Anxiety & Depression

Conference ADAA 2024

April 11–14, 2024
BOSTON, MA

Sex and Gender: Navigating the Biological and Social Constructs in Depression and Anxiety Disorders

Submission and Award Application Guidelines

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Submission Deadlines

Tuesday, October 18, 2023: Symposia, Workshops, Roundtables, State-of-Art

Tuesday, November 1, 2023: Awards: Career Development Leadership Program (CDLP) Applications and Donald F. Klein Early Career Investigator

Thursday, December 7, 2023: Posters & Therapeutic Pipeline

Anxiety & Depression Conference ADAA 2024
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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. **ADAA is unable to provide a discount for presenters.**

- The 2024 conference is scheduled for April 11-14, 2024. By submitting, you agree to present on any of those days. **ADAA is unable to accommodate scheduling requests.**

- Submissions can be saved and submitted at any time before the appropriate deadline. In order for your submission to be considered complete, you must click on the "Submit" button. Note: once a submission has been submitted you may make additional changes until the deadline.

- Presenters may submit up to four presentations, but only two may be accepted. (Excludes chairs, discussants, and poster presentations.)

- Session submitters/chairs are responsible for ensuring the submission is completed by the deadline- this includes individual abstracts for symposia.

- Begin the submission process early to allow time to edit/add information. Save your submission and log back in to finalize by the deadline. **Avoid waiting until the final days – if you have any questions or need assistance, the conference team may be delayed due to a high volume of emails at that time.**

- All session descriptions and individual symposium abstracts are peer-reviewed for scientific and educational merit. Be sure to 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.

- **DO NOT** enter test or multiple submissions for the same presentation. You can save your progress and update the submission up to the deadline to complete an abstract.

- Abstracts should not include charts, graphs, or references.

- Do not include a department name in the author/presenter affiliation.

- You must designate the level of the presentation.

- Be sure to read "Review Criteria".

- The submission site closes at 5:00 pm (ET) on the stated deadline. **Incomplete or Late Submission will not be accepted.**

Designating the Level of your Presentation

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

NOTE: ADAA Conference Attendees have expressed a desire for more advanced sessions. Priority will be given to submissions targeting this level of presentation.

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: Sessions requiring a moderate understanding of a condition, experience with treatment strategies, or knowledge of related topics, including research studies. They provide little background information and focus on specific 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."

Advanced: Sessions requiring an advanced understanding of a condition, experience with treatment strategies, or knowledge of related topics, including research studies. They provide 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: "Solving Problems in the Therapeutic Relationship," "What Works and How: Primary Outcomes and Mechanisms of PTSD Treatment in Veterans from the PROGRESS Trial"

Portal Information for Submitters

- **Please note**: If you have not yet logged into the conference site, the first time you visit the system, go to the "Actions" panel to Create an Account. Please use the same email associated with your ADAA account and create a new password. Save this information as you will need it for subsequent log ins. The system will recognize your membership status with ADAA. This should take you immediately to a screen that asks you to update your profile information, and required fields are indicated.

- Session submissions must be first created by the Chair/Lead Presenter.

- Submissions can be saved and submitted at any time before the **appropriate deadline**. In order for your submission to be considered complete, you must click on the "Submit" button. Note: once a submission has been submitted you may make additional changes up until the deadline.

- Please be mindful of spelling, capitalization, and grammar. ADAA will not proofread submissions prior to peer-review. A poorly written submission may impact a reviewer's impression.

- Communication about the 2024 conference is exclusively via email; please add @adaa.org to your safe-sender list.

Questions? Email conference@adaa.org

For more information about the 2024 ADAA Conference visit:

https://adaa.societyconference.com or
https://adaa.org/conference

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 emerging trends.

- 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).

- Results must be included for symposia abstracts.

Important Notes:

- Preference will be given to interactive presentations comprised of both clinicians and researchers and also speakers from different institutions and countries.

- We encourage submissions related to the 2024 Theme – *Sex and Gender: Navigating the Biological and Social Constructs*

- We strongly encourage submissions on diversity and related to cultural, racial, and socioeconomic barriers to mental health care.

- New first-time presentations will be given priority.

- If a presentation has been made previously at ADAA, presenter needs to provide a rationale for why it should be repeated.

Learning Objectives

- **Focus on the attendee** and describe what they 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.

![Anxiety & Depression Conference ADAA 2024. April 11–14, 2024, BOSTON, MA. Sex and Gender: Navigating the Biological and Social Constructs in Depression and Anxiety Disorders]

Symposia

A set of presentations around a specific topic and must include a unique title and abstract for each presenter. <u>Priority</u> is given to symposia that are innovative, multidisciplinary, present new research, or new evidence-based best practices. All submissions are peer reviewed.

