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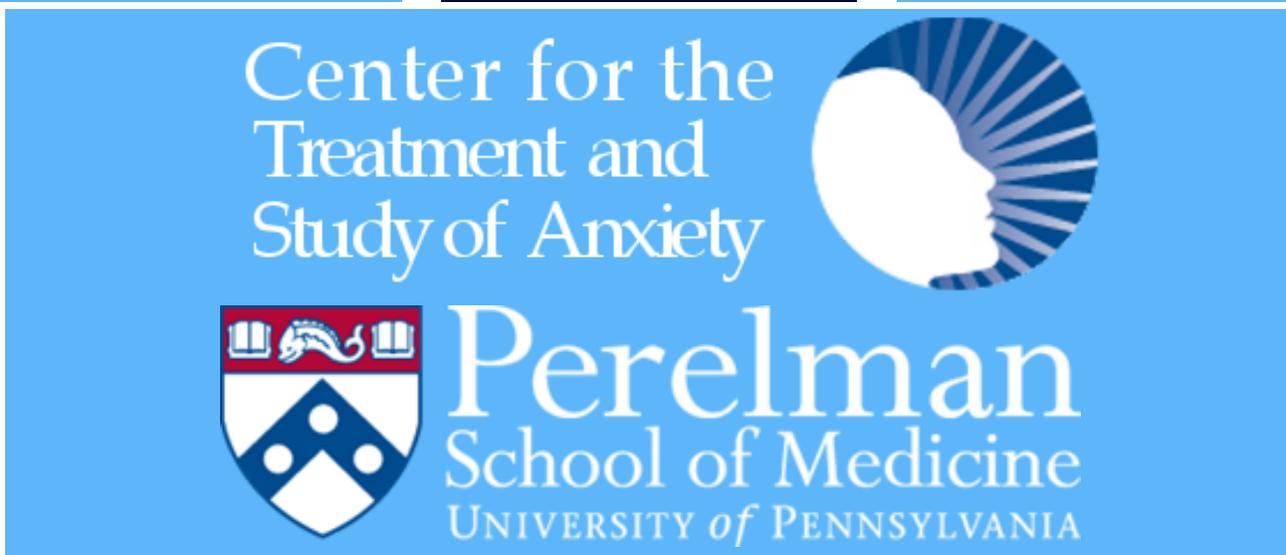
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INCREASING ACCESS

By Dr. Lily Brown

Since the beginning of the pandemic, our clinic has not been able to keep up with the pace of demand for clinical services. We have continued to hire and onboard outstanding faculty members, clinical and research-focused postdoctoral fellows, and practicum students. It has felt as though our foot was on the gas pedal with little opportunity to look up, breathe, and assess the needs

of the community in a broader way.

We are entering into a new phase of attempting to increase access to outstanding evidence-based services for anxiety-related disorders. Recently, we have been able to shorten our waitlist, a trend that we hope to continue in the future. We seek to be able to pair patients to therapists nearly instantly in the future - we are far from that goal, but closer than we have been in over 6 years. We are exploring innovative strategies to respond to the evolving



LILY A. BROWN, PHD

Director
Center for the Treatment and Study of Anxiety



“Working together to improve outcomes”

needs of our patients and communities. For instance, we finally have a paper in press demonstrating the feasibility of BOLD, our digital tool for OCD treatment developed by Dr. Jeremy Tyler. We are working hard to offer BOLD as a clinical option to patients at the CTSA, which we hope can meet the demand for

digital tools. Unlike some other digital tools that are heavily promoted and popular, BOLD was developed laboriously through rigorous research, drawing on principles of evidence-based practices. We think it will make a major difference in the lives of patients with OCD when we can offer it. We are also exploring

a digital tool for individuals who experience a wait before accessing our clinical services. Feedback so far has been extremely helpful - we are in the process of revising the tool based on the extremely generous participants who worked with it and gave us constructive ideas to improve it.

