

2007 Scientific Proceedings Abstract Submission Instructions

Deadline: June 15, 2007

Please read these instructions before you submit your abstract.

Abstracts will be published as submitted. The content of the abstract submission is the sole responsibility of the author. Abstracts that do not conform or are poorly written will not be included in the Book of Scientific Proceedings.

In order for your submission to be considered for inclusion in the 54th Annual Meeting, you must submit your proceedings abstract(s) via email at proceedings@aacap.org by February 15, 2007 or June 15, 2007 for New Research Posters. The subject line of your email should be the primary author's last name followed by the first name. (Example: Subject: Smith, John)

SUBMISSION INSTRUCTIONS

- Chairs of Clinical Perspectives, Institutes, and Symposia are required to submit all abstracts together in a single email as a Microsoft Word document attachment. The submission should include an overall abstract summarizing the entire event and an individual abstract for each presentation. Discussants should not submit abstracts - please list them as speakers in the overall abstract.
- The lead author/presenter (the person who received the acceptance letter) for Honors Presentations, Posters, and Workshops is responsible for submitting one proceeding abstract for the event/poster as a Microsoft Word attachment.

REQUIRED FORMAT

- Title must appear in **BOLD CAPITAL LETTERS**.
- The primary author's full name and full address (include zip code) must be listed after the title.
- Any secondary authors must be listed by first initial, last name and primary degree. Multiple secondary authors must be separated by semicolon.
- **The total abstract limit is 1,400 characters** (approximately 200 words including all sections of your abstract i.e. objective, methods, etc. This does not include title, author name, contact information or spaces.)
- The following headings should be used and must appear in **bold: Objective, Methods, Results, Conclusion**. (Results may not be necessary for Workshops.)
- Up to three Key Word Codes should be selected and must be listed at the end of each abstract.
- All text should be in Times New Roman font, 11 point.

REQUIRED STYLE

- Describe the content of the presentation.
- Use present tense.
- Use complete sentences.

- Introduce names of diagnoses, structured interviews, rating scales, etc. by the proper name prior to using abbreviations. For example: attention-deficit/hyperactivity disorder (ADHD).
- Use the following style to list items:
1) ____; 2) ____; 3) ____; etc.
- Use DSM-IV diagnoses, i.e. attention-deficit/hyperactivity disorder.
- **Please ensure that you have reviewed your abstract for spelling and grammatical errors before submitting. NOTE: The abstract will be published as submitted.**

EXAMPLE:

PREVALENCE OF ADHD IN A COMMUNITY SAMPLE OF OLDER ADOLESCENTS

Steven P. Cuffe, M.D., W.S. Hall Psychiatric Institute, Columbia, S.C. 29202; R. McKeown, Ph.D.; K. Jackson, B.A.; C. Addy, Ph.D.; M. Formica, B.A.; C. Garrison, Ph.D.

Objective: Few studies have examined the prevalence of attention-deficit/hyperactivity disorder (ADHD) in late adolescence. Studies which have used this population were largely comprised of clinical samples. This study reports on ADHD in a community sample of older adolescents. **Methods:** From 1986-1988, 3283 7th, 8th, and 9th graders were screened with the Center for Epidemiological Studies Depression Scale (CES-D). The top decile of CES-D scorers and a random sample of the remainder were interviewed using the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS). These data are from the second wave of interviews (N=490; mean age 18.65). **Results:** The weighted prevalence of ADHD in this sample is 1.51% (males: 2.62%; females: 0.54%). Significant associations ($p < .05$) are found for sex and comorbid affective disorders. Family cohesion ($p < 0.1$) is negatively associated with ADHD. For subjects not meeting age of onset criterion, 1.94% meet the symptom criteria; however, in this group the variables are not significant and the magnitude of the odds ratios is attenuated. **Conclusion:** ADHD is a significant problem in older adolescents, and many have comorbid affective disorders. Subjects not meeting age at onset criteria may constitute a distinct subgroup warranting further study.

Key Words: ADHD CM ADOL

BEFORE SUBMISSION, DOUBLE CHECK:

- The total abstract is within the 1400 character limit (approximately 200 words including all sections of your abstract i.e. objective, methods, etc. This does not include title, author name and contact information.)
- Your abstract key words have been chosen.
- You have reviewed your abstract for spelling and grammar errors.

For questions contact: proceedings@aacap.org

KEY WORD CHOICES

Choose three keywords and list the codes at the end of the abstract.

