Introduction:
Modern day psychiatry and medicine are under siege from disturbing internal and external pressures for productivity, efficiency, and cost containment. Some of these pressures result in less time for patients, defensive medicine, fragmentation of care, and dissatisfaction on the part of both physician and patient. Psychiatrists, psychodynamic psychiatrists, and their patients may be most exquisitely vulnerable to these pressures. Clinical challenges are magnified and care of patients compromised as productivity pressures mount. Suicide and other self-destructive behaviors are among the greatest challenges we face. In this meeting we hope to describe the nature of psychodynamic psychiatry using suicide as a paradigm.

We invite submissions that explore and describe the psychodynamics of suicide, its impact, and its aftermath upon survivors, their families, and their psychiatrists and other clinicians. We welcome submissions that describe the use of psychodynamics in a variety of complex clinical situations including physician-assisted suicide, responses to incest, other childhood and adulthood trauma, trauma of combat, and issues in cross-cultural psychiatry.

Program:
Our goal is to demonstrate the salience of psychodynamic psychiatry in the evaluation and care of patients, in maximizing life potentials, and in the prevention of suicide and other self-destructive behaviors. We hope to explore the impact of pressures for productivity on countertransference and clinician satisfaction as well as patient satisfaction. We plan to use film, symposia, workshops, and an emphasis on interactive participation of attendees to provide a frame of reference for understanding psychodynamics as an essential component of modern day education and practice of psychiatry and medicine.

The American Academy of Psychoanalysis and Dynamic Psychiatry is an organization that works closely with the American Psychiatric Association, translating the applicability of the concepts of psychoanalysis and psychodynamics into the fields of neurobiology, psychopharmacology, cross-cultural psychiatry, creativity and the arts, and other related disciplines.

Target Audience:
Psychiatrists, psychologists, social workers, early career psychiatrists, residents, and students.

Conference Learning Objectives:
This meeting has been designated to meet the following professional practice gaps and the needs derived from those gaps:
Gap #1: Improving treatment of patients by:
   A. Attaining sufficient knowledge of psychodynamic principles and the ability to apply this knowledge.
   B. Enhancing the ability to integrate dynamic principles, psychopharmacology, and neuroscience in clinical practice.
Needs derived from the gaps above:
   A. To learn about development of therapeutic alliances; transference and countertransference; the handling of challenging situations; and practical applications of psychoanalytic theories.
   B. To learn about complex pathologies, neuroscientific advances, pharmacological treatments, and medical conditions and their implications/ramifications for psychodynamic psychotherapy.
Gap #2: Enhancing training of residents and early career psychiatrists
Needs derived from this gap:

A. To learn new ways of engaging residents and training them in the complex theories and techniques of psychodynamic psychotherapy.

B. To foster learning of complex theories and techniques of psychodynamic psychotherapy by early career psychiatrists.

All presentations must address at least one of the specified needs.

The Academy expects the results of its CME program to be improvement in competence or performance. Definitions: “Competence” refers to knowing how to do something. “Performance” is what a psychiatrist would do in practice if given the opportunity.

**Definitions below refer to the required financial disclosures:**

*What was received:* Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

**Commercial Interest:** The ACCME defines a “commercial interest” as any proprietary entity producing healthcare goods or services, with the exemption of non-profit or government organizations and non-healthcare related companies.

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant Financial Relationships:** ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

---

Please note that *Psychodynamic Psychiatry* welcomes the submission of completed manuscripts for possible publication. If you wish your paper to be considered, please email it directly to Sara Elsden of the Journal Office at selsden@ssmgt.com. Paragraph format of text (12-point font), including footnotes, references, and extracts, should be double-spaced. Page format should be 8.5 x 11 in. with standard margins. Submission of manuscripts that are longer than 40 manuscript pages, including references, is discouraged.
ABSTRACT SUBMISSION FORM
All submissions are due by September 10, 2012
Incomplete submissions will be returned without review

Name ______________________________

Address ______________________________

City __________________ State ______ Zip Code __________

Telephone __________________ Mobile Phone __________________

Email ______________________________

☐ I understand that the meeting schedule calls for presentations to be given from Thursday, May 16, 2013 to Saturday, May 18, 2013. If my presentation is accepted I agree to present at the time assigned with the following exception ________________________________

Submissions of Abstracts:
Please complete all sections of this form. If there is more than one presenter, please submit the financial disclosure and biographical information pages for each person. Please fully describe your presentation on the reverse side. Include details of format and content as well as all speakers’ names and contact information.

Please print or type the following information:

Title of your submission: ________________________________

Title of overall presentation: ________________________________

(Please include the complete names of the panelists and the titles of their presentations in your abstract)

☐ I agree that if my abstract is accepted, I will provide a draft of the presentation by March 1, 2013.