Submission Deadline: Tuesday, October 18, 2023

- One can have a single presenter or a group.

- Submit session title, abstract (3,000 characters maximum), and three learning objectives.

- 90 minutes, including Q & A. We recommend presentations of 70-75 minutes to allow 15-20 minutes for in-depth audience engagement through Q&A.

- Clinically oriented submissions are highly encouraged.   We recognize that clinical symposia might not have statistical analyses and may differ in content and format from most research symposia.

Groups:

- Up to 4 presenters, plus chair/co-chair, and one optional discussant. Maximum of 6 participants.

- Submitter (Chair/Lead Presenter of session) adds session details and additional presenter information (name and email). Once presenters are added they receive a system-generated email to login and complete their portion of the proposal.

- The Chair is responsible for ensuring all presentations are added and disclosures are completed for finalizing overall submission. The Chair will not be able to finalize and submit the overall submission until all participants have completed and submitted their portions.

Sample Session Abstract:

The current symposium will be the first presentation of the primary outcomes and mechanisms results from the largest (N = 223) PTSD treatment and integrated mechanisms trial conducted to date: The Prolonged Exposure and Sertraline Trial (Progress). This randomized controlled trial (RCT) focused on a key question in clinical management of posttraumatic stress disorder (PTSD) - the comparative and combined effectiveness of medication and psychotherapy. Increased emphasis on mechanisms of

treatment effectiveness, biomarker predictors, and objective indicators of treatment response has sparked interest in integrated, translational treatment outcomes trials. Progress employed a state-of-the-art trial design to examine psychotherapy and medication effects across three conditions: 1) Prolonged Exposure (PE) plus pill placebo, 2) Sertraline (SERT) plus Enhanced Medication Management (EMM), and 3) Combined treatment (PE/SERT). Innovative measures captured potential biomarker predictors and indicators of treatment response within and across these three treatment conditions in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) service members and veterans with PTSD. Assessments included clinician-rated measures, self-report outcome measures, saliva for salivary cortisol and cortisol response to awakening at six assessment points, blood at baseline and week 24 for genetic and genomic analysis, as well as resting state connectivity and emotion processing and regulation using functional Magnetic Resonance Imaging (fMRI) paradigms in a subsample of veterans. Accordingly, the results provide pragmatic clinical direction for the delivery of PTSD treatment through its primary outcomes in an effectiveness design, and informative results to elucidate underlying mechanisms and biomarkers involved in PTSD treatment response.

Sample Individual Abstract:

Background: Resting-state functional connectivity (rsFC) magnetic resonance imaging (MRI) represents a powerful method for illuminating brain network function. Moreover, abnormalities in rsFC have been recently demonstrated in posttraumatic stress disorder (PTSD), suggesting they may have particular relevance for this condition. The current study examined pre to post treatment changes in rsFC in PTSD during the randomized treatment trial (PROGrESS; Rauch et al., 2018). Methods: Sixty-four combat veterans with PTSD were randomly assigned to three treatment groups: Prolonged Exposure plus placebo (PE +PLB), sertraline plus enhanced medication management (SERT + EMM), or PE+SERT. Twenty-nine combat veterans without PTSD were recruited as a control group. Symptom assessment and resting-state MRI scanning occurred before and after treatment. Seed-based and connectome-based approaches were used to analyze rsFC. Results: Before treatment, PTSD was associated with less connectivity between PCC, vmPFC and other default-mode network (DMN) regions (both $p<.050$; FWE corrected), replicating prior findings of decreased within-DMN connectivity in PTSD. PCC and vmPFC, as well as the insula (salience-network (SN) seed), had greater connectivity with regions within the dorsal-attention network (DAN) in patients, which is in line with the cross-network desegregation in PTSD (all $p<.050$; FWE corrected). Patients who had more than a 50% decrease in PTSD symptoms with treatment (i.e., "responders") had lower pre-treatment amygdala-PCC connectivity ($p=.011$), suggesting the pivotal role of SN-DMN segregation in PTSD treatment. In addition, these patients had lower global centrality ($p=.042$), suggesting that topological features of the brain may also be related to PTSD treatment response. Conclusions: These findings replicate and extend our knowledge of network-level abnormalities in PTSD, and importantly, suggest potential neural biomarkers of PTSD treatment response. (* Rauch, S.A.M. and Liberzon, I. contributed equally to this work.)

