



# ADAA 2021

ANXIETY AND DEPRESSION  
CONFERENCE // VIRTUAL

MARCH 18–19

RESILIENCE AND  
RECOVERY:

FROM RESEARCH  
TO PRACTICE

PROGRAM

**ADAA**

Anxiety & Depression  
Association of America  
Triumphing Through Science, Treatment, and Education



[www.adaa.org](http://www.adaa.org) | [#ADAA2021Virtual](https://twitter.com/ADAA2021Virtual) | [@ADAAConference](https://www.instagram.com/ADAAConference)



## Looking Beyond the Current Standard of Care for Anxiety and Depression

VistaGen is a clinical-stage biopharmaceutical company committed to developing and commercializing a new generation of medicines with the potential to go beyond the current standard of care for anxiety and depression. Our pipeline includes three investigational drug candidates, PH94B, PH10 and AV-101, each with a differentiated mechanism of action, favorable safety results observed in all clinical studies to date, and therapeutic potential in multiple neuropsychiatric indications.



 <b>PH94B</b> Anxiety Disorders	 <b>PH10</b> Depression Disorders	 <b>AV-101</b> Depression and Neurological Disorders
Investigational first in class rapid-onset synthetic pherine nasal spray indicated for anxiety disorders	Investigational pherine designed to have rapid-onset therapeutic potential in several neuropsychiatric indications involving depression	Investigational prodrug orally administered to target the glycine site of the NMDAR, an ionotropic glutamate receptor in the brain
<ul style="list-style-type: none"> <li>Designed to achieve rapid-onset anti-anxiety effects (within 15 minutes) without sedation or other side effects and safety concerns associated with benzodiazepines</li> <li>Entering U.S. Phase 3 clinical development for acute treatment of anxiety in adults with social anxiety disorder (SAD)</li> <li>Fundamentally different potential mechanism of action from all current SAD drug treatments                             <ul style="list-style-type: none"> <li>Does not require systemic uptake and distribution to produce pharmacological effects</li> </ul> </li> <li>Met primary endpoint in Phase 2 public speaking and social interaction challenges</li> <li>Phase 3 study design based on successful Phase 2 design</li> <li>Self-administered in microgram level doses</li> <li>U.S. FDA Fast Track designation granted in SAD</li> </ul>	<ul style="list-style-type: none"> <li>Fundamentally different mechanism of action from all current drug treatments for depression                             <ul style="list-style-type: none"> <li>Binds to nasal chemosensory neurons that activate olfactory bulb neurons (OBNs) on the base of the brain</li> <li>OBNs send neural connections to neurons in the central limbic amygdala, where mood is regulated</li> <li>Neurons in the amygdala stimulate release of excitatory neurotransmitters resulting in rapid-onset antidepressant effects</li> </ul> </li> <li>Does not require systemic uptake and distribution to produce pharmacological effects</li> <li>Successful Phase 2A clinical development completed; preparation for Phase 2B clinical development underway</li> <li>Potential new stand-alone treatment for several depression disorders</li> </ul>	<ul style="list-style-type: none"> <li>Abnormal NMDAR function is associated with numerous CNS diseases and disorders</li> <li>Fundamentally different mechanism of action from all current oral drug treatments for depression                             <ul style="list-style-type: none"> <li>Oral prodrug (4-Cl-KYN) converted in the brain into an active metabolite (7-Cl-KYNA)</li> <li>Active metabolite (7-Cl-KYNA), a full antagonist, inhibits NMDAR activity; does not block it</li> </ul> </li> <li>Safe and well-tolerated in all clinical studies to date                             <ul style="list-style-type: none"> <li>No psychological side effects or drug-related SAEs</li> <li>Non-sedating, non-addictive</li> </ul> </li> <li>FDA Fast Track designation granted for development as a potential adjunctive treatment for major depressive disorder and non-opioid treatment for neuropathic pain</li> </ul>

[www.VistaGen.com](http://www.VistaGen.com)

## FROM LUANA MARQUES, PhD

### ADAA President

On behalf of the Board of Directors and myself—welcome to ADAA’s first virtual 3D conference—#ADAA2021Virtual.

This year’s meeting promises to deliver two great days of learning and sharing. #ADAA2021Virtual’s theme “Resilience and Recovery: From Research to Practice” is particularly relevant this year as we continue to be challenged by the COVID-19 pandemic on our clinical work—and in our day to day lives. Many of our conference sessions focus on the topic of resiliency and cover a wide range of exciting research and treatment topics and present opportunities for all attendees to learn and share with old and new friends.

While we aren’t meeting face to face this year, ADAA’s virtual 3D March conference promises to deliver the same vibrant programming, impactful connections with peers, and access to exhibitors and sponsors in a dynamic, digital setting that will be accessible from anywhere—and for an additional 60 days after the conference ends.

Our attendees describe ADAA’s conferences as scholarly, yet friendly and accessible. I can tell you that the time spent networking with people who share your interests is priceless. The #ADAA2021Virtual platform will include a virtual poster hall. We are excited to be able to include this presentation opportunity in our virtual world and we hope all attendees will make sure to visit the poster hall and chat with poster presenters. We hope you’ll take advantage of the networking and discussions groups to engage with colleagues between sessions.

As a proud member of ADAA since 2008, I know firsthand how invaluable it is to belong to such a cutting-edge mental health association. From networking with one’s peers, to collaborating and sharing research and treatment advances, to innovative continuing education opportunities, to the ability to share one’s expertise directly with those who are struggling with anxiety and depression, ADAA is truly my professional “home” and has contributed greatly to my professional development. I know that many of you attending #ADAA2021Virtual share that pride and excitement.

Many thanks to Cindy J. Aaronson, PhD and Adriana Feder, MD—this year’s Conference Committee Co-Chairs— and to all the members of the Conference Committee. Their dedication and commitment to ensuring that this year’s event is the best it can be is inspiring. And a special thanks the ADAA Board of Directors and to the small but mighty ADAA staff who have worked so hard all year to bring us together.

I encourage you to introduce yourself to me, the other Board of Director members as well as the staff, committees and special interest group members throughout your two days on the platform. We are all eager to welcome you and to make sure you get the most out of your conference experience.

**p.s. Make sure you Save the Date for #ADAA2022 in Denver (March 17–20) where we are looking forward to coming together again in person and experiencing all that Denver has to offer.**

### ADAA BOARD OF DIRECTORS

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 Tana Stellato and Christina Pino, *Meeting Planners*



## FROM CINDY J. AARONSON, PhD AND ADRIANA FEDER, MD

### ADAA 2021 Conference Co-Chairs

Welcome! We are honored to be this year's Conference Co-Chairs and are excited about ADAA's first 3D virtual conference and the many "not-to-miss" sessions, workshops, roundtables, poster hall, and networking opportunities available for attendees. The consistent quality and innovative nature of the research and clinical sessions presented at this conference are some of the many reasons we are proud to call ADAA our professional home.

ADAA holds the only meeting of its kind, which unites leaders in the research community from across the U.S. and internationally with clinicians from all mental health disciplines. This year's meeting theme—"Resilience and Recovery: From Research to Practice" is very exciting—particularly in light of the very challenging year we have all experienced as a result of the COVID-19 pandemic. Many of our 130+ sessions will focus on the biopsychosocial determinants of resilience as demonstrated through translational studies, human subjects research, and clinical interventions and applications. Many sessions will focus on identifying the genetic, epigenetic, neurobiological, developmental, and psychosocial underpinnings of resilience. Session attendees will be exposed to preventive and treatment interventions aimed at enhancing resilience across the lifespan. In addition, there are numerous sessions devoted to COVID-19-related issues and racial disparities in mental health and healthcare.

This year's keynote addresses by Ann S. Masten, PhD, "Resilience in Science and Practice: Pathways to the Future," Gene Howard Brody, PhD "Resilience to Adversity and the Early Origins of Disease," and Noelle Hurd, PhD "Centering a Resilience Perspective in Work with Marginalized Groups," together with the Jerilyn Ross Lecture "The State of the Art of Toxic Stress and Resilience Research: Policy and Practice Implications," featuring Joan Kaufman, PhD, are just a few highlights of #ADAA2021Virtual. Be sure to also attend ADAA's Annual Scientific Research Symposium "Resilience: From Research to Practice." The 2021 Clinical Practice Symposium will focus on "The Nuts and Bolts of Working with PTSD, Depression, and Micro-Aggressions with Minority Clients Through the Lenses of CBT, ACT & FAP," and the 10 Master Clinician sessions will educate, inspire, and challenge you to solve problems and achieve breakthroughs.

The Conference is a great way to learn and network, and we hope to see you at the virtual poster session. Please also visit our virtual partner solutions hall where you can meet with our various Special Interest Groups and committees and learn how you can become more involved with ADAA. There is truly something for everyone. Take advantage of this wonderful opportunity to chat with old colleagues, meet new friends, spark a collaboration, and learn.

We would both like to thank the members of this year's Conference Committee who worked tirelessly over the past two years to ensure a robust and stellar program—presented in this new and unique way. A special thank you to our Conference speakers, poster presenters, other committee members, event sponsors and exhibitors, and especially the ADAA staff without whom this meeting could not take place.

Please remember to save the date for ADAA's 2022 Denver conference (March 17–20). We're delighted to announce that Chadi G. Abdallah, MD and Lynnette Averill, PhD, will be co-chairing the ADAA 2022 Conference Committee. We look forward to collaborating with Chadi and Lynnette in the months ahead.

It is our sincere hope that you enjoy **the conference** and leave with renewed inspiration for the important research and/or clinical work you do.



**CINDY J. AARONSON, PhD**  
**ADRIANA FEDER, MD**  
ADAA 2021 Co-Chairs

**CARMELA ALCANTARA, PhD**  
Conference Coordinator

**Chadi G. Abdallah, MD**  
**Jonathan Alpert, MD, PhD**  
**Lynnette Averill, PhD**  
**Kate Bentley, PhD**  
**Jill M. Emanuele, PhD**  
**Sarah Hayes-Skelton, PhD**

**Dawn Ionescu, MD**  
**Barbara Kamholz, PhD, ABPP**  
**Sandra Llera, PhD**  
**Julia Martin Burch, PhD**  
**James Murrough, MD, PhD**  
**Martin Paulus, MD – Scientific Council Chair**

**Amy Przeworski, PhD**  
**Ellen Teng, PhD**  
**Patricia Zurita-Ona, PsyD**  
**Sanjay Mathew, MD – ADAA Board Liaison**

## THANK YOU TO THE 2021 CONFERENCE COMMITTEE:

### Hats off to our 2021 session and poster reviewers!

- |                           |                              |                            |   |                                  |                                  |
|---------------------------|------------------------------|----------------------------|---|----------------------------------|----------------------------------|
| Allison Bonifay, MA, LPC  | Nicholas R. Forand, PhD      | Bashkim Kadriu, MD         | Kimberly Morrow, LCSW                   | Brian Schmaus, PhD               | Ellen Teng, PhD                  |
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| Brigette A. Erwin, PhD    | Tejal Jakatdar, PhD          | Alicia Meuret, PhD         |   | Gerald Tarlow, PhD               |                                  |
| Angela Fang, PhD          | Arash Javanbakht, MD         | Vasiliki Michopoulos, PhD  |   | Charles Taylor, PhD              |                                  |
| Adriana Feder, MD         | Tanja Jovanovic, PhD         | Amanda Morrison, PhD       |   |                                  |                                  |

**EMDR INSTITUTE**  
Founded by Dr. Francine Shapiro

**Virtual Trainings & Workshops**

**EMDR Basic Training**  
Part 1, Part 2  
20 CE Credits each

**Specialty Workshops**  
14 CE Credits each

- Utilization of EMDR Therapy with Complex Trauma (4/9-10)
- Treatment of Traumatic Attachment to a Perpetrator Using EMDR Therapy (4/30-5/1)
- Utilization of EMDR Therapy with Grief and Mourning (9/24-25)

(Completion of an EMDRIA Approved Basic Training required for Specialty Workshops)

**CE CREDITS available**

*The EMDR Institute, founded by Dr. Francine Shapiro, offers quality trainings throughout the US to licensed mental health professionals and graduate students in their internship.*

*EMDR therapy is recognized as an evidence-based treatment for trauma-related disorders by WHO, APA, ISTSS, DOD and others.*

Also Available: Distance Learning, Books & DVDs, Referrals, References

**EMDR.com**



**831.761.1040**

# VIRTUAL CONFERENCE FAQs

## When do I get access to the Virtual Event Platform?

You will receive an email with your credentials and the link to log in no later than Wednesday, March 17. If you do not receive the message, contact ADAA at [conference@adaa.org](mailto:conference@adaa.org).