☐ I have sent the abstract and objectives by email also (to info@aapdp.org) __ yes (recommended) __ no

To serve as Chair or Discussant:
Please submit your financial disclosure and biographical information on this form.

Please note three areas of interest or expertise:
1) ________________________________
2) ________________________________
3) ________________________________

I agree to the terms outlined above.

Signature ____________________________ Date __________
Objectives of presentation:

Please note the conference learning objectives on the cover page. Presentation objectives should relate to or flow from the identified professional gaps and needs of the meeting. Please complete this required statement:

By attending this presentation, participants will have the opportunity to improve competence or performance in:

Please check the need(s) this presentation is designed to meet:

- To learn about development of therapeutic alliances; transference and countertransference; the handling of challenging situations; and practical applications of psychoanalytic theories
- To learn about complex pathologies, neuroscientific advances, pharmacological treatments, and medical conditions and their implications/ramifications for psychodynamic psychotherapy.
- Learn new ways of engaging residents and training them in the complex theories and techniques of psychodynamic psychotherapy
- Foster learning of complex theories and techniques of psychodynamic psychotherapy by early career psychiatrists

Please print or type your abstract below or attach printout from computer. The Program Committee is not responsible for errors caused by handwritten abstracts, and reserves the right to correct obvious typographical errors. We strongly suggest emailing the abstract as a Word document to info@aapdp.org.

Please list one published reference pertaining to the content of your presentation.

Audiovisual needs: The Academy provides LCD projectors for PowerPoint presentations upon request, but not computers or laptops. Please note any AV needs here and include a justification for using an LCD Projector if you are requesting one:

☐ Check here if no AV is required.
Name________________________________________________________________________________________
Title of Presentation ____________________________________________________________________________
Name of Primary Author _________________________________________________________________________

In order to comply with the ACCME’s Updated Standards for Commercial Support, the American Academy of 
Psychoanalysis and Dynamic Psychiatry requires that anyone who is in a position to control the content of an 
educational activity discloses all relevant financial relationships with any commercial interest pertaining to the 
content of the presentation. ACCME considers relationships of the person involved in the CME activity to include 
financial relationships of a spouse or partner, so it will be necessary for you to indicate those as well. Should it be 
determined that a conflict of interest exists as a result of a financial relationship you have, you will be contacted and 
methods to resolve the conflict will be discussed with you. Failure or refusal to disclose a conflict or the inability 
to resolve an identified conflict will result in the withdrawal of the invitation to participate.

I. Declaration (choose either A or B below):
   A) 1. List the names of proprietary entities producing healthcare goods or services with which you have, or 
have had, a relevant financial relationship within the past 12 months. Do not list support from nonprofit or 
government organizations or commercial entities that are not healthcare related.
          2. Explain what you received (see definitions on reverse of cover sheet).
          3. Specify your role (see definitions on reverse of cover sheet).
          1. Name of Commercial Interest          2. What was received*          3. Your role**
          __________________________________________________________________________
          __________________________________________________________________________
          __________________________________________________________________________
          * ** Samples/Definitions on reverse of Call for Papers cover sheet
   B) ___ I do not have any relevant financial relationships with any commercial interests pertaining to this 
presentation.

II. I understand that I may not accept payment, advice or services from any commercial entity regarding my 
participation in the planning of any AAPDP educational activity.

III. I understand that slides, posters and handouts may not contain any advertising, trade names or product 
group messages of any commercial entity.

Notification: If your presentation describes the use of a device, product, or drug that is not FDA approved or the 
off-label use of an approved device, product, or drug, it is your responsibility to disclose this information during 
your presentation.

Presentations must give a balanced view of therapeutic options. Use of generic names contributes to this 
impartiality. If the content of your presentation includes trade names, where possible, trade names from several 
companies should be used.

___ I have read and will comply with AAPDP policy on disclosure of off-label or non-FDA-approved uses and 
generic pharmaceutical names.

Signature __________________________________________________________  Date _____________________

This form must be submitted with abstract. Abstracts submitted without this form will not be considered.

Contact information if not primary author:
Mailing Address ____________________________________________________________
City ___________________________ State _______ Zip code _______________
Telephone ____________________ Fax ____________________ Email __________________
BIOGRAPHICAL INFORMATION
Please return this form with your abstract submission

This form will be given to the chairperson of your session in order to properly introduce you at the meeting. Please be brief. **DO NOT SEND CV.**

Print or type all information

Name ______________________________________________________________

Address ____________________________________________________________

Phone ___________________________ Fax _______________________________

Email ______________________________________________________________

Academic and institutional affiliations __________________________________

Publications ________________________________________________________

Other relevant information ____________________________________________

For questions please call: 1-888-691-8281

THANK YOU FOR SUBMITTING THIS COMPLETED ABSTRACT FORM.

Please mail this form and any other documentation to:

AAPDP
One Regency Drive
P. O. Box 30
Bloomfield, CT 06002