Supervisor’s Workshop in Prolonged Exposure Therapy for Posttraumatic Stress Disorder (PTSD)

November 14-18, 2016

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Center for the Treatment & Study of Anxiety
University of Pennsylvania

Objectives:

- Discuss theoretical and empirical background of PE
- Review PE therapy procedures with illustrations from cases treated by CTSA experts
- Summarize supervision methods and formats
- Evaluate PE sessions using adherence and competence rating scales
- Practice providing feedback on PE therapy sessions, using cases treated by novice therapists

General Description:

Training will begin with a review of the theory and empirical work underlying PE. This will be followed by a brief overview of PE therapy procedures and assessment methods. The remainder of the workshop will focus on the implementation of PE procedures and training in PE supervision methods. This will include:

1) review of the essential elements of treatment rationales and PE sessions;
2) following the guidelines provided in the Supervisor Manual to evaluate therapists’ adherence and competence in providing PE therapy;
3) practicing rating PE sessions and providing feedback to therapists.

Participants will be given recent theoretical and empirical articles that will provide review of current PE-related literature, and the PE Supervision Manual, which includes:

- A guide for PE supervisors
- Theoretical and empirical evidence underlying PE
- An overview of supervision methods
- Guidelines for evaluating and providing feedback on delivery of treatment rationales
- An outline of each PE session with an emphasis on what should be addressed in supervision
- PE therapist adherence and competence rating scale
Workshop Location:

CTSA
3535 Market Street, 6th floor
Philadelphia, PA 19104

Who should attend: Licensed mental health professionals or those working under the supervision of a licensed mental health professional who are certified PE providers (completed the 4-day Intensive Workshop in Prolonged Exposure Therapy with a certified PE trainer and completed at least 2 full PE cases under the supervision of a certified PE supervisor). In addition, attendees are required to have completed at least 5 full PE cases independently.

Dates: Monday, November 14, 2016 – Friday, November 18, 2016

Times: 9:00 am to 5:00 pm daily (8:30 am for check-in and continental breakfast)

Cost: $3,000.00 per person.
Registration Information and Instructions:

The registration form is found on the following page.

Registration Deadline:
For the November 2016 workshop, completed registration forms and payment must be received by \textit{October 14, 2016}. Payments will be processed after that date. No refunds will be available after payment is processed.

Instructions for Completing and Submitting Registration Form:
Please complete the entire form and provide all information requested. Registration forms can be submitted:

Via postal mail to:
Sandy Capaldi, Psy.D.
Center for the Treatment and Study of Anxiety
Department of Psychiatry
University of Pennsylvania
35 Market Street, Suite 600 North
Philadelphia, PA 19104-3309

Via fax to:
215-746-3311
Attn: Sandy Capaldi

Via email as a Microsoft Word or PDF attachment to:
sandraca@mail.med.upenn.edu

Once your registration form is received, you will receive a confirmation via email.

Payment Information:

\begin{itemize}
  \item Full payment of $3,000 is due by \textit{October 14, 2016}.
  \item \textit{Workshop fees are non-refundable after October 14, 2016}. Please note that payments will not be processed until the due date of October 14, 2016.
  \item We accept checks, money orders, Discover, MasterCard, and Visa. Unfortunately, we do not accept American Express. If paying by check, please make check or money order payable to “CPUP”.
\end{itemize}
# Registration Form

*All information is required*

## Supervisor Workshop in
Prolonged Exposure Therapy for PTSD
November 14-18, 2016

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<tbody>
<tr>
<td>Work Agency:</td>
<td>Profession and degree:</td>
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<tr>
<td>License #:</td>
<td>PE Supervisor Name:</td>
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<tr>
<th>Work Address:</th>
<th>City:</th>
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<tbody>
<tr>
<td>Work Phone:</td>
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| Home Address: | City: | State: | Zip: |

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Are you willing to have your name and email address listed in our PE supervisor database upon completion of the workshop?  

| Yes | No |

## Form of Payment

- $3,000.00 due by **October 14, 2016** (Please note that payments will not be processed until the due date of October 14, 2016 and that workshop fees are **non-refundable** after this date.)

- [ ] Check
- [ ] Money Order
  
  *Please make check or money order payable to “CPUP”*

- [ ] Credit Card

Name as it appears on card:

- Card #:  
- Type of card (Note: American Express not accepted) :

- Expiration Date:  
- 3-Digit Security Code: