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^a Please note that the page numbers refer to the document herein, and not to page numbers listed on the downloaded author guidelines



ADDICTIVE BEHAVIORS

An International Journal

AUTHOR INFORMATION PACK

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DESCRIPTION

Addictive Behaviors is an international peer-reviewed journal publishing high quality human research on addictive behaviors and disorders since 1976. The journal accepts submissions of full-length papers and short communications on substance-related addictions such as the abuse of alcohol, drugs and nicotine and behavioral addictions such as compulsive gambling and internet excesses. We primarily publish behavioral and psychosocial research but our articles span the fields of psychology, sociology, psychiatry, epidemiology, social policy, medicine, pharmacology and neuroscience. While theoretical orientations are diverse, the emphasis of the journal is primarily empirical. That is, sound experimental design combined with valid, reliable assessment and evaluation procedures are a requisite for acceptance. However, innovative and empirically oriented case studies that might encourage new lines of inquiry are accepted as well. Studies that clearly contribute to current knowledge of etiology, prevention, social policy or treatment are given priority. Scholarly commentaries on topical issues, systematic reviews, and mini reviews are encouraged. We especially welcome multimedia papers that incorporate video or audio components to better display methodology or findings.

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[Eating Behaviors](#) An International Journal

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To find out more, please visit the Preparation section below.

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Behaviour Research and Therapy encompasses all of what is commonly referred to as **cognitive behaviour therapy** (CBT). The focus is on the following: theoretical and experimental analyses of **psychopathological processes** with direct implications for prevention and treatment; the development and evaluation of empirically-supported interventions; predictors, moderators and mechanisms of behaviour change; and dissemination and implementation of evidence-based treatments to general clinical practice. In addition to traditional **clinical disorders**, the scope of the journal also includes **behavioural medicine**. The journal will not consider manuscripts dealing primarily with measurement, psychometric analyses, and personality assessment.

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Behavior Therapy, published six times a year, is an international journal devoted to the application of the **behavioral** and **cognitive sciences** to the conceptualization, assessment, and treatment of psychopathology and related clinical problems. It is intended for mental health professionals and students from all related disciplines who wish to remain current in these areas and provides a vehicle for scientist-practitioners and clinical scientists to report the results of their original empirical research. Although the major emphasis is placed upon empirical research, methodological and theoretical papers as well as evaluative reviews of the literature will also be published. Controlled single-case designs and clinical replication series are welcome.

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It is important to highlight the significance and novel contribution of the work. The translation of research into practice must be evidenced in all manuscripts. Authors should incorporate a meaningful discussion of the clinical and/or policy implications of their work throughout the manuscript, rather than simply providing a separate section for this material.

Health Psychology publishes a broad array of types of papers. Authors of qualitative and measure development papers should read the guidelines for these types of papers, noted below.

Qualitative Research

Research papers that utilize qualitative methods should follow the general instructions to authors for style and format. We ask that authors of qualitative papers review the additional guidance below to assure that papers meet the following criteria utilized by *Health Psychology*.

The introduction should make a compelling case for the significance of the study and clearly identify if the study is a stand-alone study or if it fits into a larger study. For example, qualitative manuscripts may inform the development of a survey, use small-incidence samples, or establish feasibility. The specific qualitative paradigm should be specified (e.g., grounded theory, qualitative descriptive approach, interpretive phenomenology) with a rationale as to why it was selected to address the research question.

At the same time, authors are encouraged to avoid methodological tutorials and cite appropriate references for the methodology. Describe your sampling frame clearly and how the sample was selected, justifying the type and size of your sample using appropriate language for qualitative studies.

While many qualitative studies may not use a conceptual model, if you have done so, explain how the model may have shaped the design, data collection, analysis and interpretation. Explain carefully how you strengthened and insured rigor in your study e.g., data analysis protocols (including how coders were trained), audit procedures, and demonstration of data saturation. Describe the data analysis and how it relates to your overall approach or paradigm. Present rich and compelling results with data that have been analyzed and interpreted appropriately for your method (e.g., discourse analytic results would be presented differently than those of a grounded theory).

The paper should convey how this research fills an important gap in the science and promises to change the way we approach future studies.

Scale Development

Empirical papers related to the development of new instruments related to health psychology should follow the general guidelines for style and format of this journal. Authors should make a convincing case for the need and rationale for the new instrument, particularly with respect to new and innovative constructs. Included in this rationale should be the theoretical foundation on which their new instrument rests along with presentation of other, related scales currently in use.

It is important that the research have a degree of generalizability across populations and settings. Instruments that are more narrow in scope or of limited clinical utility may be better suited for subspecialty journals.

Authors should clearly articulate the specifics of the study design and of the analytical techniques used. There should be strong consistency among the purpose statements, methods, and the manner in which findings are presented.

An increasing number of studies are incorporating mixed-methods designs in their research. The specifics of these designs should be equally well-detailed without being excessive. Attention should be given to the nature of the items, the basis for their creation, and the rationale for the response options.

The underlying theoretical structure of the approach should be evident, for example, whether one is premising their study on classical or modern theory (IRT, Rasch) techniques. The characteristics of the research will be in part dictated by the nature of the scale. For instance, large, nationally-normed tests may have a much different make-up than that of small, more narrowly-defined measures. Research involving both types of instruments will be considered.

Finally, all instrument development papers should convey how the literature base will be strengthened with the addition of the particular instrument along with a clear and convincing case for the clinical relevance of the information that it provides.

Letters to the Editor

Health Psychology will, at the discretion of the Editor-in-Chief, publish Letters to the Editor on the journal website.

Letters should be prepared in direct response to articles published in the journal, should include reference to the published paper in the letter, and should be sent to the Editorial Manuscript Coordinator, Lindsay MacMurray (mailto:health.psych.apa@gmail.com) within 60 days of the date when the relevant article is published in hard copy.

The text of the letter, excluding the title, references and author(s) name, title, affiliation and email, may not exceed 400 words.

In a separate cover letter, the author should indicate that the submission is a Letter to the Editor for consideration of posting on the *Health Psychology* website and provide the full citation of the original article to which the letter refers. The cover letter should also indicate if the letter writer(s) have any conflicts of interest related to the article or correspondence.

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Masked review is used. **Do not** include author information (addresses, phone numbers, electronic mail addresses, and fax numbers) in the manuscript.

Please ensure that the final version for production includes a byline and full author note for typesetting.

Use of CONSORT Reporting Standards

All randomized controlled trials must include a diagram indicating participant flow into the study and a completed CONSORT checklist. CONSORT diagrams (and adaptations) should be included whenever possible to clarify the flow of participants through a study.

Manuscript Preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition) ([/pubs/books/4200066.aspx](#)) . Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission ([/pubs/authors/manuscript-check.aspx](#)) before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

Display Equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

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If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

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Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

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Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

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Hughes, G., Desantis, A., & Waszak, F. (2013). Mechanisms of intentional binding and sensory attenuation: The role of temporal prediction, temporal control, identity prediction, and motor prediction. *Psychological Bulletin*, 139, 133–151. <http://dx.doi.org/10.1037/a0028566>

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Gill, M. J., & Sypher, B. D. (2009). Workplace incivility and organizational trust. In P. Lutgen-Sandvik & B. D. Sypher (Eds.), *Destructive organizational communication: Processes, consequences, and constructive ways of organizing* (pp. 53–73). New York, NY: Taylor & Francis.

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Instructions for Authors

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Please provide a structured abstract of 150 to 250 words which should be divided into the following sections:

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- ✦ Use the equation editor or MathType for equations.
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LaTeX macro package (zip, 182 kB)

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Always use footnotes instead of endnotes.

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Doe J. Title of subordinate document. In: *The dictionary of substances and their effects*. Royal Society of Chemistry. 1999. [http://www.rsc.org/dose/title of subordinate document](http://www.rsc.org/dose/title%20of%20subordinate%20document). Accessed 15 Jan 1999.

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Manuscripts published by IJED include: (1) Original Articles; (2) Brief Reports; (3) Critical analysis and Synthesis (systematic reviews and meta-analyses); (4) Commentaries; (5) Clinical Case Reports; (6) and “An Idea Worth Researching”. All word limits relate to the body of the text (i.e., not including abstract, references, tables or figures). These are maximum lengths, and authors are encouraged to keep their reports as short as possible while communicating clearly. The review criteria will include appropriateness of length.

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In order to ensure the public availability of the results of randomized controlled trials, the International Committee of Medical Journal Editors has suggested that all such trials should be registered. In common with many leading medical journals *International Psychogeriatrics* has decided to follow this policy. Since 31 December 2006 we will not review any paper submitted to us reporting a randomized clinical trial unless the trial was registered in a public trial registry from the date it commenced recruitment or, if recruitment started before 30 November 2006, we require that the trial was registered no later than 30 November 2006. For further details on the reasons for this policy see the June 2006 editorial, Ames, D. (2006). Registration of Clinical Trials submitted for publication in *International Psychogeriatrics*. *International Psychogeriatrics*, 18, 191-193.

