9th Annual Conference

EMBRACING CHANGE FOR EVERY *mind*

2026 Abstract Guidelines

aadpa | australasian ADHD professionals association

2026
Melbourne
24-26 July

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AADPA is pleased to invite abstract submissions for its 9th Annual Conference, uniting clinicians, researchers, educators, policy makers and advocates under the theme Embracing Change For Every Mind.

AADPA's 9th Annual Conference will be held at Sofitel Melbourne on Collins and live-streamed for virtual attendees from 25 – 26 July 2026, with additional workshops on Friday, 24 July.

AADPA's multidisciplinary conference offers an excellent opportunity to share your work alongside peers and global leaders in the field.

This year's theme, Embracing Change For Every Mind, recognises that meaningful progress in ADHD care requires both clinical innovation and systemic adaptation—honouring neurodiversity while evolving our approaches to better serve every individual navigating ADHD.

A $1,000 prize will be awarded for both the Best Oral Presentation and Best Poster Presentation, as selected by a panel of expert judges during the Conference.

We look forward to receiving your abstract and welcoming you to an inspiring and impactful conference experience.

Prof. Dave Coghill
Conference Program Chair

Nikki Searby
Conference Committee Chair

Introduction

AADPA welcomes abstracts through two presentation pathways to maximise opportunities for sharing knowledge and innovation in ADHD care, research, and lived experience.

Poster presentations are central to the AADPA Conference experience and offer unique benefits including extended engagement time with attendees, opportunities for detailed discussion of methods and results, and flexibility to connect with diverse conference participants. These interactions enable deep engagement with research methods, practice innovations, and lived experiences in ways that complement the focused format of oral presentations.

While all quality submissions meeting the Abstract Guidelines are eligible for a **Poster Presentation**, a limited number of Poster Presentations will also be selected to give an **Oral Presentation** based on quality, relevance, innovation, and impact. Authors will be advised and asked to confirm if they wish to present in the alternate format.

All abstract submissions are evaluated using rigorous expert review (see Marking Rubric in this Guideline). Oral presentations are not pre-allocated by category. All abstracts (regardless of category) are evaluated using the marking rubrics, and the highest-scoring submissions across all categories are selected. The Program Committee also considers thematic balance and presentation format suitability when making final selections.

Submissions indicating oral presentation preference will be evaluated for both formats. Accepted Oral Presentation are also requested to present their work as part of the Poster Exhibition.

Both presentation formats are published in the Conference Program and Abstract Handbook, and both are eligible for the $1,000 presentation prizes awarded by expert judges during the conference.

How to submit your abstract

1. Write your abstract using the pre-formatted template provided below
2. Visit **aadpa.com.au/abstracts/** to complete the online abstract submission form
3. Check your inbox for an email after submitting the form to confirm your Abstract has been received

Abstract Templates

Download the pre-formatted Word (.docx) abstract templates for your chosen category below.

Download Research Abstract Template **Download Non-Research Abstract Template**

Need Help?

Please reach out to us at **conference@aadpa.com.au** if you have any questions or need any help.

Important Information

Submission Requirements

- Abstracts must be in English and submitted using the provided template **(250-400 words).**
- Research should be completed or near completion at submission
- Submissions must follow the approved format provided in the Abstract Guidelines
- Submissions should follow AADPA's Talking About ADHD language guide

Key Dates

- Abstract submissions close: **10 May 2026**
- Notification of acceptance: **29 May 2026**
- Presenter registration deadline: **14 June 2026**
- 9th Annual Conference: **25 – 26 July 2026**

For Accepted Presenters

- Abstracts must be presented in person by an author or designated representative
- Presenters may receive discounted conference registration (must register by 14 June 2026)
- Presenters are responsible for their own travel and accommodation costs
- Registration opens March 2026 – details will be provided upon abstract acceptance

Review Process

- An expert panel will review submissions based on relevance, results, innovation, rigour, and clarity
- A limited number of accepted Poster Presentations will also be invited to give an oral presentation
- Accepted abstracts will be published in the Conference Program and Abstract Handbook

Scoring and Recommendations

Each abstract will receive a total score out of 100, calculated based on the weights assigned to each criterion. Reviewers will use the scores to recommend the format for the submission:

- **Oral Presentation:** High-scoring abstracts with significant relevance and impact.
- **Poster Presentation:** Moderately scoring abstracts or those best suited to visual representation.