## When does registration close for #ADAA2021Virtual?

You can register up to March 19, 2021. If you register on or after March 17 there will be lag time from completing your registration to receiving access to content. We encourage you to register a week before the conference to ensure you receive your credentials on time. Note: the conference platform and all sessions will be available to view through May 21, 2021.

## How do I navigate the virtual platform?

For helpful tips on navigating the virtual platform, please review [ADAA's FAQ document](#) or watch [our brief tutorial video](#).

## Is there a system check to make sure my computer is compatible with the virtual event?

Click the link to run a system test:

<https://anxietyanddepressionassociationofamerica.6connex.us/event/ADAA2021Virtual/system-check>

Please note: This system check covers standard platform functionality. It does not cover requirements for any 3rd party services that may be integrated into the experience. Verify the domains listed below in the Technical Requirements are not blocked by your personal or corporate network.

## What are the optimal browsers to use and how can I ensure I have the full digital experience in the platform?

Please refer to the notes below:

### DISPLAY /RESOLUTION SIZE

The recommended resolution for your display is at least a 1024x768 or higher resolution. The virtual experience will

adjust itself to your screen size. If you are using a PC or Mac, some rooms may look zoomed in depending on your screen size. **While a browser zoom level of 100% is recommended for optimal viewing of presentations, you may need to zoom out in order to see the entire room.** In most browsers you can use Ctrl + or Ctrl - to reset your zoom level. This option can also be found in the tools or view menu.

This is a virtual, browser-based experience. If you are using an older, or unsupported Operating System, Internet Browser, or version of Flash, you may experience decreased performance. **We recommend Chrome or Firefox as the most stable and consistent browsers for accessing the virtual environment.** Laptop, computer monitors (Mac or PC) or tablets (Android or IOS) are supported. While you can use your mobile device to access the platform, your experience will not be as the same as on a larger device.

### Do I need a webcam?

A webcam is highly recommended for maximum attendee engagement during one on one video chats and small discussion groups. Video chats are limited to 10 minutes.

### AUDIO

Audio is streaming over your device; be sure your speakers/headphones work and are turned up to an appropriate volume.

### What can I do if I am having trouble hearing audio?

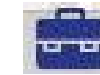
- If you have internal speakers, make sure they aren't muted.
- If you have external speakers, make sure they are powered on and aren't muted.
- Make sure you did not lose Internet connectivity.
- Make sure your system has passed the system test located under "Test my system now".
- If your system is using Adobe Flash Player and you receive a "connection failed" message it's most likely due to a proxy server blocking Flash streaming. Please contact your local IT admin.
- If you are using a mobile device, such as an iPhone, make sure you have enough bandwidth. We advise using dedicated WiFi or 4G.
- If you are using an Android device, Apple iPad or iPhone you will need to click on the media play button to begin the presentation. Android and Apple iOS devices do not permit streams to begin automatically.

## What is the difference between OnDemand, Simu-Live and Live sessions?

- OnDemand sessions consist of a 60-minute pre-recorded video of the content. These sessions will be available in the "All Sessions" room.
- Simu-Live format is a combination of the pre-recorded video with the added opportunity to ask questions via a chat box to the speaker(s). At the conclusion of the session, 15 minutes are available for you to join a Zoom meeting with the speaker(s) for additional Q&A. These sessions will be available in the "All Sessions" room.
- Live sessions will be available during specific times and they are the Keynotes, Scientific Research Symposium, Clinical Practice Symposium and the Jerilyn Ross Lecture. These sessions will be presented in the "Live Sessions" room.
- Live and Simu-Live sessions will be recorded and available as OnDemand sessions within 72 hours of presentation time. These OnDemand recordings will not include the live Q&A time for Simu-Live sessions.

## How can I remember what sessions I watched and save important resources?

- We recommend selecting this icon next to each session or resource you're interested in to save them. This way you can refer back to them after you've completed viewing sessions. Click on the briefcase icon in the navigation bar to view your saved items.



## How long are the sessions available and how do I obtain my CE/CME credits?

- Sessions are available immediately after they launch in the virtual event platform until May 21, 2021 at 11:59 PM Eastern Time.
- Please refer to the CE/CME pages in this program book ([pages 28-30](#)) or visit the ADAA Resource Center in the virtual platform and select the screen that states "CE/CME Information" for more detail on collecting your credits.

## Where can I find the attendee list?

There is an icon in your navigation bar at the bottom of your screen labeled "attendees." Select the icon and you will find those that are attending.

## How can I connect with fellow attendees?

If someone is online and you'd like to chat with them, you can click on the message bubble next to their name. If there is no bubble, then the individual is not online. **Please note that video chats are limited to 10 minutes. Text chats will disappear when you close them out.** If there is any important information you need to save, be sure to copy and paste the information into a new document before closing.

Be sure to visit the Networking Lounge to participate in small discussion groups!



### Anti-Harassment Policy

ADAA strives to provide an environment in which our diverse members may learn, network, and share information freely with their colleagues. As such, ADAA is committed to providing a safe and harassment-free conference experience for all participants (presenters, attendees, exhibitors, guests, and staff) regardless of age, race, sex, ethnicity, national origin, religion, language, sexual orientation, gender identity or gender expression, or disability. In further support of this commitment, ADAA will not tolerate harassment of any conference participant in any form.

All participants are expected to abide by ADAA's anti-harassment policy. Any participant found to be in violation of the policy or otherwise disruptive to the event may be sanctioned or expelled from the current or future events at the discretion of ADAA staff.

If you are being harassed, notice that someone is being harassed, or have other concerns, contact ADAA's Executive Director Susan Gurley ([sgurley@adaa.org](mailto:sgurley@adaa.org)) immediately. All reports will remain confidential.

## VIRTUAL CONFERENCE POLICIES AND CODE OF CONDUCT

**Registration:** Every individual attending #ADAA2021Virtual must register and pay the appropriate registration fee. Sharing of login information is prohibited and may result in removal from the virtual portal with no refund provided.

**Post-Conference Session Availability:** All sessions—including live presentations—will be available as on demand recordings. Registrants will have access to recorded sessions for 60 days following the conference dates of March 18–19, 2021 (until May 21, 2021).

**Cancellation and Refunds:** As all attendees will have access to recorded sessions following the conference dates for a period of 60 days, #ADAA2021Virtual registration fees are nonrefundable. Additionally, registration fees are nontransferable and sharing of login credentials is prohibited and may result to removal from the platform with no refund provided. No refunds will be provided for technical difficulties.

**Force Majeure:** If ADAA is unable to convene its 2021 Virtual Conference as a result of any cause beyond its control, including software/platform issues, acts of God, strikes, labor disputes, war/acts of war, terrorism, disaster, civil disorder, epidemic, pandemic, or any other condition making it impossible to hold the event, ADAA will reschedule the event and your registration fee will be applied to the rescheduled event. Refunds will not be issued.

### ADAA Virtual Conference Code of Conduct

The Anxiety and Depression Association of America (ADAA) is committed to providing a safe, productive, and welcoming environment for all meeting participants and ADAA staff. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, sponsors, ADAA staff members, service providers, and all others are expected to abide by this Virtual Programs Code of Conduct. This Policy applies to all ADAA meeting-related events and webinars, on public or private platforms, including those sponsored by organizations other than ADAA but held in conjunction with ADAA events.

ADAA has a zero-tolerance policy regarding any form of discrimination or harassment by participants or our staff at our meetings. Zero-tolerance means that the Association will not tolerate any conduct by or towards any meeting participant and ADAA staff during the virtual conference that singles out an individual or group of individuals for different treatment than others based on a legally protected characteristic, that is intended to or has the effect of unreasonably interfering with another's participation in or that creates an intimidating, hostile, or offensive virtual conference.

If you experience harassment or hear of any incidents of unacceptable behavior, ADAA requests that you inform ADAA Executive Director Susan Gurley ([sgurley@adaa.org](mailto:sgurley@adaa.org)) so appropriate action can be taken.

### Unacceptable Behavior is defined as:

- Harassment, intimidation, or discrimination in any form, including but not limited to sexual harassment.
- Verbal or written abuse of any attendee, speaker, volunteer, exhibitor, sponsor, ADAA staff member, service provider, or other meeting guest.
- Examples of verbal abuse include, but are not limited to, verbal comments related to gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin, inappropriate use of nudity and/or sexual images in public spaces or in presentations, or threatening or stalking any attendee, speaker, volunteer, exhibitor, sponsor, ADAA staff member, service provider, or other meeting guest.
- Disruption of presentations during sessions, in the exhibit hall, or at other events organized by ADAA throughout the virtual meeting. All participants must comply with the instructions of the moderator and any ADAA virtual event staff.
- Presentations and postings, questions, or messages posted to those presentations should not contain promotional materials, special offers, job offers, product announcements, or solicitation for services. ADAA reserves the right to remove such messages and potentially ban sources of those solicitations.
- Participants should not copy or take screen shots of Q&A or any chat room activity that takes place in the virtual space.

