his lived experience with Complex-PTSD as a male survivor of sexual trauma with his PhD research in East-West approaches to trauma recovery, healing, and growth. Malachi has practiced and trained under teachers including Dr. Dan Siegel, Dr. Judith Herman, Judith Lasater, Sean Feit-Oakes, and Deb Dana. Based in Berkeley, CA, he maintains a small private practice primarily supporting clients with histories of CT and sexual trauma, as well as training healing professionals in approaches to trauma recovery.

5. **Michaela Huber, Dipl.-Psych., (Germany) Licensed Psychological Psychotherapist MH Akademie | International Institute for Psychology LLC (IIFP) | Trauma Institute Algarve Germany /Portugal / Estonia / Spain / United Kingdom / United States - Live Presentation on 29th Aug**

**Title: Why Attachment-Oriented Care is Essential for Trauma Survivors**

Trauma survivors who have experienced chronic attachment trauma, abuse and neglect in early life do not simply lack coping skills — they lack the foundational experience of felt safety within a relationship. Where attachment has been organised around fear, helplessness, or abuse, the therapeutic relationship itself becomes the first arena in which something different must be made possible. Respect, genuine regard, appreciation, and the consistent offer of choice are not peripheral courtesies: they are primary clinical interventions. They directly reduce the fear of loss of control, the sense

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of being at another's mercy, and the profound disorientation that complex trauma survivors carry into every relational encounter.

This presentation draws on more than four decades of clinical practice and training in the social and health care system to demonstrate why attachment-oriented care is not a supplementary framework but the indispensable spine of phase-oriented trauma treatment.

Moreover: Building and using a trustful bond between the professional and the patient is an indispensable part of effective health care as such. Modern trauma therapy begins and ends with stabilisation — through body-based affect (co-)regulation, the development of a Safe Place, distancing techniques for traumatic material, an inner „Garden of resources“, and the construction of an inner Resource Team — and continues through the careful, attachment-informed work with ego states and inner parts on the „inner stage“. The presenter will show how each clinical step is only sustainable when embedded in a relationship characterised by safety, predictability, and respect for the clients autonomy. Central to this concept of trauma therapy with survivors of attachment abuse is the work with perpetrator introjects — internalised and imitating mental perpetrator parts that bind survivors to their abusers long after the abuse has ended, trigger self hate and self infliction as well as the abuse of others, and represent one of the most demanding challenges in complex trauma treatment. Attachment-oriented care provides the relational conditions under which this work becomes possible without retraumatisation or „exorcism“ of unwanted personality traits. The same principle applies to EMDR and other techniques and adaptations for treating complex dissociative trauma, and to the treatment of transgenerational traumatisation — the transmission of traumatic experience across generations, which can only be interrupted when survivors find, often for the first time, a relational experience grounded in safety rather than fear.

Recovery is ultimately consolidated not within the therapy room but through the gradual restoration of safe participation in relationships, roles, and everyday life — as reflected in the authors; most recent work, Zurück auf festem Boden (Junfermann, May 2026). Therapy prepares. Life consolidates. Attachment-oriented care makes both possible.

**Biography: Michaela Huber, Dipl.-Psych.**, is a Licensed Psychological Psychotherapist and one of Europe's foremost pioneers in complex trauma and dissociation. She founded the MH Akademie (1986) and the German section of the ISSD (1995), renamed the DGTD e.V. in 2011, serving as President until 2021. In 1997 she received the ISSD Distinguished Achievement Award — the first woman and first non-American to do so. She operates training institutes across Germany, Portugal, Estonia, Spain, the UK, and the USA, and founded the BAGbN (2020), the largest German-language online trauma self-help

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community, with over 5,600 members.

6. **Michael Guilding** (United Kingdom), Psychotherapist and Clinical Supervisor in private practice - **Live Presentation on 29th Aug**

**Title: A therapist's journey through the development of trauma-informed practice**

Michael describes his 30 year quest as a therapist to understand trauma and learn how best to work with it. He started his career wrestling with rather enigmatic psychoanalytic theory and learning the psychodynamic approach to searching for meaning in confusion, before being introduced to EMDR which awakened his interest in the underlying science of trauma. At the same time he was convinced of the importance of a person-centred approach for providing the containment of a trusting relationship, coming to this through attachment theory.