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Title page and corresponding author: Each article must have a title page with the title of the article, a list of all authors and their titles, affiliations and addresses. Each author must select only ONE country as their location. Author qualifications should not be listed as these are not published in the journal. The title page should explicitly identify the author to whom correspondence about the study should be addressed and that author's email address, telephone number, fax number and postal address must be clearly stated.

Abstract: Abstracts for original research and reviews should be structured and incorporate 4 sub-headings: background, method(s), results, conclusion(s). Abstracts for protocol only papers should omit the third sub-heading (Results). Abstracts for case reports should have no sub-headings. Abstracts should communicate the primary findings and significance of the research. They should not exceed 250 words in length.

Key words: Under this heading and beneath the abstract, please list up to 8 words for the purpose of indexing.

Running title: This should contain no more than 50 characters including spaces.

Introduction: Briefly state the relevant background to the study to provide the necessary information and context to enable non-specialists to appreciate the objectives and significance of the paper. Most introductions to articles received for review are too long.

Methods: Materials and procedures should be described in sufficient detail to enable replication. Any statistical procedures used should be outlined and their use should be justified here. Results should not be included in the Method(s) section. If statistical procedures are used, they should be described here in adequate detail. Choice of statistical technique should be justified including some indication of the appropriateness of the data for the technique chosen. Adequacy of the sample size for the statistical technique(s) used must be addressed. If appropriate, a description of the statistical power of the study should be provided. If multiple univariate significant tests are used, probability values (p-values) should be adjusted for multiple comparisons, or alternatively a multivariate test should be considered.

Further advice about statistics and *International Psychogeriatrics* can be found in the following article: Chibnall, J. (2000) Some basic issues for clinicians concerning things statistical. *International Psychogeriatrics*, 12, 3-7. The following article may also be of assistance to intending contributors: Chibnall J.T. (2004). Statistical audit of original research articles in *International Psychogeriatrics* for the year 2003. *International Psychogeriatrics* 16, 389-396. Both of these are available at the *International Psychogeriatrics* website by following the link to [Statistical Advice for intending contributors](http://journals.cambridge.org/ipg). This is also located under the related links icon at the journal homepage (<http://journals.cambridge.org/ipg>).

Results: This section may contain subheadings. Authors should avoid mixing discussion with the results. Sample sizes should be delineated clearly for all analyses. Some indicator of variability or sampling error should be incorporated into the reporting of statistical results (e.g. standard deviation, standard error of the mean). Wherever possible an indicator of effect size (e.g. Cohens d, η^2 , Cramers V, 95% confidence interval) should be reported in addition to p values. If multiple univariate statistical tests are used p values should be adjusted for multiple comparisons or alternatively a multivariate test should be used. Obtained statistical values for tests should be reported with degrees of freedom (e.g. t, F, χ^2).

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Description of authors’ roles: **This section must be completed if the paper has 2 or more authors.** It should contain a very brief description of the contribution of each author to the research. Their roles in formulating the research question(s), designing the study, carrying it out, analysing the data and writing the article should be made plain. For example: H. Crun designed the study, supervised the data collection and wrote the paper. M. Bannister collected the data and assisted with writing the article. N. Seagoon was responsible for the statistical design of the study and for carrying out the statistical analysis.

Acknowledgements: Any acknowledgements other than conflict of interest declarations in regard to sponsorship should be listed briefly here.

References: **No more than 30** articles that have been published or are in press should be cited. If authors believe that more than 30 references are essential this must be justified in the cover letter. Unpublished data, personal communications, and manuscripts submitted for publication should be cited in the text and the supporting material submitted with the manuscript. *International Psychogeriatrics* uses the Harvard referencing system. Within the text of each paper journal articles should be cited in the style (Smith and Jones, 1999). Where an article quoted in the body of the text has more than two authors the term “*et al.*” should be employed, i.e., (Smith *et al.*, 1999). Text citations of multiple articles should be separated by semicolons, i.e., (Smith and Jones, 1999; Smith *et al.*, 1999). At the end of each paper, all cited references should be listed alphabetically in the style indicated below. If the Digital Object Identifier (doi) is known, it should be added to the reference.

For a journal article: **Smith, J., Jones, W. I. and Doe, J. T.** (1996). Psychogeriatrics for pleasure and profit: an expanding field. *International Journal of Unreproducible Results*, 3, 240–242. doi:12.3456/S123456789.

For a book: **Smith, J.A., Brown, P.Q., Jones, H.A. and Robinson, D.V.** (2001). *Acute Confusional States*. New York: Cambridge University Press.

For a book chapter. **Park, K., Tiger, B. and Runn, F.** (1999). Psychogeriatrics in context. In G.Verdi and A. Boito, (Eds.) *New Medical Specialties* (pp. 240–260) Cambridge: Cambridge University Press.

Where an article or book chapter has more than six authors only the first author’s name should be given followed by the words “*et al.*”.

For further examples of reference style see papers in recent issues of *International Psychogeriatrics*.

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Figure/Table legends: Each caption should begin with a brief description of the conclusion or observation provided in the figure. These should be submitted as a separate section after the References.

Supplementary material: More detail about the submission of supplementary material is available below – see “Supplementary Material for online only publication” and “Instructions for contributors – Supplementary Material” in subsequent pages of this document.

Word limits: At present *International Psychogeriatrics* does not have a fixed word limit for articles, but because of limited space, short articles have a higher chance of acceptance than longer ones of an equivalent standard.

Conflict of interest

Conflict of interest occurs when authors have interests that **might** influence their judgement inappropriately, regardless of whether that judgement is influenced inappropriately or not. *International Psychogeriatrics* aims to conform to the policies of the World Association of Medical Editors in regard to conflict of interest. For full details please see the website <http://www.wame.org/wamestmt.htm#fundres>. To this end all authors must disclose potential conflicts of interest so that others may be aware of their possible effects. Specifically, under the heading conflict of interest, all articles must detail:

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From time to time *International Psychogeriatrics* will publish “For debate” articles on topics of a controversial nature. “For debate” articles will be commissioned by the editor, but readers are welcome to suggest possible topics for debate by contacting the editor at ipaj-ed@unimelb.edu.au. To view recently published debates see journal issues 19(6), 20(2), and 21(2).

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International Psychogeriatrics has the facility to publish unedited figures, tables, appendices, any non-English sections, and other material which is not suitable for inclusion in papers published in

the paper copy of the journal as supplementary online material attached to the electronic version of individual papers at <http://journals.cambridge.org/ipg>. This renders such supplementary material accessible without clogging the journal with materials that will be of interest to only a small minority of readers. If submitting such supplementary material please follow the instructions below. If referring to supplementary material in a paper the following form of words should be used “see table S1/figure S1/appendix A1 published as supplementary material online attached to the electronic version of this paper at <http://journals.cambridge.org/ipg>”.

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Following acceptance of a manuscript the contact author should receive proofs within 1-12 weeks. They also will be required to complete and forward a copyright form and authors' checklist both of which will be forwarded to the corresponding author by email when the article is accepted. The average time from an article being accepted to being e-published ahead of print as a *First View* article is 35 days, provided authors return proofs promptly. E-publication generates a doi number and counts as full publication for citation purposes.

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Contributors should refer to recent issues of the journal for examples of formatting (abstracts, headings, references, tables, etc.).

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JOURNAL OF BEHAVIOR THERAPY AND EXPERIMENTAL PSYCHIATRY

A Journal of Experimental Psychopathology

AUTHOR INFORMATION PACK

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ISSN: 0005-7916

DESCRIPTION

The Journal welcomes contributions to the understanding and treatment of **psychopathology**. Such contributions may stem from various theoretical perspectives, such as learning theory, cognitive science, social psychology, developmental psychology, etc. The Journal primarily focuses on experimental tests of **psychological** approaches to psychopathology, though contributions from medicine, biology, sociology, or epidemiology may be published. The same holds for non-experimental approaches, which may occasionally be published if deemed relevant for the field of experimental psychopathology. Papers to be published generally focus on:

- Theoretically or clinically relevant differences between specific patient groups and other groups, if experimentally tested;
- Mechanisms that cause, perpetuate or reduce disorders;
- Diagnostic or therapeutic procedures

Participants in the studies may be patients, healthy subjects, or animals, depending on the relevance of the subject characteristics for the question to be answered.

Clinical trials (RCTs and others) should be registered in an official trial register and the registration number should be reported. These studies should include a flow diagram according to the most recent CONSORT guidelines and a CONSORT checklist should accompany the [submission](#). See <http://www.consort-statement.org> for the guidelines and forms.

Studies testing hypotheses on characteristics of a disorder should not only include a non-patient control group, but also an appropriate clinical control group, to assess the specificity of the effect. We cannot guarantee acceptance of studies missing an appropriate clinical control group.

Case studies, open trials, and pilot studies may be considered for publication in the Journal if they are unusually innovative.