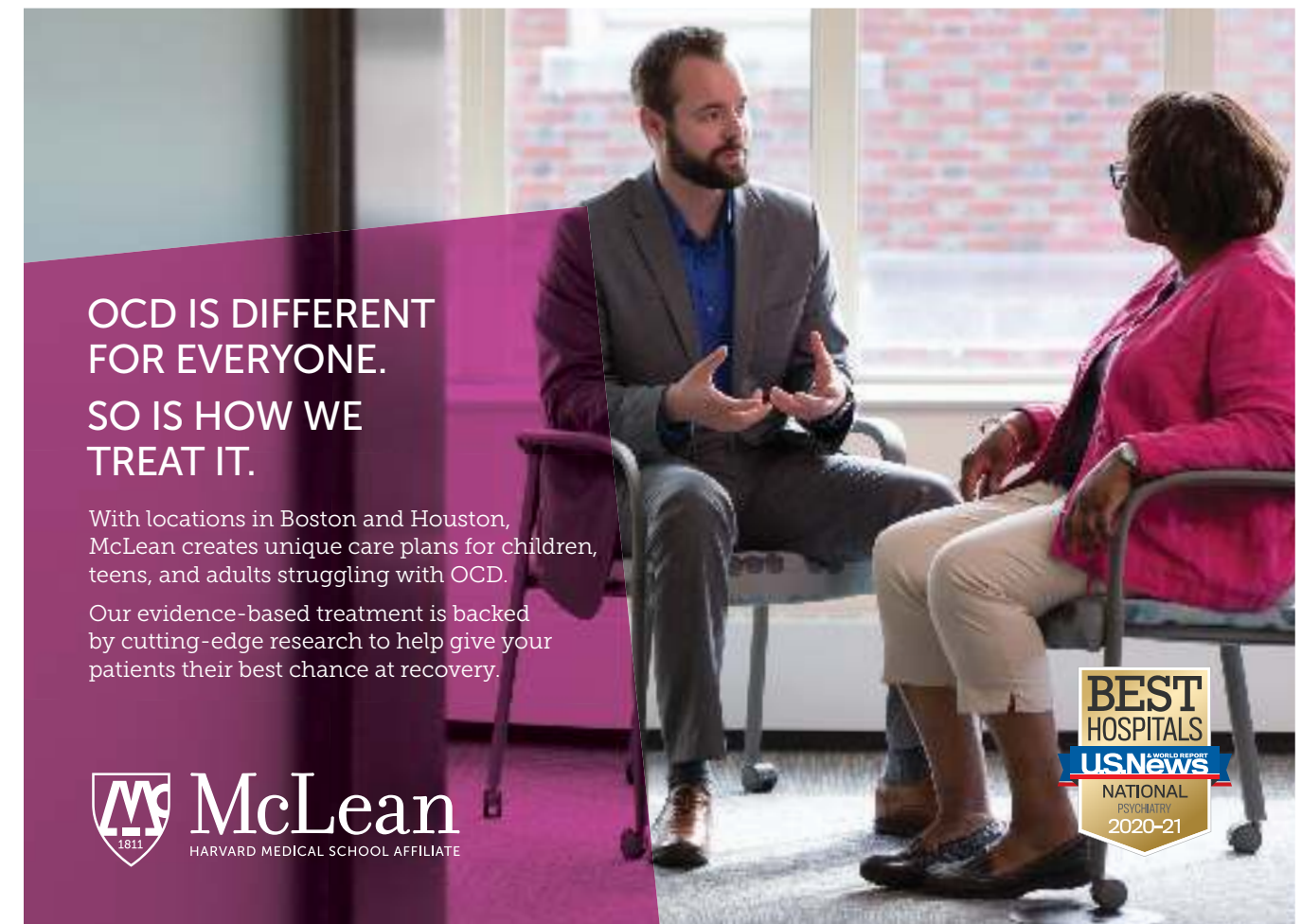
ADAA reserves the right to take any action deemed necessary and appropriate, including immediate removal from the meeting without warning or refund, in response to any incident of unacceptable behavior, and ADAA reserves the right to prohibit attendance at any future meeting, virtually or in person.

### Disclaimer On Recording and Use of Likeness

By participating in ADAA virtual events, including webinars, the Fall Forum, and the Annual Conference, you acknowledge that these events will be recorded for future use by ADAA and grant ADAA the right to record, film, live stream, photograph, or capture your likeness in any media now available or hereafter developed and to distribute, broadcast, use or otherwise globally to disseminate such media without any further approval from you. This may include using your likeness as an attendee in future marketing materials. Attendees automatically agree to authorize such recording of audio and visual content (including public Q&A chat functions) presented during the event and consent to subsequent use of the recording in the public domain by ADAA unless otherwise stated.

While presenter information such as name, credentials, title, and affiliation will be shared, attendee personal information will not be displayed in the recording or available in the public domain after the conclusion of the event. If you do not consent to the audio and video recording of the event, please do not log in to participate and direct your concerns to Vickie Spielman, Associate Director of Membership and Education, at [vspielman@adaa.org](mailto:vspielman@adaa.org) or 240-485-1030.

Questions about this Code of Conduct or Recording Disclaimer should be directed to Vickie Spielman, Associate Director of Membership and Education, at [vspielman@adaa.org](mailto:vspielman@adaa.org) or 240-485-1030.



**OCD IS DIFFERENT FOR EVERYONE. SO IS HOW WE TREAT IT.**

With locations in Boston and Houston, McLean creates unique care plans for children, teens, and adults struggling with OCD.

Our evidence-based treatment is backed by cutting-edge research to help give your patients their best chance at recovery.

**BEST HOSPITALS**  
US News  
NATIONAL PSYCHIATRY  
2020-21

**McLean**  
HARVARD MEDICAL SCHOOL AFFILIATE



# SCHEDULE AT A GLANCE

## Thursday March 18, 2021

All Times Listed are United States Eastern Standard Time.  
\*Schedule subject to change.

TIME	TITLE	
9:30 am	<b>Welcome to #ADAA2021Virtual</b> Conference Platform Opens	<b>LIVE</b> (•)
10:00 am - 11:30 am Located in Live Sessions Room <i>Keynote Address is Sponsored by Rogers Behavioral Health</i>	<b>Welcome Remarks</b> Luana Marques, PhD, ADAA Board President	<b>LIVE</b> (•)
	<b>Keynote Address: Resilience in Science and Practice: Pathways to the Future</b> <b>Ann Masten, PhD</b>	<b>LIVE</b> (•)
	<b>Enhancing Your Patients Resilience in a Pandemic</b> Jerry Halverson, MD, FACPpsych, DFAPA	
11:30 am – 2:00 pm	<b>Partner Solutions Hall Open</b>	
	<b>Poster Hall Open</b> - Sponsored by McLean Hospital (Posters Searchable by Topic)	
12:00 pm – 1:15 pm Located in All Sessions Room	<b>Master Clinician and Track Sessions (Simu-Live with Live Q&amp;A)</b> <ul style="list-style-type: none"> <li>Curiosity Training: The Important of EXTERNAL Mindfulness in CBT for Social Anxiety – <b>Master Clinician</b></li> <li>Beyond Cultural Competency: Contemplative Approaches to Working with Clinicians’ Racial Anxiety and Avoidance in Therapy – <b>Master Clinician</b></li> <li>Contextual Behavioral Approaches to Reducing Minority Stress Among Sexual and Gender Minority Clients – <b>Master Clinician</b></li> <li>Cannabis, Anxiety, and Depression: Cause for Pause of Peace of Mind? – <b>Special Topic Session</b></li> <li>Anxiety and Depression Rounds: Challenging Cases in the Real Work of Psychotherapy – <b>Clinical Track</b></li> <li>“I Feel Stuck”: Helping Kids Manage Anxiety and Remain Productive with Remote with Remote Learning – <b>Clinical Track</b></li> <li>The COVID-19 Pandemic and Mental Health: Risk Factors and Changes in Internalizing Symptoms Across the Lifespan – <b>Research Track</b></li> <li>Building Resilience to Prevent Suicide: New interventions – <b>Both Tracks</b></li> <li>Developmental Biology of Resilience and Vulnerability: Genetics, Endocrines, Neuroimaging, and Inflammation – <b>Both Tracks</b></li> <li>Using Digital Health Technology to Bridge Access to Care for Obsessive Compulsive Disorder (OCD) and Anxiety Disorders – <b>Both Tracks</b></li> </ul>	

■ Both Tracks refers to Clinical and Research Tracks

## Thursday March 18, 2021 continued

TIME	TITLE	
1:15 pm – 1:45 pm	<b>Small Discussion Groups in the Networking Lounge</b> <b>Meet the Board Room</b>	
2:00 pm – 3:30 pm Located in Live Sessions Room <i>The Scientific Research Symposium is Sponsored by Janssen Pharmaceutical Companies</i>	<b>Scientific Research Symposium: Resilience: From Research to Practice</b>	<b>LIVE</b> (•)
	Translational Approaches to Understanding Stress Resilience -Tallie Z. Baram, MD, PhD Resilience and Psychotherapy-Training Resilience and Enhancing Extinction - Michelle G. Craske, PhD Neuroimmune Mechanisms of Stress Resilience from a Preclinical Perspective - Scott Russo, PhD Moderated by Kerry Ressler, MD, PhD and Victoria Risbrough, PhD	
2:00 pm – 3:15 pm Located in All Sessions Room	<b>Master Clinician and Track Sessions (Simu-Live with Live Q&amp;A)</b> <ul style="list-style-type: none"> <li>Counseling Individuals and Families Bereaved by Suicide – <b>Master Clinician</b></li> <li>Don't Go Down the Rabbit Hole! A Clinical Approach to Unanswerable Questions and the Quest for Certainty – <b>Master Clinician</b></li> <li>The ABCs and 123s of CBT for Anxiety Disorders – <b>Master Clinician</b></li> <li>Resilience Interventions for Children and Teens Across Settings: Private Practice and Schools – <b>Clinical Track</b></li> <li>The Ethics of Hope: Working with Long-Term Clients and Refractory Conditions – <b>Clinical Track</b></li> <li>Falling Down and Getting Back Up: Normalizing Experiences of Failure in Your Career – <b>Clinical Track</b></li> <li>Resilience Within: Tools for Managing Clinicians’ Own Anxieties – <b>Clinical Track</b></li> <li>Clinical Research Perspectives on Fostering Resilience in Underserved Populations Through the Implementation and Dissemination of Psychosocial Interventions in Real-World Settings – <b>Research Track</b></li> <li>Leaving Protocols Behind: Building Resilience Via a Transdiagnostic Model for Treating Depression and Its Related Problems – <b>Clinical Track</b></li> </ul>	
	3:15 pm – 3:45 pm	<b>Small Discussion Groups</b> (located in the Networking Lounge) <b>Meet the Board Room</b>
3:30 pm – 4:30 pm	<b>Poster Session</b> - Sponsored by McLean Hospital (Posters Searchable by Topic, Poster Presenters Available for Live Chat.)	

■ Both Tracks refers to Clinical and Research Tracks

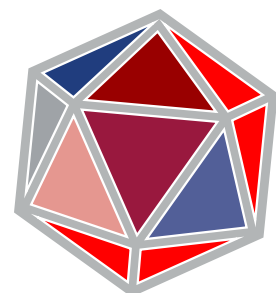


## > SCHEDULE AT A GLANCE

### Thursday March 18, 2021

TIME	TITLE
4:45 pm – 6:00 pm All Sessions Room	<b>Track Sessions (Simu-Live with Live Q&amp;A)</b> <ul style="list-style-type: none"> <li>• A Crash Course in Starting a Successful Group Private Practice – <b>Clinical Track</b></li> <li>• Fail Better! Deriving Insights and Inspiration from Treatment Resistant Cases – <b>Both Tracks</b></li> <li>• Fostering Resilience in a School Setting: Perspectives on Implementing Evidence-Based Practices – <b>Clinical Track</b></li> <li>• From Fraud to Fierce: How Acceptance and Commitment Therapy Helped Us Overcome Imposter Syndrome (and Can Help You Too!) – <b>Clinical Track</b></li> <li>• Improv for Anxiety: Letting Fun Override the Fear – <b>Clinical Track</b></li> <li>• Maternal Mental Health: Issues in Research and Clinical Care – <b>Both Tracks</b></li> <li>• Neuromodulation as a New Avenue to Recovery from Treatment Resistant PTSD – <b>Research Track</b></li> <li>• Promoting Resilience Using Novel Interventions Among Individuals at Risk – <b>Both Tracks</b></li> <li>• Working with Rigidity with Selective Mutism: Using Clinical Flexibility and Innovation to Inspire Change – <b>Clinical Track</b></li> <li>• The Scope of Expertise: Identifying and Navigating One’s Clinical Abilities – <b>Clinical Track</b></li> </ul>

■ Both Tracks refers to Clinical and Research Tracks



## BECOME AN ADAA BLOGGER!

Share your expertise and increase your visibility with our 11 million annual website visitors and with your fellow members and broader professional community.

