

APSARD 2026 Annual Conference

Program Book

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Thank you

DEPARTING BOARD MEMBERS

APSARD would not be successful without the hard work of our board members. We are grateful for their time, dedication and passion for the field of ADHD and related disorders.

To our departing board members, thank you for your commitment to APSARD. We look forward to growing your legacy.

Ann Childress, M.D.
Raman Baweja, M.D.
Russell Schachar, M.D.

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Thank You

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Nicholas Marsh



Melisa Shafiee



Anna Mathews



Christina Saliba



Heather Elahi

Congrats

Joe Biederman Lifetime Achievement Award



Stephen V. Faraone, Ph.D.
Norton College of Medicine at
SUNY Upstate Medical University

Stephen V. Faraone is Distinguished Professor a in the Department of Psychiatry at SUNY Upstate Medical University. In 2005, the Institute for Scientific Information reported he was the second highest cited author in the area of ADHD and the fourth most highly cited researcher in psychiatry for the preceding decade. From 2014 to 2018 he has been listed as a highly cited researcher by Thomson Reuters/Clarivate Analytics. In 2019 and 2020, his citation metrics placed him in the top 0.01% of scientists across all fields.

His contributions to the field of ADHD have been recognized by awards from CHADD, the University of Iowa, the State University of New York, the International Society of Psychiatric Genetics and the American Psychopathological Association. He is currently President of the World Federation of ADHD.

Congrats

Thank you

2026 SPONSORS & EXHIBITORS

We are grateful for the generous support of our sponsors and exhibitors!



Save the Date



APSARD 2027

JANUARY 14-17, 2027

Washington D.C.



JOIN THE MISSION
TO UNCOVER **All of ADHD**
REPORT TO SEAPORT D

//// ATTN: COURAGEOUS TREATERS OF ADHD ////

- >> You have been tapped for a daring new mission...
- >> Join us for an immersive adventure into the ADHD experience...
- >> Report directly to SECTOR 03...
- >> We're counting on you.

----- << END TRANSMISSION >> -----



GET BRIEFED

YOUR MISSION BEGINS AT

SECTOR 03
ADHD INTELLIGENCE AGENCY

SEAPORT D

Get more intel at AllofADHD.com

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October 2025 26US25EUP0026



ADVANCING ADHD TREATMENT

by Addressing Emotional Dysregulation,
Executive Function, and Other Unmet Needs

SATURDAY, JANUARY 17, 2025 | 1:15 PM–2:15 PM PT
Seaport A-C, Second Level

Complimentary CME presentation + Lunch provided by APSARD in the foyer
Earn 1 CME/CE Credit



SCAN QR CODE
TO LEARN MORE



GREG MATTINGLY, MD
Psychiatrist
Washington University



**CRAIG CHEPKE,
MD, DFAPA**
Medical Director
Excel Psychiatric Associates



RAKESH JAIN, MD, MPH
Clinical Professor
Texas Tech - Permian Basin



ANDREW CUTLER, MD
Clinical Associate Professor
of Psychiatry and Chief Medical Officer
SUNY Upstate Medical University and
Neuroscience Education Institute

LEARNING OBJECTIVES:

- Describe the neurobehavioral burden of emotional dysregulation and related comorbidities in ADHD (eg, anxiety, executive dysfunction), and examine the limitations of current treatments in addressing these challenging symptom domains
- Explain the role of serotonergic signaling in the regulation of emotion and cognition in ADHD, and describe how serotonin interacts with dopamine and norepinephrine pathways to influence treatment targets
- Evaluate novel pharmacologic targets involving serotonergic modulation as emerging strategies to address under-recognized and under-treated features of ADHD
- Apply individualized, developmentally-informed treatment strategies for patients with stimulant intolerance, comorbid symptoms, or residual impairment in clinical scenarios

HMP Education

Provided by HMP Education, an HMP Global Company

For adults and children 6+ Discover XELSTRYM®

What if you could offer your patients a wearable ADHD treatment that offers application time flexibility to meet the varying needs of their daily schedule?

Xelstrym®
(dextroamphetamine) 
transdermal system

4mg/16hr 8mg/16hr 12mg/16hr 16mg/16hr

Join us for a product theater presentation

Speaker: **Joel Young, MD**

Date: **Thursday, January 15th, 2026**

Time: **4:30 PM - 5:30 PM**

Location: **Manchester Grand Hyatt - Seaport Ballroom AC**



Dr. Joel Young is the Chief Medical Officer and Founder of the Rochester Center for Behavioral Medicine in Rochester Hill, MI.

