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Center for the
Treatment and
Study of Anxiety



Perelman
School of Medicine
UNIVERSITY of PENNSYLVANIA



SUMMER TIME CELEBRATIONS

By Dr. Lily Brown

As is the case for all mental health professionals, the Spring was busy and the Summer is gearing up to be even busier. In July, we welcomed a new group of outstanding practicum students, namely Reena Chabria, Matthew Mitnick, Michael Morreale, and Valerie Wong. We also welcomed two new psychology interns who are rotating with us, Reina Kiefer and Max Larrazabal. We are delighted to have the

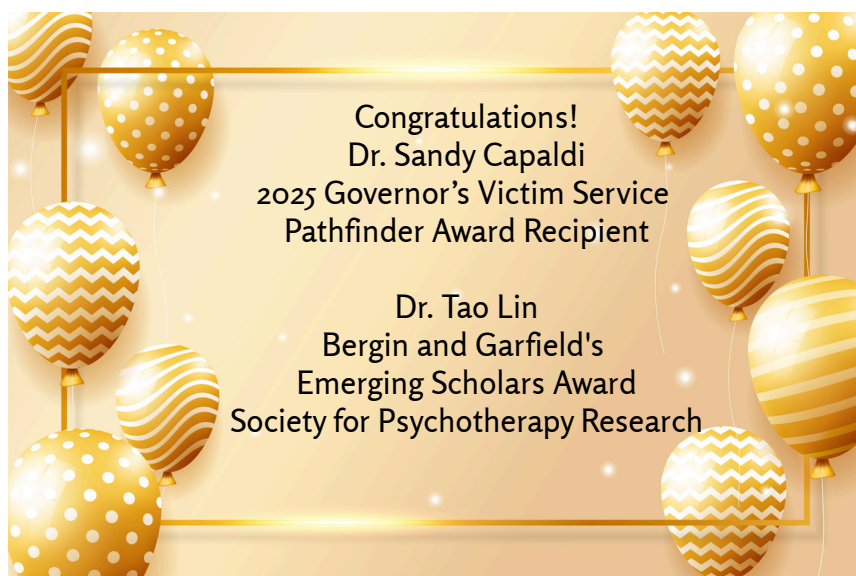
opportunity to work closely with these students over the next year and to support them in their journey toward becoming experts in evidence-based practices for anxiety-related disorders.

We have also had a busy grant application and review season, with two grants submitted to the National Institute of Mental Health and one in preparation for the Department of Defense. These projects collectively focus on expanding the workforce of helpers to support patients who



LILY A. BROWN, PHD

Director
Center for the Treatment and
Study of Anxiety



“Working together to improve outcomes”

are experiencing suicidal crises. We also submitted a project to support non-clinical helpers of survivors of trauma. Each of these projects are part of our larger mission of finding ways to meet the needs around the world. Finally, we had one grant go to council and are awaiting a decision about funding. It's been a productive time for all!

In the coming weeks, we have CTSA colleagues traveling across the world to train clinicians and future clinicians in evidence-based practices. These training initiatives remain a cornerstone to our critical work at the CTSA.

As you'll see later in this issue, our in-house training initiatives are

about to start for the academic year. We continue to offer our four-day workshops in Prolonged Exposure therapy (PE) and Exposure and Response Prevention (ExRP). Due to popular demand, we have expanded the number of workshops that we are offering this year to meet the needs of clinicians worldwide. We are also offering an exciting line-up of new CE-granting training initiatives, including on sexual dysfunction, working with grief, and treating specific phobias. We are also always open to your suggestions. If there are topics that you wish we would cover in a future workshop, just send us a note and we'll add it to the list.

We are experiencing new and difficult stressors locally, nationally, and globally. Thank you for the incredible work that you do to contribute to wellbeing in your communities. As ever, thanks for being part of our mission

