

WRITING A GREAT CONFERENCE PROPOSAL

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THE COMPONENTS OF A CONFERENCE PAPER OR WORKSHOP

Most scientific papers have the following components: Title, Authors and Affiliation, Abstract, Introduction, Methods, Results, Discussion, and References. Understanding the steps of writing a paper will help you understand how to craft a good abstract.

PROCESS

SECTION OF PAPER

- | | |
|-----------------------------------|--------------|
| 1. Summary of what I did. | Abstract |
| 2. What is the problem? | Introduction |
| 3. How did I address the problem? | Methods |
| 4. What did I find out? | Results |
| 5. What does it mean? | Discussion |

Workshop components are similar to paper components:

- What is the problem I want to address?
- What solutions can I offer?
- What rationale do I have for using those solutions?
- What are indications and contraindications?
- What special knowledge must I impart to the audience?
- How might I best teach these solutions, e.g., didactics, role play, video case examples?

WHY USE THE SCIENTIFIC FORMAT FOR YOUR PROPOSAL?

- ✓ Effectively communicate your information to a broad audience in a uniform manner
- ✓ It is the standard for professional conferences;
- ✓ Allows the paper to be read at several different levels, from skimming to an in-depth reading.

TITLE

- ✓ Make the Title of your presentation short, specific, clear (usually no more than 100 characters, including spaces)
- ✓ Don't make it overly general
- ✓ Should be an adequate description of your presentation
- ✓ Should contain key words describing your presentation
- ✓ It's OK to start with a catchy title, but it should be followed by more specific information about the paper or workshop
- ✓ Create the title after you have written the paper and the abstract, so that it most fully reflects the content of your presentation

INSUFFICIENT: *Women who experience dissociation [too general]*

SUFFICIENT: *Dissociation in an outpatient female substance abuse population*

INSUFFICIENT: *Lost in space [unclear what the topic is]*

SUFFICIENT: *Four case studies of dissociative women who find themselves lost when driving* or *Lost in Space: Four case studies of dissociative women who find themselves lost when driving*

INSUFFICIENT: *On the Warpath [unclear what the topic is]*

SUFFICIENT: *The management of posttraumatic rage in returning veterans of the Iraq war* or *On the Warpath: The management of posttraumatic rage in returning veterans of the Iraq war*

ABSTRACT

- ✓ Is a clear and concise summary of your entire presentation;
- ✓ Should completely agree with what is written in your presentation;
- ✓ All the information appearing in the abstract must appear in the presentation, **AND**
- ✓ The essential components of the paper or workshop are described in the abstract;
- ✓ A good guideline: If your abstract was the only part of the paper you could access, would you feel it presented the major ideas of the presentation?
- ✓ Use concise, but complete, sentences, and get to the point quickly;
- ✓ Use past tense;
- ✓ If you cite yourself, use the third person, e.g., "Smith reported" instead of "I reported;"
- ✓ Write the abstract last, since it will summarize your presentation. However, this is not always feasible or ideal. In that case, make sure you review your abstract when you're preparing your presentation so that you are sure to include everything you said you will cover.
- ✓ Take whole sentences or key phrases from your presentation and put them in a sequence which summarizes your work;
- ✓ As you become more proficient you will most likely compose the abstract from scratch;
- ✓ Check for grammar and spelling errors, as abstracts are judged not only on content but on clarity and accuracy of writing;
- ✓ If English is your second language, have a colleague proficient in English style and grammar edit your paper before you submit it;
- ✓ **DOUBLE CHECK YOUR WORK** before submitting!

Your Abstract **SHOULD NOT** contain:

- ✓ lengthy background information
- ✓ references to other literature
- ✓ incomplete sentences
- ✓ abbreviations or terms that may be confusing to readers
- ✓ grammatical or spelling errors
- ✓ any sort of illustration, figure, or table, or references to them

ABSTRACT EXAMPLES

INSUFFICIENT

When Boundaries Aren't Kept and the Experience of Six DID Patients

This presentation is a phenomenological study of six individuals using qualitative methods that examined the experiences of those who have been diagnosed with DID and had been in treatment with therapist who engaged in major boundary violations. A significant goal in the treatment with clients diagnosed with DID is to develop a strong therapeutic relationship in an attempt to foster connection. A major boundary violation may represent one more betrayal and reinforce the belief that no one can be trusted. According to Majors (1983), the patient who is the object of boundary violations may not receive full benefit from treatment. Boundaries should be viewed as an essential phase of each client's treatment. They should be planned for, worked toward, and carried out in a thoughtful manner ensuring each client's long-term success.

