



# HOW TO SUBMIT

## Anxiety and Depression Conference

**April 6-9, 2017**  
**Hilton San Francisco**  
**Union Square**



# Anxiety and Depression Conference



On the Cutting Edge of Wellness:  
Behavioral Medicine and Its Application  
to Anxiety and Depressive Disorders



**April 6-9, 2017**  
**Hilton San Francisco**  
**Union Square**



# Deadlines for Submissions

- 🕒 June 6 – July 10, 2016: Master Clinician Sessions
- 🕒 June 6 – August 15, 2016: Symposia, Workshops, Roundtables
- 🕒 June 15 – November 1, 2016: New Research Posters and Travel Awards
- 🕒 **Submission site opens June 6, 2016.**



# Things To Know Before You Submit

- ▶ All session and poster presenters **must register** at the appropriate registration fee to attend the conference. Session chairs/organizers are responsible for making sure that all presenters agree to this requirement.
- ▶ Communication for the 2017 conference is exclusively by email; **add @attendeeinteractive.com to your safe-sender list.**
- ▶ Presenters may submit up to four presentations, but only two will be accepted. (Excludes discussants and poster presentations.)
- ▶ Session chairs/organizers are responsible for making sure the submission is complete by the deadline.
- ▶ Begin the submission process early to allow time to edit or add information. Save your submission and use your login to finalize by the deadline.
- ▶ Submission site closes at 11:59 pm (ET) on the stated deadline.
- ▶ Incomplete or Late = **Rejected**



## Things to Know Before You Submit a Session

- ▶ All session descriptions and individual symposium abstracts are peer-reviewed for scientific and educational merit. Provide enough content for reviewers to evaluate your submission.
- ▶ Be clear about results, educational need, and contribution to advance science or practice. **DO NOT** write, “...has been presented before with good reviews” or “results will be discussed.”
- ▶ Write learning objectives using action verbs (see examples on slide 17).
- ▶ **DO NOT** enter test or multiple submissions for the same presentation. You can log in more than once up to the deadline to complete an abstract.
- ▶ Abstracts may not include charts, graphs, or references.
- ▶ **DO NOT** include a department name in the author/presenter affiliation.



## Things to Know Before You Submit a Session

**You must designate the level of the presentation:  
Read guidelines below.**

***Introductory:*** Sessions for those who have not had training in the topic; appropriate for those in training and those interested in learning new skills. They can feature general overviews of conditions and research studies that do not require in-depth knowledge of the topic, as well as introductions to treatment planning and strategies.

- ▶ Examples: “Introduction to Exposure Therapy for OCD,” “Pharmacotherapy for Treatment-Resistant Depression,” and “Use of Complementary and Alternative Medicine.”

***Intermediate/Advanced:*** Sessions requiring a moderate understanding of a condition, experience with treatment strategies, or knowledge of related topics, including research studies. They provide little or no background information and focus on specific and advanced principles. Abstracts should include up to three concepts familiar to attendees, such as exposure and response prevention, reassurance seeking, or hierarchy.

- ▶ Examples: “Incorporation of Specific Protocols to Treat Reassurance Seeking Behavior in OCD,” and “Enhancing Engagement in Exposure-Based Treatment for PTSD.”

# Master Clinician Sessions



- ▶ **Deadline: July 10, 2016**
- ▶ Interactive, experiential, in-depth training, and skills acquisition
- ▶ Target experienced clinicians (MD, MFT, MSW, PhD, PsyD, etc.)
- ▶ 120 minutes
- ▶ Submit title, 350-word abstract, three learning objectives, **plus** a detailed outline describing need, format, and past experience offering this program.
- ▶ For intermediate/advanced sessions, describe what attendees should know to make the most of the session.
- ▶ August 5: Acceptance/Rejection notices

# Sample Outline: Master Clinician

- ▶ Audience level: Advanced; expect participants to be familiar with *DSM-5* criteria for disorder and have experience treating patients with comorbid anxiety and mood disorders.
- ▶ Format: Lecture, interactive role-playing, and discussion. Use video clips to demonstrate techniques with different patients.
- ▶ Overview
  - ▶ Survey participants for their “burning questions.” (15 min.)
  - ▶ Give overview of theoretical framework and research. (15 min.)
  - ▶ Show techniques taught using video clips of cases that clearly demonstrate how to implement this psychotherapeutic approach. (30 min)
  - ▶ Role-play using case examples generated by audience, or bring cases to discuss. (30 min.)
  - ▶ Follow-up discussion about barriers to implementation and answer questions. (20 min.)
  - ▶ Wrap up with how to learn more. (10 min.)
- ▶ State past experience, such as: “I have offered versions of this session at national meetings for the XYZ Association, Society of ABC, and regional meetings in the Southwest over the past five years. I am board certified in sleep and behavioral medicine.”