Attachment theory sparked a deep interest in the fear-system which he sees as core to an understanding of the nature of trauma, and this led him to the American authors who understood how trauma is encoded in the body, and developed ways of working directly with the body. This radically transformed his practice and convinced him of the importance of avoiding individualised and oversimplified approaches to complexity, and not pathologising the client. He advocates valuing and integrating of all of the stages of the development of trauma-informed practice within a framework of more effective community-based social support.

Themes:

Issue of intensity related to social support People don't recover in the therapy room, but in real life with community support – use the different reactions to Depression and Bereavement to illustrate, Too much focus on individual is pathologizing

7. **Lisa Etherson** is a PhD researcher, as well as a psychosexual therapist, (the UK)

**Title: Shame Containment Theory: Transforming Shame in Complex Trauma Recovery.**

Shame Containment Theory offers a novel attachment-based model for understanding shame as a protective response to relational ruptures, particularly relevant in complex trauma where repeated attachment injuries foster deep-seated "contained shame", an internalized sense of unworthiness hidden to preserve connections. In complex trauma

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survivors, early misattunement from caregivers generates shame responses that evolve into limiting shame containment strategies, such as avoidance or compulsive behaviours, perpetuating cycles of shame. This workshop targets therapists and trauma professionals, exploring Shame Containment Theory's six components: attachment injuries, shame response, contained shame, shame containment strategies, uncontained shame and re-containment strategies. Participants will learn to identify shame scripts in clients' trauma narratives and apply techniques to foster self-worth and relational repair, including repair to self. Shame Containment Theory enhances trauma-informed practice by reframing shame not as maladaptive but as a survival mechanism needing integration, promoting profound therapeutic change. Lisa Etherson is a PhD researcher, as well as a psychosexual therapist, who has been in private practice for over a decade. As part of Lisa's PhD and clinical work, she has developed an innovative theory of shame called Shame Containment Theory. Although Lisa's research explored Shame Containment Theory from the perspective of men who identify as having compulsive sexual behaviour, Shame Containment Theory can be applied to all human experiences. Her work as a psychosexual therapist and her PhD research has meant that she has developed a particular interest in how childhood experiences influence what we do as adults.

8. **Maya Vaughan**, Therapist and Relationship Coach, London, the UK

**Title:** The NeuroAffective Relational Model® (NARM®): A Heart-Based Approach to Healing Complex Trauma

The NeuroAffective Relational Model® (NARM®) is an emerging, comprehensive framework for working with complex trauma. Drawing on psychodynamic, attachment, and somatic principles, NARM® supports clinicians in addressing the core disconnection from self and others that often underlies relational trauma. The model offers a non-pathologising perspective, rather than focusing on what went wrong, NARM identifies and works towards what clients want most in their lives. This presentation will introduce the central principles of NARM®, exploring how it weaves together contemporary neuroscience, embodied therapeutic practice and relational psychology within a moment-to-moment clinical approach. Alongside a theoretical overview, participants will also be guided through a short experiential process to offer a felt sense of the model's heart-based and somatic orientation. NARM® invites both practitioners and clients into a deeper contact with aliveness and authenticity. This session will be most relevant to clinicians, educators, and researchers interested in integrative, relationally grounded, and experiential approaches to working with complex trauma.

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Maya is a NARM® Therapist and Relationship Coach based in London, UK and the Founder & Director of the Trauma Training Institute UK (TTI UK). As a NARM® Master Practitioner, she integrates over 25 years of experience in holistic body therapy and trauma healing with extensive training in Emotionally Focused Therapy (EFT). She is an Associate Member of the British Emotionally Focused Therapy Centre (BEFTC), the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) and the Complimentary Medical Association. Maya's expertise lies in developmental trauma and relationship dynamics.

9. **Dzmitry Karpuk**, systemic family psychotherapist, (United Kingdom) & **Celia Dawson**, Person-centered psychotherapist (United Kingdom)

**Title: Embodied Reprocessing: Body-First Stabilisation and Trauma Integration for Personal and Professional Reconnection**

Description: This presentation introduces **Embodied Reprocessing®** as a **4th-generation, body-focused** approach to stabilisation and trauma integration in complex trauma. It is designed to sit alongside (not replace) familiar **1st-, 2nd-, and 3rd-generation** methods—adding a practical body-first layer when talk-based, cognitive, or relational work is not yet enough to restore safety and self-regulation. We will cover how threat states are held in the body, how to build embodied safety and agency through paced, titrated interventions, and how this supports clinical decision-making across different orientations. The session also bridges into **5th-generation recovery**, showing how embodied stabilisation can support **personal and professional reconnection**—returning to roles, relationships, and group functioning with clearer boundaries, more choice, and greater capacity for participation..