Comments:

The statements about boundary violations are very generic, and not specific to the study. The study itself is not described at all. There is no statement that problems are identified, and suggestions given in the presentation. There is no indication that results are offered or if there is a discussion about boundary violations. The style and grammar of both title and abstract are poor.

SUFFICIENT

When the Therapist Violates Boundaries: The Experience of Six DID Patients

Six DID patients (4 females and 1 male) whose previous therapists had engaged in serious boundary violations with them are presented in this phenomenological study. Using semi structured interviews taken over the course of 2 sessions, each participant was asked about how they experienced the behavior of their therapist during and post therapy, and what effects it had on them, if any. Five of the six felt moderately to profoundly betrayed and confused. Three felt enraged, two expressed guilt and a belief that it was their fault, and one reported having no feelings at all. Five of the six reported an increase in symptoms around the time of the violations, including self harm, increased need to have contact with the therapist, and suicidal ideation. One denied any effects. The results indicated that 5 out of 6 patients reported moderate to severe distress and increased symptoms which they attributed to serious boundary violations by their previous therapists. The implications of boundary violations with dissociative patients will be discussed, as well as exploration of a range of normative boundaries.

INSUFFICIENT

Treatment of Dissociative Identity Disorder

That DID is a problem in the mental health system is an understatement. Many people experience extreme trauma in childhood that results in DID and then show up for treatment somewhere. One out of every 4 women and one of six males experiences sexual assault by the age of 18, which is a conservative statistic. But public acceptance of sexual abuse statistics is growing. What is much harder to accept is that many survivors develop DID. These individuals experience deprivation, abuse, and torture. They may not present with an obvious alter system, and while functioning well in daily life, will be unaware that their self destruction is connected to abuse by the age of 2 or 3 and continued throughout their childhood to adulthood.

Comments:

The title is overly broad. The entire abstract simply gives statistics that most people in the field already know. Yet the statistics are not even about DID, but rather about sexual

abuse, as though the two are the same (they are not). There is absolutely no information on what will be in the paper, and nothing regarding treatment.

SUFFICIENT

The Outpatient Treatment of Dissociative Identity Disorder

The treatment of DID will be discussed using a phase-oriented approach and an integration of psychodynamic and trauma theory concepts. First, a secure treatment frame will be offered, along with interventions to ensure pacing and regulation of both client and therapy. Overarching principles of treatment for DID will be explored, and each phase will be explained in terms of major goals and specialized interventions. Common impasses and transference/countertransference dilemmas will be discussed. We will use case examples and role play in addition to didactic information.

INSUFFICIENT

Sibling Abuse

This workshop is about understanding the dynamics of same sex siblings being sexually abused. Why they have a difficult time telling anyone. The ramifications in terms of substance abuse, alcoholism, anger issues, and trouble being parents themselves. When a same sex sibling is the perpetrator there is little compassion for the victim about the nature of the abuse. These people are given the “get over it” routine and not empathy. Our society still sees siblings as not victims of each other, and that is a myth that our society needs to address, children are children, male or female and should be protected and given help when they are in need. In the city of XXX, I have started a campaign with the local Child Abuse Prevention group to educate the public, parents and teachers and the siblings themselves. We made posters with powerful victim artwork that are at all the classrooms and counseling offices in XXX county to help educate. We are also putting together a panel of recovering siblings to tell their stories to high schools so siblings will know it is safe to tell. We have had a wonderful response and have started a website www.siblings-get-hurt-too.org. Physicians are putting these postcards in their examining rooms. Our phone number is 123-456-7890. The response has been so positive we want to take the message out to a wider audience to help our future siblings not have to live such tortured lives.