# Symposia

- ▶ **Deadline: August 15, 2016**
- ▶ Group presentation organized around a specific theme
- ▶ 90 or 120 minutes
- ▶ Up to 5 presenters, plus chair/co-chair and one optional discussant
- ▶ Submit session title, 350-word abstract, three learning objectives
- ▶ Submitter adds session details, plus searches for individual presenter, chair and discussant info in the ADAA submission database (many presenters already have records and contact info. If not already in the ADAA system, submitter will have the option to “add new presenter” so should have contact info, degree, and email if necessary.)
- ▶ Each presenter will receive an automated email with individual submission login credentials in order to add their presentation title and 350-word abstract. **Do NOT include presenter names in any abstract, including the overall session abstract.**
- ▶ Session submitter is responsible for ensuring all presentations are added and for finalizing overall submission.
- ▶ October 30: Acceptance/Rejection notices

# Ignite Symposia

## What Is This?

- ▶ These presentations are designed to “ignite” the audience about a subject and generate awareness, thought, and action. Speakers present research or cases around a theme, e.g. treatments for children or attention bias.
  - ▶ Each speaker is allocated 5 minutes and 20 presentation slides. Each slide is displayed for 15 seconds before being automatically advanced.
  - ▶ Speakers include significant time for discussion.
- ▶ **Deadline: August 15, 2016**
  - ▶ Group presentation organized around a specific theme
  - ▶ 60 or 90 minutes
  - ▶ Up to 10 presenters, plus chair
  - ▶ Submit session title, 350-word abstract, three learning objectives, **plus** a 350-word abstract with unique title for each presenter except discussant. **Do NOT include presenter names in any abstract.**
  - ▶ Submitter adds session details, plus individual presenter, chair and discussant info by searching ADAA submission database. (Option to “add new presenter” with contact info, degree, email.)
  - ▶ Each individual presenter will receive an automated e-mail with their submission login credentials in order to add their presentation title and 350-word abstract. **DO NOT include presenter names in any abstract, including the overall session abstract.**
  - ▶ Session submitter is responsible for ensuring all presentations are added, and finalizing overall submission.
  - ▶ October 30: Acceptance/Rejection notices

# Sample Abstract: Symposia

Translational neuroscience builds on basic science models to investigate biological underpinnings of anxiety disorders. The use of animal research paradigms allows for a higher degree of experimental manipulation of phenomena observed clinically in humans. For issues involving development, animal models can be especially useful, given the shortened time frame between infancy and adolescence. One particularly powerful experimental model for the neurobiology of posttraumatic stress disorder (PTSD) has been fear conditioning, which can be used in several species, and at different stages of development. In fear conditioning a stimulus that is repeatedly paired with an aversive outcome takes on aversive properties. In addition to such “danger signals” conditioning can also involve cues that are never paired with the aversive stimulus i.e., “safety signals.” Furthermore, fear-conditioned stimuli can be presented repeatedly in the absence of the aversive stimulus, thereby neutralizing the “danger signal” through the process of extinction. This symposium will include new, previously unreported data from animal studies on fear conditioning conducted at infancy and adolescence. Speakers will also present clinical studies of fear conditioning in children growing up in violent neighborhoods and data on fear conditioning and extinction in adults with PTSD. A clinician will be the discussant and together with the basic and clinical researchers, will discuss bench-to-community approaches to the study of vulnerability for PTSD across the life span.