Key Words	Codes
Academic Psychiatry	AC
Adjustment Disorders	ADJ
Administration	ADMIN
Adolescence/Adolescent Psychiatry	ADOL
Aggression/Violence	AGG
AIDS/HIV Issues	AIDS
Alcohol	ALC
Alpha-Two Adrenergic Agonists	ATA
Anorexia Nervosa	AXN
Anticonvulsants	ACV
Antidepressants	ADP
Antipsychotics	APS
Anti-Obsessionals	AOB
Anxiety/Anxiety Disorders	ANX
Anxiolytics	AXX
Attachment	ATTACH
Attention-Deficit/Hyperactivity Disorder	ADHD
Autism	AUT
Bereavement	BRV
Bipolar Disorder	BD
Bulimia Nervosa	BNN
Cardiovascular Function	CVF
Career Development	CAD
Cerebrospinal Fluid (CSF)	CSF
Child Abuse & Neglect	CAN
Cognition	COG
Cognitive/Behavioral Therapy	CBT
Communication/Communication Disorders	COMD
Community Psychiatry	CC
Comorbidity	CM
Computers	COMP
Conduct Disorder	CD
Consultation/Consultation-Liaison	CON
Coping	COPI
Countertransference	CIT
Custody	CUD
Day Treatment	DTT
Data Analysis/Management	DAM
Defense Mechanisms	DM
Demographic Factors	DEMF
Depression/Depressive Disorders	DDD
Development	DEV
Diagnosis	DIAG
Disasters	DS
Disruptive Behavior Disorders	DBD
Dissociation Disorder	DID
Divorce	DV
Early Childhood	EC

Key Words	Codes
Eating Disorders	EA
Education/Special Education	EDUC
Enuresis/Encopresis	EN
Epidemiology	EPI
Epilepsy	EP
Ethics	ETH
Ethnicity	ETHN
Evidence Based Practices	EBP
Families/Family Dynamics	FAM
Family Therapy	FT
Forensic Child Psychiatry	FCP
Foster Care	FOC
Funding	FUND
Gender Identity/Gender Identity Disorders	GID
Genetic Disorders/Genetic Studies	GS
Homosexuality	HO
Hypnosis	H
Identity/Identity Disorder	IDD
Imaging/Imaging Studies	IMAGS
Impairment	IMP
Infancy/Infant Psychiatry	INF
Inpatient Child Psychiatry	ICP
Juvenile Justice System	JJS
Learning Disabilities	LD
Longitudinal Studies	LONG
Managed Care	MC
Media	MED
Medical Decision Making	MDM
Mental Retardation	MR
Middle Childhood	MIC
Mood Stabilizer	MSS
Movement Disorders	MOVE
Morality/Moral Development	MOD
Multi-Center Studies	MCS
Neurochemistry	NECHEM
Neuroendocrinology	NEURO
Neuroimmunology	NI
Neuropsychology	NEPSYC
Neurotoxins	NETOX
Nicotine	NIC
NIMH	NIMH
Nosology	NSS
Obesity	OBE
Obsessive Compulsive Disorder	OCD
Open-Label, Prospective Trial	OLT
Oppositional Defiant Disorder	OPDD
Panic Disorder	PAN
Parenting/Parent Training	PAT
Partial Hospitalization	PAH
Personality/Personality Development	PSV
Personality Disorders	PED

Key Words	Codes
Pervasive Developmental Disorder	PDD
Pharmacodynamics	PDS
Pharmacokinetics	PKS
Physical Illness	PYI
Post-Traumatic Stress Disorder	PTSD
Premenstrual Dysphoric Disorder	PMDD
Preschool Children	PSC
Prevention	PRE
Private Practice	PRI
Psychopathology	PSP
Psychopharmacology	PPC
Psychosis	PSY
Psychotherapy	P
Psychotropic Agents	PTA
Public Policy	PUP
Quality Assurance	QA
Randomized Clinical Trial	RCT
Rating Scales and Instruments	RI
Reimbursement	REIMB
Research	R
Residency Training	REST
Residential Treatment	RTX
Retrospective Clinical/Chart Review	RCR
Risk Factors	RF
Rural Psychiatry	RP
Schizophrenia	SZ
School Age Children	SAC
School Programs	SC
School Refusal	SCR
Self-Esteem	SELE
Self-Injuring Behavior	SIB
Separation Anxiety Disorder	SAD
Sexuality	SEX
Sleep/Sleep Disorders	SLP
Somatization Disorders	SOM
Special Populations	SP
Stimulant Medication	STIM
Stress	STRESS
Structured/ Semi-Structured Interviews	SII
Substance Abuse	SUBA
Suicide/Suicidal Behavior	S
Tardive Dyskinesia	TD
Telemedicine	TVM
Temperament	TEMP
Tics	TICS
Tourette's Disorder	TOUR
Transference	TR
Treatment/Treatment Planning	TREAT
Trichotillomania	TRIC
Twins/Twin Studies	TWINS