Comments: Grammar and style are poor and the proposal includes incomplete sentences. Most of the abstract is focused on a community educational program, and it is unclear whether the presentation is on sibling abuse or development of an educational program. Furthermore, it is unclear if there will be any discussion about how this program was developed, how it was evaluated, what worked, and what was problematic. Giving one’s phone number and website are advertisements and should never be included in an abstract. One should not use “I” in an abstract, but rather “the author” or “the authors”.

SUFFICIENT

A Community Resource and Prevention Program for Sibling Abuse

A community program for the prevention of sibling abuse is presented. Sibling abuse is likely underestimated in national studies, and anecdotal evidence suggests it is common in patients reporting familial abuse of any kind. There is little on treatment in the literature. Thus it is likely that sibling abuse victims have few resources. A local education campaign for the public, parents, teachers, and victims of sibling abuse is underway under the umbrella of a state Child Abuse Prevention organization. Initial development of the program and recruitment of volunteers will be discussed. We will

offer examples of specific interventions in classrooms and school counseling offices. In addition, we describe development of a website with resources that is available to victims, their families, and treating professionals.

CITATIONS OR REFERENCES

Citation Guidelines:

- ✓ Citations are used to back up your own clinical ideas put forth in your conference paper or workshop;
- ✓ are directly relevant to your ideas;
- ✓ are within the trauma and dissociation field, unless you are attempting to integrate another body of work with our field (e.g., applying chaos theory to dissociation; using a public health model for community based programs to deal with trauma; applying animal research models to treatment concepts);
- ✓ are used for any idea that belongs to another individual or group and is not unique to you;
- ✓ are generally from works published most recently (within about 10 years), unless you are specifically citing historical works or need to cite the original author of an idea or theory (e.g., Freud for psychoanalysis; Perls for Gestalt Theory);
- ✓ It's good to cite at least one "classic" reference and one "cutting-edge" recent reference. You should also cite anyone who centrally represents the issue you're discussing
- ✓ should be listed in APA style (see www.apastyle.org)

EXAMPLE OF CITATIONS:

INCORRECT: Kluft

INCORRECT: Kluft. Psychotherapy of DID.

INCORRECT: Kluft. An overview of psychotherapy of dissociative identity disorder. 1999. *Am. J. of Psychotherapy*.

INCORRECT: DID treatment should include structure and good boundaries. Rick Kluft. Overview of psychotherapy of DID.

CORRECT: Kluft, R. P. (1999). An overview of the psychotherapy of dissociative identity disorder. *American Journal of Psychotherapy*, 53(3), 289-319.

INCORRECT: EMDR workshop

CORRECT: Shapiro, F. (September 23-24, 2007). EMDR Training, Level II. Portland, Oregon.

EDUCATIONAL OBJECTIVES

- ✓ Educational objectives focus on the participants at your presentation, i.e., focus on what participants will learn from you;
- ✓ Objectives should be written in complete sentences, always beginning with "Participants will be able to:"
- ✓ Objectives should be written in terms of an observable outcome regarding behavior, performance, or understanding, i.e., any person could observe a participant has met an objective by what s/he is able to do as a result of attending your presentation;

- ✓ Always use an action verb (we will supply these for you in most cases);
- ✓ Avoid using verbs that are vague or cannot be objectively assessed. If you utilize verbs like "know" or "understand", make sure that you state how "knowledge" or "understanding" will be demonstrated.

EDUCATIONAL OBJECTIVE EXAMPLES

INCORRECT

I will list three interventions for self harm (objectives are not for the presenter but for the participants)

Learn about self harm (not a complete sentence; too broad and vague)

CORRECT

Participants will be able to list three interventions in the treatment of self harm in dissociative clients.

Participants will be able to delineate the differences between DID outpatients and inpatients on the SCID-D.

RESOURCE LINKS

www.apastyle.org

<http://abacus.bates.edu/~ganderso/biology/resources/writing/HTWtoc.html>

<http://www.psychology.org/links/Resources/Writing/>