Consecutive case series with appropriate designs (i.e., contrasting at least two conditions; e.g. multiple baseline design) and appropriate statistical analyses are considered for publication.

Replications are essential in science and are, to the present [editor's](#) opinion, often undervalued. Short reports of attempts to replicate experimental studies, whether successful, or failed, and whether applied or fundamental, are considered for publication, if appropriately powered. The maximum number of words is 2500 for these reports.

All submissions will first be screened on the degree to which they match the Aims and Scope of the Journal.

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Behavioral Therapists, Psychiatrists, Clinical Psychologists

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Types of Contributions

The Journal welcomes contributions to the understanding and treatment of psychopathology. Such contributions may stem from various theoretical perspectives, such as learning theory, cognitive science, social psychology, developmental psychology, etc. The Journal primarily focuses on experimental tests of psychological approaches to psychopathology, though contributions from medicine, biology, sociology, or epidemiology may be published. The same holds for non-experimental approaches, which may occasionally be published if deemed relevant for the field of experimental psychopathology. Papers to be published generally focus on:

- Theoretically or clinically relevant differences between specific patient groups and other groups, if experimentally tested;
- Mechanisms that cause, perpetuate or reduce disorders;
- Diagnostic or therapeutic procedures

Participants in the study may be patients, non-patients or animals, depending on the relevance of the subject characteristics for the question to be answered. In line with the aims of the Journal, priority is given to studies

- 1) using experimental methods with
- 2) data derived from patient samples rather than analogue groups.

Some research questions are best answered in non-patients. This should be evident from the nature of the questions or hypotheses.

Clinical trials (RCTs and others) should be registered in an official trial register and the registration number should be reported. These studies should include a flow diagram according to the most recent CONSORT guidelines and a CONSORT checklist should accompany the submission. See External link <http://www.consort-statement.org> for the guidelines and forms.

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Paper length. Regular manuscripts should not exceed 5000 words (15-20 pages) of body text. Short reports should have a maximum of 2500 words. All submissions will first be screened on the degree to which they match the Aims and Scope of the Journal.

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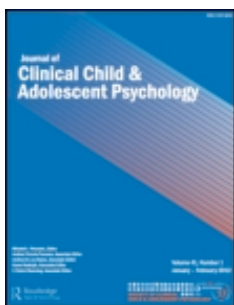
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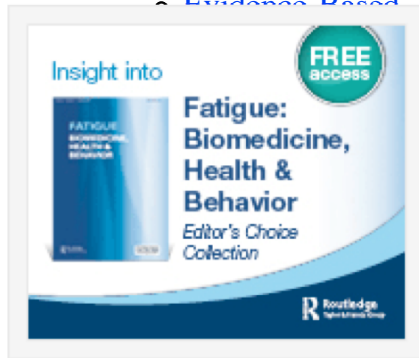
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THE JOURNAL OF CLINICAL PSYCHIATRY

Guidelines for Authors on Manuscript Preparation and Submission

General Information

Electronic Submission System.

Manuscripts must be submitted electronically by using the [online submission system](#) of *The Journal of Clinical Psychiatry*.

Our online submission and peer review system offers more rapid and cost-effective processing than paper-based submission. Additionally, authors are able to check the status of their manuscripts online throughout the editorial/peer review process.

Free Access.

The Journal of Clinical Psychiatry (JCP) offers authors of accepted articles and letters the opportunity to make their article freely available to nonsubscribers on JCP's Web site, PSYCHIATRIST.COM. The charge for this service is \$2,500 and is payable by check or credit card. Authors are provided this option at the time of acceptance.

Your article reaches 36,000 readers of the print journal, but the JCP Web site attracts over 200,000 visitors each month, most of whom are nonsubscribers who must pay a fee to read an entire article online. The option of financial sponsorship allows you to provide each Web visitor unrestricted access to your HTML article, thereby increasing its potential audience nearly sixfold. To further expand your article's visibility, an e-mail announcement of its Free status will be sent to over 35,000 JCP E-Lert requestors.

Submission of payment signifies your agreement to the [Terms and Conditions](#) for copyrighted work.

Required Forms.

We require submission by each author of a form incorporating 4 statements: (1) authorship and manuscript approval, (2) copyright transfer or federal employment, and (3) financial or other relationships that might pose a conflict of interest. The corresponding author must sign (4) the Acknowledgment statement. These 4 statements are provided for use by authors in [this form](#).

This form can be mailed to Physicians Postgraduate Press, PO Box 752870, Memphis, TN 38175-2870, or faxed to the Production Coordinator at 901-273-2752.

Manuscript Preparation.

Manuscript preparation must meet *Journal* requirements, which are in accordance with the "[Uniform](#)

Requirements for Manuscripts Submitted to Biomedical Journals” developed by the International Committee of Medical Journal Editors and are summarized below.

Scope of Submitted Manuscripts

All submissions to *The Journal of Clinical Psychiatry* should be relevant and interesting to practicing clinical psychiatrists. We strive to publish academically sophisticated, methodologically sound manuscripts geared more toward the practitioner than the researcher.

Manuscripts should be concisely written, appropriately referenced, and coherently focused. Conclusions should flow logically from the data presented, and methodological flaws and limitations should be acknowledged.

Manuscripts eligible to be published as articles include controlled studies, clinical observations of wide importance, critical overviews, pilot studies, open trials, chart reviews, and case series with literature reviews. Experimental drug trials involving a compound not currently available in the United States may be considered if (1) the compound is expected to be released soon in the United States or (2) it offers some unique and interesting clinical features. Manuscripts should deal with the epidemiology, classification, and treatment of psychiatric disorders and should not exclusively emphasize laboratory techniques, biostatistical models, validity studies, or the development of measurement instruments.

Articles should have a maximum length of 3,000 words (excluding abstract, tables, figures, and references), a total of no more than 5 tables and/or figures, and no more than 75 references. Reviews should be no more than 5,000 words of text.

Single case reports are typically Letters to the Editor, and only exceptional cases (eg, those involving multiple crossover trials or sophisticated laboratory techniques) will be considered for publication as full articles. Case reports should describe novel, well-documented findings that will be of help and interest to the practitioner.

Letters to the Editor should not exceed 600 words and 1 table or figure. Letters that pertain to recent articles in the *Journal* should not exceed 500 words and will be sent to the author(s) for response. Letters will be edited for clarity and conformity to Journal style.

Editorial Policies

Authorship Criteria.

All authors must have contributed sufficiently to the work to take public responsibility for the content. Acquisition of funding, collection of data, or general supervision of a research group, alone, does not justify authorship. If authorship is attributed to a group, each member must meet authorship criteria; group members who do not meet these criteria should be listed in an acknowledgment.

Persons listed as authors must have made contributions in each of these 3 areas:

- Conception and design OR data analysis and interpretation
- Drafting of the manuscript OR revision for important intellectual content
- Approving the final version of the manuscript that is to be published

All persons designated as authors should qualify for authorship, and all those who qualify should be listed as authors.

The corresponding author will serve on behalf of the other authors as the primary contact with the editorial office and is responsible for ensuring that the acknowledgment information is complete. This person is

responsible for communicating with the other authors about revisions and final approval of the article.

Copyright Policy.

The *Journal* requires the express transfer of copyright to Physicians Postgraduate Press, Inc., to protect the author(s) and Physicians Postgraduate Press, Inc., from misuse of copyrighted materials. All accepted manuscripts become the property of Physicians Postgraduate Press, Inc., and may not be published elsewhere without written permission from both the author and Physicians Postgraduate Press, Inc.

Information for Authors of NIH-Funded Research Articles.

Authors of manuscripts accepted for publication in *The Journal of Clinical Psychiatry* that report original research funded in whole or in part by a National Institutes of Health (NIH) grant have JCP's permission to submit their accepted manuscript to the National Library of Medicine's PubMed Central in accordance with the NIH Public Access Policy provided that the manuscript is made publicly available no sooner than 6 months after the official date of print publication. The "accepted manuscript" is the final version accepted for journal publication that includes all modifications from the publishing peer review process but does not include author-approved editing/copyediting and formatting by the journal's editorial staff during the publication process.

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Personal Communications and Unpublished Data.

Personal communications, unpublished data, and data on file are cited parenthetically in the article text and are not included as numbered references.

For personal communications, authors must obtain written permission from the person whose personal communication is cited and must provide the person's initials, last name, and highest academic degree(s), as well as the date of the communication and whether it was in written, oral, or electronic form.

For unpublished data, authors must obtain written permission from the primary researcher of the data (unless one of the article's authors is a researcher of the data). Initials, last names, and highest academic degrees should be included for up to 3 researchers, as applicable, and the year in which the data were retrieved should be given.

Embargo Policy.

Articles are embargoed until they are published online at Psychiatrist.com. Contact JCPembargo@psychiatrist.com [<mailto:JCPembargo@psychiatrist.com>] .

Clinical Trials Registration.

The *Journal* requires, as a condition of consideration for publication, registration of clinical trials in a public trials registry. (Such registration does not constitute previous publication.)