- Lily A. Brown, PhD, Director, CTSA

Talk To Us

lilybr@pennmedicine.upenn.edu

3535 Market Street, Suite 600
Philadelphia, PA 19104

<https://www.med.upenn.edu/ctsa/>



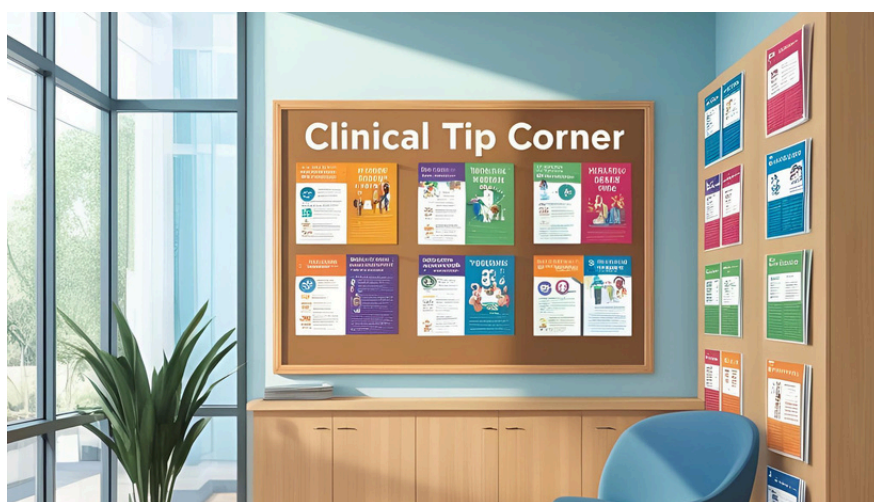
Click here to join our mailing list!



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For All: [Facebook](#)

For clinicians: [Join the Official Prolonged Exposure Therapy Facebook Group](#)



Optimizing In Vivo Exposures in EXRP

Dr. Sophie Buinewicz

Exposures are key in the treatment of OCD (as the treatment name Exposure and Response Prevention would indicate!) but when it comes time to actually lead a client through the exposure, many clinicians are left wondering how to do so in a way that will make the exposure the most effective. A few strategies leading up to, during and after the exposure can help with this. And as a quick note before we dive into the specifics, many of these strategies can be applied to exposures for other disorders as well!

1. Prepare for the exposure. Make sure that your client understands what they are agreeing to in the exposure. Better to choose an exposure that is slightly lower on the hierarchy but where the client understands and is willing to fully resist compulsions, rather than begin an exposure where they didn't truly realize they would be sticking with the exposure for some time and wouldn't be doing any compulsions, leading them to escape the exposure early. Prior to the exposure, it can also be helpful to make sure you know what the client's fears are associated with the exposure. This allows you to help them reflect later on

if their anxious expectations came true, and also gives you important information you can use during the exposure itself (see below).

2. Be intentional and actively engaged during the exposure. Look out for subtle avoidance. Say the exposure is your client touching something they see as contaminated and then touching their items at home. Perhaps you notice that when they touched the contaminated object, they only touched it with two fingers. Or maybe you see that now when they're touching other items in their home, they're doing so with a part of their hand that was less in contact with the contaminated item. When you notice this avoidance, it gives you the chance to encourage the client to approach the exposure more fully, further challenging the OCD. Additionally during exposures, you can help your client learn to lean in further and accept the uncertainty associated. For example (and especially if the exposure appears as if it might be too easy), while your client is engaged in the exposure you can be the voice of OCD, reminding your client of their fears associated with the exposure that you made sure to learn about when you were preparing for the exposure. So in that same exposure, that might be you making a statement such as "who knows, you really might get sick and die from contaminating

To learn more

For clinicians looking to refine their approach to in vivo exposures in ExRP, we have added an additional workshop this year to meet the growing need. [Click here to register!](#)

Join us for expert insights on effectively navigating in vivo exposures like a pro!



PE Certification Program
Therapist, consultant, trainer

[Click here to learn about becoming a PE certified therapist, consultant, or trainer.](#)



ExRP Certification Program

[Click here to learn about becoming an ExRP certified therapist.](#)

Optimizing In Vivo Exposures in EXRP (Cont.)

all of these things in your usually clean home environment!” Throughout any exposure, make sure to also encourage your client without reassuring them (e.g., “Keep touching it; you’re doing great!” but not “Keep touching it; nothing bad will happen!”).

3. After the exposure, take a little time to process it. How did the client think it went? Make sure they’re not defining success by not having anxiety or the urge to do a compulsion. Rather, success is resisting the urges to engage in compulsions and sticking with the exposure despite the anxiety. Did their fears come true? Of course, this doesn’t make any guarantees about the future and what happens the next time they do the exposure, but there is value in noticing how their anxious expectations are not always (or even, often) correct predictions. Regardless of the outcome of the exposure, in processing it can also be helpful to reflect on how the client was able to do something really challenging for them – they can do difficult things they might not have thought they could do!