Dzmitry Karpuk is a Family and Systemic Psychotherapist, Trainer, Supervisor, Consultant & Systemic Family Psychotherapist, M.Sc, UKCP & AFT Reg. Founder of Complex Trauma Therapists' Network in the UK (CTTN). He is registered with the Association for Family Therapy and Systemic Practice (AFSP) and the UK Council for Psychotherapy (UKCP). He has specialised in trauma recovery psychotherapy for adults, children and families for around 30 years. His particular interests include supporting professionals working with traumatised and vulnerable clients, and those with burnout and secondary trauma impact. Dzmitry has significant experience of delivering trauma-related training to various professionals, both nationally and internationally. He is also a trainer and team

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member of Blake Emergency Services, Suicide Bereavement UK and the Complex Trauma Institute. He regularly provides individual and group supervision to a wide range of clinicians and non-mental health professionals

Celia Dawson, (CTTN), Trainer & Person-Centred Psychotherapist, Certifying Coordinator at the International Focusing Institute (USA). Celia is a Co-ordinator at the International Focusing Institute (USA), who originally trained as a person-centred psychotherapist in the UK. Celia has over 25 years counselling experience and is the Co-Founder of the Complex Trauma Therapist Network in the UK (CTTN). For many years she ran a successful counselling service in Bradford, and upon retirement, has continued with a small private practice to date, but her passion remains teaching Focusing-Oriented Therapy. Together with Dzmitry, Celia has run successful training workshops within the UK specifically for therapists working with complex trauma clients. Internationally, Celia has provided trauma informed webinars on behalf of the International Focusing Institute to their worldwide members

**10. Prof. Yaakova Sacerdoti**, Levinsky–Wingate Academic College, Israel.

**Title: Narrating the Invisible: Combat-Related PTSD, Fatherhood, and Trauma-Informed Cultural Mediation**

The events of October 7, 2023, and the ensuing Iron Swords War constitute a critical rupture in Israeli society's understanding of combat-related post-traumatic stress disorder (PTSD). Long framed as an individual and often silenced condition, combat trauma has increasingly been recognized since October 7 as a widespread, relational, and systemic phenomenon with profound familial and intergenerational consequences. This presentation examines two interconnected developments: shifting societal attitudes toward combat-related PTSD in Israel and the unprecedented emergence of children's literature that centers fathers living with combat trauma.

Focusing on picture books for early childhood (ages 4–7) published during the war, the paper analyzes how these texts translate invisible psychological injury into accessible emotional narratives for young children. Using metaphor, visual language, and child-centered perspectives, these works challenge hegemonic ideals of masculinity and heroism, foreground vulnerability and emotional presence, and frame trauma as a shared family experience rather than an individual failure. The presentation is relevant to trauma-informed practice in education, mental health, and social services,

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highlighting children's literature as a cultural tool for early trauma awareness and prevention. The target audience includes trauma researchers, clinicians, educators, and policymakers. Learning objectives include understanding contemporary cultural shifts in trauma discourse, recognizing literary mediation as a form of trauma-informed practice, and identifying implications for supporting families affected by combat trauma.

Prof. Yaakova Sacerdoti is a Professor of Children's Literature and Dean of the Faculty of Multidisciplinary Studies at Levinsky–Wingate Academic College, Israel. She holds a PhD from the University of Michigan and has extensive experience in academic leadership and teacher education. She is the author of several scholarly books and numerous peer-reviewed articles on children's literature, focusing on trauma, memory, post-war narratives, ideology, and representations of vulnerability in early childhood texts. Her current research examines trauma-informed cultural mediation through literature for young children.

