

## **HARVARD REVIEW OF PSYCHIATRY INSTRUCTIONS FOR AUTHORS**

The *Harvard Review of Psychiatry* is a bimonthly journal that publishes scholarly articles on a wide variety of topics of interest to clinicians. It includes the following types of articles:

**Reviews.** Reviews summarize and synthesize the literature on various topics in a rigorous, scholarly, and clinically relevant fashion. These topics may include psychotic disorders, mood disorders, personality disorders, substance use disorders, anxiety disorders, neuroscience, child psychiatry, geriatric psychiatry, psychological aspects of psychiatry, legal and policy issues in psychiatry, and other subjects relevant to clinicians.

**Perspectives.** Perspectives provide an overview of an area of interest to clinicians and in which there is controversy or only limited literature. Authors should be experts who can provide both a synthetic review of the existing literature and a particular clinical perspective derived from their expertise.

**Columns.** Columns present a well-argued, thoughtful point of view on a focused topic. They should cite relevant literature that supports the author's viewpoint, as well as literature that may conflict with it. Columns may include clinical case material; for material based on actual cases, the appropriate patient consent form must be submitted (see p. 9 for links to the required forms).

**Clinical Challenges.** Clinical Challenges present a clinical case report and are followed by expert discussion of the case from multiple perspectives. These cases present diagnostic or treatment challenges, or highlight a current debate in the field. ***Patient consent forms are required for clinical challenges*** (see p. 10 for links to the required forms). Prior to manuscript preparation, prospective authors should contact Communications Editor, Dawn Sugarman, PhD (email: [dsugarman@mclean.harvard.edu](mailto:dsugarman@mclean.harvard.edu)).

**Disruptive Innovation.** Disruptive Innovation (DI) articles are brief essays wherein thought leaders propose novel areas of inquiry or well-reasoned challenges to orthodoxy in any psychiatry-related research, practice, or policy area. Although written within a scholarly framework, they also may reflect the author's experience and may be presented in the author's own voice. DI essays will be promoted through Media Alerts and other social media upon their online publication. Prospective authors of DI submissions are encouraged to contact Joshua Roffman, MD, MMSc ([jroffman@partners.org](mailto:jroffman@partners.org)) prior to submission.

### **Length.**

- **Reviews, Perspectives, and Clinical Challenges** should not exceed 6,000 words, excluding references, tables, and figures.
- **Columns** should be approximately 3,000 words, excluding references, tables, and figures.
- **Disruptive Innovation** articles should be 1,500 words or less, with a maximum of 10 references and 1 table or figure.
- Due to space constraints, for manuscripts with multiple tables and figures, we may only be able to print one table or figure per manuscript. The remaining tables and figures will be printed online as supplemental digital content.

## **SUBMISSION OF MANUSCRIPTS**

### **General information.**

- Manuscripts should be submitted electronically via this link: <http://hrp.edmgr.com>
- Revised manuscripts should be submitted in two forms: one with changes tracked in Word, and one "clean" version with changes saved.
- Should you experience technical difficulties with this electronic submission process, please contact our Communications Editor, Dawn Sugarman, PhD, at: [dsugarman@mclean.harvard.edu](mailto:dsugarman@mclean.harvard.edu) or 617-855-3650.

**Consideration of proposed manuscripts.** Authors considering a topic for submission to the *Harvard Review of*

*Psychiatry* are encouraged to submit a one-page description of the proposed manuscript. Proposals should include the title and author(s), a brief outline, and a description of the submission's clinical relevance. They should be sent by email to our Communications Editor, Dawn Sugarman, PhD, at: [dsugarman@mclean.harvard.edu](mailto:dsugarman@mclean.harvard.edu)

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**Cover letter.** The cover letter should include: (1) the article title, which should be concise but informative; (2) the authors’ first and last names, academic degrees, and primary institutional affiliation(s); (3) the full address, telephone number, and fax number of the author who is to receive reprint requests (email address optional); (4) acknowledgments, including grant support (granting agency and grant number) and drug company support of any kind; (5) the name, location, and date of any meetings at which the submitted manuscript has been presented; (6) a statement indicating that the manuscript represents original material, has not been previously published, and is not under consideration for publication elsewhere; and (7) a statement that all authors have read and approved the final submitted version of this manuscript.

**Title page.** A full title page should be submitted as a separate file and should include: authors’ names, degrees, and affiliations. Please also include a word count (excluding references, tables, and figures), the number of tables, the number of figures, and the number of references. Acknowledgments and information concerning potential conflict of interests should be included in the title page and NOT in the manuscript file.

