

PSYCHODYNAMIC PSYCHIATRY
The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry
Information for Contributors

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with the understanding that they are being contributed solely to this journal; those accepted for publication may not be published elsewhere without written permission.

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Authors are responsible for all statements made in their manuscripts. Published articles do not necessarily reflect official views of the American Academy of Psychoanalysis and Dynamic Psychiatry. Each manuscript should include a brief abstract of the essential contributions of the paper, the date submitted, and the author’s complete mailing address and telephone number. All papers will be copyedited.

Manuscript Form: Only electronic transmissions of manuscripts 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 margins. Submission of manuscripts that are longer than 30 manuscript pages, excluding references, is discouraged. Authors should use gender-neutral language. Footnotes should be avoided if possible. If used, they should be numbered consecutively and typed in the body of the manuscript directly after the line containing the reference number. Initial footnotes referring to the title or author are not numbered.

Guidelines for Case Reports

Confidentiality: Patients must provide informed consent for publication if detailed history is essential to the manuscript. As an alternative, identifying data should be sufficiently disguised to maintain confidentiality. Authors should describe what steps were taken to safeguard patient confidentiality.

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 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.

Should questions arise about the organization of the clinical report, please contact the Editor, Richard C. Friedman, M.D.

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.)

Figures *must* be submitted separately as graphic files (in order of preference: TIFF, EPS, PPT, JPEG, XLS) in the highest possible resolution. Figure caption text should be included in the article's Microsoft 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, 5th Edition* (2001) for rules on format and style. More than five coauthors will be designated "et al." in the text but should be enumerated in the reference listing. 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*. New York: 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.

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