Workshop

Provides hands-on, in-depth experiential clinical training and case presentations for a particular skill or treatment area, or career development (such as promoting your practice, using social media for recruiting participants for studies, or writing a successful grant). Workshops must include active involvement of the audience. All workshop submissions are peer reviewed.

Submission Deadline: Tuesday, October 18, 2023

- Interactive, experiential training, skills acquisition, and discussion of treatments through case presentations.

- 60 minutes, including Q & A.

- Submit a title, abstract (3,000 characters maximum), three learning objectives.

- **Groups:**

    - Up to 4 presenters.

    - Submitter (lead presenter) adds session details and additional presenter information (name and email). Once all presenters are added they receive a system-generated email to login and complete their portion of the proposal.

    - Submitter is responsible for ensuring all presentations are added and disclosures are completed for finalizing overall submission. Submitter will not be able to finalize and submit the overall submission until all participants have completed and submitted their portions.

Sample Workshop Abstract:

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 principal 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." Give overview of theoretical framework and research.

    - Show techniques taught using cases that clearly demonstrate how to implement this approach in different practice settings.

    - Follow-up discussion about barriers to implementation and answer questions.

    - Wrap up with how to learn more.

- **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."

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Roundtable

Interactive discussion with 3-5 experts (which includes a chair) on a focused topic, issue, theme or question in research or practice. Roundtables may include short statements during which presenters outline practical approaches to the same question but do not make formal presentations. All roundtable sessions are peer reviewed.

Submission Deadline: Tuesday, October 18, 2023

- Interactive discussion on a focused topic, case presentations, issue, or question in practice or research

- Submit title, abstract (3,000 characters maximum), ***including specialty area of panelists but NOT names,*** target audience, and three learning objectives.

- 60 minutes, including Q & A

- Minimum 3; Maximum 5 panelists including a chair

- Submitter (Chair of session) adds session details and additional presenter information (names and emails). Once presenters are added they receive a system-generated email to login and complete their portion of their submission.

- The Chair is responsible for ensuring all presentations are added and disclosures are completed for finalizing overall submission. The Chair will not be able to finalize and submit the overall submission until **all participants** have completed and submitted their portions.

Sample Roundtable Abstract:

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 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.

State-of-the-Art Clinician Sessions

The State-of-the-Art Clinician sessions should educate, inspire, and challenge attendees to solve problems and achieve breakthroughs in their current professional setting. Sessions must be interactive, experiential, provide practical and in-depth training to maximize outcomes. All submissions are peer reviewed. ADAA usually accepts between 8-12 State-of-the-Art Clinician sessions.

Submission Deadline: Tuesday, October 18, 2023

- 90 minutes, including Q&A. We recommend presentations of 70-75 minutes to allow 15-20 minutes for in-depth audience engagement through Q&A.

- Submit session title, abstract (3,000 characters maximum), and three learning objectives.

For group presentations note:

- A session can have up to 3 presenters, at least two of which have:

    - Been in practice for 10 years+ beyond terminal degree.

    - Demonstrated experience as a presenter(s) with a minimum of three accepted presentations at comparable national conferences within the last five years.

- Submitter (Lead Presenter of the session) adds session details and additional presenter information (names and emails). Once all presenters are added each will receive a system-generated email to login and complete their portion of the proposal.

- Submitter (Lead Presenter of the session) is responsible for ensuring all presentations are added and disclosures are completed for finalizing overall submission. The submission cannot be finalized or submitted until all presenters have completed and submitted their portions.

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Therapeutic Pipeline

Submissions should include any new compound or intervention that has not been previously presented. The goal is to generate enthusiasm for the many novel therapies under exploration. A single presenter will have the opportunity to give an oral presentation for each accepted submission. A maximum of six submissions will be selected for oral presentation at the conference.

Submission Deadline: Thursday, December 7, 2023

- Therapeutic Pipeline presentations will be 10-minutes each, with the opportunity to also present as a poster.

- Should include early clinical data (Phase 1 and 2) on any CNS compound for which Phase 3 data has not been presented. The goal is to generate enthusiasm for the many novel compounds under exploration, most of which have not reached Phase 3. This is not to exclude presentations of clinical data on compounds currently in Phase 3 targeted to truly untested mechanisms since such data would also be of great interest.

- Abstracts must include a title and 3,000-character abstract, and no learning objectives.

- If the presenter also elects to present a poster, the poster must be uploaded to the e-Poster site.

Posters

Individual presentation in a poster format sharing new research findings or innovative clinical techniques for topics including anxiety, depression, and co-occurring disorders. Submissions should include title and abstract. Format: Background, Methods, Results and Conclusion - totaling 3,000 characters (excluding spaces). Preliminary analysis of new data must be included in the abstract. Poster presenters must attend the conference and be on-site with a printed poster for their presentation.