**Abstract.** The abstract should not exceed 250 words. Please provide five keywords or phrases to assist indexers. The words or phrases should preferably be taken from the MeSH headings used for indexing articles in PubMed.

**Text.** For review articles, the text should begin with an introductory section, include a brief description of the methods used to select the articles reviewed (database, terms searched, limitations imposed), and end with a discussion section. The use of subheadings is encouraged.

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**Abbreviations.** Abbreviations may be used but (1) should be employed only for terms appearing repeatedly throughout the manuscript, (2) must be spelled out the first time they appear in the text, and (3) must be consistent throughout the manuscript. Abbreviations may not be used in the title and should be avoided, if possible, in the abstract. Employ standard abbreviations if they exist.

**Drug names.** Generic rather than trade names of drugs should be used, although trade names may be mentioned in parentheses in the first text reference to the drug.

**Form and numbering of references.** References need to be identified in the text, tables, legends (of figures), and text boxes by Arabic numbers as superscripts. References are numbered in the order in which they first occur, whether in main text, tables, legends (of figures), or text boxes (NB: for more on numbering references in tables and in other elements, see separate sections below). The same order (rather than, say, alphabetical order) should be used in the reference list. Once a reference takes on a number, it keeps that number for all future occurrences in the article. Author-date citations are unacceptable, both in the text and in the reference list itself. References should not be entered using a word processor’s footnote or endnote function. If a program such as Endnote or Reference Manager is not used, superscript numbers will need to be entered in the text, correlated with the numbering of the reference list. The style of references should follow that of the examples below, using the abbreviated journal titles

that are used in PubMed. In the reference list, all authors should be given, separated simply by commas (no and's or &'s), unless the number exceeds six, in which case the first three authors are given, followed by "et al." (thereby becoming, e.g., Smith AA, Jones BB, Collins CC, et al.)

### Reference examples:

1. Black DW, Noyes R Jr, Goldstein RB, Blum N. A family study of obsessive-compulsive disorder. *Arch Gen Psychiatry* 1992;49:362–8.
2. Mavissakalian M. Differential efficacy between tricyclic antidepressants and behavior therapy of panic disorder. In: Ballenger JC, ed. *Clinical aspects of panic disorder*. New York: Wiley-Liss, 1990:211–8.
3. Talbott JA, Hales RE, Yudofsky SC, eds. *The American Psychiatric Press textbook of psychiatry*. Washington, DC: American Psychiatric Press, 1988.

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### TABLES, FIGURES, ILLUSTRATIONS, AND TEXT BOXES

**Tables.** Tables should not duplicate text material. They should be cited in the text (e.g., "See Table 2") and numbered sequentially in the order that they are mentioned in the text. Tables should be composed and formatted using either Microsoft Excel or, preferably, the table function within Microsoft Word. NB: Tables formatted into columns and rows using spaces, tabs, and carriage returns ("Enter" on computer keyboards) are unacceptable and need to be returned to authors for reformatting. A model table is available for downloading on the *Review's* website, listed with the downloadable Instructions for Authors.

Within tables, studies should be cited in chronological order unless there are different categories of studies within a table (e.g., different categories of antidepressants). In that case, the studies should be listed in chronological order within each category.

Each study should be described as follows: Last name(s) of author(s) // year of publication // reference number. For one author, list that name. For two authors, list both names. For three or more authors, list the name of first author followed by "et al."

Hence, for example, if the last reference mentioned in the main text was 16, if Jones and Smith (2001) has previously been mentioned in the text and given the number 9, and if the other two references are first mentioned in the table, then the following studies should appear in the table as follows (and in the order indicated):

Smith (1998)<sup>17</sup>  
Jones & Smith (2001)<sup>9</sup>  
Smith et al. (2005)<sup>18</sup>

If the last new reference mentioned in a table is, for example, numbered 22, the next new reference mentioned in the text will be numbered 23.

Finally, all abbreviations in tables need to be listed at the end of the table in alphabetical order (e.g.: CBT, cognitive-behavioral therapy; PT, physical therapy; SSRI, selective serotonin reuptake inhibitor), but note that only standard expressions or words should be abbreviated (e.g., PTSD or SSRI). Phrases like “not demonstrated to be effective” should not be abbreviated (e.g., as NDTBE). The goal is to maintain *readability*; unfamiliar or awkward abbreviations may save space, but they make tables, which are inherently difficult to read, even more so.

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- **Cite figures consecutively** in your manuscript.
- **Number figures in the figure legend** in the order in which they are discussed.
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