Finally, we are also exploring ways to expand access to patients across the lifespan, from young children to older adults. Two of our new psychologists, Dr. Rafi Reytan and Dr. Marin Kautz, are experts at delivering evidence-based treatments for youth. Their transition into faculty roles with us allows for continued expansion of services for the littlest ones in our community. A new frontier for us includes ensuring that we are building sufficient expertise for working with our aging population, an area in which we are hoping to improve.

What trends have you noticed in your clinics lately as you try to expand access? We’d love to hear from you. Thank you for being part of our community.

- Lily A. Brown, PhD, Director, CTSA

Talk To Us

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



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



Treating distorted body image in patients with OCD

Dr. Diane Dallal

Individuals with Obsessive-Compulsive Disorder sometimes suffer from comorbidities related to perception of their appearance, including subthreshold and full threshold Anorexia Nervosa and Body Dysmorphic Disorder. In reaction to their distortions in body image, patients with OCD often behave in compulsive ways to attempt to control weight, shape, or other aspects of appearance in which they perceive flaws. Common compulsions include dietary restriction, rigid rules around consumption of

“healthy” versus “unhealthy” foods, driven or compelled exercise, clothing designed to “camouflage” perceived flaws, and either excessive self-weighting and mirror checking or persistent avoidance of scales and mirrors. As with all other compulsions, these avoidant behaviors prevent patients from learning whether their fears related to appearance are likely to come true. Fortunately, the principles of Exposure and Response Prevention can be applied very effectively to address distorted body image and its sequelae.

To treat distorted body image in OCD, we must begin by identifying patients’ core fears related to appearance. Common core fears tend to revolve around perceived intolerance of long-term uncertainty. For instance, a patient may fear not being able to tolerate the uncertainty about what they “truly” look like for the rest of their lives without compulsions to neutralize that uncertainty. Patients may also fear suffering from long-term body dissatisfaction, never truly knowing how others perceive them, or facing the consequences of this pain and uncertainty in their relationships forever. With a patient’s core fears in mind, we can design targeted exposures to these fears.

Mirror exposure is a highly effective tool that has been well researched in the eating disorders and Body Dysmorphic Disorder literature. There are two types of mirror exposure: pure mirror exposure and guided non-judgment mirror exposure. Pure mirror exposure involves freely examining one’s appearance in the mirror for a predetermined amount of time, without the clinician’s guidance on where to look, and without

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!



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



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

Treating distorted body image in patients with OCD

(continued)

attempting to relieve discomfort through body checking. This approach allows patients to bring to mind core fears and breaks the habit of escaping distress by compulsing. Guided non-judgmental mirror exposure involves describing one’s reflections on their body using fact-based, objective language, going body part by body part, from the head all the way down to the toes. This approach facilitates attention modification through equal attention to all body parts, rather than selective attention for disliked parts. This approach also helps to build a discrepancy between one’s objective appearance and one’s distorted body image, in the same way that other, traditional exposures build a discrepancy between the “self” and OCD.

Patients may also benefit from exposure to feared foods and food groups, with an emphasis on testing core fears (e.g., suffering from uncertainty about potential weight gain forever) rather than

short-term feared outcomes (e.g., weight gain itself).

Relatedly, clinicians and patients can work together to develop a regular eating schedule, practice collaborative weighing, drop “camouflaging” behaviors such as loose or baggy clothing, and practice flexibility around previously rule-governed exercise, all to test the likelihood of feared outcomes coming true.

If you would like to learn more from the CTSA about how to treat disordered body image in patients with OCD and other anxiety-related disorders, please respond to our newsletter and let us know!



Dr. Diane Dallal
Assistant Professor

Struggling with a topic related to 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@penmedicine.upenn.edu

GROUP PROGRAM
Group Review of Utilization of PE

Powered through a partnership between
CBH | and | CTSA
Community Behavioral Health | | AT PENN

Ready to grow your trauma expertise?

The GROUP Program offers CBH clinicians a new, accessible pathway to certification in Prolonged Exposure (PE) Therapy — the gold-standard treatment for PTSD.