Poster Spotlight: A select number of individual presentations chosen from the top scoring posters. These are 10-minute oral presentations during the conference with an additional 5 minutes for Q&A from the audience, in addition to presentation of the poster during the assigned poster session.

Submission Deadline: Thursday, December 7, 2023

- Individual presentation in a poster format shares new research findings or unique clinical treatment techniques.

- Abstracts must include a title and 3,000-character abstract, with no learning objectives.

- Posters **based on original studies that lack meaningful data will be rejected**.

- Presenters **must** attend their poster session.

- Presenters **must** register for the conference at the applicable rate, or their poster will be removed from the program.

- **Presenters must upload a copy of the poster for the e-Poster site if accepted.**

- Posters **must** include a QR Code.

- More information on poster format for presentation will be sent with the acceptance notification email.

Sample Abstract: Posters

- **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.

- **Results**: A hierarchical regression indicated that, after controlling for age and trauma exposure, community support (CCSQ adult support: β=-.06), family stability (CDF family: β=.2), and parental alcohol/substance abuse (CDF parent drug/alcohol use: β=.13) significantly predicted problematic drinking behaviors in the lifetime (AUDIT lifetime total score; R2 =.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 Posters:

- Presents preliminary analyses using a sample size sufficient to generate statistically significant, meaningful, and generalizable findings.

- Presents new techniques/ideas.

- Addresses an important, highly relevant, or emerging trend.

- Advances research, treatment, or understanding of anxiety, mood and/or related disorders.

- Demonstrates high scientific and intellectual quality.

Alies Muskin Career Development Leadership Program (CDLP)

The mission of the Alies Muskin Career Development Leadership Program (CDLP) is to inspire the next generation of ADAA's leaders. The program, open to members and non-members, encourages early career clinicians and researchers to engage in creative discourse about anxiety, depression, and co-occurring disorders in a diverse, multidisciplinary community.

The program provides for a full day of professional development, career-focused panel presentations, workshops, and in-person mentorship, offered at ADAA's Annual Conference. Participation in the program is in person only, and participants are strongly encouraged to participate in the entire conference.

Applicants may apply to one of the two program tracks:

- Basic Neuroscience/Clinical Research Track
    - Ideal for those who hope to pursue a science-focused career in anxiety or mood disorders
- Clinical Track
    - The Clinical track sustains programming for clinicians whose primary career focus is providing clinical care in private practice, hospital settings, community mental health centers, and other clinical or research settings. In addition, we will also develop programming for faculty or staff on Clinical Tracks in academic institutions.

Eligibility

- ADAA members and non-members including international professionals (no visa assistance provided).
- Graduate degree student (MD, MPH, MS/MSW, NP, PhD, PsyD), intern, resident, or postdoctoral fellow.
- Early career researchers and clinicians who have completed their training within the last five years. The program welcomes applications from:

- o Masters in Counseling, Masters in Social Work, Marriage and Family Therapists, Trainees/Graduates in Clinical Psychology, Counseling Psychologists, School Psychologists, Neuropsychologists.
- ADAA recognizes, supports, and values the inclusion of diverse groups, educational backgrounds, and views and encourages award applications from minority groups. ADAA also encourages interdisciplinary as well as international applicants.
- Note: Previous awardees are not eligible to re-apply to the same track but are welcome to apply to a different track.
- Participants are required to attend all scheduled CDLP program events and attend the annual conference. After receiving the CDLP award and one-year complimentary membership, become an active leader within ADAA, including but not limited to joining a Special Interest Group, starting a Special Interest Group, developing a professional/public webinar, writing a professional/public blog, or serving on a Committee.

Application Requirements

Basic Neuroscience/Clinical Research Track:

- Title (submission title will be your research/poster title)
- Presenter – Primary presenter information (position and year required).
- Headshot and biosketch.
- Non-presenting co-author(s) may be added.
- Abstract - Include background, methods, results, and conclusion.
- Track – Basic Neuroscience or Clinical Research.
- Personal statement - Personal statement must describe your career goals and specifically highlight your research interests in anxiety, depressive, obsessive-compulsive, and trauma-related disorders. Address why you want to attend the Anxiety and Depression Conference and participate in the CDLP and how this will benefit you. (Minimum Length – 2,500 characters; Maximum Length – 3,000 characters)
- Supporting Documents – CV and Reference letter required. Other materials optional.

