

# American Psychoanalytic Association 2026 National Meeting Poster Submission

Using the fields below, provide us with your poster's title, description, and abstract as well as the information of each of the authors. You may include up to eight authors.

\* Indicates required question

1. **Title of Poster:** \*

*Title should be no longer than 130 characters.*

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2. **Description:** \*

*Description should be no longer than 1,500 words. This does not include references. The submission must include sufficient data so that reviewers may evaluate guidelines: Include purpose/thesis, background/relevant questions, methods, findings, discussion, and key references. Up to two tables or figures may be included, such as diagrams, pictures, graphs and illustrations of methods and results. Do NOT include author names in this document.*

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**3. Abstract:**

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*Abstract should be no longer than 500 words, including the title and all author names (in order of authorship). The abstract should be written for the general clinician audience with an interest in research, so please translate newer techniques or terminology if needed.*

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**4. Author #1: Full Name & Degree:**

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*Author 1 will be considered the primary point of contact, to whom all communications will be sent.*

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**5. Author #1: Institutional affiliation (if any) and address:**

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6. **Author #1: Email: \***

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7. **Author #1: Phone: \***

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8. **Is Author #1 a member of APsA? \***

*Mark only one oval.*

☐ Yes

☐ No

9. **Author #1: If no, please provide a full mailing address, (street address, city, state, zip code). Otherwise, enter N/A. \***

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10. **Author #1: Primary Disciplinary Affiliation: \***

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11. **Is the first author a new or early career investigator and wishes to be considered for the American Psychoanalytic Association Poster Award?** \*

*Mark only one oval.*

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☐ No

12. **Are there any other Authors to add? You may add up to eight.** \*

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☐ No

### **Author 2**

13. **Author #2: Full Name & Degree:** \*

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14. **Author #2: Institutional affiliation (if any) and address:**

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15. **Author #2: Email:** \*

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16. **Author #2: Phone:** \*

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**17. Is Author #2 a member of APsA? \***

*Mark only one oval.*

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☐ No

**18. Author #2: If no, please provide a full mailing address, (street address, city, state, zip code). Otherwise, enter N/A. \***

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**19. Author #2: Primary disciplinary affiliation: \***

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**20. Are there any other Authors to add? You may add up to eight. \***

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☐ Yes

☐ No

**Author 3****21. Author #3: Full Name & Degree: \***

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22. **Author #3: Institutional affiliation (if any) and address:**

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23. **Author #3: Email: \***

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24. **Author #3: Phone: \***

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25. **Is Author 3 a member of APsA? \***

*Mark only one oval.*

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☐ No

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27. **Author #3: Primary disciplinary affiliation: \***

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**Author 4**

29. **Author #4: Full Name & Degree: \***

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30. **Author #4: Institutional affiliation (if any) and address:**

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31. **Author #4: Email: \***

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32. **Author #4: Phone: \***

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33. **Is Author 4 a member of APsA? \***

*Mark only one oval.*

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35. **Author #4: Primary disciplinary affiliation:** \*

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☐ No

### **Author 5**

37. **Author #5: Full Name & Degree:** \*

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38. **Author #5: Institutional affiliation (if any) and address:**

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39. **Author #5: Email:** \*

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40. **Author #5: Phone:** \*

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41. **Is Author 5 a member of APsA?** \*

*Mark only one oval.*

☐ Yes

☐ No

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43. **Author #5: Primary disciplinary affiliation:** \*

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44. **Are there any other Authors to add? You may add up to eight.** \*

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☐ Yes

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**Author 6**

45. **Author #6: Full Name & Degree:** \*

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46. **Author #6: Institutional affiliation (if any) and address:**

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47. **Author #6: Email:** \*

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48. **Author #6: Phone:** \*

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49. **Is Author 6 a member of APsA?** \*

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☐ Yes

☐ No

50. **Author #6: If no, please provide a full mailing address, (street address, city, state, zip code). Otherwise, enter N/A.** \*

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51. **Author #6: Primary disciplinary affiliation: \***

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52. **Are there any other Authors to add? You may add up to eight. \***

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☐ Yes

☐ No

**Author 7**

53. **Author #7: Full Name & Degree: \***

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54. **Author #7: Institutional affiliation (if any) and address:**

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55. **Author #7: Email: \***

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56. **Author #7: Phone: \***

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57. **Is Author 7 a member of APsA? \***

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☐ Yes

☐ No

58. **Author #7: If no, please provide a full mailing address, (street address, city, state, zip code). Otherwise, enter N/A. \***

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59. **Author #7: Primary disciplinary affiliation: \***

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60. **Are there any other Authors to add? You may add up to eight. \***

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☐ Yes

☐ No

### **Author 8**

61. **Author #8: Full Name & Degree: \***

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62. **Author #8: Institutional affiliation (if any) and address:**

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63. **Author #8: Email: \***

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64. **Author #8: Phone: \***

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65. **Is Author 8 a member of APsA? \***

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☐ Yes

☐ No

66. **Author #8: If no, please provide a full mailing address, (street address, city, state, \*  
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67. **Author #8: Primary disciplinary affiliation: \***

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