Confidential Reviewer Comments

Reviewers may provide additional remarks to assist Program Chairs in final decisions. Feedback for submitters is optional but encouraged for abstracts that are not accepted. Constructive feedback should highlight ways to improve inclusivity, storytelling, or impact for future submissions.

This rubric values the lived experience consumer perspective, ensuring a fair and holistic assessment of abstracts that emphasise relevance, inclusivity, impact, and accessibility.

Abstract Categories

Abstract submissions are invited in the following categories:

Original Research

Share empirical studies that advance our understanding of ADHD. We welcome submissions spanning neuroscience, psychology, medication efficacy, therapeutic interventions, and other research domains that contribute to the evidence base for ADHD care.

Download Research Abstract Template

Clinical Practice

Innovative approaches, practical solutions, and emerging best practices in ADHD assessment and treatment. Topics may include diagnostic protocols, therapeutic interventions, medication management, telehealth applications, and interdisciplinary care models.

Lived Experience/Consumer Perspectives

The daily realities of living with ADHD through personal narratives and insights. We encourage submissions from individuals with ADHD, family members, and caregivers that can inform and improve clinical practice and support systems. NB: Please see separate marking rubric for this category.

Policy and Service Delivery

Explore systemic approaches to ADHD care and support. Topics may include healthcare policy initiatives, advocacy campaigns, integrated service delivery models, and innovative programs that bridge clinical, educational, and community settings.

Education and Training

Strategies for professional development and community education about ADHD. Areas of interest include curriculum development, teaching methodologies, awareness campaigns, and programs that enhance understanding and support for individuals with ADHD.

Download Non-Research Abstract Template

Presentation Formats

The AADPA Conference welcomes abstracts through two presentation pathways to maximise opportunities for sharing knowledge and innovation in ADHD care, research, and lived experience.

Poster Presentations form the foundation of our selection process, providing rich opportunities for detailed engagement between authors and attendees. All quality submissions meeting the Abstract Guidelines are suitable for a Poster Presentation.

A limited number of Poster Presentations will be selected to give an **Oral Presentation** based on quality, relevance, innovation, and impact. Authors will be advised and asked to confirm if they wish to present in the alternate format.

A **$1,000 prize** will be awarded for both the Best Oral Presentation and Best Poster Presentation, as selected by a panel of expert judges during the Conference.

Poster Presentations

Definition	A visual and interactive display of research, practice innovations, lived experience, or program outcomes, presented in both physical and digital formats.
Audience Engagement	Posters will be displayed from Friday 24 July to Sunday 26 July in the Poster Exhibition area. Presenters are invited to engage directly with attendees during breaks throughout the conference, enabling in-depth discussions and knowledge exchange.
Dimensions and Format	**Physical**: A0 Portrait format (841mm wide × 1189mm high) for printed posters displayed at the venue **Digital**: High-resolution PDF for inclusion in the Conference Abstract Handbook, accessible to all attendees
Selection	All submissions meeting guidelines and receiving favorable reviewer evaluation are suitable for poster presentation. Posters are ideal for: • All stages of research (preliminary to completed) • Innovative clinical practices and case studies • Lived experience narratives and consumer perspectives • Program evaluations and service delivery models • Educational initiatives and training programs • Policy developments and advocacy campaigns
Artwork and Printing	Authors are responsible for poster artwork. Detailed poster guidelines including deadlines, previous poster examples and tips for effective poster design will be provided to accepted authors. The Conference team can assist with printing and delivery of your poster to the venue (small print fee applies).

