



OVERVIEW

This two-day interactive workshop focuses on hands-on strategies, techniques and case examples. There will be role plays of client sessions. Participants will have time for discussion of their own cases and will be invited to role play their client or provide the scenario for someone else to play.

Trauma Model Therapy is suitable for a wide range of mental health disorders, addictions and self-defeating behaviours. Dr. Ross will illustrate the common themes underlying diverse problems including PTSD, OCD, sex addictions, psychosis and auditory hallucinations, spousal battery, self-injury, bulimia, somatization disorder and dissociative identity disorder. He will demonstrate the benefits of, and how to utilize, resistance, therapy impasses and the treatment alliance.

The emphasis will be on practical interventions. Strategies will be presented for getting to the core problems underlying all of these different treatment dilemmas and disorders. The treatment approach involves a blend of cognitive, systems and psychodynamic techniques within an integrated treatment plan.

Learning Objectives

1. To describe an expanded version of the dissociative structural model and how it solves the problem of comorbidity.
2. To clarify the core principles of Trauma Model Therapy as relates to techniques.
3. To provide specific treatment strategies for addictions, PTSD, self-injury, resistance and other symptoms.
4. To illustrate therapy strategies through case examples.
5. To provide a forum for case consultation and discussion.

Program Outline

1. Review of Core Principles of Trauma Model Therapy

- The Problem of Attachment to the Perpetrator
- The Locus of Control Shift, The Problem is not the Problem
- Just Say 'No' to Drugs, Addiction is the Opposite of Desensitization
- The Dissociative Structural Model and Comorbidity
- Early trauma and attachment disruption

2. Traumatic Attachment & Affect Dysregulation

- The Borderline Dance, Freud's Theory of Mourning and Melancholia
- Flooding & Numbing: Exposure versus Grounding
- The Defensive Functions of PTSD Symptoms
- Case examples – a battered spouse (Stockholm Syndrome), a Vietnam veteran, an adopted child
- Role play demonstrations

3. Anxiety, Phobias, Compulsions and Addictions

- The Problem is not the Problem Revisited
- Finding the Frightened, Anxious Wounded Child
- The 'What If' Cascade
- Case examples – bulimia, a 'simple' phobia, OCD
- Role play demonstrations

4. Psychiatric Medication

- Benefits and limitations – what the evidence says
- Common problems, indications and contraindications – 'taking the lid off' versus 'putting the lid on'
- What the prescribing and non-prescribing therapist should know
- Trauma and the steroid hormones – possible future directions in psychopharmacology

5. Treatment Resistance

- The Problem of Host Resistance in DID – applying it across the DSM
- Paradoxical strategies – 'don't throw me in the briar patch'
- Case examples – DID, psychosis (voices), sex addictions
- Role play demonstrations

6. Psyche & Soma (the Mind–Body interface)

- A Brief Description of the Science of Human Energy Fields
- Why is Anger Always Red or Black and Stored in the Abdomen?
- Case examples: somatization disorder ('body memories'), depersonalization disorder, hatred of the body
- Role play demonstrations

7. Aggression & Enactment Behaviours vs. Healthy Expression of Emotions

- Undoing, Re-enactment and Sublimation
- The Antidepressant Effects of Anger
- Self-harm and Suicidality: Cutting as a Suicide Prevention Strategy
- Case examples: cutting, spousal battery, core negative schemas
- Role play demonstrations

8. Open Forum

- Case Discussions with participants with a particular focus on:
 - Counter-transference and vicarious trauma
 - Boundary issues and ethical dilemmas
 - Ongoing safety concerns
 - Transgenerational issues