

**JANUARY 11, 2019**

**AMY B. YOUNG, PsyD**

**Breaking the Rules with Anxious Clients:  
Counterproductive Coping Skills**

Good psychotherapy for most clinicians often involves the use of coping skills like empathetic reassurance, rationalization, planning, distraction, affirmations, and evidence testing. At first glance, these can all seem like reasonable anxiety-management techniques. However, for our anxious clients, engaging in these “coping skills” can be counterproductive. These ego syntonic mental compulsions may be valued by the client and may be experienced as temporarily helpful, but just like all compulsions, these behaviors serve only to move us toward the pursuit of certainty, a behavior known to fuel obsessive, stuck thinking in the long-run. Furthermore, well-intentioned clinicians may inadvertently co-compulse with clients by engaging in lengthy circular discussions regarding the content of their client’s worry. The content of the worry does not matter and struggling against the obsession is precisely what fuels it. What we resist persists.

What is helpful is understanding the functional relationship between anxiety-producing and anxiety-reducing thoughts. We must be aware of our therapeutic instinct to engage in discussion regarding the content of our client’s anxiety and instead work to directly address the processes that maintain and exacerbate anxiety. Obsessions seen in OCD, GAD and other anxiety conditions with cognitive compulsions can masquerade as critical “issues” in need of problem solving, analysis, rational disputation or distraction. Any attempt to rid our clients of their anxiety and worry, will, via paradoxical effort, only make them stronger. Successful treatment means breaking our intuitive therapeutic rules. Instead, intervention must occur not at the content level but rather at the meta-level. Clients must be taught to make a fundamental shift in their relationship with their own thoughts by incorporating disengagement, metaphor, and non-urgent nonjudgment. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

**Educational Objectives**

Based on the presentation, the participants will be able to:

- Describe the subtle and masquerading forms of GAD, OCD and anxiety conditions which can be made worse by traditional CBT or exploratory intervention.
- Develop a meta-cognitive approach to working with clients which teaches defusion, disengagement, and an attitude shift to non-urgent nonjudgment.
- Discuss how to teach clients how to interrupt the internal and intrapersonal processes which maintain and exacerbate anxiety, worry and distress over intrusive thoughts.
- Explain the concept of co-compulsing, described as joining the patient in endless, circular, unproductive discussion.

Target Audience: Doctoral-Level Psychologists and Other Mental Health Professionals

Level of Instruction: Intermediate  
Number of CE Hours/Credits Offered: 2.0 Cost: \$30

**About the Speaker:**

Amy B.Young, PsyD, is the founder and director of the CBT Center for Anxiety & OCD. She is a licensed clinical psychologist who has been in clinical practice for over 20 years. Dr. Young holds three graduate degrees including a doctorate in clinical psychology from PCOM. She has worked as an Instructor at Drexel University teaching anxiety related courses. Dr. Young completed her predoctoral internship training at The Institute of Living in conjunction with Hartford Hospital and Connecticut Children’s Medical Center. She then went on to complete her postdoctoral fellowship at the Anxiety and Agoraphobia Treatment Center. She is an active member of the Anxiety & Depression Association of America (ADAA) and the International Obsessive Compulsive Disorder Foundation (IOCDF). Dr. Young has presented on several anxiety-related topics at the ADAA and IOCDF conferences and has run numerous support groups for people with anxiety and OCD.

Dr. Young has successfully treated children and adults with all types of anxiety, OCD and OC-related conditions including separation anxiety, specific phobias, generalized anxiety, panic, and social anxiety. She has treated hundreds of cases of OCD including harm, relationship, sexual, religious, contamination and perfectionist obsessions. Dr. Young oversees a postdoctoral residency and practicum training program at the CBT Center for Anxiety & OCD where students learn about cutting-edge evidenced-based practices for the treatment of anxiety and related conditions.

**SUGGESTED READINGS:**

Franklin, I. & Huppert, J.D., (2018). When our train of thought goes off track: The different facets of out-of-context thoughts in obsessive compulsive disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 18, 31-39.