Clinical Track:

- Title (submission title will be your first and last name)
- Headshot and biosketch.
- Applicant - Position and year information required.
- Case Conceptualization or Clinical Research Abstract - If your primary area of work is clinical research, and you do clinical work within your scope of practice, similarly include a case conceptualization that exemplifies your clinical practice (this is preferred). Alternatively, you may provide a full description of your clinical research that effectively demonstrates your work and provides insight into how this research will impact clinical practice. You will need to include a full case conceptualization that exemplifies your current clinical practice. While we are not requiring a particular format, the case

conceptualization should include all pertinent clinical information and effectively demonstrate your work.
- Personal statement - Personal statement must describe your career goals and specifically highlight your research interests in anxiety, depressive, obsessive-compulsive, and trauma-related disorders. Address why you want to attend the Anxiety and Depression Conference and participate in the CDLP and how this will benefit you. (Minimum Length – 2,500 characters; Maximum Length – 3,000 characters)
- Supporting Documents - CV and a reference letter required. Other materials optional.

Award Components

Awardees must participate in the full-day, in-person program to qualify for the award components.

- Complimentary conference registration (a $500 value).
- $500 cash award, provided following attendance at the program.
- Complimentary one-year ADAA membership (up to a $269 value).
- A full day of small group mentoring sessions at the annual conference.
- Assignment of a senior mentor.
- Recognition at the conference.
- Basic Neuroscience Track: Presentation of a physical poster at the conference is mandatory.
- Clinical Track: Case consultation/mentorship session with a senior clinician from the ADAA membership; presentation of a physical poster at one of the Poster Sessions is optional and encouraged.
- Featured profile on the ADAA website.
- ABCT Conference - complimentary registrations for two research track CDLP awardees, acknowledgement at their awards ceremony and presentation of work at the welcoming cocktail party/SIG expo at the Anxiety Disorders SIG table. This opportunity does not provide any additional funding.
- ACNP Conference- The American College of Neuropsychopharmacology (ACNP) supports a select number of CDLP awardees each year by providing waived annual meeting registration, an ACNP member mentor, the opportunity to present a poster, and the opportunity to attend scientific sessions, opening reception, travel award reception and travel award luncheon. Additionally, for four years following the award year, ACNP will invite awardees to register (at their own expense) for future conferences. This opportunity does not provide any additional funding. More information will be provided to all CDLP awardees.

- Please note that the CDLP does not provide a travel or hotel allowance. ADAA strongly suggests awardees book their stay at the conference hotel.

Donald F. Klein Early Career Investigator Award

ADAA offers an annual award to an early career investigator for the best original research paper on neurobiology, psychopharmacology, psychosocial treatments, or experimental psychopathology of anxiety disorders and depression. This award is named for **Donald F. Klein, MD** (1928-2019), who revolutionized psychiatric thinking through his discovery in the early 1960s that imipramine, a recently developed psychotropic medication, was effective in blocking panic attacks. The Donald F. Klein award is presented at ADAA's Annual Conference; award is strongly encouraged to attend and participate in the entire conference. This opportunity is open to members and nonmembers. Have a question? Email awards@adaa.org.

Award Eligibility

- Restricted to investigators who have completed their terminal degree and are currently at a rank of assistant professor or below.
- Individuals who are working to complete their degree are not eligible.
- Willingness to host a professional webinar (recorded or live) within six months of winning the award on the research topic of the paper.
- Must be first or senior author on the submitted paper, which must be original research on anxiety disorders, depression, and comorbid related disorders, focusing on neurobiology, psychosocial treatments, or experimental psychopathology.
- The paper cannot be submitted or under review anywhere else from submission until notification about the award (including ADAA's Journal).
- ADAA recognizes, supports, and values the inclusion of diverse groups, educational backgrounds, and views and encourages award applications from minority groups. ADAA also encourages interdisciplinary as well as international applicants.
- ADAA Board Members and Scientific Council members are not eligible.

Award Components

- Complimentary registration to the ADAA Annual Conference (a $500 value)
- A $500 cash award
- Complimentary one-year ADAA annual membership (up to $269 value)

- Award presented at the Annual Conference Award Ceremony on Saturday.
- Opportunity to present research as a poster at the ADAA Annual Conference.
- Featured profile on the ADAA website.
- Automatic consideration for acceptance in ADAA's online scientific journal - [The Journal of Mood & Anxiety Disorders](#)
  - If accepted for publication, the processing charge of $2,700 will be waived. The ADAA journal is published by Elsevier.

Application Requirements

- Headshot, biosketch, CV
- Research Manuscript (include abstract, no page limit)
- Letter of Reference from a previous or current mentor/advisor