**11. Charlotte Farnsworth; Dr Thomas Schröder; Dr Stephanie Lane; Dr Helen Frain; Dr Jackson Lord**, the UK

**Title:** Acceptability and Feasibility of an Adapted Narrative Exposure Therapy protocol for adults with a mild intellectual disability

People with intellectual disabilities are more likely to experience traumatic events than people without an intellectual disability. Despite this, there is a lack of research exploring the use of evidence-based therapies for treating post-traumatic stress symptoms (PTSS) within this population, and having an intellectual disability often leads to people being excluded from research. Therefore, clinicians may struggle to understand how to treat people with an intellectual disability and PTSS, or be unaware of how to adapt therapy for this population. Narrative Exposure Therapy has been adapted for adults with an intellectual disability (Marlow et al., 2023). The current study assessed the acceptability and feasibility of this protocol in six adults with intellectual disabilities. The findings demonstrate that adults with intellectual disabilities can, and want to engage in research and psychological therapy, and that ID-NET can be used with this population. The research can outline ways of working with people with intellectual disabilities, and how to adapt therapy, and research design to help include them in future studies. I hope to inspire future researchers to include people with intellectual disabilities in future research to increase access to evidence base therapy and help reduce health inequalities in this population.

**Charlotte Farnsworth is a trainee clinical psychologist on the Trent Doctorate in Clinical Psychology.** I am due to qualify in September 2026. I am affiliated to both the Universities of Nottingham and Lincoln where I am training, and Nottinghamshire

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Healthcare NHS Foundation Trust, where I am employed. I practice in the United Kingdom. I am interested in areas of trauma (including complex trauma and PTSD), psychological therapy, and learning disabilities.

12. **Colleen Thomas**, a Certified Meditation and Mindfulness Teacher, San Francisco, USA

**Title: Embodied Ritual in Trauma Work: Action, Objects, and Belonging**

When people experience trauma or prolonged stress, they may turn inward, seeking answers through conversation or cognitive reframing. While these approaches have value, they can leave the body out of the healing process. Trauma lives in the body. It shows up as tension, as dysregulation, as a nervous system stuck in threat response. And yet, many trauma-informed interventions still rely primarily on talk. In my work as a ritual artist and mindfulness teacher, I've found that intentional physical action - doing something concrete with presence and purpose - can create shifts that words alone cannot. When someone enacts a symbolic gesture witnessed by others, something changes at a somatic level. The body remembers what it feels like to have agency.

This presentation will explore how three elements work together to support trauma healing: intentional physical action, tangible objects, and relational witness. I will share examples from one-to-one ritual work and remote audio practice, demonstrating trauma-informed design choices including offering choice, respecting the window of tolerance, and building resilience. Attendees will be invited into an experiential practice of embodied ritual.

Learning objectives: Attendees will learn core principles of trauma-informed ritual design and experience a guided meditation demonstrating these practices firsthand.

Colleen Thomas is a ritual artist and independent audio producer based in the San Francisco Bay Area. She is a Certified Trauma-Sensitive Mindfulness Teacher through the work of David Treleaven and holds a Master's Degree in Creation Spirituality from Naropa University. In February 2022, her work shifted from providing one-to-one rite-of-passage design to creating trauma-sensitive meditations for individuals affected by war trauma in Ukraine and allies experiencing vicarious trauma around the world. She has since produced over 150 meditations integrating embodied ritual practice with trauma-informed principles.

13. **Lea Vajralila**, Trainer, Consultant, and Certified Practitioner, BACP Senior Accredited therapist, (United Kingdom)

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**Title: From Fragmentation to Integration: Applying Lifespan Integration Therapy in Trauma-Informed Practice**

My presentation will address the underpinnings necessary for working with implicit trauma memories and fragmented systems. It will do so from a premise of complex systems theory and will explore how, by reading repetitions of a person's timeline of memories from their lifespan, allows the system to gently upgrade to the best version of itself in the present time. Drawing on the principles of Lifespan Integration Therapy, my presentation will outline how repeated timeline work supports neural coherence, increases affect regulation, and facilitates integration without re-traumatisation. The presentation is designed for counsellors, psychotherapists, and psychologists working with attachment trauma, developmental trauma, or clients whose systems become overwhelmed by traditional trauma-processing approaches.

Participants will learn: (1) the theoretical basis linking implicit memory and systems coherence; (2) how Lifespan Integration structures therapeutic safety and pacing; and (3) practical ways to incorporate LI-informed techniques into trauma-informed practice to support gentle, durable change.