And remember, that even with the best planning, there will be an exposure here or there that doesn’t seem like it was as effective as you were hoping. That’s okay! There’s always some success to reflect on and more opportunities for exposures, so use it as a learning experience and keep the exposure practice going!



Dr. Sophie Buinewicz
Assistant Professor

Struggling with a topic in the about exposure therapy?

You’re not alone. Even experts in exposure therapy sometimes question their treatment plans.

If you are struggling with a clinical assessment question or intervention strategy, there’s a good chance that many others like you also are struggling. Let us know about it!

Feel free to write us with a clinical question and we are happy to engage with you. We are happy to field (anonymous) questions from readers with answers in our next newsletter.

Send us a note. Your question will benefit others like you in this community.

Send questions to the CTSA for published answers in our next newsletter to:
lilybr@upenn.edu

Intensive Workshop in Exposure and Response Prevention

Monday, November 10, 2025 – Thursday, November 13, 2025

Build your expertise in in vivo (and imaginal) exposures while earning 24 CE credits!

Skills to support the therapeutic relationship in Telehealth

Dr. Tao Lin

We are excited to share that our recent study—“Efficacy of Facilitative Interpersonal and Relational Skills Training for Teletherapy (tele-FIRST)”—was published in the *Journal of Consulting and Clinical Psychology*.

Although teletherapy has become a common modality in mental health care, many therapists and trainees continue to report feeling less confident and competent in delivering telehealth sessions compared to in-person sessions, highlighting the need

for teletherapy-specific training. To address this gap, we developed tele-FIRST, a brief, synchronous online training workshop aimed at enhancing therapists' relational and interpersonal skills in teletherapy.

Tele-FIRST is a 2-hour, synchronous online workshop that incorporates didactics, deliberate practice, video simulations of teletherapy challenges (e.g., technical disruptions, distractions, boundary concerns, and emotional disconnection), modeling of effective therapist responses, and peer discussion. To evaluate its efficacy, we conducted a randomized controlled trial with 153 licensed clinicians and trainees, who were randomly assigned to tele-FIRST or a waitlist control group.

The results were encouraging: therapists who received the tele-FIRST training showed significant improvements in their

facilitative interpersonal skills in teletherapy scenarios—both self-reported and observer-rated—and greater acceptance of teletherapy and self-efficacy. Effects were consistent regardless of therapists' theoretical orientation, level of clinical experience, or teletherapy background, highlighting the broad utility of the training.

The tele-FIRST training will soon be available at CTSA, offering an accessible and experiential skill-building opportunity for clinicians seeking to strengthen their teletherapy effectiveness. Building on this work, we developed an asynchronous version of the tele-FIRST workshop, which retains key experiential elements while increasing flexibility and scalability. A second randomized controlled trial evaluating this new format has been completed, and we anticipate sharing the results later this year.

We are expanding the tele-FIRST training framework to support clinicians in managing high-risk clinical situations, such as suicide risk. We hope that this future training will enable healthcare providers to deliberately practice their skills in simulated high-risk scenarios.



Tao Lin, PhD
Postdoctoral Fellow,
Instructor (2025)

Certified by us?

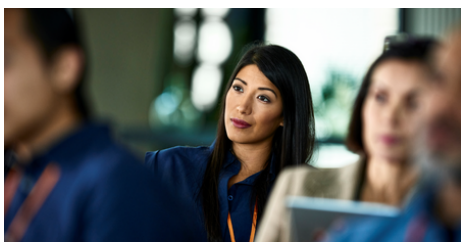
Email Dr. Sandy Capaldi (sandraca@pennmedicine.upenn.edu) to get added to our certified ExRP therapist and certified PE therapist lists!



[Click here to find a certified Exposure and Response Prevention \(ExRP\) Therapist for Obsessive Compulsive Disorder \(OCD\).](#)



[Click here to find a certified Prolonged Exposure \(PE\) therapist for posttraumatic stress disorder \(PTSD\).](#)



Anxiety and Sexual Function

Dr. Diane Dallal

Have you experienced discomfort talking with your patients about their sexual functioning? Many clinicians report feeling discomfort and a lack of clarity about how to help patients who experience challenges with their sexual functioning, without prior specialized training in couples or sex therapy.