Hansmeier, C., Exner, W., Rief, W., & Glombiewski, J.A., (2016). A test of the metacognitive model of obsessive-compulsive disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 10, 42-48.

Wahl, K, van den Hout, M., & Lieb, R. (in press). Rumination on unwanted intrusive thoughts affects the urge to neutralize in nonclinical individuals. *Journal of Obsessive-Compulsive and Related Disorders*, doi.org/10.1016/j.jocrd.2018.02.002.

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Those attending must sign into each session, attend each session in its entirety and complete and submit the evaluation form at the conclusion of each session to be awarded a total of 2.0 Continuing Education credits. Partial credits for any given session are not available.

Psychologists: 2.0 CE hours/credits per event. PCOM School of Professional & Applied Psychology is approved by the American Psychological Association to sponsor continuing education for psychologists. PCOM PCOM School of Professional & Applied Psychology maintains responsibility for this program and its content.

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## NOVEMBER 2, 2018

### JENNIFER M. COLLINS, PsyD AND TRACY E. RANSOM, PsyD, BCB, MSCP Psychologist Prescriptive Authority—The Latest on Legislation, Practice and Training

Currently, 80% of psychotropic medications are prescribed by primary care physicians, and the American Association of Medical Colleges estimates that by the year 2025 there will be a nationwide deficit of physicians between 46,000-90,000. With 59 percent of the nation's psychiatrists over the age of 55, and only 12,500 practicing psychiatrists in the country (with only 26 percent of these psychiatrists accepting insurance), the need for properly trained clinicians to holistically treat mental illness is great. This workshop will discuss the latest updates in psychologist prescribing rights and legislation, the states who have adopted prescribing rights and experiences in those locations, as well as a practical discussion of required training for prescribing rights. The presenters propose that clinical specialties in psychology could be enhanced further with psychologists who are trained in clinical psychopharmacology, and that prescriptive authority is an essential step to providing thousands of patients with access to comprehensive mental health care. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES

Based on the presentation, the participants will be able to:

- Describe psychologist prescribing rights and benefits/challenges with this clinical specialty
- List the states in the country that have prescribing rights and describe psychologist experiences in these locations
- Discuss the current state of legislative affairs related to psychologist prescribing rights
- Describe the training program requirements for psychologists to obtain prescribing rights
- Analyze the prescribing rights initiative through group discussion

Target Audience: Doctoral-Level Psychologists and Other Mental Health Professionals

Level of Instruction: Intermediate

Number of CE Hours/Credits Offered: 2.0 Cost: \$30

### About the Speakers:

Jennifer M. Collins, PsyD, is a licensed psychologist employed by Penn Medicine/Lancaster General Health. She is a 2010 graduate of PCOM with a doctorate in clinical psychology. Her current interests and work experience are in health psychology and behavioral medicine. She supports and provides consultation for numerous hospital departments including Bariatric Medicine, Geriatrics, Neurology, Pain Management, Physical Medicine and Rehabilitation, and inpatient rehabilitation hospital services. She is a member of the Pennsylvania Psychological Association RxP Workgroup and is actively involved in the process of obtaining prescriptive rights for psychologists in PA. She has recently been accepted to the post-doctorate master's program in clinical psychopharmacology at Fairleigh Dickinson University and was a recipient of the Walter Katkovsky scholarship.

Tracy E. Ransom, PsyD, BCB, MSCP is a licensed psychologist, board certified in biofeedback with her post-doctoral master of science degree in clinical psychopharmacology obtained this year from Fairleigh Dickinson University. She specializes in clinical and rehabilitation psychology. Dr. Ransom completed her doctoral degree at PCOM in 2010 and has focused her career on health and rehabilitation psychology; she currently works at Thomas Jefferson University Hospital in Philadelphia, PA. Dr. Ransom is a committee member of the Pennsylvania Psychological Association Government and Legislative Affairs and the Pennsylvania Psychological Association RxP Workgroup. In addition to working towards prescribing rights for psychologists, Dr. Ransom is on faculty at the medical school at Thomas Jefferson University and is also actively involved in research pertaining to the use of medicinal cannabis to treat chronic pain.