I am a UK-based Lifespan Integration (LI) Trainer, Consultant, and Certified Practitioner, and a BACP Senior Accredited therapist. I hold a PGDip in Traumatology, a Diploma in Supervision, and diplomas in Humanistic Counselling, CBT, and NLP & Hypnotherapy. My background includes group and 1-to-1 therapeutic work in residential rehab. I now specialise in Lifespan Integration Therapy, focusing on its capacity to address core trauma and activate clients' innate healing through attuned, regulated therapeutic presence.

14. **Kyd Shepherd**, a clinical psychologist, France.

**Title:** On the impossibility of recognizing one's own reflexion in the mirror in C-PTSD.

In the last five years I have encountered and worked with patients that weren't able to recognize themselves in the mirror. This impossibility wasn't due to neurological damage to the brain, psychosis or intellectual disability but to complex trauma. This presentation is an attempt to understand the psychological significance of this inability. I will start by explaining how our reflexion in the mirror is the basis of our identity, then I will explore how C-PTSD impacts being thus creating a form of ontological uncertainty and how the individual might attempts to repair this phenomena through intense identification, and

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finally we will explore how psychoanalytic treatment can potentially restore identity and the ability to recognize one's own reflexion.

Kyd Shepherd is a clinical psychologist working in France. He works both in an medical-social institution and in a private practice. Over the years he has offered psychodynamic and existential psychotherapies for patients with Complex PTSD.

15. **Dr David Muss** (United Kingdom), the founder of the Rewind Method, (United Kingdom) prerecorded - (available as recording after 5th Sep 26)

**Title: The Rewind Technique: An Evidence-Based Approach**

Originator of the Rewind Technique back in 1991 and subsequent founder of the International Association for Rewind Trauma Therapy Dr. Muss has been treating PTSD for civilians and military for 33 years. Rewind Technique, also known as "closure without disclosure" provides 85% closure rate for individuals and groups of any size in just two to three sessions. Dr. Muss will briefly discuss how it works, describe results and provide up to date results of recently completed RCT from Cardiff University. Dr. Muss's interest in PTSD was triggered by his wife's near death tragedy. Since 1988, Dr. Muss has worked tirelessly to introduce this technique for the benefit of the millions traumatised, publishing the first self help book in 1991 for PTSD in the UK "The Trauma Trap". He worked for 30 plus years as Director of the PTSD UNIT at the BMI Hospital, Birmingham, UK during which he published "A new Technique for treating PTSD-British Journal of Clinical Psychology, 1991. He retired in 2019. He continues as a trainer via workshops and webinars at the International Association for Rewind Trauma Therapy ([www.iartt.com](http://www.iartt.com)) which he founded. Those practitioners which are listed on the IARTT website have all agreed to treat veterans for free.

16. **Darcie Louise Crawford**, Doctorate in Clinical Psychology (DClinPsy), University of Hull (in progress), (United Kingdom)

**Title: 'Insights into clinicians' decision making regarding sufficient stabilisation for trauma processing in an adult complex trauma context: an interpretative phenomenological study**

The current study aimed to explore how therapists experience and assess a client's "readiness" to commence trauma-processing within trauma focused therapies, focusing

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on Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma Focused Cognitive Behavioural Therapy (TF-CBT). This study focused specifically on therapists with experience working with complex trauma, where evidence promotes a phased approach to therapeutic intervention, alongside higher rates of client suicidality and therapist anxiety. It is proposed that the current study may serve to promote insight into decision-making in this area and possibly highlight areas of anxiety or uncertainty for therapists. This study therefore aimed to gain clarity as to the decision-making experience where therapists decide whether a client is sufficiently stabilised to begin trauma processing work; to gain further understanding of how therapists understand and define what is "stable enough"; and to gather information as to which factors therapists draw on in making these decisions. This research may be of interest to any practitioner working within adult complex trauma contexts, and especially those with experience using EMDR and TF-CBT as part of their therapeutic work.

Darcie Crawford is a Trainee Clinical Psychologist with the University of Hull, United Kingdom. The current project comprises part of her doctoral thesis as part of this programme. Darcie has strong interests in both practice and research in trauma-focused therapies and complex trauma.