- ✓ Free training
- ✓ Free consultation
- ✓ CE credits included

Apply by March 20, 2026 and join a supportive, weekly small-group learning community designed to strengthen trauma-informed care across the CBH network.

Join the GROUP Program: A New Pathway to Prolonged Exposure Therapy Certification

The GROUP Program (Group Review of Utilization of PE) is an innovative and accessible way for clinicians across the CBH network to become certified in Prolonged Exposure (PE) Therapy.

The GROUP Program offers clinicians across the CBH network a free opportunity to receive high-quality training and consultation in PE. All workshops and consultation groups are provided at no cost to participants, and continuing education (CE) credits are awarded for eligible trainings.

Open to CBH network clinicians only.
Click here for more info!

Seeking participants for four studies on depression and bipolar disorder

Dr. Yvette Sheline

The [Center for Neuromodulation in Depression and Stress \(CNDS\)](#) is actively recruiting for three studies that seek to understand new treatment options for major depressive disorder and bipolar disorder. Dr. Yvette Sheline, a longtime collaborator of the CTSA and director of CNDS, describes these studies here. **If you, or someone you know, is interested in participating, please visit their website [here](#).**



Yvette Sheline, MD
Professor & CTSA Collaborator
Director, CNDS

Targeting emotion regulation in bipolar disorder with iTBS: A mechanistic study. In this mechanistic study, we will test whether stimulating the inferior parietal lobe (IPL), a novel target using a rapid and robust form of transcranial magnetic stimulation (TMS), accelerated intermittent theta burst stimulation (aiTBS), will improve emotional regulation (ER) in patients with bipolar depression. The IPL is a node in the emotional regulatory circuit. We will use computer tasks that measure ER and functional magnetic resonance imaging (fMRI) to examine changes in behavior and brain function following real versus sham aiTBS in individuals with BD. This study uses a new target—IPL—in bipolar depression. It is sham controlled so patients would have a 50:50 chance of receiving active treatment. Exclusionary criteria are rapid cycling disorder, mixed state, and active or recent substance use disorder. Patients are required to be on 4 weeks of mood stabilizer therapy before enrolling.

Real-Time Neurofeedback: Using neurofeedback to train the brain to ignore negative stimuli, possibly improving depression. Patients with depression would receive 3 MRI scanning sessions, the goal of which is to train them to ignore negative stimuli using a button press in the scanner. Patients look at a screen projected behind their heads to perform the task. Exclusion criteria—disorders other than MDD, substance use disorder. May stay on existing antidepressant treatment while in the study. Study hypothesis is that training to ignore negative stimuli can generalize to depression and will result in decreases in depressive symptoms.

Eli Lilly Major Depressive Disorder and Bipolar Disorder. These two studies are designed to compare the efficacy of a GLP-1 inhibitor – brenipatide versus placebo as an adjunctive therapy to stable standard-of-care medications in the treatment of major depressive disorder or bipolar disorder. The study will measure the time to relapse in participants who are in remission or near remission with residual symptoms.

Certified by us?

Email Dr. Sandy Capaldi (sandraca@penmedicine.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 \(PTSD\).](#)



Incorporating Loved Ones in Exposure-Based Treatment

Dr. Sophie Buinewicz

Have you ever been working with a client and thought about how helpful it could be to include their loved one in treatment? Maybe a partner is unintentionally getting in the way of progress? Maybe your adult patient always calls his parents when he is anxious, and he and his parents don't know how to handle this or respond when it happens? Maybe your client could really benefit from some extra support at home from their sibling they live with? Maybe you're not sure if a particular loved one could be a valuable asset to the work your client is doing and you want to find out more? A client's support system can play an important role in treatment and has the

ability to make or break progress, but many clinicians express uncertainty as to how to involve them in the individual work they are doing with a client.