### SUGGESTED READINGS:

Advokat, Claire D., Comaty, Joseph E. & Julien, Robert M. (2014). *Julien's primer of drug action: A comprehensive guide to the actions, uses and side effects of psychoactive drugs (Thirteenth Ed.)*. New York: Worth Publishers.

Bishop, T.F., Press, M.J., Keyhani, S., & Pincus, H.A. (2014). Acceptance of insurance by psychiatrists and the implications for access to mental health care. *JAMA Psychiatry*, 71(2), 176-181.

Davis, A.R. & Tulkin, S.R. (2016). Self-interest, social identification, and value relevance as predictors of a psychologist's position on prescriptive authority. *Practice Innovations*, 1(4), 265-275.

McGrath, R.E. (2010). Prescriptive authority for psychologists. *Annual Review of Clinical Psychology*, 6, 21-47.

Schwartz, Thomas L. (2017). *Practical psychopharmacology: Basic to advanced principles*. New York: Routledge.

Stahl, Stephen M. (2013). *Stahl's essential psychopharmacology: neuroscientific basis and practical applications (Fourth Ed.)*. United Kingdom: Cambridge University Press.

Stahl, Stephen M. (2017). *Stahl's Prescriber's Guide (Sixth Ed.)*. United Kingdom: Cambridge University Press.

## NOVEMBER 9, 2018

### THEA GALLAGHER, PsyD

#### Prolonged Exposure for PTSD: Research and Practice

This presentation will begin with a review of PTSD and the theory and empirical work underlying PE. It will then focus on some of the newer research findings related to PE for PTSD. This will be followed by an overview of PE therapy procedures and assessment methods. Dr. Gallagher will provide instruction in the use of Prolonged Exposure Therapy for survivors of trauma, covering the basics of all components of PE and how to modify PE procedures in order to tailor the treatment to the client's response to exposure. The presentation will describe how to present a rationale for treatment, how to gather information about the client's PTSD symptoms and history, how to construct in vivo hierarchies, how to conduct imaginal exposures, and how to plan for relapse prevention. Case examples and questions from participants will also be discussed. Maintaining focus on treatment of PTSD while maintaining flexibility in following the manual will be emphasized. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES

Based on the presentation, the participants will be able to:

- Describe the diagnosis and psychopathology of PTSD
- Discuss the theoretical and empirical background of PE
- Explain the research findings related to PE and PTSD with various populations
- Provide instruction in the use of Prolonged Exposure Therapy for individuals with PTSD

Target Audience: Doctoral-Level Psychologists and Other Mental Health Professionals

Level of Instruction: Intermediate

Number of CE Hours/Credits Offered: 2.0 Cost: \$30

### About the Speaker:

Thea Gallagher, PsyD, is the clinic director at the Center for the Treatment and Study of Anxiety (CTSA) in the Perelman School of Medicine at the University of Pennsylvania. Dr. Gallagher completed her PsyD in clinical psychology at PCOM. Dr. Gallagher joined the CTSA in 2014 after the completion of her clinical internship at Holcomb Behavioral Health Systems. At the CTSA, Dr. Gallagher currently coordinates the OCD treatment study, and is a study therapist. Dr. Gallagher also serves as the CTSA media coordinator. Clinically, Dr. Gallagher specializes in Prolonged Exposure Therapy (PE) for PTSD, Exposure and Response (Ritual) Prevention (EX/RP) for OCD, and cognitive-behavioral treatments for social anxiety, panic disorder, specific phobias, and generalized anxiety.

### SUGGESTED READINGS:

Dewan, M. J., Steenbarger, B. N., & Greenberg, R. P. (Eds.). (2017). *The art and science of brief psychotherapies: A practitioner's guide*. Arlington, VA: American Psychiatric Association Publishing.

Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Rauch, S., Porter, K., . . . Kauffman, B. Y. (2016). Psychometric properties of the Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5 (PSSI-5). *Psychological Assessment*, 28(10), 1159-1165.