17. **Dr. R A Davies** (United Kingdom), the University of York, **prof Flavio Williges**, Universidade Federal de Santa Maria (Brasil),  
**Title: Loneliness, Memory, and Trauma**

Dr Robert A Davies is a Research Associate at the Department of Philosophy, University of York. Robert works on the "Dreams, Nightmares, and Complex Trauma" project and in the role of memory in trauma-related conditions - example: Paper on The Ethics of Trauma Memory:

<https://link.springer.com/article/10.1007/s10516-024-09734-1#:~:text=On%20the%20one%20hand%2C%20evidence.and%20are%20thereby%20potentially%20unethical.>

18. **Speaker (Interview): Dzmitry Karpuk**, Systemic Family Psychotherapist, M.Sc, UKCP & AFSP . **Interviewer/Moderator: Auður Guðmundsdóttir** (Iceland), Systemic Psychotherapist (MSW, MSc; UKCP & AFSP Registered)

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**Title: Trauma-Informed Practice in Educational Settings: What It Is, What It Isn't, and How to Make It Work**

An interview-style discussion on trauma-informed practice in schools that keeps roles clear and workload realistic. We'll clarify what TIC is (and common misconceptions), explore pupil-in-family working, and focus on practical implementation: predictable routines, consistent boundaries, parent partnership, simple response protocols for escalation/shutdown, and reflective practice to reduce vicarious impact and staff burnout.

19. **Audur Gudmundsdottir**, psychotherapist (Iceland). Systemic Psychotherapist, MSW, MSc, UKCP & AFSP Reg prerecorded - **(available as recording after 5th Sep 26)**

**Title: coming soon**

Auður Guðmundsdóttir, Systemic Psychotherapist within National Adult Mental Health Service in Iceland. Assistant professor at the University of Iceland Previously a Systemic Psychotherapist working for NGO – Asylum seekers and refugees Previously a Children and Families Social Worker in Iceland and for Barnardo's Scotland.

20. **Dr Andrew Harvey**, physician, rheumatologist and rehabilitation specialist with a special interest in psychosomatic symptoms, medically unexplained distress, and the overlap between physical and psychological trauma-related suffering

**Title: A social ecology of trauma and recovery part 1: embodying trauma**

This work adopts a broad definition of trauma, recognising its origins in threat, injury, illness, and social alienation. Its ecological perspective views adaptive responses as homeostatic – restoring balance following stress. Body and mind, representing the unique self, operate this repertoire inseparably - physical (pain/fatigue) and mental (anxiety/depression/grief) distress together push for disengagement, then physical-mental wellbeing motivates re-engagement. Allostasis, a contemporary iteration of the homeostasis concept, shows how trauma is embodied. Experience is cumulatively archived in a way that predicts and anticipates opportunity or threat when similar contexts are encountered in the future, immediately arousing body and mind in preparation. Interoception – sensing the body – builds such arousal into feelings from which emotions are constructed, negatively motivating behaviour change for

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disengagement (safety and healing) then positively for re-engagement. Somatic arousal thereby underpins all trauma responses. A propaganda war between fear and hope determines any shift between adaptive and maladaptive pathways. For an individual stuck in disengagement during a maladaptive response, fear predicted from archived experience is the mechanism whether symptoms are primarily mental (threat) or physical (injury/illness). Complexity contributes to derailment onto a maladaptive pathway – reinforcing feedback may arise because our ecological “niches” differ from those of our evolutionary ancestors.

Andrew qualified in medicine in Sheffield, UK (1974), trained as a specialist physician in rheumatology and rehabilitation (Ontario, London, and Leeds), received his doctorate in 1989, subsequently establishing new consultant services in community-oriented disability medicine and rheumatology in The Wirral, Leeds, and Pontefract/Wakefield. He was awarded fellowship of the Royal College of Physicians in 1994. His interests include clinical education/training and multidisciplinary teamwork, serving as Medical Education Director 1999-2003 and Specialist Medicine Director 2008-2010 at Mid-Yorks NHS Trust. His current project based at Leeds Institute of Rheumatic and Musculoskeletal Medicine explores the common ground shared between syndromes of maladaptive physical and mental distress.

21. **Hans-Hermann Baertz**, Trauma therapist, a licensed non-medical practitioner category in Germany, Berlin, (Germany)

**Title: TTT & FAST for Trauma Stabilisation: Body-First Regulation Tools for Everyday Recovery**

Initially stabilising traumatised patients emotionally is my first step in any trauma therapy.