ADAA shares your [blog posts on our website](#), social media platforms, monthly public e-newsletters and in our bi-weekly professional e-newsletter. It’s a great way to market your practice or institution!

## SCHEDULE AT A GLANCE

### Friday March 19, 2021

All Times Listed are United States Eastern Standard Time.  
\*Schedule subject to change.

TIME	TITLE
10:00 am – 10:45 am Live Sessions Room	<b>Keynote Address Resilience to Adversity and the Origins of Disease</b> <b>Gene Howard Brody, PhD</b> <b>LIVE (🔊)</b>
10:45 am – 11:30 am Live Sessions Room	<b>Keynote Address: Centering a Resilience Perspective in Work with Marginalized Groups</b> <b>Noelle Hurd, PhD</b> <b>LIVE (🔊)</b>
11:30 am – 2:00 pm	<b>Partner Solutions Hall Open</b>  <b>Poster Hall Open - Sponsored by McLean Hospital</b> (Posters Searchable by Topic)
12:00 pm – 1:30 pm Live Sessions Room <i>Sponsored by Axxome Therapeutics</i>	<b>Clinical Practice Symposium:</b> The Nuts and Bolts of Working with PTSD, Depression, and Micro-Aggressions with Minority Clients Through the Lenses of CBT, ACT & FAP - Janina Scarlet, PhD and Matthew Skinta, PhD <b>LIVE (🔊)</b>  Moderated by Patricia Zurita Ono, PsyD
12:00 pm – 1:15 pm All Sessions Room	<b>Track Sessions (Simu-Live with Live Q&amp;A)</b> <ul style="list-style-type: none"> <li>• Intergenerational Transmission of Traumatic Stress: Identifying Mechanisms and Pathways Across Development – <b>Research Track</b></li> <li>• Suicide Risk Identification: Examining the Impact of Transdiagnostic Risk Factors on Suicidality – <b>Research Track</b></li> <li>• Leveraging Neuroscience to Examine Predictors and Mechanisms of Treatment in Anxiety and Related Disorders – <b>Research Track</b></li> <li>• Engaging Digital Technologies to Promote Resilience and Recovery – <b>Both Tracks</b></li> <li>• The Role of Positive Affect in Emotional Disorders – <b>Both Tracks</b></li> <li>• Demystifying the Psychology Internship Application: Successful Strategies for Applications – <b>Both Tracks</b></li> <li>• Physiological and Neural Biomarkers of Stress Resilience Following Emergency Department Trauma: Preliminary Findings from the AURORA Study – <b>Research Track</b></li> </ul>
1:15 pm – 1:45 pm	<b>Small Discussion Groups</b> (in the Networking Lounge) <b>Meet the Board Room</b>

■ Both Tracks refers to Clinical and Research Tracks

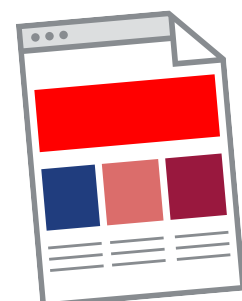


## ➤ SCHEDULE AT A GLANCE

Friday March 19, 2021 *continued*

TIME	TITLE
2:00 pm – 3:15 pm All Sessions Room	<p><b>Master Clinician and Track Sessions (Simu-Live with Live Q&amp;A)</b></p> <ul style="list-style-type: none"> <li>• The Ups and Downs of Perfectionism: Acceptance and Commitment Skills for Doing Things Right, Fears of Being a Failure, and Harsh Criticisms – <b>Master Clinician</b></li> <li>• Working with Problematic Beliefs in Complicated Grief Treatment – <b>Master Clinician</b></li> <li>• Evaluation and Management of Treatment-Resistant Post-Traumatic Stress Disorder – <b>Master Clinician</b></li> <li>• Providing Psychosocial Staff Support in the COVID-19 Pandemic: Lessons Learned – <b>Clinical Track</b></li> <li>• Shame and Self-Criticism vs. Self-Compassion: Risk and Resilience in Mental and Physical Health – <b>Clinical Track</b></li> <li>• Best Practices for Addressing Systemic Inequities in Systems of Care: Continuing the Dialogue – <b>Both Tracks</b></li> <li>• Coping with COVID-19: Identifying Transdiagnostic and Modifiable Risk and Resilience Factors Among Adolescents – <b>Both Tracks</b></li> <li>• Ketamine Treatment in Real World, Clinical Settings (Both Tracks) Implementation of Evidence-Based Psychotherapy: A Closer Look at the Key Players – <b>Both Tracks</b></li> <li>• The Problem is I Can't Stop Thinking: Examining the Mechanisms and Treatment of Repetitive Negative Thinking – <b>Research Track</b></li> </ul>
3:30 pm – 4:30 pm Live Sessions Room Sponsored by VistaGen Therapeutics	<p><b>Jerilyn Ross Lecture:</b> The State of the Art of Toxic Stress and Resilience Research: Policy and Practice Implications presented by Joan Kaufman, PhD</p> <p style="text-align: right;"><b>LIVE</b> (••)</p>

■ Both Tracks refers to Clinical and Research Tracks



### DID YOU KNOW?

ADAA members receive a **complimentary annual online subscription to *Depression and Anxiety***—ADAA's official online journal. Also—ADAA's **professional live and on-demand webinars** and CE/CME credits are **free for members!**



### DID YOU KNOW?

ADAA has a unique interlinked public and professional mission focused on improving quality of life for those struggling with anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice and research. The newly redesigned ADAA website—[www.adaa.org](http://www.adaa.org)—had **more than 11 million unique visits** in 2020 with people seeking treatment information, resources and support provided by our more than 1,500 professional members.

#### On Demand Sessions

More than 130 sessions will be offered through the virtual platform in a recorded format.

#### CE/CME Eligibility & Ethics Related Content

ADAA anticipates that more than 125 sessions will be CE/CME eligible with several sessions also eligible for Cross-Cultural Competency Diversity Credits and Suicide Credits.

There will also be sessions providing ethics related content.

#### Questions?

Visit [www.adaa.org](http://www.adaa.org) for more conference information. Have a question? Please email [conference@adaa.org](mailto:conference@adaa.org).

**DOWNLOAD VIRTUAL SESSION INFORMATION (PDF)**



# ADAA WORKS TO PREVENT, TREAT, AND CURE ANXIETY DISORDERS AND DEPRESSION

## 40 YEARS STRONG

**Our Vision: Everyone affected by anxiety disorders and depression can obtain the resources that they need to live healthier and more productive lives.**

The Anxiety and Depression Association of America (ADAA) is an international, nonprofit organization that has been leading the fight to improve research, education, and treatment to find the cure for anxiety disorders and depression for the past 40 years.

Today we recognize anxiety disorders as the most common mental health disorders and among the most treatable. It is easy to forget how far our views have come since the first phobia meeting was held in 1978 in White Plains, New York. The term “anxiety disorder” had not yet been coined. Most anxiety disorders were called phobias. The clinicians and patients who attended the early phobia meetings discussed the need for a national organization to promote awareness of treatments for phobias. The new treatments, so-called contextual or exposure therapies, seemed promising.

By 1980 a small dedicated group founded the Phobia Society of America. These founders could only begin to imagine what impact unraveling the mysteries of anxiety would have in terms of diagnostic practice and future treatment options: Robert L. DuPont, MD; Nancy Flaxman, Arthur Hardy, MD; Jerilyn Ross, MA; Martin Seif, PhD; Harley Shands, MD; and Manuel Zane, MD.



### TODAY AND THE FUTURE

ADAA is the only organization solely dedicated to informing the public, health care professionals, the media, and legislators that anxiety disorders and depression are real, serious and treatable. We focus on reducing the cultural stigma that surrounds anxiety and depression and other mental health disorders.

ADAA is the most inclusive organization of its kind. ADAA has evolved into a unique hybrid organization with a growing professional membership of clinicians, basic and clinical scientists, clinician researchers and students.

We have forged a unique partnership that includes psychiatrists, psychologists, social workers, counselors, primary care physicians, and other health care and research professionals and organizations. ADAA also partners with corporations, journalists, educators, individuals who struggle with an anxiety disorder or depression, and their families and friends. Together we provide a unified voice for the millions across the US and around the globe whose lives have been impacted by these disorders, as well as to the thousands of health professionals who study and treat them.

This year, ADAA launched its [new 5-year strategic plan](#) which will further focus on helping people struggling with anxiety disorders and depression through the alignment of science and treatment; launching a public “friends of ADAA” initiative, strengthening and enhancing our multi-disciplinary member programming for early career professionals; and expanding our reach by enhancing internal capacity and staff.

ADAA is deeply indebted to our 1,500 professional members many of whom spend hundreds of hours a year serving on the board, committees and special interest groups working tirelessly every day to educate the public about the latest research and treatment options, bringing together the greatest minds in the field to raise awareness and work toward wellness.

As we look ahead to the next 40 years, ADAA is excited to continue building bridges and improving the lives of people suffering from anxiety, depression, OCD, PTSD, and related disorders. Together – through education, research, and practice – we will triumph over anxiety and depression!



### NEW DIRECTIONS, NEW NAMES

In the 1980s researchers discovered links between panic attacks and abnormal blood flow in the brain, learned that anxiety disorders are associated with pervasive social and health consequences, and discovered and tested various therapies and medications to treat anxiety disorders. ADAA grew to become one of the first mental health organizations to incorporate patient education, advocacy, clinician education, and dissemination of science into its mission. The organization became the Anxiety Disorders Association of America in 1990 to reflect the changing and growing field.



In 2012 ADAA changed its name again – to the Anxiety and Depression Association of America. Anxiety and depression are often “two sides of the same coin” for millions of people, and this name clearly reflects the nature of many people’s experiences. It also reflects the realities of clinical practice and acknowledges the prevalence, impact, and importance of anxiety disorders and depression and their comorbidity. Nearly 29% of people in the U.S. will meet criteria for an anxiety disorder in their lifetime and 20.8% for a mood disorder like depression.



## 1980: THE BEGINNING OF THE ADAA AND THE MODERN ERA OF ANXIETY TREATMENT

by Robert L. DuPont, MD

ADAA began as the Phobia Society of America (PSA) in 1980. It grew out of a professional environment very different from today. The anxiety disorders then were defined as “neuroses” and mental health was largely psychoanalytical. In 1978 I was seeing a few private patients in my home after I had spent the previous decade working on the problems with addiction to heroin and other drugs on a local and national level. One of my patients was a young schoolteacher who was unable to drive to and from work and she brought me an article from *Glamour Magazine* touting a new form of treatment for “agoraphobia” which produced dramatic benefits. Only at her insistence did I contact the psychiatrist who led this program, Manuel Zane, MD in White Plains, New York. Impressed by what I heard from him I traveled to New York to learn from the program. I was fascinated by the remarkable and rapid recoveries that I saw in the group meetings of the White Plains Phobia Program. When I came back to Washington, Dr. Zane, who was then very much in the media, referred patients to me. I needed help managing this growing practice, so I hired a young woman with a master’s degree in psychology. She had been treated for a crippling phobia of heights at a spin-off phobia program at the Roosevelt Hospital in New York. That was Jerilyn Ross, and together we founded the Phobia Program of Washington. Our approach, like that of Dr. Zane was to find practical solutions to crippling anxiety which involved explanation of the physiology of anxiety and methods of reducing its terror and power. This approach was quite different from the dominant psychoanalytic approach but we were able to demonstrate early success.