A clinical trial is defined as any research project that prospectively assigns human participants or groups of humans to 1 or more health-related interventions to evaluate the effects on health outcomes.

(Trials that begin enrollment on or after July 1, 2008, whose primary goal is to assess major unknown toxicity or determine pharmacokinetics [phase 1 trials] will also be subject to this registration requirement.)

The *Journal* will accept "retrospective" registration of trials that began before July 1, 2005 (retrospective meaning registration occurs after patient enrollment begins). The *Journal* will consider trials beginning on or after July 1, 2005, only if registration occurred before the first patient was enrolled ("prospective registration").

The *Journal* does not advocate one particular registry, but requires authors to register their trial in a registry that meets several criteria. **The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a not-for-profit organization.** There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include at minimum a unique trial number, trial registration date, secondary identification information if assigned by sponsors or others, funding source(s), primary and secondary sponsor(s), responsible contact person, research contact person, official scientific title of the study, research ethics review, the medical condition being studied, intervention(s), key inclusion and exclusion criteria, study type, anticipated trial start date, target sample size, recruitment status, primary outcome, and key secondary outcomes.

Registration information must be provided at the time of electronic submission. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract and also in the space provided on the online manuscript submission form.

For detailed information, please see "Frequently Asked Questions" on the Uniform Requirements for Manuscripts Submitted to Biomedical Journals Web site at <http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/>.

The following trial registries meet the required criteria:

Australian Clinical Trials Registry: <http://actr.org.au>

ClinicalTrials.gov: <http://www.clinicaltrials.gov/>

ISRCTN Register: <http://isrctn.org>

Netherlands Trial Register: <http://www.trialregister.nl/trialreg/index.asp>

UMIN Clinical Trials Registry: <http://www.umin.ac.jp/ctr>

The *Journal* also accepts registration in any of the primary registers that participate in the WHO International Clinical Trial Registry Platform: <http://www.who.int/ictip/en>

Analyses of Preexisting Datasets

For manuscripts that report analyses of preexisting datasets, provide details related to accessing the dataset, including (1) the individual or organization that owns the dataset (ie, holds copyright), (2) where the dataset resides (if possible, provide a URL at which it can be accessed), (3) contact information of someone who can provide access to the dataset, if it is not accessible via a URL. This information will appear at the end of the article in an "Additional Information" footnote.

Manuscripts submitted for publication in the *Journal* that meet its scope and submission criteria are sent to expert consultants for peer review.

Please see [Reviewers](#) for details about the peer review process and information on becoming a reviewer.

Copyediting.

Papers accepted for publication after peer review will be copyedited for clarity, conciseness, and conformity with *Journal* style and returned to the corresponding author for approval. The authors are responsible for all statements in their work, including changes authorized by the corresponding author.

Conflict of Interest/Financial Disclosure.

Authors are required to provide a statement covering any conflict of interest that may arise from publication of their manuscript. This includes, but is not limited to:

- Funding, including salaries, equipment, supplies, reimbursement for attending symposia, etc, from organizations that may gain or lose financially through the publication of the paper
- Personal financial interests, including stocks and shares in companies that may gain or lose financially from publication, consultation fees or forms of remuneration from organizations that may gain or lose financially, or patent and patent applications whose value may be affected
- Employment, whether recent, present or anticipated, by an organization that may gain or lose from publication of the paper

If you have no conflict of interest to declare, please state this and we will add the following text to your article: "The author(s) report no financial or other relationship relevant to the subject of this article."

Manuscript Components

Cover Letter.

Manuscripts must be accompanied by an electronic cover letter. Manuscripts are reviewed with the understanding that they represent original material, have never been published before, are not under consideration for publication elsewhere, and have been approved by each author. Prior publication constitutes any form of publication other than an abstract or clinical trial registration and includes invited articles, proceedings, symposia, and book chapters. Authors should fully inform the editor in the cover letter if the submitted manuscript contains data or clinical observations that have been published or submitted for publication elsewhere, supply copies of such material, and explain the differences between the works.

Manuscripts should have margins of at least 1 in and be double-spaced throughout, including title page, abstract, text, references, tables, and legends for figures. Number pages consecutively in the upper right-hand corner, beginning with the title page. Each section should begin on a separate page, and the sections should be arranged in the following order: (1) title page, (2) abstract and key words, (3) text, and (4) references. Tables and figures should be submitted as separate file(s) from the manuscript.

Title Page.

The title of the article should be concise but informative and should convey the basic design of the study.

For each author, provide first name, middle initial, and last name along with highest academic degree(s) and departmental and institutional affiliation, including city/state/country location.

At the bottom of the title page, list the following:

1. Sources of financial and material support, specifying the nature of the support and the location (city and state/country) of

the funding source.

2. Indications of previous presentation, including the date(s) and location of the meeting where the data were presented.
3. Acknowledgment of assistance (see [Acknowledgments](#)).
4. Any applicable disclaimer statements.
5. Full address, telephone and fax numbers, and e-mail address of the corresponding author.

Acknowledgments.

Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chairperson, critical review of study proposal, or data collection, and acknowledgments of technical help are to be listed at the bottom of the title page. Authors must obtain written permission from all persons named in an Acknowledgment. For each person, list highest degree(s) as applicable, institutional affiliation (including the funding source for the acknowledged assistance), and any relevant financial disclosure.

Abstract.

If you are submitting an article, you are required to include a structured abstract of about 250 words or less. The abstract must reflect the text; that is, no information should be included in the abstract that cannot be drawn from the text.

Reports of Original Data

Objective: State the question addressed in the study.

Method: Describe the basic study design. State the setting (eg, primary care, referral center). Explain selection of study subjects and state the system of diagnostic criteria used. Describe any interventions and include their duration and method of administration. Indicate the main outcome measure(s). Specify the dates in which data were collected (month/year to month/year).

Results: Include the key findings. Give specific data and their statistical significance, if possible (include *P* value if findings were significant). Subset *N*s should accompany percentages if the total *N* is < 100.

Conclusion: Summarize the conclusions.

Clinical Trials Registration: If the article reports a clinical trial, give the trial registry name, URL, and registration number.

Review Articles and Meta-Analyses

Objective: State the primary objective of the article.

Data Sources: Describe the data sources that were searched, including dates, keywords, and constraints (eg, language limits).

Study Selection: Identify the number of studies reviewed and the criteria used for their selection.

Data Extraction: Summarize guidelines used for abstracting data and how they were applied.

Results: State the main results of the review and the methods used to obtain these results.

Conclusions: Summarize the conclusions.

Consensus Statements

Objective: State the issue, purpose, and intended audience.

Participants: Describe how people were chosen to be participants, state the number of participants, and describe

their areas of expertise. State whether meetings were open or closed.

Evidence: Describe what data sources were used and explain their selection, abstraction, and the method of their synthesis. If a formal literature review was conducted, state who wrote it and whether it was reviewed. Describe any use of unpublished data. Explain the influence of expert opinion and comments from the participants.

Consensus Process: Describe the basis for conclusions. State how consensus was achieved. Describe the writing of the consensus statement, including who wrote it, whether it was drafted before or after the group expressed its opinions, and when it was written. Explain who reviewed the statement and how revision suggestions were utilized.

Conclusions: Summarize the consensus statement, and include any important minority views.

Further details on writing informative structured abstracts can be obtained from: Haynes RB, Mulrow CD, Huth EJ, et al. More informative abstracts revisited. *Ann Intern Med* 1990;113(1):69-76.

Letters to the Editor

Letters must include a descriptive title. Most letters to the editor either report cases or small studies or comment on a recent *Journal* article.

For case reports and small studies, ensure that the chronology of events is clear, and specify the month/year in which events occurred. Specify diagnostic criteria used for any diagnoses mentioned, and provide references for scales/assessment tools used. If a search of the literature was conducted for related case reports, specify the data sources, keywords, and any date/language limitations used in the search.

Letters reporting small studies typically include (1) a brief introductory paragraph, (2) sections titled "Method" and "Results" (labeled with capitalized headings), and (3) a conclusions/discussion section.

Letters reporting cases typically consist of (1) a brief introductory paragraph, (2) description of the cases, and (3) a discussion section. For letters reporting multiple cases, the types of clinical and demographic details given (eg, race, gender, occupation, marital status, medications, follow-up) should be consistent among the cases. It is not necessary to include all of these details in case reports, but if a particular characteristic, eg, occupation, is reported for one case, it should be reported for all of the cases.

For letters commenting on a Journal article, include a numbered reference to the article discussed. Be concise, and support your assertions with references as applicable. Also, please note that the authors of the original article will be given the opportunity to reply to letters commenting on their article.

Text of Article

Reports of Original Data

The text of observational and experimental articles is usually--but not necessarily--divided into sections with the headings [Introduction](#), [Method](#), [Results](#), and [Discussion](#). Lengthy articles may need subheadings within some sections to clarify their content.

