Based on the presentation, the participants will be taught guidelines for best practice. The presenter will use the clinical and empirical literature to inform their own thoughts by incorporating disengagement, distress over intrusive thoughts. We must be aware of our 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 the client 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 worry. The content of the worry does not matter and struggling with the obsession is precisely what fuels it. What we need is a shift in thinking. 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 disruption 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 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 non-judgment. 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 may 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-unconditional judgment.
- Discuss how to teach clients how to interrupt the internal and interpersonal processes which maintain and exacerbate anxiety, worry and distress over intrusive thoughts.
- Explain the concept of co-compulsing, described as joining in the patient’s endless, circular, unproductive discussion.
JENNIFER M. COLLINS, PsyD

Malden, MA: John and was a recipient of the Walter Katkovsky scholarship. She is a member of inpatient rehabilitation hospital services. She supports and provides consultation for numerous hospital departments psychology and behavioral medicine. She is a 2010 Jennifer M. Collins, PsyD, is a licensed psychologist employed by Penn Medicine/Lancaster General Health. She is a 2010 graduate of the Pennsylvania State University and was a recipient of the Walter Katkovsky scholarship. 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 and Legislative Affairs and the Pennsylvania Psychological Association and Legislative Affairs and the Pennsylvania Psychological Association.

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

- Describe key differences between Psychogenic and epileptic seizures.
- Discuss the literature on the link between aggression and psychogenic non-epileptic seizures (PNES) and other psychiatric correlates (CTE).
- Explain differences in psychiatric presentations and related neuropsychological comorbidity between psychogenic seizures and other psychiatric conditions.

At the CTSA, Dr. Gallagher currently coordinates the OCD research lab and has served as the site coordinator for a multicenter pilot treatment trial for psychogenic non-epileptic seizures (PNES). Dr. Gallagher completed her PsyD in clinical psychology at PCOM. Dr. Gallagher also serves as the site director for the Community Webster, a provider of inpatient behavioral health services in the state of New York. This position is also involved in research to determine the use of medication to treat psychotic symptoms. Dr. Gallagher also serves as the site director for the Community Webster, a provider of inpatient behavioral health services in the state of New York. This position is also involved in research to determine the use of medication to treat psychotic symptoms. Given the importance of management of risk factors to prevent AD. This topic is presented to clinicians who work with populations at increased risk for Alzheimer’s disease (AD). The presentation will use the clinical and empirical literature as well as the manual will be emphasized. This will be used to inform guidelines for best practice.


decorates and posted at workspaces. He is a licensed psychologist in Pennsylvania. Dr. Masey is a clinical associate professor at PCOM and is active in PCOM’s APA accredited clinical psychology program in clinical psychology and the APA accredited clinical psychology internship, the Center for Brief Therapy (CBT). He trains students in clinical neuropsychology in CBT. Additionally, his teaching course load is focused on biological bases of behavior and psychological and neuropsychological assessment, and on the evaluation of projects with a neuropsychological focus (e.g., the impact of concussion on behavior, performance with Proton based radiation, role of awareness in a chronic illness, the impact of palliative care on function). This presentation will be focused on functional outcomes, correlation between voxel based morphometry findings and different neurocognitive skills, etc.).

Dr. Masey is also a staff neuropsychologist in the Neuropsychiatric Services at the Delaware Valley Behavioral Healthcare Consultants. In that setting, he provides comprehensive neuropsychological assessments, as well as practical and intern level students in clinical neuropsychology.

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