# Workshops

- ▶ **Deadline: August 15, 2016**
- ▶ Interactive, experiential training, skills acquisition, and discussion of treatments through case presentations
- ▶ 90 or 120 minutes
- ▶ Up to 4 presenters
- ▶ Submit a title, 350-word abstract, three learning objectives, **plus** a detailed outline describing need, format, relevance including use of video, role playing, discussion of cases and audience participation
- ▶ October 30: Acceptance/Rejection notices





# Sample Abstract: Workshops

Some individuals do not sufficiently benefit from the evidence-based treatments currently available for anxiety disorders. One factor associated with poor treatment outcome is the presence of treatment-interfering behavior (TIB). This workshop will describe Treatment-Readiness Therapy (TRT), an approach to the modification of TIB. TRT is an integrative, modular approach that draws from a variety of research and sources, including cognitive and behavioral models and motivational interviewing principles, to address the various factors that influence TIB. This workshop will apply the principle components of TRT in the presentation of case vignettes. These vignettes will illustrate how to formulate a case. Additional case examples for adults will demonstrate how to design interventions. TRT can be applied in different practice settings and by a range of providers treating individuals with behavioral and pharmacological treatment, or a combination. Attendees are encouraged to bring examples from their practice to discuss. This workshop is for experienced clinicians from all disciplines. Students, trainees and residents are welcome and encouraged to attend to learn about cases in real-world settings.



# Sample Outline: Workshops

- ▶ Format: Lecture, presentation of case vignettes to illustrate how to formulate a case.
- ▶ Overview of Workshop
  - ▶ Introduce yourself.
  - ▶ Meet participants to understand level of familiarity and “burning questions.” (20 min.)
  - ▶ Give overview of theoretical framework and research. (15 min.)
  - ▶ Show techniques taught using cases that clearly demonstrate how to implement this approach in different practice settings. (40 min.)
  - ▶ Follow-up discussion about barriers to implementation and answer questions. (30 min.)
  - ▶ Wrap up with how to learn more. (10 min.)
- ▶ State past experience, such as: “I have presented versions of this workshop at national meetings for the XYZ Association, Society of ABC, and regional meetings in the Southwest over the past five years. I am certified in CBT.”

# Roundtables



- ▶ **Deadline: August 15, 2016**
- ▶ Interactive discussion on a focused topic, case presentations, issue, or question in practice or research
- ▶ 60 minutes
- ▶ Up to 6 panelists plus chair
- ▶ Submit title, 350-word abstract, ***including names of panelists, target audience, and three learning objectives.***
- ▶ October 30: Acceptance/Rejection notices



# Sample Abstract: Roundtables

Technology-augmented interventions address many of the challenges, including availability, accessibility, and efficacy of CBT for anxiety disorders. Given recent advances in the availability and affordability of smart and mobile devices and tablet technologies, we're seeing a paradigm shift in the delivery of evidence-based treatments. This trend will increase accessibility to clinically effective and cost-efficient care with experientially driven, user-friendly technology products combining interactive media and best practices. These technologies have the potential to dramatically change the climate for early outreach, dissemination, and implementation of EBTs targeted to needs of clinicians, patients, and their families. Four panelists — Simon Rego, PhD; Luana Marques, PhD; Mark Pollack, MD; and Lisa Hale, PhD — will discuss research and clinical projects that target the development, evaluation, and dissemination of technology-enhanced clinical tools. Projects reviewed will include educational, assessment, and treatments solutions targeting PTSD, social anxiety disorder, and pediatric spectrum anxiety as a whole. The panelists will share successes and challenges related to their respective technologies, including live demonstration of project features. Given the panelists' unique expertise and access to a variety of enabling technologies, they will discuss how these technologies (e.g., webcams, online videos, virtual reality) can be incorporated in the delivery of interventions for the novice or seasoned clinician. Audience members will be encouraged to ask questions, share their experiences with technology, and witness or interact firsthand with the panelists' technologies during the presentations.



# Review Criteria for Symposia, Workshops, Roundtables

## Highly-Ranked Presentations:

- ▶ Present innovative or novel approaches, techniques, or treatments.
- ▶ Include researchers and clinicians on symposia and roundtables.
- ▶ Address an important, highly relevant, or hot topic.
- ▶ Include a topic that is a good fit with conference theme.
- ▶ Provide high-value opportunities for learning and networking.
- ▶ Present new data (for research sessions).
- ▶ Address challenges or obstacles that arise when implementing treatments (for practice sessions).

## Criteria:

- ▶ Clearly written abstract and learning objectives.
- ▶ Clearly described outcomes.
- ▶ Description of why new skills, techniques, or approaches are important (for workshops).