Foa, E. B., Chrestman, K.R., & Gilboas-Schechtman, E. (2009). Prolonged exposure therapy for adolescents with PTSD: Emotional processing of traumatic experiences, therapists guide. New York: Oxford University Press.

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences. New York: Oxford University Press.

Foa, E. B., & Kozak, M. J. (1991). Emotional processing: Theory, research, and clinical implications for anxiety disorders. In J. D. Safran, & L. S. Greenberg (Eds.), *Emotion, psychotherapy, and change* (21-49). New York: The Guilford Press.

Foa, E. B., McLean, C. P., Zang, Y., Rosenfield, D., Yadin, E., Yarvis, J. S., . . . & Fina, B. A. (2018). Effect of prolonged exposure therapy delivered over 2 weeks vs 8 weeks vs present-centered therapy on PTSD symptom severity in military personnel: A randomized clinical trial. *JAMA*, 319(4), 354-364.

Gallagher, T., Gay, N. G., Asnaani, A., & Foa, E. B. (2017). Empirically-based trauma therapies. In Wilson, L. C. (Ed.) *The Wiley handbook of the psychology of mass shootings* (267-292). Malden, MA: John Wiley & Sons, Inc.

McLean, C. P., Zang, Y., Zandberg, L., Bryan, C. J., Gay, N., Yarvis, J. S., . . . & STRONG STAR Consortium. (2017). Predictors of suicidal ideation among active duty military personnel with posttraumatic stress disorder. *Journal of Affective Disorders*, 208, 392-398.

Zang, Y., Gallagher, T., McLean, C. P., Tannahill, H. S., Yarvis, J. S., Foa, E. B., & STRONG STAR Consortium. (2017). The impact of social support, unit cohesion, and trait resilience on PTSD in treatment-seeking military personnel with PTSD: The role of posttraumatic cognitions. *Journal of Psychiatric Research*, 86, 18-25.

Zang, Y., Yu, J., Chazin, D., Asnaani, A., Zandberg, L. J., & Foa, E. B. (2017). Changes in coping behavior in a randomized controlled trial of concurrent treatment for PTSD and alcohol dependence. *Behaviour Research and Therapy*, 90, 9-15.

## DECEMBER 7, 2018

### DONALD P. MASEY, PsyD

#### Co-morbid Mental Health Issues in Neurologic Disorders Including Psychogenic Non-epileptic Seizures (PNES), Chronic Traumatic Encephalopathy (CTE), and Dementia

The focus of this presentation is on three neurologic disorders which present with psychiatric co-morbidities. PNES is a particularly vexing disorder which can result in years of ineffective treatment with anti-epileptic drugs (AED's). Understanding the differences between PNES and other seizure types will lead to more effective treatment focusing on mental health issues. These interventions will be reviewed with a particular focus on psychological interventions.

CTE is a disorder that is in the public awareness due to increased appreciation of how concussions may contribute to long-lasting changes in the brain and behaviors. There has been a particular focus from the media on professional athletes, often as they age and begin to show stages of brain dysfunction. Stages of CTE and associated psychiatric co-morbidity features will be reviewed.

Due to what some have called the demographic imperative of an aging population, dementia has become an issue that healthcare professionals and the general population are having to deal with on an increasing basis. The focus of this presentation is to review current research on potential underlying physiological mechanisms of action for Alzheimer's Disease (AD) and to highlight the importance of management of risk factors to prevent AD. Toward this end, CBT-AD will be discussed. The presenter will use the clinical and empirical literature as well as practice knowledge in this area to inform guidelines for best practice.

### EDUCATIONAL OBJECTIVES:

Based on the presentation, the participants will be able to:

- Describe key differences between Psychogenic Non-Epileptic Seizures (PNES) and epileptic seizures.
- Discuss the literature on the link between aggression and impulse control difficulties with chronic traumatic encephalopathy (CTE).
- Explain differences in psychiatric presentations and related neuropathology between common subtypes of dementias.