In 1979 the White Plains Phobia Program held a meeting to which 50 or so mental health professionals were invited. Jerilyn and I presented at the meeting describing our new work and sharing enthusiasm with the other attendees. I had spent the prior decade helping to lead the nation’s efforts to combat addiction and was part of a group of professionals who established what had become a very large annual national meeting at which addiction professionals from all over the country came to present their findings and to learn from our other colleagues. I recognized that we could follow this model by establishing an annual meeting dealing with the treatment of phobias. Along with Jerilyn I recruited the husband of one of our first phobia group members, an attorney heading one of Washington’s premier law firms, to incorporate the Phobia Society of America in 1980. Jerilyn and I reached out to two other leaders in this new field, both of whom were highly visible in the national media coverage of this new form of treatment, Drs. Manuel Zane from White Plains and Arthur Hardy from the program he called TERRAP, from Menlo Park, California. We were the leaders of PSA; I served as President. Our first project in 1980 was to hold a national meeting of PSA in Washington, DC. In 1982 we published a book from the proceedings of that meeting which we called the second annual meeting, following the inspiration of the earlier 1979 meeting in White Plains.

It is hard today to appreciate just what a radical change this organization represented. We advocated a new form of treatment which was big news at the time. There was a sustained and intense national media interest in phobias and their treatment as it became clear how many people suffered but were not getting effective treatment. In 1977 60 Minutes produced a one-hour show to this treatment featuring Drs. Zane and Hardy and many of their patients. It was re-aired because it drew a bigger audience than any other show in the history of 60 Minutes at that time. Our Phobia Program of Washington was also featured on television and the radio within the Washington/Baltimore area for several years. One of our patients was featured in a two-page story in The Washington Post reporting how she had been housebound for 35 years, never venturing out in that time. But with our help she



was liberated. This is where Jerilyn Ross and I had the opportunity to shine a very public light on the anxiety disorders and their treatment. For a number of years, we were frequent guests on local and national news shows and gave countless interviews for papers and magazines.

What we did not realize at the time was that our new professional organization and the national attention it brought was instrumental for the recognition of the anxiety disorders as illnesses that were both serious and treatable. PSA brought together professionals from many areas including but certainly not limited to medicine, psychology, and social work. But, right from the beginning we also welcomed “consumers,” people who were

struggling with anxiety disorders. Together we helped define the diagnosis and brought clinical experience and academic rigor to a population who had been largely ignored. This new form of treatment we pioneered had been inspired by the books written by the Australian general practitioner Claire Weekes, MD. A brilliant biography of her has just been published in the United States: *The Woman Who Cracked the Anxiety Code: the extraordinary life of Dr. Claire Weekes* by Judith Hoare. Dr. Weekes’ books were global bestsellers as she wrote easily accessible explanations of how people were “tricked by their nerves.” When Dr. Weekes came to the United States, she had ready access to the major television networks and newspapers because she was a celebrity. Her thinking, which was that individuals could be taught how to manage their own anxiety, inspired me and PSA. She was the featured speaker at the PSA meeting in New York in 1983.

Many mental health professionals who were part of PSA in its first decade remain active in ADAA today. In those early years, there was very little psychopharmacology in treatment programs, no sign of interest from pharmaceutical companies, and little attention was paid to the anxiety disorders by medical schools or other professional organizations. The popular phrase “panic attack” was barely used, and little understood by patients or practitioners. Like members of ADAA today, we were dedicated to educating, advocating for, and treating our patients. We were inspired by the dramatic improvement in their lives that we helped them achieve. It is wonderful to see how far our organization has come, and how many lives have been improved by our work during the past four decades—thanks to the ADAA and to its amazing growth since that modest beginning.



Visit the Resource Room to hear Dr. DuPont discuss ADAA's extraordinary past and visionary future.

## PAST PRESIDENTS' QUOTES

“ One of the best professional decisions I have ever made was to join ADAA and then to get involved in its leadership. I expected to be fulfilled professionally, and certainly was. What surprised me is how much ADAA has meant to me personally. It has been an honor to work and serve with such amazing and talented people, and I am forever grateful for the incredible gift of friendship ADAA has given me. Easily one of the best decisions of my life.”

– Beth Salcedo, MD, Medical Director The Ross Center for Anxiety & Related Disorders

“ ADAA and its annual meeting has been my go-to organization for professional development, networking and continuing education. I cannot think of a friendlier, more dedicated group to join in our mutual effort to serve people everywhere who suffer from mental illness related to anxiety, depression and trauma.”

– Karen L. Cassidy, PhD – Clinical Director and Owner, The Anxiety Treatment Center

“ One of the key reasons that I was keen to devote energy and time for the ADAA was not just my interest in anxiety disorders and depression but that it was one of the few organizations that reflected the values of my home department, a place for clinician investigators, both psychologists and psychiatrists, to collaborate and partner on understanding and treating these often disabling and painful conditions.”

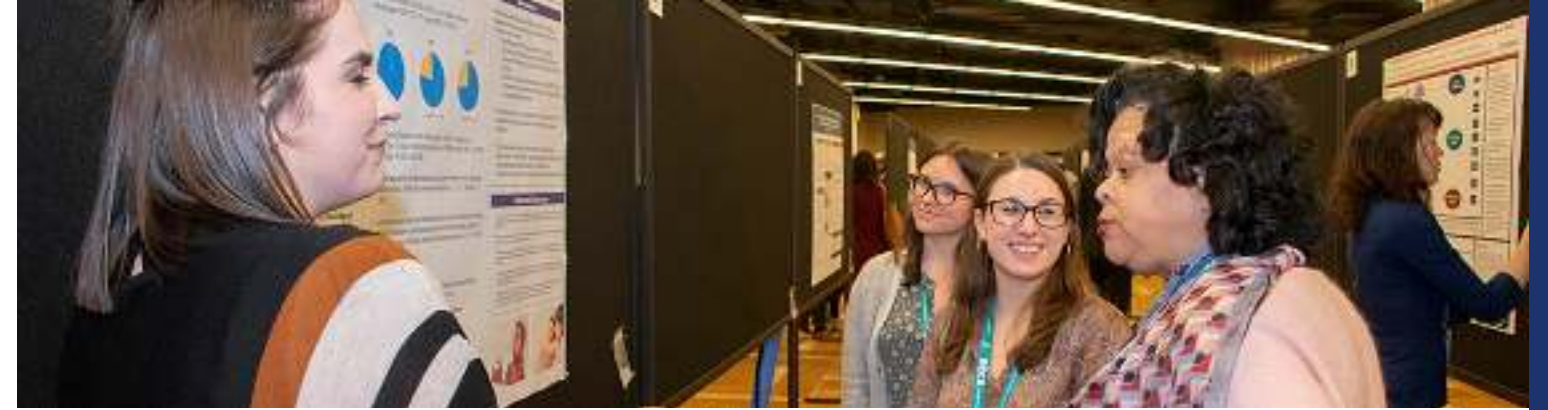
– Jerrold F. Rosenbaum, MD., Psychiatrist-in-Chief Emeritus  
Director, Center for Anxiety and Traumatic Stress Disorders (CATSD), Massachusetts General Hospital  
Stanley Cobb Professor of Psychiatry, Harvard Medical School

“ The ADAA serves a critical function in advancing the field of anxiety and depression by providing a unique forum for the exchange of ideas between researchers and clinicians. This rich interchange serves to stimulate both the advance of research as well as the integration of cutting-edge science into the care of our patients.”

– Mark H. Pollack, MD, Chief Medical Officer, Myriad Neuroscience,  
Professor, Department of Psychiatry and Behavioral Sciences, Rush University Medical Center

“ ADAA's focus on evidence-based practice permeates the entire program. Prioritizing science and practice across all mental health disciplines is the hallmark of ADAA and separates it from so many other professional organizations.”

– Terence M. Keane, PhD, Associate Chief of Staff for Research & Development, VA Boston Healthcare System  
Director: Behavioral Sciences Division, National Center for Posttraumatic Stress Disorder  
Professor of Psychiatry & Assistant Dean for Research, Boston University School of Medicine



## ADAA SCIENTIFIC COUNCIL

[ADAA's Scientific Council \(SC\)](#) is comprised of mid- and senior-level basic and clinical researchers committed to the organization.

The SC contributes scientific expertise and mentorship, actively grows membership and encourages participation among colleagues, students and fellows, and volunteers to participate in projects that maintain ADAA's leading edge in research, dissemination, and treatment.

<b>Martin Paulus, MD – Chair</b>	Golda Ginsburg, PhD	Alicia Meuret, PhD	Naomi Simon, MD, MSc
<b>Victoria Risbrough, PhD – Vice Chair</b>	Andrew W. Goddard, MD	Charles B. Nemeroff, MD, PhD	H. Blair Simpson, MD, PhD
James Abelson, MD, PhD	Wayne Goodman, MD	Fugen Neziroglu, PhD, ABPP	Jasper Smits, PhD
Anne Marie Albano, PhD, ABPP	Richard Heimberg, PhD	Thomas Ollendick, PhD	Jordan W. Smoller, MD, ScD
Candace Alfano, PhD	John Hettema, MD, PhD	Katharine A. Phillips, MD	Noam Soreni, MD
Gordon J.G. Asmundson, PhD	Dina Hirshfeld-Becker, PhD	John Piacentini, PhD	Dan J. Stein, MD, PhD
James C. Ballenger, MD – Emeritus	Stefan G. Hofmann, PhD	Daniel S. Pine, MD	Murray B. Stein, MD, MPH
Jeremy Coplan, MD	Elizabeth Hoge, MD	Diego Pizzagali, PhD	Michael Telch, PhD
Edward Craighead, MD	Eric Hollander, MD	Mark H. Pollack, MD	Michael Edward Thase, MD
Michelle Craske, PhD	Paul Holtzheimer, MD	Mark H. Rapaport, MD	Michael Van Ameringen, MD, FRCPC
Kathleen Delaney, PhD, PMH-NP, FAAN	Ned Kalin, MD	Scott Rauch, MD	Karen Wagner, MD, PhD
JoAnn Difede, PhD	Terence M. Keane, PhD	Sheila Rauch, PhD	John Walkup, MD
Darin Dougherty, MD	Ronald C. Kessler, PhD	Kerry Ressler, MD, PhD	Risa Weisberg, PhD
Norah Feeny, PhD	Joseph LeDoux, PhD – Emeritus	Jerrold F. Rosenbaum, MD	Myrna M. Weissman, PhD
Edna Foa, PhD	Michael R. Liebowitz, MD	Barbara O. Rothbaum, PhD, ABPP	Julie Wetherell, PhD
Brendan Gibb, PhD	Dean McKay, PhD	Peter Roy-Byrne, MD	Sabine Wilhelm, PhD
	Alison C. McLeish, PhD	Franklin Schneier, MD	Lori Zoellner, PhD
	Douglas S. Mennin, PhD	M. Katherine Shear, MD	

# THANK YOU TO OUR 2021 CONFERENCE EXHIBITORS AND PARTNERS!

Meet our 2021 exhibitors at the Partner Solutions Hall on Thursday, March 18 and Friday, March 19 from 11:30 am – 2:00 pm. The Partner Solutions Hall will be available through May 21, 2021.