Oral Presentations

Definition	Oral presentations are grouped into 90-minute sessions on common themes at the discretion of the Program Committee Chairs. Each presentation is a maximum of 15 minutes. Please prepare and rehearse accordingly to ensure your presentation can be delivered in the allotted time.
Audience Engagement	Presentations are followed by up to 3 minutes of audience Q&A, enabling focused discussion of key findings or insights.
Purpose	Ideal for completed research with significant findings, major practice innovations, or work with transformative implications for ADHD care, education, or policy.
Presentation Guidelines	**15 slides is the maximum number of slides** that will be accepted for a 15 minutes presentation **(**1-2 minutes per slide on average). This allows time for smooth transitions and natural pacing and ensures suitable time for audience questions. Presentations submitted with more than 15 slides will not be accepted and presenters will be asked to edit and resubmit their slides. **Recommended Structure:** • Title slide (30 seconds) - spoken while displayed • Background/Context (1-2 slides, 2-3 minutes) • Research Question/Aims (1 slide, 1 minute) • Methods (1-2 slides, 2-3 minutes) • Results (3-4 slides, 4-5 minutes) - your core content • Discussion/Implications (2-3 slides, 3-4 minutes) • Conclusions/Take-home messages (1 slide, 1 minute) • Acknowledgements/Thank you (1 slide, 30 seconds) - during Q&A transition
Support	AADPA is committed to supporting early-career researchers and first-time presenters. More detailed poster and presentation delivery will be provided to all accepted presenters. The Conference Committee is available to answer questions at conference@aadpa.com.au.

Original Research Abstract Structure & Formatting

Abstract Title	**Sentence case and bold**
Presenting Author	Sentence case: Surname, First name, Superscript for affiliations
Other Author/s	Sentence case: Surname, First name, Superscript for affiliations
Affiliations	Sentence case: Department, Institution (or service, practice), City, Country
Intended Audience:	General or specialist (specify discipline/practice)
Background & Aims:	Brief description of the rationale and objectives
Method:	Brief description of methodology or process
Results:	Key findings or anticipated outcomes
Conclusions:	Significance and implications
Correspondence	Corresponding author email address

Download Research Abstract Template

Non-Research Abstract Structure & Formatting

Abstract Title	**Sentence case and bold**
Category	1. Clinical Practice 2. Lived Experience 3. Policy and Service Delivery 4. Education and Training
Presenting Author	Sentence case: Surname, First name, Superscript for affiliations
Other Author/s	Sentence case: Surname, First name, Superscript for affiliations
Affiliations	Sentence case: Department, Institution (or service, practice), City, Country
Intended Audience:	General or Specialist (specify discipline/practice)
Content Summary:	Dot point or list format
Conclusion:	Significance and implications
Correspondence	Corresponding author email address

Download Non-Research Abstract Template

Language Guideline

We ask that all submissions be aligned with the Talking About ADHD language guide available from the AADPA website and that authors use inclusive language practices and awareness of diversity, equity, and inclusion in their presentations.

Additional useful guidance is available at C4DISC's Guidelines on Inclusive Language and Images in Scholarly Communication.

Furthermore, when drafting your work, please take into account the following considerations.

In general, seek to avoid:

- Language that could be deemed insulting, profane, or derogatory.
- Descriptors that identify personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability, or health conditions where they are not critically relevant to the discussion.
- Any language that suggests a particular culture or group as the default or standard.

And where feasible:

- Proactively ask individuals or groups how they would prefer to be referenced.
- Remember, language can influence perceptions, evoke emotions, and shape perspectives. Let's work together to nurture an inclusive, respectful, and empowering discourse in science.
- Provide plain English and translated guides where feasible.
- Ensure accessible materials (e.g., screen reader-friendly formats).
- Support diverse presenters, including early-career researchers and individuals with lived ADHD experience.

General Abstract Marking Rubric

1. **Relevance To The Field (Weighting 30%)**

Focus: Alignment with the conference theme and significance for ADHD care, research, or education.
Scoring Guide:
5: Highly relevant and timely topic, critical to the conference theme
4: Relevant and useful for the conference theme
3: Moderately relevant, with some connection to the conference theme
2: Minimally relevant or tangential
1: No clear relevance to the conference theme

2. **Methodological Rigour (Weighting 25%)**

Focus: The design, methodology, and clarity of the study or project
Scoring Guide:
5: Exemplary methodology; clearly described and appropriate
4: Strong methodology; minor areas for improvement
3: Adequate methodology; some limitations or missing details
2: Weak methodology; unclear or incomplete descriptions
1: Methodology is absent or fundamentally flawed