Dr. Young is a paid consultant of Noven Pharmaceuticals, Inc.

INDICATION AND LIMITATIONS OF USE

XELSTRYM (dextroamphetamine) transdermal system, CII is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adult and pediatric patients 6 years and older. The use of XELSTRYM is not recommended in pediatric patients younger than 6 years of age because they had higher plasma exposure and a higher incidence of adverse reactions (e.g., weight loss) than patients 6 years and older at the same dosage.

IMPORTANT SAFETY INFORMATION

WARNING: ABUSE, MISUSE, AND ADDICTION

XELSTRYM has a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants, including XELSTRYM, can result in overdose and death, and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection.

Before prescribing XELSTRYM, assess each patient's risk for abuse, misuse, and addiction. Educate patients and their families about these risks, proper storage of the drug, and proper disposal of any unused drug. Throughout XELSTRYM treatment, reassess each patient's risk of abuse, misuse, and addiction and frequently monitor for signs and symptoms of abuse, misuse, and addiction.

CONTRAINDICATIONS

- Known hypersensitivity to amphetamine products or other components in XELSTRYM. Anaphylactic reactions, Stevens-Johnson Syndrome, angioedema, and urticaria have been observed.
- Use with monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOIs (including linezolid or intravenous methylene blue) due to increased risk of hypertensive crisis.

WARNINGS AND PRECAUTIONS

Risks to Patients with Serious Cardiac Disease: Avoid XELSTRYM use in patients with known structural cardiac abnormalities, cardiomyopathy, serious cardiac arrhythmia, coronary artery disease, or other serious cardiac diseases. Sudden death has been reported in patients with structural cardiac abnormalities or other serious cardiac disease who were treated with CNS stimulants at the recommended ADHD dosage.

Increased Blood Pressure and Heart Rate: CNS stimulants cause an increase in blood pressure (mean increase about 2 to 4 mm Hg) and heart rate (mean increase about 3 to 6 bpm). Monitor all patients for potential tachycardia and hypertension.

Psychiatric Adverse Reactions: Exacerbation of Pre-existing Psychosis: May exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychotic disorder. **Induction of a Manic Episode in Patients with Bipolar Disorder:** May induce a mixed/manic episode in patients. Prior to initiating XELSTRYM treatment, screen for risk factors for developing a manic episode (e.g., comorbid or history of depressive symptoms, or a family history of suicide, bipolar disorder, and depression). **New Psychotic or Manic Symptoms:** At recommended doses, may cause psychotic or manic symptoms (e.g., hallucinations, delusional thinking, or mania) in patients with no prior history of psychotic illness or mania. Discontinue XELSTRYM if symptoms occur.

Long-Term Suppression of Growth in Pediatric Patients: XELSTRYM is not approved for use and is not recommended in pediatric patients below 6 years of age. CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients. Closely monitor growth (weight and height). Treatment may need to be interrupted in pediatric patients not growing or gaining weight as expected. XELSTRYM is not approved for use in pediatric patients below 6 years of age.

Peripheral Vasculopathy, including Raynaud's Phenomenon: Stimulants, including XELSTRYM, are associated with peripheral vasculopathy, including Raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; very rare sequelae include digital ulceration and/or soft tissue breakdown. Careful observation for digital changes is necessary during treatment with stimulants. Further evaluation including rheumatology referral, may be appropriate for certain patients.

Serotonin Syndrome: Risk is increased when XELSTRYM is co-administered with serotonergic agents (e.g., SSRIs, SNRIs, triptans), and with CYP2D6 inhibitors. If it occurs, discontinue XELSTRYM and initiate supportive treatment.

Contact Sensitization: Use of XELSTRYM may lead to contact sensitization. Discontinue XELSTRYM if contact sensitization is suspected.

Application Site Reactions: During wear time or immediately after removal of XELSTRYM, local skin reactions such as pain, pruritus, burning sensation, erythema, discomfort, edema, and/or swelling were reported. Select a different application site each day to minimize skin reactions.

External Heat: Avoid exposing XELSTRYM to direct external heat sources during wear because both the rate and extent of absorption are increased.

Motor and Verbal Tics, and Worsening of Tourette's Syndrome: Before initiating XELSTRYM, assess the family history and clinically evaluate patients for tics or Tourette's syndrome. Regularly monitor XELSTRYM-treated patients for the emergence or worsening of tics or Tourette's syndrome, and discontinue treatment if clinically appropriate. CNS stimulants, including methylphenidate, have been associated with the onset or exacerbation of motor and verbal tics. Worsening of Tourette's syndrome has also been reported.