[American Foundation for Suicide Prevention \(AFSP\)](#)  
[Axsome Therapeutics](#)  
[Chamberlain International School](#)  
[Cohens Veteran Network](#)  
[Epilepsy Foundation](#)  
[Lido Wellness Center](#)  
[McLean Hospital](#)  
[Mountain Valley Treatment Center](#)  
[National Institute of Mental Health \(NIMH\)](#)  
[The OCD and Anxiety Treatment Center](#)  
[Pathlight](#)

[Postpartum Support International](#)  
[Psychological Health Center of Excellence](#)  
[Renewed Freedom Center](#)  
[Retreat Behavioral Health](#)  
[Rogers Behavioral Health](#)  
[Sheppard Pratt](#)  
[Tempus](#)



## CONGRATULATIONS TO THE 2020/2021 ADAA AWARDEES

### 2021 ALIES MUSKIN CAREER DEVELOPMENT LEADERSHIP PROGRAM (CDLP)

The program is designed to encourage early career clinicians and researchers to engage in creative discourse about anxiety, depression, and co-occurring disorders in a diverse, multidisciplinary community. Participants benefit from episodic mentoring, cross-fertilization of disciplines, networking, and the enhancement of skills to become more professionally competitive.

#### Research Track Awardees

Kimberly Arditte Hall, PhD  
 Elise Cardinale, PhD  
 Wei-li Chang, MD, PhD  
 Cope Feurer, MS  
 Gregory Fonzo, PhD  
 Fallon Goodman, PhD  
 Simone Haller, DPhil  
 Nathaniel Harnett, PhD  
 Mbemba Jabbi, PhD  
 Sonalee Joshi, MS  
 Antonia Kaczurkin, PhD  
 Amanda Khan, PhD  
 Morganne Kraines, PhD

Hilary Marusak, PhD  
 Yara Mekawi, PhD  
 Kelley O'Donnell, MD, PhD  
 Heather Rusch, MS  
 Temilola Salami, PhD  
 Hans Schroder, PhD  
 Anais Stenson, PhD  
 Danielle Taylor, MS  
 Evan White, PhD  
 James Whitworth, PhD  
 Mary Woody, PhD  
 Soo Jeong Youn, PhD

#### Clinical Track Awardees

Chad Brandt II, PhD  
 Lauren Edwards, MD  
 Amy Kranzler, PhD  
 Lauren Latella, PhD  
 Ana Martinez de Andino, PhD  
 Michelle Pievsky, PhD  
 Meredith Senter, MD  
 Jessica Stern, PhD  
 Monika Stojek, PhD  
 Anna Swan, PhD  
 Lauren Szkodny, PhD

#### Thank you to the 2020/2021 CDLP Committee

James Abelson, MD, PhD  
 Jeremy D. Coplan, MD  
 Edward Craighead, PhD  
 Jill Ehrenreich-May, PhD  
 Jill Emanuele, PhD  
 Kari Gregory, MS, LPC  
 Paul Holtzheimer, MD  
 Dawn F. Ionescu, MD  
 Tanja Jovanovic, PhD  
 Alicia Meuret, PhD  
 Sheila Rauch, PhD, ABPP  
 Kerry J. Ressler, MD, PhD  
 Naomi Simon, MD, MSc

A Special Thank You to the CDLP Committee and the Program Mentors for Their Dedication and Collaboration.

### THE 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.

#### 2021 Klein Awardee

Annamarie MacNamara, PhD

#### 2021 Klein Runner-Up

Hilary Weingarden, PhD

#### Thank you to the 2021 Donald F. Klein Reviewers:

Charles B. Nemeroff, MD, PhD  
 Naomi M. Simon, MD

### 2021 AWARDEES

The ADAA awards program also recognizes outstanding member participation and commitment to the Association as well as the community through Member Recognition Awards. This award program includes: the ADAA Member of Distinction, the Jerilyn Ross Clinician Advocate Award, Special Recognition and Emerging Leader awards.

#### MEMBER OF DISTINCTION AWARD

Adriana Feder, MD

#### JERILYN ROSS CLINICIAN ADVOCATE AWARD

Richa Bhatia, MD, FAPA

#### SPECIAL RECOGNITION AWARD

Lauren P. Wadsworth, PhD  
 Briana Woods-Jaeger, PhD

#### EMERGING LEADER AWARD

Amanda W. Baker, PhD  
 Alexandra Bettis, PhD

#### VISIONARY AWARD

Robert DuPont, MD

#### FOUNDERS AWARD

Cindy J. Aaronson, MSW, PhD  
 James L. Abelson, MD, PhD  
 Robert Ackerman MSW, LCSW  
 Stan D. Arkow, MD  
 David H. Barlow, PhD  
 Edna B. Foa, PhD  
 Abby J. Fyer, MD  
 Jack M. Gorman, MD  
 Eric Hollander, MD  
 Michael Leibowitz, MD  
 Marty Seif, PhD, ABPP  
 Reid Wilson, PhD  
 Sally Winston, PsyD

## THANK YOU FOR YOUR SUPPORT

Meet our 2021 sponsors at the Partner Solutions Hall on Thursday, March 18 and Friday, March 19 from 11:30 am – 2:00 pm. The Partner Solutions Hall will be available through May 21, 2021.

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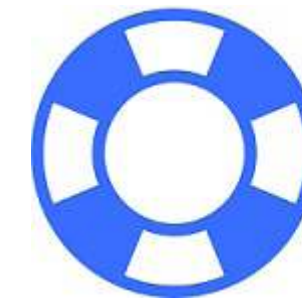
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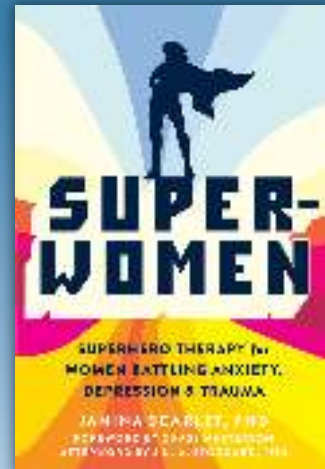
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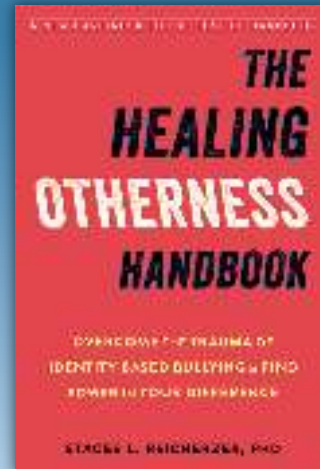
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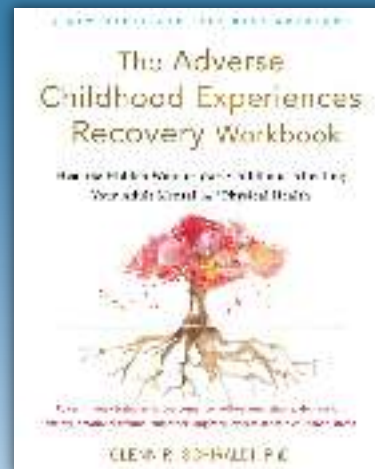
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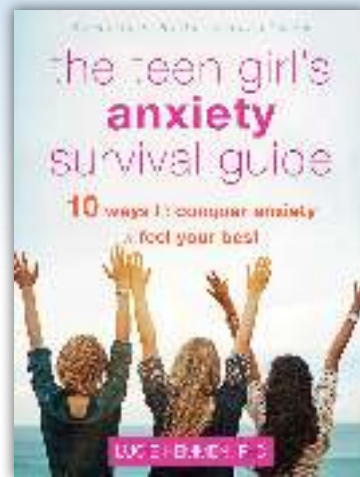
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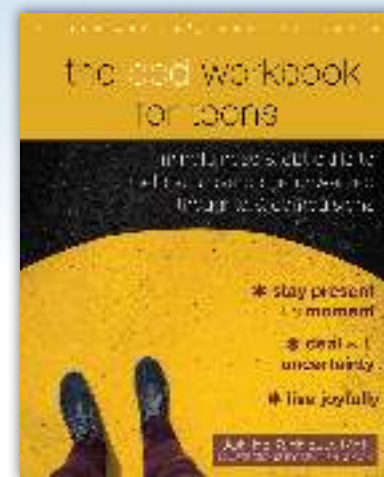
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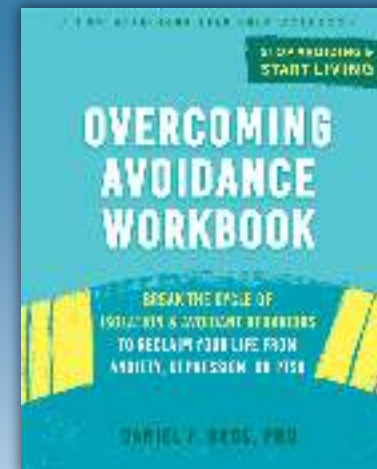
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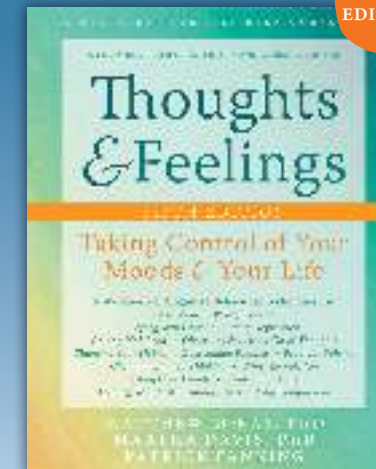
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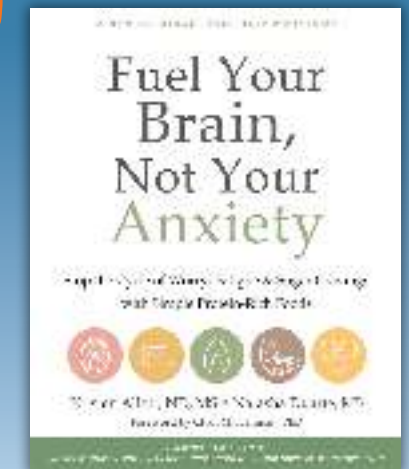
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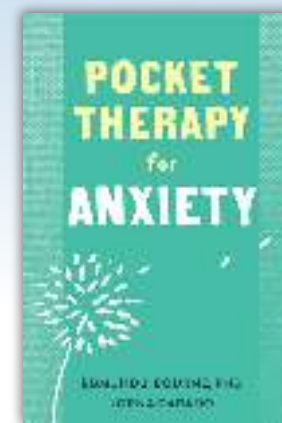
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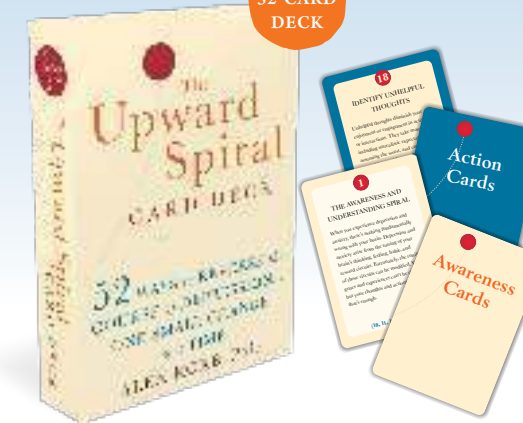
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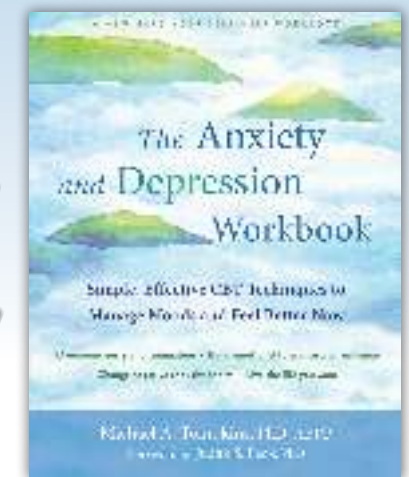
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## CONTINUING EDUCATION

### PROGRAM OVERVIEW

The annual conference of the Anxiety and Depression Association of America (ADAA) is designed to meet the educational needs of member and nonmember clinicians and researchers by providing training, dissemination of evidence-based treatments, and translation of the latest research.