Target Audience: Doctoral-Level Psychologists and Other Mental Health Professionals

Level of Instruction: Intermediate

Number of CE Hours/Credits Offered: 2.0 Cost: \$30

### About the Speaker:

Donald P. Masey, PsyD, completed his doctoral degree in clinical psychology from Indiana University of Pennsylvania, an American Psychological Association (APA) accredited program. He completed his internship at Temple University Hospital with rotations in inpatient psychiatry, outpatient psychiatry, physical medicine and rehabilitation, and transplant services with a focus on cardiac transplants. He went on to complete a post-doctoral fellowship in clinical neuropsychology at Bryn

Mawr Rehabilitation Hospital, a brain injury physical medicine and rehabilitation facility. He is a licensed psychologist in Pennsylvania.

Dr. Masey is a clinical associate professor at PCOM and is active in PCOM's APA accredited doctoral program in clinical psychology and the APA accredited clinical psychology internship clinic, the Center for Brief Therapy (CBT). He trains students in clinical neuropsychology in CBT. Additionally, his teaching course load is focused on biologic bases of behavior and psychological and neuropsychological assessment. Dr. Masey chairs student research projects with a neuropsychological focus (e.g., concussions, childhood brain tumors and treatment with Proton based radiation, role of awareness in a chronic traumatic brain injury population in terms of functional outcomes, correlation between voxel based morphometry findings and different neurocognitive skills, etc.).

Dr. Masey is also a staff neuropsychologist in a group practice in Lancaster, Pennsylvania, Behavioral Healthcare Consultants. In that setting he also provides training and supervision to PCOM practicum and internship level students in clinical neuropsychology.

### SUGGESTED READINGS:

Asken, B. M., Sullan, M. J., Snyder, A. R., Houck, Z. M., Bryant, V. E., Hizek, L. P., & ... Bauer, R. M. (2016). Factors influencing clinical correlates of chronic traumatic encephalopathy (CTE): A review. *Neuropsychology Review*, 26(4), 340-363.

Avens, F.E., Reid, L.D., & Walf, A.A. (2017). Cognitive behavioral therapy (CBT) for preventing Alzheimer's Disease. *Behavioral Brain Research*, 334, 163-177.

Balin, B.J., Little, C.S., Hammond, C.J., Appelt, D.M., Whittum-Hudson, J.A., Gerard, H.C., & Hudson, A.P. (2008). Chlamydia pneumoniae and the etiology of late-onset Alzheimer's disease. *Journal of Alzheimer's Disease*, 13(4), 371-380.

Finkbeiner, N. B., Max, J. E., Longman, S., & Debert, C. (2016). Knowing what we don't know: Long-term psychiatric outcomes following adult concussion in sports. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie*, 61(5), 270-276.

LaFrance, W.C., Baird, G.L., Barry, J.J., Blum, A.S., Frank Webb, A., Keitner, G.I., & . . . Szaflarski, J.P. (2014). Multicenter pilot treatment trial for psychogenic nonepileptic seizures: A randomized clinical trial. *JAMA Psychiatry*, 71(9), 997-1005.

Myers, L., Vaidya-Mathur, U., & Lancman, M. (2017). Prolonged exposure therapy for the treatment of patients diagnosed with psychogenic non-epileptic seizures (PNES) and post-traumatic stress disorder (PTSD). *Epilepsy & Behavior*, 66, 86-92.

Ngandu, T., Lehtisalo, J., Solomon, A., Levälahti, E., Ahtiluoto, S., Antikainen, R., & ...Kivipelto, M. (2015). Articles: A 2 year multidomain intervention of diet, exercise, cognitive training, and vascular risk monitoring versus control to prevent cognitive decline in at-risk elderly people (FINGER): A randomized controlled trial. *The Lancet*, 385, 2255-2263.

Selkoe, D. J., & Hardy, J. (2016). The amyloid hypothesis of Alzheimer's Disease at 25 years. *EMBO Molecular Medicine*, 8(6), 595-608.