Hans-Hermann Baertz is a German alternative practitioner specialised in psychotrauma therapy and trauma stabilisation. He started his own practice in 1992 and is also a professional seminar trainer for more than 35 years. He is trained in NLP, hypnotherapy, acupuncture, kinesiology, EFT, WingWave, TTT and much more. He is Director of the EFT Institute Berlin since 2007 and trains self-users, therapists, and coaches mainly in tapping acupuncture techniques, with a special focus on the practical benefits. Since 2016, he is involved in psychotrauma stabilisation training for psychological therapists

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and crisis workers in Ukraine. [h.baertz@eft-berlin.de](mailto:h.baertz@eft-berlin.de), Phone: +49 (30) 355 056-11, [www.eft-berlin.de](http://www.eft-berlin.de)

22. **Dr. Alexander Strashny**, psychiatrist, Director of the Institute of Biosuggestive Therapy (Ukraine)

**Title: Biosuggestive Therapy: Understanding Its Therapeutic Mechanisms and Efficacy**

Biosuggestive therapy is a method widely used in Ukraine for the correction and treatment of psychological and somatic disorders caused by stress. It is a short-term therapeutic approach applied in work with both civilian and military populations. Its effectiveness has been confirmed by more than 20 scientific studies. During the presentation, the speaker — the author of the method — will explain the philosophy and the therapeutic mechanisms through which this approach influences patients. The presentation will be valuable for researchers as well as practicing psychologists, who will have the opportunity to determine whether biosuggestive therapy is suitable for use in their own professional practice.

Dr. Alexander Strashny received his education at Kyiv Medical University, the Ukrainian Institute of Advanced Medical Studies, the Vietnam National Institute of Traditional Oriental Medicine, the Tavistock Model of Group Dynamics (San Rafael, USA), and the Hungarian School of Alternative Medicine. He is the author of books published in Germany, France, Italy, Spain, Hungary, Ukraine, and other countries. Today, he leads the development of biosuggestive therapy as the Director of the Institute of Biosuggestive Therapy (Ukraine), where he continues to advance the method and promote its international recognition.

23. **Michael Guilding** (United Kingdom), Psychotherapist and Clinical Supervisor in private practice

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Title: Fear in the Therapy Room: a biological/experiential perspective on trauma-informed practice

This may come as a surprise, but as a therapist you will be constantly working with complex trauma, regardless of your level of training, therapeutic orientation or the context in which you work. You will be working with people whose fear responses are continuously activated, and this will trigger your own fear responses. Our fear responses are powerful biological processes, stimulated by our nervous system, whenever it senses any sort of threat. Their purpose is to protect us from danger, but they also shut down both our capacity to think reflectively and our ability to relate to others and thus can render us far less effective as therapists. When our own fear-system activates in the therapy room, we can experience tension, anxiety, fright, loss of our ability to concentrate or think clearly, anger, irritation, frustration, feelings of uselessness and hopelessness or extreme exhaustion.

Michael Guilding, a retired psychotherapist with 30 years of clinical practice lifts the lid on the process of counselling and psychotherapy and examines what goes on in the room between therapist and client, and how that can contribute to transformation and personal growth

**24. Dr Chris Cooper, Professor Monique Lhussier, Dr Alex Kirton, Dr Tom Astley, Fleur Ridley, Charlotte Bilby**

**Title: Incorporating understanding of the neurocognitive impacts of trauma into trauma informed care**

90% of people with experience of chronic homelessness (PEH) have a history of childhood trauma, with over 50% having had four or more adverse childhood experiences. When chronic or repeated trauma happens in childhood, particularly where parental support is lacking, changes to brain structure and function can occur, impacting on emotion processing and executive functioning. Exploring the impact of these changes for PEH, we show that these changes can impact significantly across the life course contributing to social exclusion (relationships, education, employment, criminal justice involvement) and poor health outcomes (mental health, substance use). Further to this we found that PEH continue to experience neurocognitive

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difficulties in their daily lives impacting on their ability to care for themselves, manage a home, engage in social activities and with support services. We suggest that lack of understanding of these challenges across the system amounts to hermeneutic injustice with negative consequences for those providing as well as those receiving services. To counter this we are proposing an amendment to trauma informed practice guidance which supports understanding of the neurocognitive impacts of trauma across the life course as well as exploring creative health approaches as a means to promoting cognitive development, self-expression, and social engagement.