3. **Results and Findings (Weighting 20%)**

Focus: Strength, clarity, and significance of the results
Scoring Guide:
5: Clear, robust, and impactful results
4: Well-described and meaningful results
3: Results are moderately clear or of limited significance
2: Results are unclear or marginally significant
1: No results presented or results are invalid

4. **Innovation and Impact (Weighting 15%)**

Focus: The originality of the study and its potential contribution to the field
Scoring Guide:
5: Highly innovative; potential for transformative impact
4: Moderately innovative; clear contribution to the field
3: Some innovation; modest contribution
2: Limited innovation; marginal contribution
1: No innovation or discernible impact

5. **Clarity and Structure of Abstract (Weighting 10%)**

Focus: The abstract's organisation, language, and adherence to submission guidelines
Scoring Guide:
5: Exceptionally clear, concise, and well-structured
4: Clear and well-structured; minor improvements needed
3: Adequately structured; some sections unclear
2: Poorly structured; lacks clarity or cohesion
1: Unclear or incomplete abstract

Lived Experience/Consumer Perspective Marking Rubric

1. Relevance to the Field and Lived Experience (Weighting 30%)

Focus: The abstract's alignment with the conference theme, its relevance to ADHD care, research, education, or lived experience, and its significance in advancing consumer-centred approaches

Scoring Guide:
5: Highly relevant, with a strong focus on lived experience; critical to the conference theme
4: Relevant and includes meaningful lived experience insights or applications
3: Moderately relevant with some connection to lived experience or consumer-centred approaches
2: Minimally relevant to lived experience or tangential to the theme
1: No clear relevance to lived experience or the conference theme

2. Representativeness (Weighting 15%)

Focus: The degree to which the abstract reflects a consideration of how the lived experience perspective, to be presented, represents and interacts with the lived experience of the broader ADHD community.

Scoring Guide:
5: Exemplary representativeness; very clearly reflects diverse lived experiences and voices
4: Strong representative; acknowledges & integrates broader lived experience perspectives well
3: Moderate representative; some evidence that has considered the perspectives of the broader community
2: Minimally inclusive; limited representation of broader lived experience
1: No evidence that representativeness has been considered

3. Inclusivity (Weighting 10%)

Focus: The degree to which the abstract reflects diverse lived experiences and incorporates marginalised or underrepresented voices (e.g., CALD, LGBTQI, Indigenous communities).

Scoring Guide:
5: Exemplary inclusivity; strongly incorporates diverse lived experiences and voices
4: Strong inclusivity; clearly incorporates diverse lived experiences and voices
3: Moderately inclusive; some integration of diverse perspectives
2: Minimally inclusive; limited integration of diverse perspectives
1: No evidence of integration of diverse perspectives

4. Practicality and Impact (Weighting 20%)

Focus: The practical application of insights from lived experience and their potential to improve ADHD care, awareness, or education.

Scoring Guide:
5: Highly practical and impactful; clear real-world applications to improve ADHD care
4: Strong practical focus; meaningful implications for ADHD practice or education
3: Moderately practical; potential for impact but not well-defined
2: Limited practicality; unclear real-world application
1: No practical application or discernible impact

Lived Experience/Consumer Perspective Marking Rubric

5.	**Originality and Storytelling (Weighting 15%)**
	Focus: The creativity and originality of the abstract, and how effectively it conveys lived experience narratives or insights. **Scoring Guide**: 5: Exceptionally original, with compelling and well-articulated lived experience narratives 4: Moderately original, with clear and meaningful storytelling 3: Some originality, but limited depth in storytelling or unique perspectives 2: Minimal originality; storytelling is weak or incomplete 1: No originality or effective narrative
6.	**Clarity and Accessibility (Weighting 10%)**
	Focus: The abstract's organisation, language, and accessibility for a diverse audience, including those with lived experience and non-specialist readers. **Scoring Guide**: 5: Exceptionally clear, concise, and accessible to a broad audience 4: Clear and accessible; minor improvements needed 3: Adequately structured but with some unclear or inaccessible sections 2: Poorly structured; lacks clarity or inclusivity in language 1: Unclear, inaccessible, or incomplete abstract

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