



Continuing Education Department Workshops

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Director of Continuing Education Program

Training Institute for Mental Health

Chartered by the Board of Regents of
the University of the State of New York
22 West 21 Street, New York, NY 10010-6904
212-627-8181 www.timh.org

Please Post

Panic Disorder and Generalized Anxiety Disorder

A Workshop led by
Patricia Escudero Rotman, PhD

Saturday, December 1, 2007
10 A.M. to 1 P.M.

Fee: \$40.00 per participant

This workshop is designed to assist clinicians in learning the most effective techniques in the treatment of Panic Disorder and Generalized Anxiety Disorder. Videos, case studies and role playing will illustrate common clinical challenges encountered in our practice for which various treatment options will be suggested. Implications in working with minorities, especially Hispanic-Americans, will be discussed.

You will learn to diagnose and intervene with patients who present with "pure" Panic Disorder and/or Generalized Anxiety Disorder, as well as with patients having concurrent medical conditions, other Axis I syndromes and personality disorders. Schema Therapy interventions with patients with Panic Disorder and GAD will be explored.

This is a good opportunity for a "hands on" experience. Participation by workshop attendees is strongly encouraged.

Patricia Escudero Rotman, PhD, R-CSW, Lic. Clin. Psyc.(Arg.) is the former Director of the Anxiety Disorders Program (Pederson Krag) as well as former clinical trainer in Cognitive Behavioral Therapy of its staff, interns and PhD Fellows.

Dr. Escudero Rotman is a professional member of the Anxiety Disorders Association of America (ADAA) and the Obsessive Disorder Foundation. She has presented lectures at prestigious institutes and universities, such as Columbia University, New York University, Fordham University, Pederson Krag Mental Health Center, as well as leading workshops here at the Training Institute for Mental Health. She is currently in private practice in New York City.

The Training Institute for Mental Health offers training and services without regard to sex, age, race, religion, sexual orientation, country of origin, or ethnic background.

Registration Form (please print):

I am registering for the **12/1/07-Panic Disorder & Generalized Anxiety Disorder workshop** and have enclosed a check or money order for **\$40.00 (includes \$5.00 non-refundable registration fee)** payable to: **Training Institute for Mental Health**. (The fee for Training Institute for Mental Health candidates and interns is \$20.00.)

Send Registration to: Registrar
Training Institute for Mental Health
22 West 21 Street 10th Floor
New York, NY 10010-6904

Send Registration to reach us by 11/27/07. After 11/27 deadline, please call 212-627-8181 if you wish to attend.

Name _____ Graduate Degree _____ Bus. Phone () _____ Home phone() _____

Address _____ Apt or Box number _____ City/State/Zip _____

Please Indicate: Do you wish a **Certificate of Workshop Attendance** with 3 Continuing Education hours verification, which will be sent to you after completion of workshop?: Yes _____ No _____