

Kathy Steele

5 series training on Dissociation (online)

From 27th of August to December 10th 2026.

Join for this amazing opportunity!

Early bird before June 10th

There is also an introduction to structural dissociation at May 21st 2026 online, ask Espen for more info.

Dates and themes:

- 1. August 27** - Stabilization Strategies for Complex PTSD and Dissociative Disorders
- 2. September 24** - Working with Attachment and Dependency in Trauma Therapy
- 3. October 22** - Recognizing and Resolving Enactments in Trauma Therapy
- 4. November 19** - Working with Dissociative Parts
- 5. December 10** - Working with Traumatic Memory in Dissociative Clients

(more info on content and objectives, see next pages)

Times 5 – 8 pm (ECT) (11 am – 2 pm EDT)

Price: DKK 5.500 (\$863) EARLY BIRD

DKK 5.000 (\$784) before June 10th

Follow up with Espen Andli: DKK 2.000 / Early Bird 1.500 before June 10th



Kathy works in English. An added opportunity is offered for the "Scandinavian" therapists to join the follow up with Espen on Tuesdays after the Kathy-sessions at 5-6.30 pm (in local Danish-Norwegian).



Kathy Steele, MN, CS

has been in private practice in Atlanta, Georgia, USA, since 1985.

Kathy is a Fellow and a past President of the International Society for the Study of Trauma and Dissociation (ISSTD) and is the recipient of a number of awards for her clinical and published works, including the 2010 Lifetime Achievement Award from ISSTD and an Emory University Distinguished Alumni Award.

She has authored numerous publications in the field of trauma and dissociation, including three books, and frequently lectures internationally on topics related to trauma, dissociation, attachment, and therapeutic resistance and impasses.

Registration / Payment

Payment (in DKK only) through PayPal;
espenandli@hotmail.com

For information and registration, send proof of payment, name and email to Espen Andli / Traumatrails / Traumespor (Copenhagen, Denmark) at espenandli@hotmail.com
Sessions will be recorded, available for 45 d.

Overview of the 5 sessions:

1. August 27

Stabilization Strategies for Complex PTSD and Dissociative Disorders

What do we really mean when we say a client needs stabilization? Usually this is discussed as a necessary time-limited intervention prior to beginning a focus on traumatic memory. But in clients with complex trauma and dissociation who have missed so many emotional and relational developmental steps, stabilization is a major feature of treatment, not just a means to process trauma. Stabilization involves a series of highly complex abilities to understand and relate to oneself and others, to regulate emotions, to keep oneself safe, and to practice being present in the moment. We will explore how to help clients learn these and other skills in order to experience life more fully and adaptively.

Objectives

Participants will be able to

1. Identify clients who need to improve developmental capacities.
2. Describe approaches to working with dissociative parts that promote stabilization.
3. List at least four capacities that may need to be strengthened or developed in clients with complex trauma and dissociation

2. September 24

Working with Attachment and Dependency in Trauma Therapy

In this practical webinar we will explore approaches to working with challenging attachment and dependency issues in clients with complex trauma and dissociation. These clients typically have a major conflict between wanting to be connected with others while also wanting to protect themselves from rejection or hurt. Thus, they often struggle with the therapeutic relationship – its intensity and its boundaries and limitations. Some hide themselves and try to please the therapist; others may demand the therapist offer more and more support and rescue. Therapists may unwittingly participate by becoming defensive and emotionally withdrawn, or by appeasing the client and feeling an urgent need to act. Either approach can lead to therapeutic impasse and burnout in the therapist. The reasons for intense dependency yearnings and specific ways to use the therapeutic relationship to contain and resolve this painful experience without overwhelming the client or the therapist will be discussed. A collaborative model of therapeutic relationship will be shared, with implications for treatment.

Objectives

Participants will be able to

1. Explain the differences between adaptive and maladaptive dependency and the role of the separation/attachment cry in dependency.

2. Describe a collaborative model for the therapeutic relationship that can be effective in containing and treating relational difficulties in clients with complex trauma.
3. List at least 5 ways to manage dependency in therapy

3.October 22nd

Recognizing and Resolving Enactments in Trauma Therapy

Enactments are unconscious and inevitable replays of trauma in the therapeutic relationship to which both therapist and client contribute. They are a highly neglected yet central issue that can support resolution of relational trauma. Participants will learn how to recognize enactments, identify what kind of enactments are common in various attachment patterns, and explore their own role in enactments. We will discuss specific approaches to help the client link the enactment to the past so it does not need to be further replayed in the present.

Objectives

Participants will be able to

1. Identify enactments related to both the client and therapist's histories.
2. List at least four relational experiences that may indicate an enactment in treatment.
3. Utilize at least four interventions to help the client reflect on current behavior and link it to the past.

November 19

Working with Dissociative Parts

This webinar provides in-depth practical skills to work with dissociation parts with approaches that support the individual as a whole person. We will explore a systematic approach to identifying, understanding and working with parts in ways that support higher levels of functioning in the client. Various ways to work through the adult self or with individual parts will be discussed. Various types of parts and their functions will be discussed, such as child, adolescent, animal, dead, disabled, and hostile parts. Phobic avoidance of parts is common in dissociative disorders; we will examine how to identify and address avoidance of communication and cooperation among parts. Finally, participants will learn how to work with challenging dissociative parts, such as those involving rage, self-destructive behavior, or dependency. We will discuss modifications of approaches that work with ego states (such as IFS) to better accommodate the needs of dissociative clients.

Objectives

Participants will be able to:

1. Employ at least three interventions to work with dissociative parts in ways that preserve the integrity of the whole person.
2. Identify and help dissociative clients resolve phobic avoidance of and between parts.
3. Describe at least three ways to work with dissociative parts that are self-destructive

December 10

Working with Traumatic Memory in Dissociative Clients

This webinar will explore special approaches to resolving traumatic memory in clients with Complex PTSD and Dissociative Disorders, using a variety of approaches. Specific interventions will be explored, including hypnotic imagery and other approaches that can be utilized when appropriate, as well as several ways to titrate traumatic experiences. One of the unique challenges of approaching dissociated traumatic memories is how to support not only the person as a whole, but each dissociative part in remaining grounded and present. Participants will learn the importance of “bearing witness,” in which memory is shared in relationship as a narrative story, rather than always viewed as a therapeutic problem. We will examine how to determine which approaches might be most helpful to a particular client.

Objectives

Participants will be able to

1. Employ at least five different techniques to support resolution of traumatic memory.
2. Identify ways to work with dissociative parts in processing traumatic memory in clients with DID
3. List at least three ways to titrate traumatic memory within the tolerance of the individual.