

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.