Anxiety disorders and depression are common and disabling. Anxiety disorders comprise a diagnostic category that includes generalized anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), social anxiety disorder, and phobias. Lifetime prevalence estimates for all anxiety disorders and major depression are 28.8 percent and 16.6 percent, respectively. Mental illnesses account for more than half as many disability days as all physical illnesses, with anxiety and depressive disorders being the major causes of disability. More than 40 million adults have one or more anxiety disorder, and 19 million adults have depression; anxiety disorders are the most common mental illnesses in children.

Research has long documented the high comorbidity between anxiety disorders and depression; the latest data continues to highlight the importance of understanding the overlap between these disorders, not only with respect to their etiology, but also in terms of treatment course. In 50 percent of diagnoses, individuals have comorbid anxiety and depression. Additionally, anxiety and depression are the primary illnesses associated with suicide. To continue leading the field, ADAA has broadened its mission and vision to encompass anxiety and depressive disorders.

The desired results for the conference are that attendees are aware of the latest developments in preclinical and clinical research, are able to translate this knowledge to clinical practice, apply evidence-based research to practice, discuss real-world clinical experiences to influence research, and develop new skills and techniques to improve diagnosis,

prevention, and treatment of anxiety and depressive disorders. It is also expected that researchers and clinicians will discuss how specific diagnoses manifest in the clinic and the reality of implementation of evidence-based and novel treatments in real world settings. Additionally, participants will evaluate and discuss how to use new technologies and social media in research and clinical practice, thus advancing the dissemination and implementation of empirically based and novel treatments.

### CONFERENCE EDUCATIONAL OBJECTIVES

After participating in the Anxiety and Depression Association of America Conference, attendees will:

- Understand the meaning of resilience, as demonstrated through translational models, human subjects research, and clinical applications
- Identify the genetic, epigenetic, neurobiological, developmental, and psychosocial underpinnings of resilience
- Be exposed to preventive and treatment interventions aimed at enhancing resilience across the life span

### CONFERENCE THEME: RESILIENCE AND RECOVERY: FROM RESEARCH TO PRACTICE

Resilience has been defined as the ability to adapt successfully when faced with adversity, chronic stress, trauma, or major threat. The last decade has seen significant advances in the study of resilience at multiple levels of inquiry in concert, including genetic, epigenetic, neurobiological and psychosocial levels, both during development and adulthood. A range of factors that have been linked to resilience are potentially modifiable with preventive and treatment interventions for high-risk populations. The sessions will review data from translational research to clinical applications across the life span and across trauma- and stress-related psychiatric disorders, including depression, anxiety, PTSD, and others.

### ELIGIBILITY

The ADAA 2021 Annual Conference will be eligible for approximately 50 live CE/CME and over 120 enduring CE/CME credits or hours to registered professional physicians, psychiatrists, neurologists, psychologists, social workers, counselors and case managers. Additionally, 7 sessions will be eligible for Cross-Cultural Diversity Credits and 9 Suicide Credits.

- ADAA members may sign up for CE or CME credits at no additional cost.
- Non-members may sign up for CE or CME credits for an additional fee of \$89 per discipline.
- Only professional attendees can receive CE or CME credits; those paying guest, student, post-doc, trainee, or consumer fees cannot apply for CE or CME credits
- Online attendance verification, individual session evaluations, and printed certificate must be completed by August 21, 2021 to be eligible for credit.
- Emails will be sent to eligible registrants one week prior to the conference.

### ACCREDITATION STATEMENT

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Anxiety and Depression Association of America (ADAA). Amedco LLP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



### PHYSICIANS (ACCME)

Amedco LLC designates this live activity for a maximum of **55.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Amedco LLC designates this enduring material for a maximum **125.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### PSYCHOLOGISTS (APA)

Amedco LLC designates this **live activity/enduring material** for a maximum of 125.0 Psychologist contact hours.

The following state boards accept courses from APA providers for Counselors: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, MD, ME, MO, NC, ND, NH, NE, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY  
MI: No CE requirements

**The following state boards accept courses from APA providers for MFTs:** AK, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, MD, ME, MO, NE, NC, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY (held)  
MI: No CE requirement

**The following state boards accept courses from APA providers for Addictions Professionals:** AK, AR, CO, CT, DC, DE, GA, IA, IN, KS, LA, MD, MO, MT, NC, ND, NE, NJ, NM, NY (outstate held)\*, OK, OR, SC, UT, WA, WI, WY

**MA/MFTs:** Participants can self-submit courses not approved by the MAMFT board for review.

**The following state boards accept courses from APA providers for Social Workers:** AK, AR, AZ, CA, CO, DE, FL, GA, ID, IN, KY, ME, MN, MO, NE, NH, NM, OR, PA, VT, WI, WY

*\*If the activity is held live in the state of NY, the direct addictions board is required, ie: NAADAC. If the activity is held outside NY, is virtual, enduring or remote, it is considered "outstate" and this reciprocity applies.*

### SOCIAL WORKERS (ASWB)

As a Jointly Accredited Organization, Amedco LLC is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. Social Workers completing this course receive **125.0 GENERAL** continuing education credits.



*continued next page*

# CONTINUING EDUCATION *continued*

## The following state boards accept courses offering ASWB

**ACE credit for Social Workers:** AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NC, ND, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY

*\*WV accepts ASWB ACE unless activity is live in West Virginia, then an application is required.*

## The following state boards accept courses offering ASWB

**ACE credit for Counselors:** AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK, OR, PA, TN, TX, UT, VA, WI, WY

**AL/Counselors:** Activities not providing NBCC approval may be approved by the Board for individual licensees upon receipt of acceptable documentation prior to the activity. Please send course details to your licensing board for approval BEFORE the event. No approvals afterward by the Board.

**MI:** No CE requirement

## The following state boards accept courses offering ASWB

**ACE credit for MFTs:** AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK, OR, PA, RI, TN, TX, UT, VA, WI, WY

**MA/MFTs:** Participants can self-submit courses not approved by the MAMFT board for review.

**MI:** No CE requirement

## The following state boards accept courses offering ASWB

**ACE credit for Addictions Professionals:** AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY

## NEW YORK BOARD FOR SOCIAL WORKERS (NY SW)

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approval provider of continuing education for licensed social workers #0115. 125.0 hours.

## NEW YORK BOARD OF PSYCHOLOGY (NY PSY)

Amedco is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0031. 125.0 hours.

## NBCC

The Anxiety and Depression Association of America (ADAA) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6872. Programs that do not qualify for NBCC credit are clearly identified. ADAA is solely responsible for all aspects of the programs.

## CAMFT

The CAMFT board accepts credits from providers approved by the American Psychological Association (APA).

## SUICIDE CREDIT QUALIFIED SESSIONS:

1. Boosting Positivity to Treat Anxiety, Depression and Suicidality: New Treatment Developments
2. Building Resilience to Prevent Suicide: New Interventions
3. I'm Still Standing: Risk and Protective Factors-Relevant for Suicide and Depression
4. Posttraumatic Stress and Complicating Sequelae: Physical Experiences in the Context and Aftermath of Psychological Trauma
5. Resilience and Stress as Moderators of Suicide Risk
6. Suicide Risk Identification: Examining the Impact of Transdiagnostic Risk Factors on Suicidality
7. Depression and Opioid Use Disorder: Strategies for Assessment and Treatment
8. The Perpetual Risk of Suicide in Military, Police, and Veterans: What Every Clinician Needs to Know
9. Counseling Individuals and Families Bereaved by Suicide



## DIVERSITY CREDIT QUALIFIED SESSIONS:

1. A Global Perspective on Resilience Factors as Moderators of Variability in Mental Health During COVID-19 in Diverse Clinical
2. Culturally Responsive Approaches to the Treatment of Anxiety
3. So What if You're Gay? Uncovering the Mystery Behind a Misunderstood Form of OCD
4. Best Practices for Addressing Systemic Inequities in Systems of Care: Continuing the Dialogue
5. Beyond Cultural Competence: Contemplative Approaches to Working with Clinicians' Racial Anxiety and Avoidance in Therapy
6. Clinical Research Perspectives on Fostering Resilience in Underserved Populations Through the Implementation and Dissemination of Psychosocial Interventions in Real-World Settings
7. Contextual Behavioral Approaches to Reducing Minority Stress Among Sexual and Gender Minority Clients

## HOW TO APPLY FOR CREDIT

Conference attendees qualifying for continuing education credits or continuing medical education credit will be provided with instructions for claiming credits one week prior to the conference. Eligible registrants will be provided with a username and password for the online program. At the conclusion of the conference, attendees may begin their session evaluations in the online program. CE and CME certificates can be printed immediately upon completion of the above steps.

Attendees planning to claim credits are strongly encouraged to track all sessions in which the fully participate. You may do so by "saving" sessions into your materials folders in the virtual platform or by keeping your own list. Attendees will be required to complete post-test questions for each session they will claim for credit.

**All evaluations do not need to be completed at the same time—attendees may log in and out of the system—but all attendees must complete their evaluations and print their certificates no later than August 21, 2021.**

Direct all questions regarding CE or CME to [conference@adaa.org](mailto:conference@adaa.org), or call 240-485-1030. You can also stop by the virtual information desk on March 18 and 19 with any questions.



## DISCLOSURE REPORT 2021

Listed below is information disclosed by presenters. Any real or apparent conflicts of interest related to the content of their presentations have been resolved.

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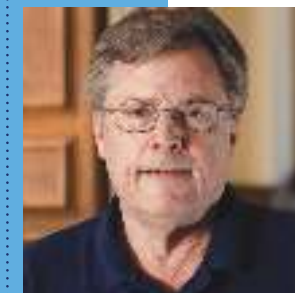
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### Bruce S. McEwen, PhD

1938–2020

Bruce Sherman McEwen was an American neuroendocrinologist and Alfred E. Mirsky Professor and Head of the Harold and Margaret Milliken Hatch Laboratory of Neuroendocrinology at Rockefeller University. Dr. McEwen was internationally renowned for his extraordinary research documenting the profound role of stress and stress hormones, specifically corticosterone the major steroid in rodents, on both brain structure and function.