The CTSA offers a workshop to address just this: Incorporating Loved Ones in Exposure-Based Treatment. During this workshop, clinicians will learn to think through different reasons to involve loved ones, assess the utility of doing so for a particular client, and navigate sessions when a loved one is brought in. This training emphasizes practical tools for incorporating partners, parents, siblings and other loved ones to augment treatment by enhancing motivation, accountability, the efficacy of the work,

and maintenance of treatment gains. Throughout the workshop, special attention will be paid to ethical considerations and maintaining client autonomy when incorporating loved ones.

This workshop will take place on Wednesday, March 25, 2026 from 9:30am to 12:30pm (EST). It is available for APA-approved CE credits for Psychologists, as well as Professional Counselors, Marriage and Family Therapists, and Clinical Social Workers licensed in the state of Pennsylvania. All mental health professionals, researchers, and graduate students are welcome to attend. [Click here to get more information and register!](#)



Sophie Buinewicz, PhD
Assistant Professor

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.



March 23, 2026

CE Opportunity: **Basics of exposure therapy for anxiety disorders**



CE Opportunity: ExRP for Pediatric OCD

Upcoming CE trainings

Click each topic to register!

Working with Grief in Prolonged Exposure Therapy for PTSD 4 CE
Feb 23, 2026, 10 AM - 2:30 PM

Relationship OCD 3 CE
April 13, 2026

ARFID and Exposure Therapy 6.5 CE
April 27, 2026

Intensive Workshop in ExRP 24 CE
March 16 - 19, 2026

Imaginal exposure in ExRP 4 CE
May 13, 2026

ExRP for Pediatric OCD 6.5 CE
March 20, 2026

Assessment in PE for PTSD 6 CE
May 18, 2026

Basics of Exposure Therapy 6 CE
March 23, 2026

Telehealth with suicide risk and anxiety 3 CE
June 1, 2026

Incorporating Loved Ones into Exposure 3 CE
March 25, 2026

Habit reversal with trich & excoriation 6.5 CE
June 8, 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@penmedicine.upenn.edu) at sandraca@penmedicine.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:



 Perelman
UNIVERSITY OF PENNSYLVANIA



Center for the Treatment and Study of Anxiety



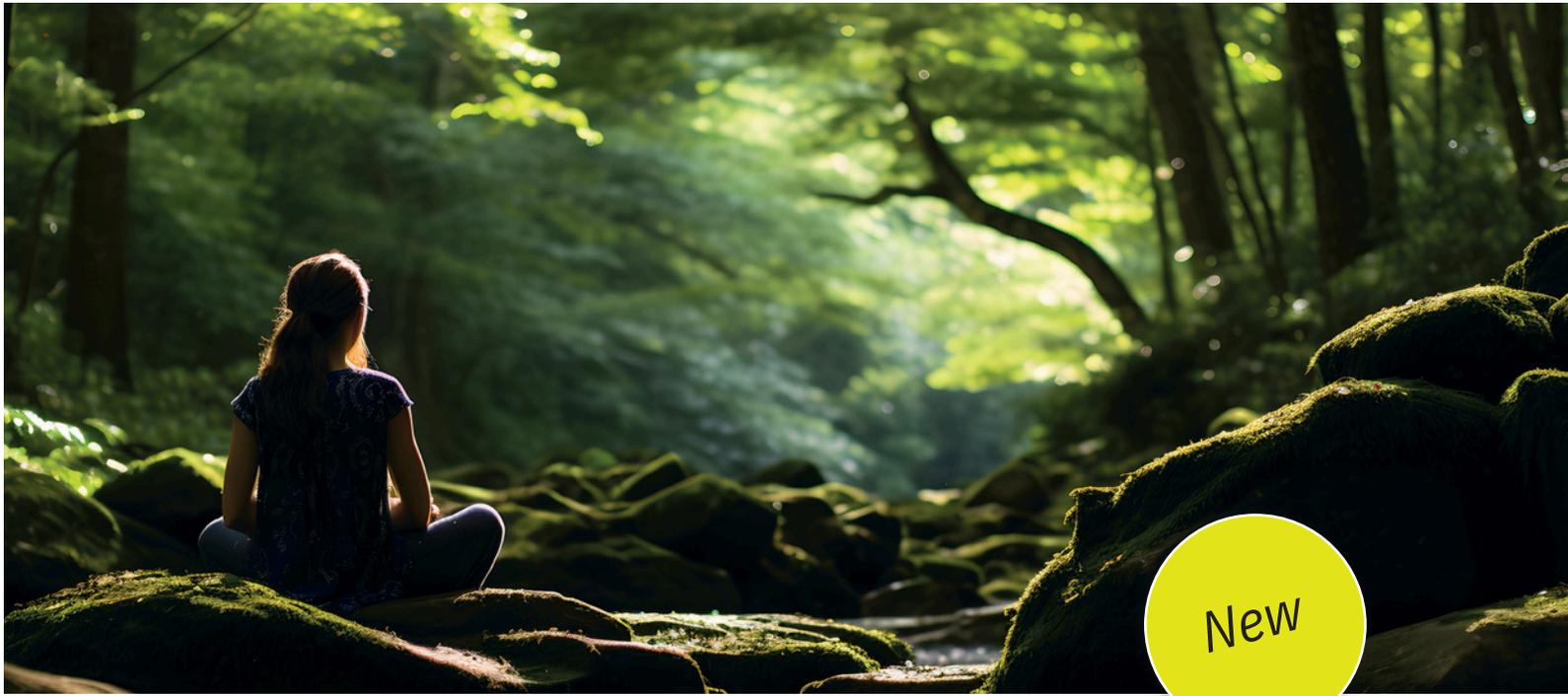
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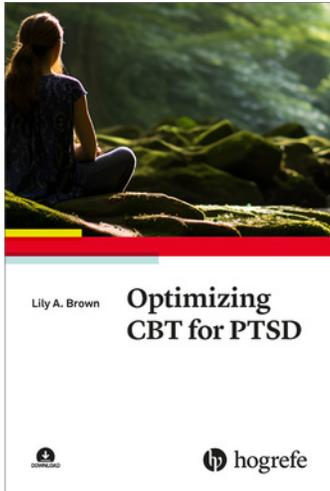
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[Official Prolonged Exposure Therapy Facebook Group](#)

[Click here to join our mailing list!](#)



How to leverage cognitive behavioral therapy for patients experiencing PTSD



Lily A. Brown
Optimizing CBT for PTSD

This comprehensive volume offers concise, evidence-based guidance on providing cognitive behavioral therapy (CBT) for patients experiencing PTSD. It analyzes common challenges practitioners face and proposes solutions that they can offer to enhance patient outcomes. As a step-by-step guide for implementing principles of CBT for PTSD, including *in vivo* exposure, imaginal exposure, behavioral activation, and processing trauma-related cognitions, it further explores broad ways of supporting patients with trauma in their healing journey, including working with survivors of intimate partner violence, navigating the legal context of surviving a trauma, and eliciting support from concerned others. This is complemented by support suggestions for clinicians as they learn to implement CBT, from supervision to the prioritization of the therapist's well-being. This volume is a must-read for clinical psychologists, mental health professionals, and students who want to apply the science of CBT to PTSD and ensure the delivery of successful treatment to PTSD patients.

The materials for this book can be downloaded from the Hogrefe website after registration.

2026, viii + 170 pp.
US \$39.80 / € 34.95
ISBN 978-0-88937-669-4
eBook
ISBN 978-1-61676-669-6

“... a clear and practical guide. It offers hands-on tools for real-world practice, is very comprehensive, yet accessible, and addresses key factors in providing CBT optimally to trauma survivors.”

Ateka A. Contractor, PhD, Professor, Department of Psychology, University of North Texas, Denton, TX

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About the author



Lily A. Brown, PhD, is a licensed clinical psychologist and Director of the Center for the Treatment and Study of Anxiety at the University of Pennsylvania, Philadelphia, PA. She has published over 100 scientific manuscripts on posttraumatic stress disorder (PTSD), other anxiety-related disorders, and suicide risk. She has received extramural funding from the National Institutes of Health, Department of Defense, and National Science Foundation to support her research.

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