Use nonproprietary names of drugs, unless a specific trade name is relevant to the discussion.

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Introduction. State the purpose of the article. Summarize the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

Method. Describe your selection of the observational or experimental subjects (including controls) clearly, including eligibility. Identify the methods, apparatus (manufacturer's name and city/state/country location in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below). Include references for all assessment tools, including scales, used in the study. Describe new or modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Specify the dates in which data were collected (month/year to month/year).

Diagnosis. State the diagnosis and diagnostic criteria. Justify the use of diagnostic criteria other than DSM-IV.

Informed Consent/Ethics Review. Manuscripts that report experimental investigations with human subjects must include a statement that subjects (or parents/guardians) gave their informed consent after the procedure(s) and possible side effects were fully explained. Also state whether institutional review board approval was obtained for the investigation; if it was not, provide an explanation. Investigators without access to formal ethical review committees should follow Declaration of Helsinki guidelines and state this in the manuscript.

Patient Confidentiality. Ethical and legal considerations dictate protection of patients' anonymity. Do not use patients' names, initials, or hospital numbers in text or illustrative material. Avoid dates and disguise characteristics and personal history that would identify a patient.

Statistics. Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of *P* values, which fails to convey important quantitative information. Give numbers of observations. Report losses to observation (such as dropouts from a clinical trial). Reference statistical tests that are not well known. Specify any general-use computer programs used.

Results. Present your results in logical sequence. Do not repeat in the text all the data in the tables or figures; emphasize or summarize only important observations. Subset *N*s should accompany percentages if the total *N* is < 100. For original research, results should not be shown as *not significant* or *NS*. Actual *P* values are important for future meta-analyses research. Please include actual *P* values, and preferably confidence intervals or limits, when reporting nonsignificant results.

Discussion. Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail material given in the Introduction or the Results section. Present in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data.

Review Articles and Meta-Analyses

When preparing review articles and meta-analyses, describe the methods used in performing the literature review. This description includes listing the data sources searched (for example, MEDLINE) and the dates, keywords, and constraints (for example, language limits) used in the search; the criteria used to select the included studies; and the guidelines used for abstracting and synthesizing the data.

In meta-analyses, several basic content areas should be addressed: study design, combinability, control of bias, statistical analysis, sensitivity analysis, and problems of applicability.

Please refer to the information on [Abstracts](#) for a more detailed framework of the necessary elements for review articles and meta-analyses.

Consensus Statements

Consensus statements should identify the participants and their areas of expertise, as well as the source of funding or sponsor. Describe the data sources used and explain their selection, abstraction, and the method of their synthesis. A description of the process used to reach consensus should be included. Explain how conclusions were reached.

Please refer to the information on [Abstracts](#) for a more detailed framework of the necessary elements for consensus statements.

References

The reference list should include only references to information that is retrievable. Authors are responsible for the accuracy and completeness of the references. The references must be verified by the author(s) against the original documents.

Do not use reference management programs that bury references within the article text.

Number references consecutively in the order in which they are cited in text. Identify references by superscript Arabic numerals. References cited only in tables or in figure legends should be numbered in accordance with the sequence at the point of identification in the text of the particular table or figure.

References should be cited in the body of the article using the following format:

1 author: "Smith² states that..."

2 authors: "Smith and Jones² state that..."

3 or more authors: "Smith et al² state that..."

"In press" references to articles accepted but not yet published can be cited and included in the reference list if the title and journal name or book publisher are given. References to personal communications (see [Personal Communications and Unpublished Data](#)) or to material not yet accepted for publication may not be included in the reference list, but instead should be cited parenthetically in text.

Abbreviations of journal names must conform to Index Medicus style. Examples of correct forms of references are illustrated below:

1. Mammen OK, Shear MK, Pilkonis PA, et al. Anger attacks: correlates and significance of an underrecognized symptom. *J Clin Psychiatry*. 1999;60(9):633–642.
2. Schneck C. St John's wort and hypomania [letter]. *J Clin Psychiatry*. 1998;59:12:689.
3. Garfinkel PE. Eating disorders. In: Kaplan HI, Sadock BJ, eds. *Comprehensive Textbook of Psychiatry*, vol 2. 6th ed. Baltimore, MD: Williams & Wilkins; 1995:1361–1371.
4. Desan PH, Sanders KM. Risk factors for suicide in emergency psychiatry. In: New Research Program and Abstracts of the 152nd Annual Meeting of the American Psychiatric Association; May 18, 1999; Washington, DC. Abstract NR358:164.
5. Dubovsky SL. Generalized anxiety disorder: new concepts and psychopharmacologic therapies. *J Clin Psychiatry*. 1986;47(suppl 4):46–66.
6. Tharyan P, Adams CE. Electroconvulsive therapy for schizophrenia. *Cochrane Database Syst Rev*. 2002;(2):CD000076.
7. van der Hoek L, Pyrc K, Jebbink MF, et al. Identification of a new human coronavirus [published online ahead of print March 21, 2004]. *Nat Med*. 2004;10(4):368–373. doi:10.1038.nm1024.
8. Williamson DJ. Neurocognitive impairment: feigned, exaggerated, or real? *Curr Psychiatry*. 2007;6(8). http://www.currentpsychiatry.com/article_pages.asp?AID=5208&UID=. Accessed August 10, 2007.
9. Interim guidance about avian influenza A for US citizens living abroad. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_0320405.htm. Updated November 18, 2005.

Tables and Figures

Computer-generated figures should be submitted as separate .eps or .tiff files (minimum 300 dpi).

Tables and figures should not duplicate text or one another and must be self-explanatory. Tables should be numbered consecutively in the order of their first citation in the text, as should figures. Acknowledge the original source of a previously published or adapted table or figure and submit written permission from the copyright holder to reproduce the material.

Ordinary footnotes are designated by lowercase superscript letters. Footnote citations may be given in both the title and the body and should proceed from left to right. Simple *P* values given in footnotes are indicated by single asterisk, double asterisk, etc. Expansions of abbreviations should be listed at the bottom of the table below other footnotes.

Tables. Identify each table by a brief descriptive title. Give each column a short heading. When percentages are presented, the appropriate numbers must also be given. Do not use internal horizontal and vertical rules. Place explanatory matter in footnotes, not in the headings or title. Units of measurement should be specified. Definitions of symbols appearing in tables should be listed at the end of the footnotes, with the expansions of abbreviations.

Figures. Two-dimensional graphs should not be represented in 3 dimensions. Figures are usually reduced to a width of 19.5 picas (3.25 in, 8.2 cm). Definitions of symbols appearing in the figure should be presented in a key within the figure, rather than in the title or footnotes. The key should appear within or above the figure but should not widen the figure.

Special Sections

All manuscripts submitted for Special Section consideration (as indicated by authors at the time of electronic submission) will undergo the *Journal's* usual editorial evaluation and peer review. Authors are invited to submit both high-quality research manuscripts and scholarly reviews. Letters to the editor will not be considered for these sections.

Early Career Psychiatrists

The objective of the [Early Career Psychiatrists](#) section is to encourage the academic development of early career psychiatrists. Manuscripts selected for this section will be those deemed through the review process to represent excellent work from the next generation of researchers in psychiatry.

Eligibility criteria for first authors:

- Trained psychiatrists with an MD, MD/PhD, or DO degree
- Less than 5 years from completion of training
- Current academic rank no higher than Assistant Professor

Focus on Addiction

The objective of the [Focus on Addiction](#) section is to promote scientifically rigorous research on substance-related and addictive disorders, including etiology, epidemiology, diagnosis, prevention, and treatment. The section's scope embraces comorbidity of addiction with other psychiatric and medical disorders. Relevant

multidisciplinary and translational approaches encompass genetics, molecular biology, cognitive-behavioral science, neuroscience, brain stimulation and imaging, pharmacology, and translational medicine. Articles published in the section will display clinical excellence and support JCP's commitment to reduce the overall burden of psychiatric illness.

Focus on Alzheimer's Disease and Related Disorders

The objective of the [Focus on Alzheimer's Disease and Related Disorders](#) section is to encourage scientific studies of Alzheimer's disease, promote the optimal care of patients, and help keep the psychiatric community informed of the latest scientific and clinical developments. In addition to randomized clinical trials of putative treatments for cognitive and noncognitive symptoms, authors are encouraged to submit manuscripts capitalizing on the use of genomic, proteomic, and brain imaging tools of growing importance to the study of Alzheimer's disease and other psychiatric disorders. Other topics include any biological, psychosocial, economic, or health services aspect of Alzheimer's disease. We also invite manuscripts related to the scientific understanding, differential diagnosis, early detection and tracking, treatment, and prevention of Alzheimer's disease and, indeed, any research article or scholarly review of scientific importance or clinical relevance to the study of Alzheimer's disease, mild cognitive impairment, and related disorders.