Diane Dallal PhD
Assistant Professor

Meanwhile, many patients report difficulty asking their providers for support with sexual functioning concerns, due to pervasive cultural taboos and shame around sex. As a result, these patients often underreport their challenges, and clinicians often do not feel well equipped to assess and intervene. Individuals with anxiety disorders, obsessive-compulsive spectrum disorders, and trauma-related disorders may be at elevated risk of experiencing disruptions to their sexual functioning. In fact, sexual desire and arousal are at times directly implicated in a patient's anxiety-evoking thought content. For instance, sexual obsessions in OCD, performance-related fears in Social Anxiety Disorder, re-experiencing symptoms after a sexual trauma, and fears of appearance-based judgment in Body Dysmorphic Disorder are all likely to directly impact

a patient's ability to access pleasure, intimacy, and connection.

Exposure-based CBT has been shown through research to be a highly effective and efficient way to treat anxiety, and has been utilized in some contexts to treat patients' anxieties related to sexual functioning. The CTSA offers a full-day workshop providing foundational information on this topic for clinicians who treat patients with anxiety and related disorders. In this workshop, we will provide clinicians with a foundation to understand, assess, and intervene on sexual dysfunction using the principles of exposure-based CBT. We will discuss cognitive behavioral conceptualizations of sexual dysfunction, their distinctions from and overlap with anxiety disorders, and specific assessment and exposure-based treatment recommendations for sexual dysfunction in the context of anxiety disorders.

This workshop will take place on August 7, 2025 from 9:00 a.m. to 5:00 p.m. (EST). It is available for APA-approved CE credits. All licensed or supervised professionals are welcome to attend. [Click here to register!](#)

APA CE Credits

The CTSA is dedicated to training clinicians in treating anxiety and related disorders with evidence-based practices. Our convenient online trainings are available to clinicians everywhere.



CE Opportunity: Basics of exposure therapy for anxiety disorders



CE Opportunity: ExRP for Pediatric OCD

Upcoming CE trainings

Click each topic to register!



Sexual dysfunction in anxiety disorders 6.5 CE
August 7, 2025, 9 AM - 5 PM

Common Challenges in PE 3 CE
September 11, 2025, 9 AM - 12 PM

Group Consultation for Exposure Therapy 18 CE
Starts September 12, 2025

Assessment in PE 6 CE
September 26, 2025, 9 AM - 5 PM

Prolonged Exposure Therapy for Adolescents with PTSD 6 CE
October 24, 2025, 9 AM - 5 PM

Consultant Workshop in PE 32.5 CE
November 3 - 7, 2025

Intensive Workshop in ExRP for OCD 24 CE
November 10-13, 2025

ExRP for Pediatric OCD 6.5 CE
November 14, 2025

Intensive Workshop in Prolonged Exposure Therapy for PTSD 24 CE
Jan 12 - 15, 2026

Working with Grief in PE 4 CE
Feb 23, 2026

We work with individual clinicians, private practices, community mental health agencies, and larger systems (hospitals, corrections facilities) to provide educations and skills needed to effectively treat anxiety and related disorders in the population they serve.

For more information about any of our training and implementation services, contact [Dr. Sandy Capaldi](mailto:sandraca@penndmedicine.upenn.edu) at sandraca@penndmedicine.upenn.edu



Subscribe: <https://www.youtube.com/user/Center4Anxiety>

Have you experienced a **trauma**?

You might be eligible for a research study. During the study you would complete an online screener, a phone screener, a clinical interview, and three brain scans.

You would also complete a series of computer tasks to assess your reactions to different kinds of content, including some relevant to your trauma.

Throughout the study you would receive a type of **brain stimulation** that would either be real or fake, determined through the flip of a coin. You would be paid to participate in the study.

If you want to see if you are eligible, please complete the online screen by clicking [here](#).

For questions, you can also reach out to Dr. Sonalee Joshi at sonalee.joshi@pennmedicine.upenn.edu or 215-746-3342.



Through research, adults with OCD may be eligible for no-cost treatment

We are seeking individuals who have obsessive-compulsive disorder (OCD) to participate in research that offers payment and no cost-treatment.

To inquire, visit:
tinyurl.com/pennOCDstudy

or scan the QR code:



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