### Ronald Stanton Duman, PhD

1954–2020

Ronald Stanton Duman, PhD was a Professor of Psychiatry and Pharmacology Director, Division of Molecular Psychiatry and Abraham Ribicoff Research Facilities at Yale University. Dr. Duman's work shed light on the mechanisms through which psychological stress produces detrimental effects on brain structure and how antidepressant treatments restore the brain's capacity for resilience, partly by increasing neurogenesis, and in so doing, reverse the detrimental neuroanatomical changes produced by stress.

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ADAA embraces diversity and inclusiveness as a core value. We make a difference in the lives of people with anxiety disorders and depression. We provide help through the alignment of science and treatment.

**EVIDENCE-BASED:**  
Our programs and content are grounded strictly in treatments derived from scientifically accepted protocols of testing, trials, and peer review. This ensures that we bring the latest in scientific advancements to our professional and public educational content and outreach.

**INTER-DISCIPLINARY:**  
Our international membership welcomes the full range of mental health professionals and students working on anxiety disorders and depression.

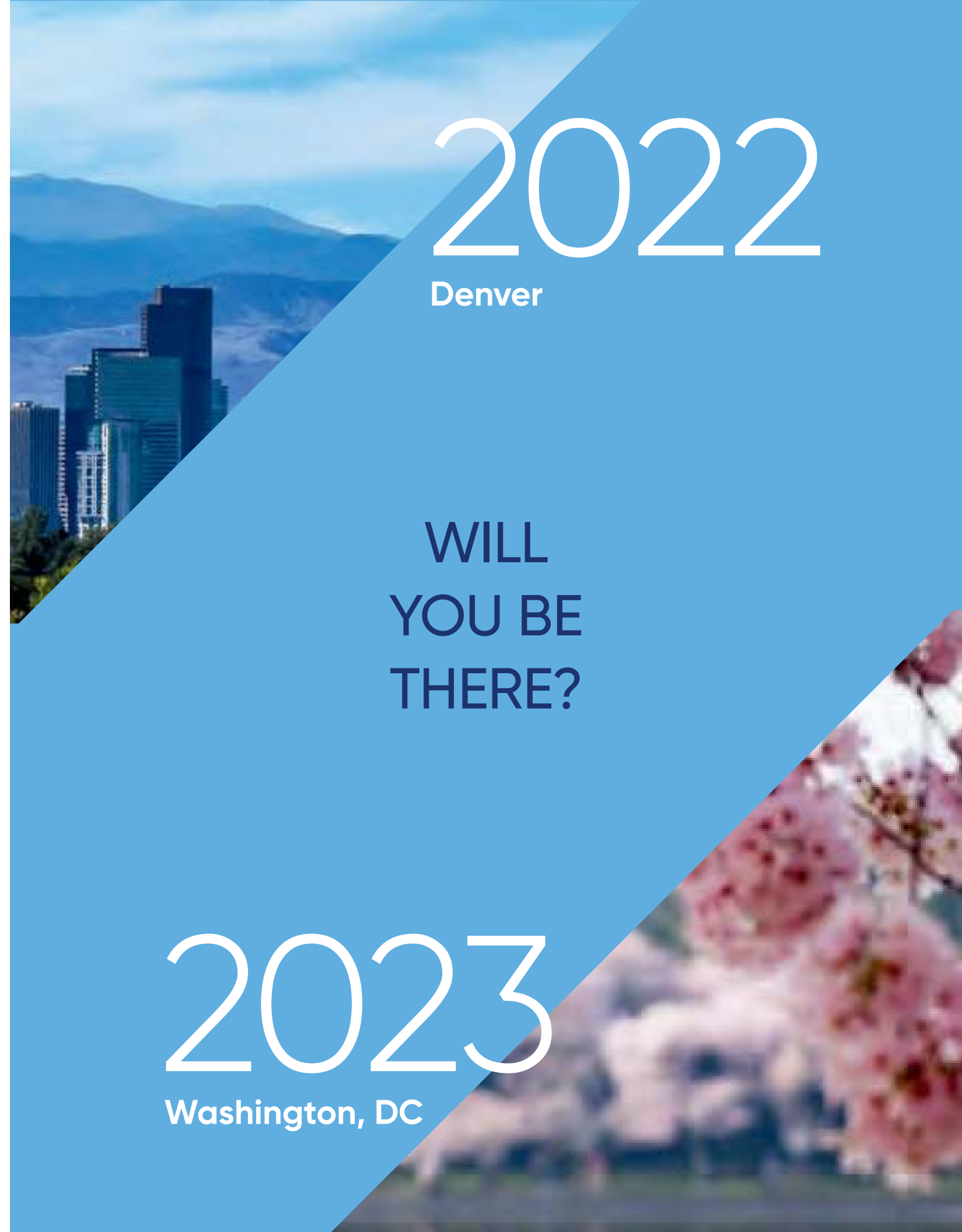
**PARTNERSHIPS/ALLIANCES:**  
We actively seek partnerships to increase our reach and impact with mental health professionals and the public alike.

	PEOPLE FIRST	EVIDENCE-BASED	INTER-DISCIPLINARY	PARTNERSHIPS/ALLIANCES
ENGAGE THE PUBLIC	Reach and help 15 million discrete users through current evidence-based information and resources. Keep our finger on the pulse of what is new in understanding causes and best treatments.	Document through personal stories how evidence-based help (treatments derived through the alignment of science and treatment) can positively impact lives.	Enhance public facing content that focuses on ADAA's unique inter-disciplinary approach to research and treatment.	Distribute evidence-based content broadly, including globally, through partner organizations and collaborative initiatives.
ENHANCE AND INNOVATE ADAA PROFESSIONAL MEMBERSHIP	Strengthen and enhance member programming for early career professionals. Develop a small-grants program.	Make scientific excellence a priority at the annual conference and in all educational offerings. Connect basic biological, cognitive, behavioral science, neuro-science, and translational science to treatment.	Engage leading and emerging scientists and practitioners across disciplines through innovative programming. Encourage more mental health professionals from a variety of training backgrounds to focus on anxiety and depression.	Grow, retain, and diversify membership through enhanced programming and partnership engagement.
EXPAND ADAA'S IMPACT	Enhance internal capacity/staff. Diversify and grow revenue to \$3.4M by 2025. Increase membership, fundraising and advertising revenue. Invest in technological infrastructure. Establish a public "Friends of ADAA" initiative.	Reach 15 million discrete users through current evidence-based information and resources.	Diversify the ADAA board to include non mental health experts.	Establish mutually beneficial relationships with organizations to further ADAA's professional and public mission.



## ADAA'S IMPACT IS GROWING!

We invite you to read [ADAA's 2020 Impact Report](#) which provides a "year in review" about our public and professional reach and impact. Through ADAA's focus on the alignment of science and treatment, sharing personal stories about how evidence-based help can positively impact lives, and through partnerships and alliances with like-minded community organizations we are #breakingthestigma around anxiety disorders and depression.



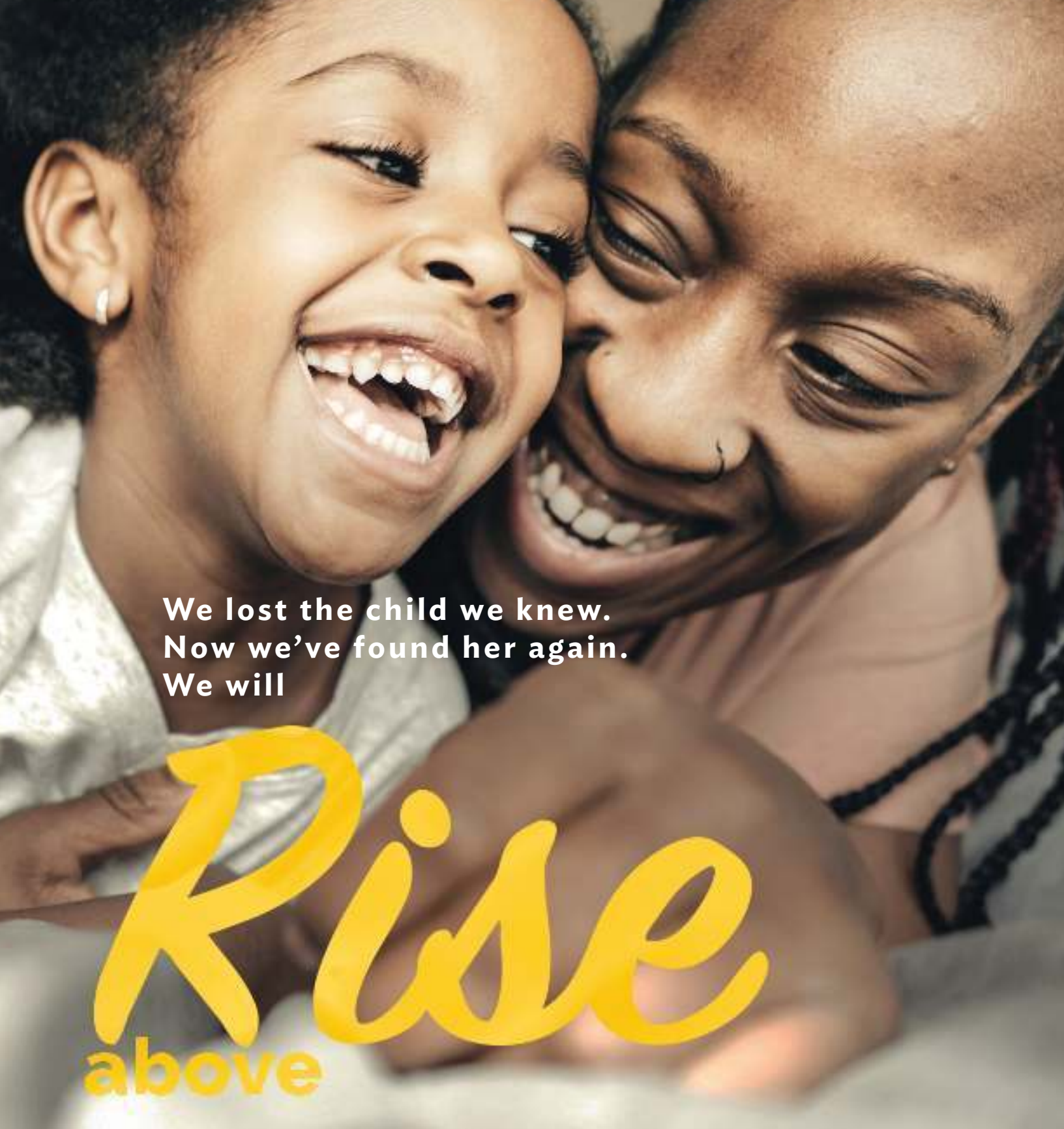
# 2022

Denver

WILL  
YOU BE  
THERE?

# 2023

Washington, DC



**We lost the child we knew.  
Now we've found her again.  
We will**

# Rise

above

If someone you love is struggling with mental health or addiction, you don't have to suffer alone. At Rogers Behavioral Health, we can help find a path to recovery. Together, we can not only face your challenges, we can rise above them.

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