



### DVDs and CDs not available for this training

In this two-day workshop, Dr. Ross will explain the logic and scientific structure of the Trauma Model. The Model is designed to be scientifically testable and makes numerous specific predictions about the relationship between psychological trauma and mental illness and addictions. It provides a solution to the problem of comorbidity, and explains why so many clients have numerous different diagnoses and addictions. According to the Trauma Model, 25% - 40% of people who meet diagnostic criteria for schizophrenia actually have a dissociative subtype of the disorder. Dissociative schizophrenia is caused by childhood trauma and is treatable with psychotherapy. This prediction of the model is supported by:

- data on genes versus environment in schizophrenia;
- limitations of antipsychotic medications;
- research data;
- case examples from the schizophrenia literature;
- research data on trauma and dissociation.

The Trauma Model is based on a new, scientifically testable model of mind-body interaction. According to the Model, causality in serious mental disorders and addictions runs in two directions: brain-to-mind, and mind-to-brain. The Model predicts that psychotherapy can initiate and carry out brain self-repair, healing the damage to the brain caused by psychological trauma. This theory could be tested using PET scans, MRIs, and widely-used self-report measures and structured interviews.

The Trauma Model provides a way to test and scientifically refute Cartesian dualism and the biomedical reductionism that dominates psychiatry today.

The workshop will explore in depth Trauma Model Therapy. The therapy is based on two core principles: the problem of attachment to the perpetrator, and the locus of control shift. Additional core principles include: the problem is not the problem; just say 'no' to drugs, addiction is the opposite of desensitization, and the victim-rescuer-perpetrator triangle. These will be explained through case examples.

The workshop will provide hands-on specific strategies and techniques that can be used in any treatment setting. There will be considerable time set aside for case consultation and discussion. Delegates are encouraged to consider role-playing one of their clients so that Dr. Ross can interview "the client" directly. This teaching method takes attendees inside a simulated consultation.

### The workshop will include:

- The Logic and Scientific Structure of the Trauma Model
- The Problem of Comorbidity
- A Dissociative Subtype of Schizophrenia
- Genes Versus Environment in Mental Illness and Addictions
- The Limitations of Psychopharmacology
- A New Scientific Model of Mind-Body Interaction

- The Problem of Attachment to the Perpetrator
- The Locus of Control Shift
- Additional Principles of Therapy
- Specific Treatment Techniques
- Case studies, role-play and videos ( film shown of clients will not be recorded electronically on AV material for purchase )

## Day One

9:00 – 10:30	The Trauma Model The Logic and Scientific Structure of the Model The Problem of Comorbidity
10:30 – 11:00	Break
11:00 – 12:30	A Dissociative Subtype of Schizophrenia Genes Versus Environment in Mental Illness and Addictions The Limitations of Psychopharmacology A New Scientific Model of Mind-Body Interaction
12:30 – 1:30	Lunch
1:30 – 3:00	Trauma Model Therapy The Problem of Attachment to the Perpetrator The Locus of Control Shift
3:00 – 3:30	Break
3:30 – 4:30	Case studies Additional Principles of Therapy The Problem Is Not the Problem; Just Say 'No' To Drugs; Addiction Is the Opposite of Desensitization; The Victim-Rescuer-Perpetrator Triangle

## Day Two

9:00 – 10:30	Specific Treatment Techniques Case Examples and Discussion
10:30 – 11:00	Break
11:00 – 12:30	Specific Treatment Techniques Case Examples and Discussion
12:30 – 1:30	Lunch
1:30 – 3:00	Case Examples and Discussion Video Case Consultation and Discussion
3:00 – 3:30	Break
3:30 – 4:30	Case Consultation and Discussion

## Learning Objectives:

1. To be able to describe the logic and scientific structure of the Trauma Model.
2. To outline the criteria for, and features of, a dissociative subtype of schizophrenia.
3. To explain the core principles and specific strategies of Trauma Model Therapy.
4. To explain the limitations of biomedical reductionism and psychopharmacology to medical and non-medical colleagues, and the client/patient.

5. To understand complex therapeutic challenges and be effective in therapeutic interventions.