## Note:

- ▶ *New first-time presentations will be given priority.*
- ▶ *If presentation has been made previously at ADAA, presenter will provide a rationale for why it should be repeated.*

# Learning Objectives

- ▶ Focus on the attendee and describe what he or she will learn, know, or be able to do as a result of your session.
- ▶ **Use action verbs that describe measurable behaviors:** analyze, apply, assess, create, compare, demonstrate, describe, discuss, explain, plan, practice, predict, recognize, summarize, use, etc.
- ▶ **Do not use these words: learn, know, understand, appreciate.**
- ▶ **Do not write** “participants will learn how to treat anxiety” **or** “participants will understand how to motivate patients to exposure therapy.”

## Examples

At the end of this session, participants will be able to...

- ▶ **Recognize** differences between acute and traumatic stress.
- ▶ **Apply** novel pharmacotherapies when treating patients with comorbid anxiety and depression.
- ▶ **Practice** relaxation and breathing techniques.
- ▶ **Summarize** genetic advances in our understanding of related disorders.

# New Research Posters



- **Deadline: November 1, 2016**
- Individual presentation in a poster format shares new research findings.
- Abstracts must include a title and 350-word abstract; no learning objectives.
- Posters based on original studies that lack meaningful data (include N) will be rejected.
- Presenters must attend poster session.
- Presenters of accepted posters must register and pay the fee by the early deadline (March 1) or their poster will be rejected.
- Poster presenters must upload PDF for e-Poster site if accepted.
- January 6: Acceptance/Rejection notices

## Sample Abstract: Posters (slide 1 of 2)

**Background:** Despite being at disproportionately higher risk for trauma exposure and trauma-related psychological problems such as alcohol or substance abuse, the majority of low-income African Americans do not develop alcohol or substance use disorders. According to the “Broaden and Build Model,” individual factors, such as the presence of optimism or positive emotional traits such as joy and contentment, may explain this resiliency (Fredrickson, 2004). However, research in this area needs to be expanded to account for the impact of cultural and familial factors such as types of social support provided (family and/or community) and parental substance abuse history.

**Methods:** As part of a larger NIMH-funded study, we gathered data from 991 African American adults, ages 18 to 65, recruited from an urban public hospital. We assessed substance abuse, trauma exposure, and social and emotional support via the following self-report measures: the Traumatic Events Inventory (TEI), which was used to assess lifetime trauma exposure; the Clinical Data Form (CDF), which assesses support an individual receives from their parents or guardians as a child; the Child Community Support Questionnaire (CCSQ), which assesses support an individual receives as a child from adult outside of their parents or guardians; and the lifetime Alcohol Use Disorders Identification Test (AUDIT), which assesses problematic alcohol use patterns.

*Continued on next slide>>>*

## Sample Abstract: Posters (slide 2 of 2)

**Results:** A hierarchical regression indicated that, after controlling for age and trauma exposure, community support (CCSQ adult support:  $\beta = -.06$ ), family stability (CDF family:  $\beta = .2$ ), and parental alcohol/substance abuse (CDF parent drug/alcohol use:  $\beta = .13$ ) significantly predicted problematic drinking behaviors in the lifetime (AUDIT lifetime total score;  $R^2 = .21$ ,  $p < .001$ ).

**Conclusion:** Findings extend prior research on the “Broaden and Build Model” regarding the protective effects of social and emotional support; these data may help increase our present understanding of resilience in high-risk, low-income African American adults. Findings underscore the role of social support, family stability, and parental alcohol/substance abuse on problematic alcohol use in this population. These data have implications for the development of culturally competent models of prevention and treatment of alcohol and substance abuse.



## Review Criteria: New Research Posters

- ▶ Includes analysis of new data. (Posters not based on new data will be rejected.)
- ▶ Presents new techniques, ideas, and/or data.
- ▶ Addresses an important highly relevant or hot topic.
- ▶ Advances research, treatment, or understanding of anxiety and/or mood disorders.
- ▶ Demonstrates high scientific and intellectual quality.

# Information for Submitters

-  Credentials for login to submission site will be sent to members and 2016 presenters in early June.
-  Review and update your contact information at login.
-  Submission can be saved to complete at any time before the appropriate deadline (August 15 or November 1.)
-  Questions? Email [conference@adaa.org](mailto:conference@adaa.org)

[A Day in the Life: San Francisco](#)