

Authors: Psychodynamic Psychiatry

Information for Contributors

Psychodynamic Psychiatry: The Official Journal of **The American Academy of Psychodynamic Psychiatry and Psychoanalysis**

Psychodynamic Psychiatry will publish research and clinical articles in the areas of psychodynamically informed assessment and treatment, including psychoanalysis. The journal will also publish critical reviews relevant to depth psychology.

Manuscripts submitted to *Psychodynamic Psychiatry* will be blindly peer-reviewed with the understanding that they are being contributed solely to this journal; those accepted for publication may not be published elsewhere without written permission. Manuscripts will be evaluated through a double blind peer review following editorial review.

Psychodynamic Psychiatry addresses clinical and biopsychosocial aspects of care in all psychiatric settings. The Journal is interested in advancing concepts related to the psychodynamic theory of the mind and publishing articles that report clinical applications of contemporary psychoanalytic theory. The Journal offers academic psychiatrists, psychoanalysts and other psychodynamically interested scholars a platform to disseminate state-of-the-art research. Each issue will consist of a variety of articles, balancing the number of published original research studies with clinical articles, reviews, case reports, brief communications and manuscripts that describe psychodynamic and psychoanalytic educational strategies.

Types of articles

Please submit your article specifying one of these categories and follow instructions.

Editorials: By invitation only.

Perspectives: Up to 1500 words, including abstract but excluding references, tables and figures. Abstract: 150 words maximum, unstructured. No Figures or Tables; References: less than 10. Provide 5 Keywords.

Description: *Brief communications of timely and relevant topics in psychodynamic psychiatry discussed in an accessible style. The editors will also consider narratives about patient encounters, Narrative Medicine essays and autobiographical accounts.*

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Description: *Clinical articles will address topics of clinical relevance to psychodynamic*

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Case Reports: Up to 5000 words, including abstract but excluding references. Abstract: 250 words maximum, unstructured. Figures/ tables only if approved by the Editors. References: no maximum. Provide 5 Keywords.
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The text should be arranged as follows: Introduction; Methods; Results; Discussion, Acknowledgments, References, [and when relevant Grant Support information].
Description: *Full-length reports of current research in aspects of psychodynamic theory and practice.* Manuscripts will be evaluated through a double blind peer review following editorial review.

Letters to the Editor: up to 1000 words, including no more than 2 references; no abstract.

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Manuscript form

Only electronic transmissions of manuscripts as Word documents will be accepted. Manuscripts should be submitted directly to Sara Elsdén, Editorial Coordinator: selsden@ssmgt.com. Paragraph format of text (12-point font), including footnotes, references, and extracts, should be double-spaced. Page format should be 8.5 x 11 in. with standard 1” margins. Authors should use gender-neutral language. Footnotes should be avoided.

Title Page: Each manuscript should include a cover page with the following: **Date Submitted; Title of manuscript; Authors' full names and degrees; Authors' academic affiliations; Authors' mailing address; Author's email address.** Please identify with an asterisk* **the Corresponding Author.** The title page must include both a **disclosure statement** and a **funding statement.** See the Publication Ethics section below for instructions and format.

Tables should be submitted in Excel. Tables formatted in Microsoft Word's Table function are also acceptable. (Tables should not be submitted using tabs, returns, or spaces as formatting tools.) Tables should be clearly labeled and not duplicate materials that appears in narrative forms in the manuscript.

Figures must be submitted separately as black and white graphic files (in order of preference: tiff, eps, jpg, bmp, gif; note that PowerPoint is not acceptable) in the highest possible resolution. Figure caption text should be included in the article's Word file.

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References: Literature citations in this journal should conform to the following format. In text, refer to the author and year of the original publication: "Freud (1923) wrote..." or "In 1923, Freud wrote..." or "The formation of the ego (Freud, 1923)..."

References should be listed alphabetically and not numbered. Authors should consult the *Publication Manual of the American Psychological Association* (7th ed.) for rules on format and style. The author's name should be followed by the year of the original publication of the article or book, the title, the name of the publication, volume number, and page range. The name of the publisher and city of publication are required for books. If the year of the original publication is different from the edition referred to (as with the Standard Edition), the year of publication of the edition referred to should be used.

Freud, A. (1966). *The ego and the mechanisms of defense*. International Universities Press. (Original work published 1936)

Kernberg, O. (1968). The treatment of patients with borderline personality organization. *International Journal of Psychoanalysis*, 49, 600–619.

Stone, M. (2010). Sexual sadism: A portrait of evil. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 38(1), 133–157.

Submitting a manuscript

Submit manuscripts or queries to Sara Elsdén, Editorial Coordinator, at selsden@ssmgt.com. Questions about the relevance of potential submissions should be directed to both Jennifer I. Downey, M.D., Editor, at jid1@cumc.columbia.edu, and César A. Alfonso, M.D., Editor, at caa2105@cumc.columbia.edu.

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Authors may also view the [Editorial Policy for Peer Review](#).

Psychodynamic Psychiatry

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Publication ethics

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Psychodynamic Psychiatry will refer to the recommendations of the **Committee on Publication Ethics (COPE)** should issues related to authorship arise during the review or publication process or after publication.

Ethics statement

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This study was reviewed and approved by [full name and affiliation of ethics committee], and the procedures followed were in accordance with the Helsinki Declaration as revised in 2013. The patients/participants provided their written informed consent to participate in this study.

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Confidentiality: Identifying information should be avoided as much as possible when presenting patients' characteristics and personal history. Identifying data should be sufficiently disguised to maintain confidentiality. Patients must provide informed consent for publication if detailed history is essential to the manuscript. If authors do not obtain consent, they should describe what steps were taken to safeguard patient confidentiality.

It is the responsibility of the author to obtain written consent and retain a copy for their records. The Journal does not require these forms to be submitted. However, the editors may request to see these forms as needed. If you need a consent form, please contact the Journal's editorial assistant to provide one.

Diagnoses: All clinical vignettes should include the descriptive diagnoses in the most recent edition of the Diagnostic and Statistical Manual of The American Psychiatric Association. Authors should supplement the descriptive approach of the DSM with psychodynamic understanding or formulations.

Psychotherapy and Medication: The frequency, type and duration of psychotherapy should be specified. If more than one clinician conducted treatment the specific modalities should be described. If psychotropic drugs were prescribed the generic name, dose level and duration of administration should be stated.

Family History: Family history should be presented even if “negative.” (For example, “there is no known family history of depression or suicidal behavior.”) In instances in which patients manifest behaviors known to cluster in families, it should be explicitly stated whether relevant behaviors were present among other family members. Should any family members have been hospitalized psychiatrically, this should be reported as well. The patient’s place in her/his sibship order should also be specified.

Past History of Treatment: This should be briefly summarized describing psychotherapy and or medication treatments received in the past.

Relevant Developmental History: The earliest onset of the patient’s symptoms and syndromes should be reported. Psychodynamic clinicians tend to work with patients who repeat maladaptive patterns of behavior that have been in place for many years; often since childhood and at times transgenerationally. Frequently clinicians uncover meaningful childhood events that appear to have influenced the etiology of the patient’s symptoms and syndromes. Such life events and adversities as are deemed clinically significant should be noted in the developmental history. Authors should describe other important factors, if clinically relevant, such as the patient’s cultural/ethnic background, immigration history, degree of acculturation and assimilation, religious practices and beliefs, marital status, parenting status. These should all be succinctly summarized in a clinical report.

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