**Dr Chris Cooper** is an assistant professor in community wellbeing at Northumbria University in the North East of England. Underpinned by her background in Psychology, her research takes a place based approach to understand complex social issues for marginalised populations. Chris is particularly interested in complex trauma and homelessness. Applying her expertise in realist research approaches which ask 'what works, for who, and in what circumstances?', Chris seeks to evaluate, develop, and evidence interventions at all levels of the system to improve outcomes and reduce inequalities.

25. **Alessia Baretta**, PhD, Istituto di Psicosomatica Integrata, Milan, Italy, and **Mark Morbe**, Istituto di Psicosomatica Integrata, Milan, Italy

**Title: A New Trauma-Informed Paradigm for New Forms of Trauma: Somatic Competence® Yoga in the Age of Digitally-Modified Traumatism**

This presentation is intended for therapists interested in yoga or who include somatic practices in their clinical routine, as well as somatic practitioners.

Main learning objectives:

- Understand trauma-informed yoga principles
- Understand the Somatic Competence construct and SCY as a specific approach
- Explore digitally-modified traumatism

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**Alessia Baretta** is Psychologist, co-founder of Somatic Competence® Yoga at Istituto di Psicosomatica

Integrata, Italy, and holds a PhD in Bioengineering. She is a certified yoga teacher trained in trauma-informed and somatic yoga approaches. She integrates neuroscience, somatic awareness and clinical insight, leading practices that foster embodied awareness through body-mind integration.

26. **Julia M. Wedemeyer**, MA, LPC (OH), NCC, CTP, ISTT, Owner & Private Practice Provider InnerVision Resources, LLC, **USA**

**Title: From Trauma-Informed to Complex Trauma-Competent Care: Why Neuroscience & Polyvagal Theory Must Reshape the Next Generation of Practice**

Over the past decade, trauma-informed care has become widely adopted across clinical, educational, and organisational systems. While this shift has increased awareness and reduced overt harm, it has also created a ceiling: many practitioners and institutions remain trauma-aware without being complex trauma-competent. This presentation argues that the future of trauma-informed practice must move beyond principles-based frameworks toward neuroscience-grounded, nervous-system-specific clinical precision.

**Julia M. Wedemeyer**, MA, LPC (OH), NCC, CTP, ISTT, is a licensed professional counselor, trauma therapist, educator, and consultant based in the United States. She specialises in complex and developmental trauma, identity-based stress, and neuroscience- and Polyvagal-informed clinical practice. Julia provides training and consultation focused on nervous system capacity, ethical precision, and complex-trauma-competent care across diverse populations. In addition to her professional expertise, she is also a complex trauma survivor, and her lived experience informs her clinical work just as her clinical practice continues to inform her understanding of trauma and recovery.

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She is the owner of InnerVision Resources, LLC and develops professional training resources integrating trauma science, somatic approaches, and applied clinical practice, moving beyond trauma-informed awareness toward complex trauma-competent care.

27. **Kristen Muché**, trauma specialist, psychotherapist, and Licensed Clinical Social Worker, USA

**Title: Sustaining the Healers: Trauma-Informed Supervision for Traumatized Clinicians**

This presentation will explore the multitudinous role that clinical supervisors play in the lives and work of clinicians, specifically those who serve trauma survivors. Various factors that influence the customized approach toward each supervisee will be explored, such as generational tendencies, cultural nuances, learning styles, and personality types. Along with this, we will look at how to navigate vicarious trauma and identify signs of emotional exhaustion, depersonalization, burnout, and trauma-based intrusions that clinicians often face, particularly those who value a relational, person-centered approach in client care. Using an archetypal framework, this presentation will also explore various roles that clinicians may carry and identify with, so as to prompt a reflection on how our relationship with these roles impacts our ability to give ourselves permission to engage in our own healing practices, thereby increasing compassion toward our own boundaries and capacity to navigate through the changing landscape of client care and clinical supervision.

**Kristen Muché** is a trauma specialist, psychotherapist, and Licensed Clinical Social Worker. In her private practice, Muché provides psychotherapy for survivors of complex trauma, clinical supervision to associate clinicians gaining hours toward licensure, consultations with licensed clinicians, and trainings to organizations on both trauma and mental health-related topics. She also contracts with non-profits to provide group supervision to clinicians who work with high-acuity populations. Muché is also an



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adjunct professor in the School of Social Work at California State University Los Angeles and the Division of Criminal Justice at California State University Fullerton.

Please be aware that the programme is subject to change, and **additional presentations will be added.**

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