Focus on Childhood and Adolescent Mental Health

The objective of the [Focus on Childhood and Adolescent Mental Health](#) section is to encourage scientific studies regarding the mental health of children and adolescents, promote excellent clinical care of children and adolescents with psychiatric disorders, and help keep the psychiatric community informed about the latest research developments. In addition to manuscripts covering studies of the phenomenology of childhood and adolescent psychiatric disorders and clinical trials of treatments for childhood and adolescent psychiatric disorders and associated symptoms, authors are encouraged to submit manuscripts regarding the use of genomic and brain imaging studies related to childhood and adolescent mental health. Disorders include pediatric mood, anxiety, and psychotic disorders as well as oppositional defiant and conduct disorders, attention-deficit/hyperactivity disorder, pervasive developmental disorders, tic disorders, mental retardation, other developmental disorders, and any other disorder that may present during childhood or adolescence. Other topics include any biological, psychosocial, economic, or health services aspect of childhood and adolescent mental health. We also invite manuscripts related to the scientific understanding, differential diagnosis, early detection and monitoring, treatment, and prevention of psychiatric disorders in children and adolescents.

Focus on Suicide

The objective of the [Focus on Suicide](#) section is to promote scientific research into the causes and prevention of suicide. Identification of risk and protective factors related to suicidal behavior, diagnosis of at-risk persons, evidence-based intervention research, treatment and practice strategies, interdisciplinary approaches, brain imaging and genomic studies are all of interest. In selecting articles on suicide, JCP aligns its goals with those set forth in February 2014 by the [National Alliance for Suicide Prevention's Research Prioritization Task Force](#) in [A Prioritized Research Agenda for Suicide Prevention](#). Authors are invited to submit high-quality research and scholarly reviews on all aspects of suicide that will contribute to the overall decrease in the global burden of suicide.

Focus on Women's Mental Health

The objective of the [Focus on Women's Mental Health](#) section is to recognize and address the need for gender-based research. Authors are invited to submit well-designed, well-conducted studies of epidemiologic,

biological, psychosocial, economic, and health services aspects of women's mental health issues. Topics of interest include all aspects of mental health issues pertinent to the female reproductive lifespan, disorders that disproportionately affect women, and inquiries into how gender impacts the course and treatment of disorders that affect the sexes equally.

Social Media and Mental Health

The objective of the [Social Media and Mental Health](#) section is to foster inquiry into the evolving relationship between psychiatry and social media. Authors are invited to submit well-designed original research and scholarly reviews related to social media technologies, including social networking websites, blogs, and Internet forums. An emerging field of study that is of particular interest is the use of "big data" mined from social media data to reveal patterns and predict the spread of disorders and mental health-related phenomena. Another area of focus is the impact of individuals' social media use on their mental health (effects on mood, social media addiction, and other topics). Authors are also encouraged to submit manuscripts that investigate promising ways in which social media can be leveraged by mental health professionals to provide interventions, disseminate public health information, or communicate with patients.



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Description

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Abstracting & Indexing

Manuscript Submission

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

Submission

Please submit manuscripts electronically, either using Microsoft Word (.doc) or Rich Text Format (.rtf) via the Manuscript Submission Portal. (http://www.jco.com/jco3/submissions/dsp_jco.cfm?journal_code=ccp3)



(http://www.jco.com/jco3/submissions/dsp_jco.cfm?journal_code=ccp3)

If you encounter difficulties with submission, please email Alle Robertson (<mailto:arobertson@apa.org>) or call 202-336-5611.

General correspondence may be directed to the Editorial Office via email (<mailto:amrn23@drexel.edu>).

Masked Review

This journal uses a masked reviewing system for all submissions. The first page of the manuscript should omit the authors' names and affiliations but should include the title of the manuscript and the date it is submitted.

Footnotes containing information pertaining to the authors' identities or affiliations should not be included in the manuscript, but may be provided after a manuscript is accepted.

Make every effort to see that the manuscript itself contains no clues to the authors' identities.

Please ensure that the final version for production includes a byline and full author note for typesetting.

Keep a copy of the manuscript to guard against loss.

Cover Letter

The cover letter accompanying the manuscript submission must include all authors' names and affiliations to avoid potential conflicts of interest in the review process. Addresses and phone numbers, as well as electronic mail addresses and fax numbers, if available, should be provided for all authors for possible use by the editorial office and later by the production office.

Length and Style of Manuscripts

Full-length manuscripts should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Instructions on preparing tables, figures, references, metrics, and abstracts appear in the *Publication Manual of the American Psychological Association* ([pubs/books/420066.aspx](#)) (6th edition).

Authors submitting manuscripts that report new data collection, especially randomized clinical trials (RCTs), should comply with the newly developed APA Journal Article Reporting Standards (PDF, 89KB) ([pubs/authors/jars.pdf](#)) (JARS; see *American Psychologist*, 2008, 63, 839-851 or Appendix in the *APA Publication Manual*).

For papers that exceed 35 pages, authors must justify the extended length in their cover letter (e.g., reporting of multiple studies), and in no case should the paper exceed 45 pages total. Papers that do not conform to these guidelines may be returned without review.

The References section should immediately follow a page break.

Brief Reports

In addition to full-length manuscripts, the JCCP will consider Brief Reports of research studies in clinical psychology. The Brief Report format may be appropriate for empirically sound studies that are limited in scope, contain novel or provocative findings that need further replication, or represent replications and extensions of prior published work.

Brief Reports are intended to permit the publication of soundly designed studies of specialized interest that cannot be accepted as regular articles because of lack of space.

Brief Reports must be prepared according to the following specifications: Use 12-point Times New Roman type and 1-inch (2.54-cm) margins, and do not exceed 265 lines of text including references. These limits do not include the title page, abstract, author note, footnotes, tables, or figures.

An author who submits a Brief Report must agree not to submit the full report to another journal of general circulation. The Brief Report should give a clear, condensed summary of the procedure of the study and as full an account of the results as space permits.

Commentaries

JCCP now publishes papers that are commentaries of previously published articles in this journal. Two types of commentaries will be considered:

Brief Comment

A Brief Comment would be written in response to a single article previously published in JCCP. The primary purpose would be to provide a meaningful insight, concern, alternative interpretation, clarification, or critical analysis. It is not intended to be pedestrian in nature (e.g., simply highlighting that a given study is statistically underpowered). Rather, its publication would provide for a richer and more comprehensive understanding of a methodological, conceptual, or professional issue that significantly adds to the literature.

Similar to a Brief Report, Brief Comments should not exceed 265 lines of text including references. This limit does not include the title page, abstract, or author notes. The title of a Brief Comment should include a subtitle reflecting the actual title and year of publication of the article that engendered the comment. For example — "The Importance of Focusing on External Validity: A Brief Comment on *Testing the Efficacy of Two Differing Types of Stress Management Interventions for the Treatment of Essential Hypertension* (Jones & Smith, 2012)."

Brief Comments should be submitted in a timely manner, no later than 9 months after publication of the original article. Upon acceptance of a Brief Comment, the author(s) of the original paper would be invited to submit a response, whereupon, if acceptable, both the Brief Comment and Response would be published together. Such Responses to a Brief Comment should also not exceed 265 lines of text including references.

Extended Comment

The purpose of this type of article is essentially similar to that of a Brief Comment (i.e., to provide a meaningful insight, concern, alternative interpretation, clarification, or critical analysis), but would be written in response to a series of articles previously published in JCCP or that involves a more extensive and far-reaching conceptual or methodological issue. An example might include describing and analyzing the limitations of a particular statistical or methodological procedure used in several studies previously published in JCCP, provided along with meaningful recommendations.

This type of article should not exceed approximately one half the length of the original paper (note that 1 journal page equals approximately 3–3.5 manuscript pages). Unless permission from the editor is received, no Extended Comment should exceed 20 manuscript pages inclusive of all references, tables, and figures.

Similar to a Brief Comment, where and when appropriate, if such a paper is accepted, the author(s) of the original article(s) will be contacted to write a response, whereupon, if acceptable, both the Extended Comment and Response would be published together. This Invited Response should not exceed approximately one half the length of the Extended Comment.

The title of this type of article need not include a subtitle representing the original article(s). One important review criteria involves the timeliness of the topic and its potential contribution to the scientific literature base relevant to the scope of JCCP content.

Conceptual/Theoretical Papers

Whereas the majority of papers published in JCCP will involve descriptions of quantitatively-based investigations, this journal also considers conceptual articles on topics of broad theoretical, methodological, or practical interest that advance the field of clinical psychology. Examples might include describing a new methodological or statistical procedure, delineating methods of enhancing dissemination of research findings from the lab to real-world settings, or advocating the need to increase the profession's research efforts regarding a traditionally underserved population.

Similar formatting guidelines for submitting a full length research article would apply for these types of papers.

Title of Manuscript

The title of a manuscript should be accurate, fully explanatory, and preferably no longer than 12 words. The title should reflect the content and population studied (e.g., "treatment of generalized anxiety disorders in adults").

If the paper reports a randomized clinical trial (RCT), this should be indicated in the title. Note that JARS criteria must be used for reporting purposes.