ADVERSE REACTIONS

Most common adverse reactions (incidence $\geq 2\%$ and greater than the rate for placebo) in pediatric patients 6 to 17 years treated with XELSTRYM were: decreased appetite, headache, insomnia, tic, abdominal pain, vomiting, nausea, irritability, increased blood pressure, and increased heart rate.

Most common adverse reactions (incidence of $\geq 5\%$ and a rate at least twice placebo) in adults treated with lisdexamfetamine were: decreased appetite, insomnia, dry mouth, diarrhea, nausea, and anxiety.

USE IN SPECIFIC POPULATIONS

Pregnancy and Lactation: XELSTRYM may cause fetal harm. Breastfeeding is not recommended during XELSTRYM treatment.

Pediatric Use: The safety and effectiveness of XELSTRYM have not been established in pediatric patients below the age of 6 years.

Please [click here](#) full Prescribing Information, including BOXED WARNING.

NOVEN

NOVEN THERAPEUTICS, LLC

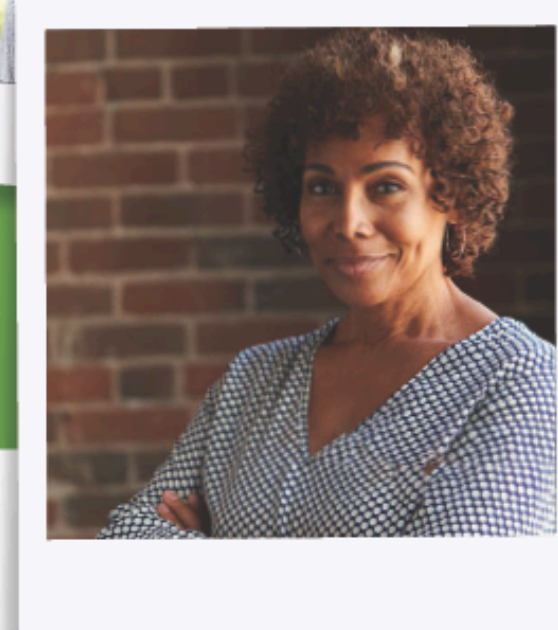
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JOIN US FOR A CME SYMPOSIUM

PRESCRIBING STIMULANTS IN ADHD:

Clinical and Pharmacokinetic Considerations During Times of Transition



SATURDAY
JANUARY 17, 2026
7:00 AM - 8:00 AM
SEAPORT BALLROOM A-C

LEARNING OBJECTIVES

- ✓ Apply knowledge in conversations about stimulants to combat misinformation, including benefits, risks, and limitations of use
- ✓ Identify differences between stimulant formulations and how these characteristics affect their PK and PD profiles and potential clinical implications
- ✓ Discuss the different clinical considerations when prescribing stimulant medications for patients with ADHD, especially during times of transition
- ✓ Select an appropriate stimulant formulation based on patient needs and preferences



Ann Childress, MD
Center for Psychiatry and Behavioral Medicine
Las Vegas, NV



Maitri Patel, MD
Progressive Therapeutics
Framingham, MA



Supported by an educational grant from Collegium Pharmaceutical, Inc.

What Is Missing From the Conversation?

Join us for a special lunchtime* industry-sponsored symposium

The Lifelong Impact of ADHD: Addressing Unmet Needs for All Ages

Presented by



Jeffrey R. Strawn, MD

Tenured Professor of Psychiatry
University of Cincinnati College of Medicine

Faculty is a paid speaker presenting on
behalf of Collegium Pharmaceutical.

Friday, January 16, 2026

1:15 - 2:15 PM PT

Seaport A-C

Manchester Grand Hyatt

This session will highlight

- ◆ The symptoms of ADHD and their impact across different stages of life
- ◆ Key unmet needs in ADHD treatment for children and adults
- ◆ How treatment has evolved to address the challenges faced by those living with ADHD

VISIT BOOTH 1 FOR MORE INFORMATION!

FINDING the RIGHT DOSE

A Case-Based
Discussion on
Optimizing ADHD
Treatment

Breakfast Product Theater

Friday, January 16, 2026

7:00-8:00 AM PT

Second Level | Seaport Ballroom A-C

Presented by Gabriel Anzueto, MD

Grab your breakfast and join us for an engaging session with Gabriel Anzueto, MD, a developmental and behavioral pediatrician specializing in attention deficit hyperactivity disorder (ADHD) management. Through a clinical case presentation, Dr Anzueto will explore current trends in ADHD, the impact of stimulant shortages, and practical ways to personalize treatment.

Visit us at
booth #15!



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