Abstract

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

Manuscripts published in the *Journal of Consulting and Clinical Psychology* will include a structured abstract of up to 250 words.

For studies that report randomized clinical trials or meta-analyses, the abstract also must be consistent with the guidelines set forth by JARS or MARS (Meta-Analysis Reporting Standards) guidelines, respectively. Thus, in preparing a manuscript, please ensure that it is consistent with the guidelines stated below.

Please include an Abstract of up to 250 words, presented in paragraph form. The Abstract should be typed on a separate page (page 2 of the manuscript), and must include each of the following sections:

Objective: A brief statement of the purpose of the study

Method: A detailed summary of the participants (N, age, gender, ethnicity) as well as descriptions of the study design, measures (including names of measures), and procedures

Results: A detailed summary of the primary findings that clearly articulate comparison groups (if relevant), and that indicate significance or confidence intervals for the main findings

Conclusions: A description of the research and clinical implications of the findings

Public Health Significance Statements

Authors submitting manuscripts to the *Journal of Consulting and Clinical Psychology* are required to provide 2–3 brief sentences regarding the public health significance of the study or meta-analysis described in their paper. It should be written in language that is easily understood by both professionals and members of the lay public.

Examples are included below. This description should be included within the manuscript on the abstract/keywords page.

When an accepted paper is published, these sentences will be boxed beneath the abstract for easy accessibility. All such descriptions will also be published in the back of each issue, as well as on the journal's web page. This new policy is in keeping with efforts to increase dissemination and usage by larger and diverse audiences.

Examples of these 2–3 sentences include the following:

"This study strongly suggests that (description of a given psychosocial treatment) is an effective treatment for anxiety, but only if it is mild to moderate severity. For persons with severe anxiety, additional treatments may be necessary."

"When treating individuals of (name of a particular ethnic minority group) who are experiencing PTSD, this study demonstrated the importance of taking into account cultural factors, especially those that involve one's spiritual beliefs."

"This study highlights the importance of directly including one's family in treatment when helping adults diagnosed with cancer overcome their depression."

Keywords

Please supply up to five keywords or short phrases.

Participants: Description and Informed Consent

The Method section of each empirical report must contain a detailed description of the study participants, including (but not limited to) the following: age, gender, ethnicity, SES, clinical diagnoses and comorbidities (as appropriate), and any other relevant demographics.

In the Discussion section of the manuscript, authors should discuss the diversity of their study samples and the generalizability of their findings.

The Method section also must include a statement describing how informed consent was obtained from the participants (or their parents/guardians) and indicate that the study was conducted in compliance with an appropriate Internal Review Board.

Measures

The Method section of empirical reports must contain a sufficiently detailed description of the measures used so that the reader understands the item content, scoring procedures, and total scores or subscales. Evidence of reliability and validity with similar populations should be provided.

Statistical Reporting of Clinical Significance

JCCP requires the statistical reporting of measures that convey clinical significance. Authors should report means and standard deviations for all continuous study variables and the effect sizes for the primary study findings. (If effect sizes are not available for a particular test, authors should convey this in their cover letter at the time of submission.)

JCCP also requires authors to report confidence intervals for any effect sizes involving principal outcomes (see Fidler et al., *Journal of Consulting and Clinical Psychology*, 2005, pp. 136–143 and Odgaard & Fowler, *Journal of Consulting and Clinical Psychology*, 2010, pp. 287–297).

In addition, when reporting the results of interventions, authors should include indicators of clinically significant change. Authors may use one of several approaches that have been recommended for capturing clinical significance, including (but not limited to) the reliable change index (i.e., whether the amount of change displayed by a treated individual is large enough to be meaningful; see Jacobson et al., *Journal of Consulting and Clinical Psychology*, 1999), the extent to which dysfunctional individuals show movement into the functional distribution (see Jacobson & Truax, *Journal of Consulting and Clinical Psychology*, 1991), or other normative comparisons (see Kendall et al., *Journal of Consulting and Clinical Psychology*, 1999).

The special section of JCCP on "Clinical Significance" (*Journal of Consulting and Clinical Psychology*, 1999, pp. 283–339) contains detailed discussions of clinical significance and its measurement and should be a useful resource (see also Atkins et al., *Journal of Consulting and Clinical Psychology*, 2005, pp. 982–989).

Discussion of Clinical Implications

Articles must include a discussion of the clinical implications of the study findings or analytic review. The Discussion section should contain a clear statement of the extent of clinical application of the current assessment, prevention, or treatment methods. The extent of application to clinical practice may range from suggestions that the data are too preliminary to support widespread dissemination to descriptions of existing manuals available from the authors or archived materials that would allow full implementation at present.

Randomized Clinical Trials: Use of JARS Guidelines

JCCP requires the use of JARS guidelines for randomized clinical trials, consistent with the recommendations and policies established by the Publications and Communications Board of the American Psychological Association. JARS offers a standard way to improve the quality of such reports, and to ensure that readers have the information necessary to evaluate the quality of a clinical trial.

Manuscripts that report randomized clinical trials are required to include a flow diagram of the progress through the phases of the trial. When a study is not fully consistent with JARS guidelines, the limitations should be acknowledged and discussed in the text of the manuscript.

For follow-up studies of previously published clinical trials, authors should submit a flow diagram of the progress through the phases of the trial and follow-up. The above checklist information should be completed to the extent possible, especially for the Results and Discussion sections of the manuscript.

Authors of RCTs should also describe procedures to assess for treatment fidelity (also known as treatment integrity), including both therapist adherence and competence. Where possible, results should be reported regarding the relationship between fidelity and outcome found in the investigation.

View the JARS guidelines (PDF, 98KB) ([pubs/authors/jars.pdf](#))

Meta-Analyses of Randomized Clinical Trials: Use of MARS Guidelines

JCCP requires the use of the APA MARS guidelines for meta-analyses of randomized clinical trials. MARS offers a standard way to improve the quality of such reports, and to ensure that readers have the information necessary to evaluate the quality of a meta-analysis.

Manuscripts that report meta-analyses of randomized clinical trials are required to include a flow diagram of the progress through the stages of the meta-analysis. When a study is not fully consistent with MARS, the limitations should be acknowledged and discussed in the text of the manuscript.

MARS guidelines are included in the JARS guidelines (PDF, 98KB) ([pubs/authors/jars.pdf](#))

Nonrandomized Trials

For nonrandomized designs that often are used in public health and mental-health interventions, JCCP requires compliance with JARS.

Failure to comply with JARS or MARS can result in the return of manuscripts without review.

Manuscript Preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition) ([pubs/books/420096.aspx](#)). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission ([pubs/authors/manuscript-check.aspx](#)) before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

Display Equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

Go to the Text section of the Insert tab and select Object.

Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

Computer Code

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

In Online Supplemental Material

We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article With Online Material ([pubs/authors/supp-material.aspx](#)).

In the Text of the Article

If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables

Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Submitting Supplemental Materials

APA can place supplemental materials online, available via the published article in the PsycARTICLES® database. Please see Supplementing Your Article With Online Material ([pubs/authors/supp-material.aspx](#)) for more details.

References

Examples of basic reference formats

Hughes, G., Des
prediction, and

Authored Book:

Rogers, T. T., & McClelland, J. L. (2004). *Semantic cognition: A parallel distributed processing approach*. Cambridge, MA: MIT Press.

Gill, M. J., & Sypher, B. D. (2009). Workplace incivility and organizational trust. In P. Lutgen-Sandvik & B. D. Sypher (Eds.), *Destructive organizational communication: Processes, consequences, and constructive ways of organizing* (pp. 53–73). New York, NY: Taylor & Francis.

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file.

The minimum line weight for line art is 0.5 point for optimal printing.

For example, if a child has a 0.47 probability of being a boy, the probability of being a girl is 0.53.

When possible, please place symbol legends below the figure instead of to the side.

APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

The same caption will appear on both the online (color) and print (black and white) versions. To ensure that the figure can be understood in both formats, authors should add alternative wording (e.g., "the red (dark gray) bars represent") as needed.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:

\$900 for one figure

An additional \$600 for the second figure

An additional \$450 for each subsequent figure

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APA policy prohibits an author from submitting the same manuscript for concurrent consideration by two or more publications.

See also APA Journals® Internet Posting Guidelines ([/pubs/authors/posting.aspx](http://pubs/authors/posting.aspx)) .

APA requires authors to reveal any possible conflict of interest in the conduct and publication of research (e.g., funding by pharmaceutical companies for drug research).

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Authors of accepted manuscripts are required to transfer the copyright to APA.

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Wellcome Trust or Research Councils UK Publication Rights Form (PDF, 34KB) ([/pubs/authors/publication-rights-form-wellcome-rcuk.pdf](https://pubs/authors/publication-rights-form-wellcome-rcuk.pdf))

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other

competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB) ([/pubs/authors/ethics02.pdf](#))

The APA Ethics Office provides the full Ethical Principles of Psychologists and Code of Conduct ([ethics/code/index.aspx](http://ethics.code/index.aspx)) electronically on its website in HTML, PDF, and Word format. You may also request a copy by emailing (ethics@apa.org) or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597–1611.

Appeals Process for Manuscript Submissions (pubs/authors/appeals.aspx)

Preparing Auxiliary Files for Production (pubs.aip.org/preparing-files.aspx)

Document Deposit Procedures for APA Journals ([/pubs/authors/pubmed-deposit.aspx](http://pubs/authors/pubmed-deposit.aspx))

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Journal of Family Psychology®



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Incoming Editor: Barbara H. Fiese, PhD

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[Collaborative Review Model Policy Guidelines \(PDF, 12KB\) \(/pubs/journals/features/collaborativereviewmodel.policy.pdf\)](#)

[New Authors Guide to Preparing Manuscripts for Journal Publication \(/pubs/authors/new-author-guide.aspx\)](#)

[Editorial - Journal of Family Psychology: Past, Present, and Future \(PDF, 21KB\) \(/pubs/journals/features/fam-24-1-1.pdf\)](#)

[New Editor Appointed \(/pubs/authors/all-editors.aspx\)](#)

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Description

Editorial Board

Abstracting & Indexing

Manuscript Submission

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

Submission

Please submit manuscripts electronically, either using Microsoft Word (.doc) or Rich Text Format (.rtf) via the Manuscript Submission Portal (http://www.jbo.com/jbo3/submissions/dsp_jbo.cfm?journal_code=fam2).



(http://www.jbo.com/jbo3/submissions/dsp_jbo.cfm?journal_code=fam2)

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Do not submit manuscripts to the Editor's email address.

In addition to addresses and phone numbers, please supply electronic mail addresses and fax numbers, if available, for potential use by the editorial office and later by the production office.

Keep a copy of the manuscript to guard against loss.

Article Requirements

For general guidelines to style, authors should study articles previously published in the journal.

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

The manuscript title should be accurate, fully explanatory, and preferably no longer than 12 words. The title should reflect the content and population studied (e.g., "family therapy for depression in children"). If the paper reports a randomized clinical trial, this should be indicated in the title, and the CONSORT criteria (#consort) must be used for reporting purposes.

Research manuscripts and review and theoretical manuscripts that provide creative and integrative summaries of an area of work relevant to family psychology should not exceed 30–35 pages, all inclusive (including cover page, abstract, text, references, tables, figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, figures, etc.) must be double spaced. References should not exceed 8 pages.

Brief reports are encouraged for innovative work that may be premature for publication as a full research report because of small sample size, novel methodologies, etc. Brief

reports also are an appropriate format for replications and for clinical case studies. Authors of brief reports should indicate in the cover letter that the full report is not under consideration for publication elsewhere. Brief reports should be designated as such and should not exceed a total of 20 pages, all inclusive. References should not exceed 8 pages.

Manuscripts exceeding the space requirement will be returned to the author for shortening prior to peer review.

All research involving human participants must describe oversight of the research process by the relevant Institutional Review Boards and should describe consent and assent procedures briefly in the Method section.

It is important to highlight the significance and novel contribution of the work. The translation of research into practice must be evidenced in all manuscripts. Authors should incorporate a meaningful discussion of the clinical and/or policy implications of their work throughout the manuscript, rather than simply providing a separate section for this material.

Masked Review

The *Journal of Family Psychology*[®] uses a masked reviewing system for all submissions. The cover letter should include all authors' names and institutional affiliations. However, in order to permit anonymous review, the first page of text should omit this information. This cover page should only include the title of the manuscript and the date it is submitted.

Please make every effort to see that the manuscript itself contains no clues to the authors' identities.

Please ensure that the final version for production includes a byline and full author note for typesetting.

Cover Letter

Authors should indicate in their cover letter that the work has not been published previously and is not under consideration for publication elsewhere. The relationship of the submitted manuscript with other publications and/or submissions of the author, if any, should be explained.

The cover letter should include a statement indicating that the manuscript has been seen and reviewed by all authors and that all authors have contributed to it in a meaningful way.

The cover letter must include the full mailing address, telephone, fax, and email address for the corresponding author.

CONSORT Criteria

The *Journal of Family Psychology* requires the use of the CONSORT reporting standards (i.e., a checklist and flow diagram) for randomized clinical trials, consistent with the policy established by the Publications and Communications Board of the American Psychological Association.

CONSORT (Consolidated Standards of Reporting Trials) offers a standard way to improve the quality of such reports and to ensure that readers have the information necessary to evaluate the quality of a clinical trial. Manuscripts that report randomized clinical trials are required to include a flow diagram of the progress through the phases of the trial and a checklist that identifies where in the manuscript the various criteria are addressed. The checklist should be placed in an Appendix of the manuscript for review purposes.

When a study is not fully consistent with the CONSORT statement, the limitations should be acknowledged and discussed in the text of the manuscript. For follow-up studies of previously published clinical trials, authors should submit a flow diagram of the progress through the phases of the trial and follow-up. The above checklist information should be completed to the extent possible, especially for the Results and Discussion sections of the manuscript.

Visit the CONSORT Statement Web site (<http://www.consort-statement.org/>) for more details and resources.

Manuscript Preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition) (</pubs/books/4200066.aspx>). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission (</pubs/authors/manuscript-check.aspx>) before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

Display Equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

Go to the Text section of the Insert tab and select Object.

Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

Computer Code

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

In Online Supplemental Material

We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article With Online Material (</pubs/authors/supp-material.aspx>).

In the Text of the Article

If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables

Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Submitting Supplemental Materials

APA can place supplemental materials online, available via the published article in the PsycARTICLES® database. Please see Supplementing Your Article With Online Material (/pubs/authors/supp-material.aspx) for more details.

Abstract and Keywords

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Examples of basic reference formats:

Journal Article:

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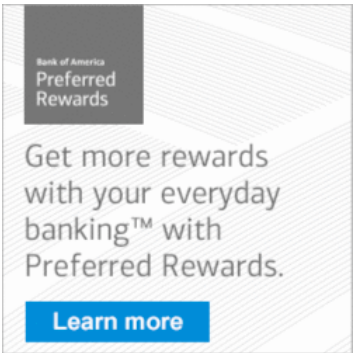
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Physicians, Psychiatrists, Psychologists, Nurses, Social Workers, and Counselors in both private and public sectors.

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It is recognized that research-based evidence may take many forms, such as randomized controlled trials; case-controlled field evaluations; or time series evaluations. In early stages of research development, qualitative study or small trials may be appropriate and necessary first steps. Regardless of the specific type of study, authors of research articles should aim to: (1) use one or more reasonable comparison or control conditions in the design and analysis of collected data, (2) use data collection methods and measures that have been previously validated in the subject population, and (3) analyze data (qualitative or quantitative) with the use of appropriate statistical methods.

Authors must insure that the research as reported was conducted ethically, and that all protections to human subject participants were afforded. This insurance must be verified by the appropriate institutional review board or committee for the protection of human subjects. In addition, the editors of JSAT will not consider articles that use pejorative and stereotypical expressions when discussing individuals who suffer from substance use disorders.

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Journal of Traumatic Stress

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Meehl, P. E. (2006). The power of quantitative thinking. In N.G. Waller, L.J. Yonce, W.M. Grove, D. Faust, & M.F. Lenzenweger (Eds.), *A Paul Meehl reader: Essays on the practice of scientific psychology* (pp. 433–444). Mahwah, NJ: Erlbaum.

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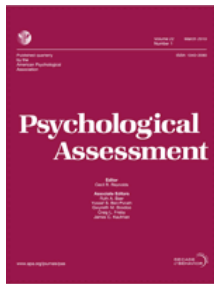
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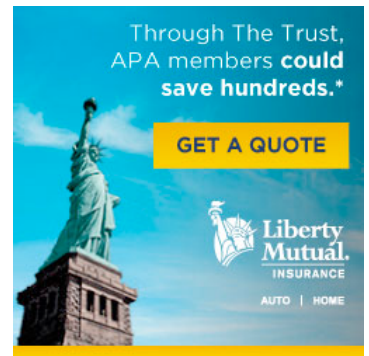
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Psychological Medicine

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Psychological Medicine is a journal aimed primarily for the publication of original research in clinical psychiatry and the basic sciences related to it. These include relevant fields of biological, psychological and social sciences. Review articles, editorials and letters to the Editor discussing published papers are also published. Contributions must be in English.

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Please see the below table for the types of papers accepted:

Article Type	Usual Max Word count*	Abstract	References	Tables/figures**	Supplementary material online
Original article	4500	250 words, structured, using subheadings Background, Methods, Results, Conclusions	Harvard style – see elsewhere in this document for full details	Usually up to 5 total	Yes
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Brown J, Williams E, Wright H (1970). Treatment of heroin addiction. *Psychological Medicine* **1**, 134-136.

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(Revised 15 July 2015)