CAMBRIDGE

JOURNALS

Brain Impairment

A Journal of the Australian Society for the Study of Brain Impairment (ASSBI)

Editors

Jennifer Fleming, University of Queensland, Australia Grahame Simpson, Liverpool Brain Injury Rehabilitation Unit, Australia

A multidisciplinary Journal of the Australian Society for the Study of Brain Impairment. Topics covered include neurology, neuropsychology, psychiatry, clinical psychology, neuropathology, occupational therapy, physiotherapy, speech pathology and anatomy. Submissions are welcome across the full range of conditions that affect brain function (stroke, tumour, dementing illnesses, traumatic brain injury, epilepsy etc.) throughout the lifespan.



Brain Impairment is available online at: http://journals.cambridge.org/bim

To subscribe contact Customer Services

in Cambridge: Phone +44 (0)1223 326070 Fax +44 (0)1223 325150 Email journals@cambridge.org

in New York: Phone +1 (845) 353 7500 Fax +1 (845) 353 4141 Email subscriptions_newyork@cambridge.org

Free email alerts Keep up-to-date with new material – sign up at journals.cambridge.org/bim-alerts





INSTRUCTIONS FOR CONTRIBUTORS

SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online via our manuscript submission and tracking site, http://www.editorialmanager.com/psm/. Full instructions for electronic submission are available directly from this site. To facilitate rapid reviewing, communications for peer review will be electronic and authors will need to supply a current e-mail address when registering to use the system.

Papers for publication from Europe (except those on genetic topics, irrespective of country), and all papers on imaging topics, should be submitted to the UK Office.

Papers from the Americas, Asia, Africa, Australasia and the Middle East (except those dealing with imaging topics), and all papers dealing with genetic topics, irrespective of country, should be sent to US Office.

Generally papers should not have text more than 4500 words in length (excluding these sections) and should not have more than a combined total of 5 tables and/or figures. Papers shorter than these limits are encouraged. For papers of unusual importance the editors may waive these requirements. A structured abstract of no more than 250 words should be given at the beginning of the article using the headings: Background; Methods; Results; Conclusions. The name of an author to whom correspondence should be sent must be indicated and a full postal address given in the footnote. Any acknowledgements should be placed at the end of the text (before the References section).

Declaration of Interest: A statement must be provided in the acknowledgements listing all financial support received for the work and, for all authors, any financial involvement (including employment, fees, share ownership) or affiliation with any organization whose financial interests may be affected by material in the manuscript, or which might potentially bias it. This applies to all papers including editorials and letters to the editor.

Contributors should also note the following:

- 1. S.I. units should be used throughout in text, figures and tables.
- 2. Authors should spell out in full any abbreviations used in their manuscripts.
- 3. Foreign quotations and phrases should be followed by a translation.
- 4. If necessary, guidelines for statistical presentation may be found in: Altman DG, Gore SM, Gardner MJ & Pocock SJ (1983). Statistical guidelines for contributors to medical journals. *British Medical Journal* 286, 1489–1493.

REFERENCES (1) The Harvard (author-date) system should be used in the text and a complete list of References cited given at the end of the article. In a text citation of a work by more than two authors cite the first author's name followed by et al. (but the names of all of the authors should be given in the References section). Where several references are cited together they should be listed in rising date order. (2) The References section should be supplied in alphabetical order (authors' names in **bold**, journal titles in full), following the text. Some examples follow:

Miller PM, Byrne M, Hodges A, Lawrie SM, Johnstone EC (2002). Childhood behaviour, psychotic symptoms and psychosis onset in young people at high risk of schizophrenia: early findings from the Edinburgh high risk study. *Psychological Medicine* **32**, 173–179. Cleckley HJ (1941). *The Mask of Sanity*, 2nd edn. Mosby: St. Louis, MO.

Brewer WJ, Wood SJ, DeLuca C, Pantelis C (2006). Models of olfaction for exploring neurodevelopment. In Olfaction and the Brain (ed. W. J. Brewer, D. Castle and C. Pantelis), pp. 97–121. Cambridge University Press: Cambridge.

(3) Online citations

doi (when published online prior to printed issue)

Lauritsen MB, Pedersen CB, Mortensen CB (2004). The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. *Psychological Medicine*. Published online: 21 October 2004. doi:10.1017/S0033291704002387.

URL

World Bank (2003). Quantitative techniques for health equity analysis – Technical Notes (http://siteresources.worldbank. org/INTPAH/ Resources/Publications/Quantitative-Techniques/health.eq tn07.pdf). Accessed 15 February 2006.

[Authors are requested to print-out and keep a copy of any online-only material, in case the URL changes or is no longer maintained.]

FIGURES AND TABLES Only essential figures and tables should be included. Further tables, figures, photographs and appendices, may be included with the online version on the journal website. To ensure that your figures are reproduced to the highest possible standards, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures. Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal. **Line artwork:** Format: tif or eps, Colour mode: black and white (also known as 1-bit), Resolution: 1200 dpi; **Combination artwork (line/tone):** Format: tif or eps, Colour mode: grayscale (also known as 8-bit), Resolution: 800 dpi; **Black and white halftone artwork:** Format: tif, Colour mode: grayscale (also known as 8-bit), Resolution: 300 dpi; **Colour mode:** CMYK colour, Resolution: 300 dpi. All photographs, graphs, and diagrams should be referred to as figures and should be numbered consecutively in Arabic numerals. Captions for figures should be typed double-spaced on separate sheets. *Tables* Tables should be typed above the table.

PROOFS AND OFFPRINTS Page proofs will be sent to the author designated to receive correspondence. corrections other than to printer's errors may be charged to the author. The corresponding author of each paper will receive a PDF file of their article and hard copy offprints may be purchased if they are ordered on the form supplied when the proof is returned.

PSYCHOLOGICAL MEDICINE

CONTENTS

REVIEW ARTICLE Meta-connectomics: human brain network and connectivity meta-analyses Crossley NA, Fox PT & Bullmore ET	897	Group cognitive behavioural treatment for insomnia in primary care: a randomized controlled trial Cape J, Leibowitz J, Whittington C, Espie CA & Pilling S The specificity of Pavlovian regulation is associated	1015
ORIGINAL ARTICLES Attentional bias modification (ABM) training induces spontaneous brain activity changes in young women with subthreshold depression: a randomized controlled trial		with recovery from depression Huys QJM, Gölzer M, Friedel E, Heinz A, Cools R, Dayan P & Dolan RJ	1027
Li H, Wei D, Browning M, Du X, Zhang Q & Qiu J Disruption of effective connectivity from the dorsolateral prefrontal cortex to the orbitofrontal cortex by negative emotional distraction in obsessive-compulsive disorder Han HJ, Jung WH, Yun J-Y, Park JW, Cho KK, Hur J-W,	909	Early life stress and the anxious brain: evidence for a neural mechanism linking childhood emotional maltreatment to anxiety in adulthood Fonzo GA, Ramsawh HJ, Flagan TM, Simmons AN, Sullivan SG, Allard CB, Paulus MP & Stein MB	1037
Shin NY, Lee TY & Kwon JS Cognitive inhibition in depression and suicidal behavior: a neuroimaging study	921	Decoupling of the amygdala to other salience network regions in adolescent-onset recurrent major depressive disorder	
Richard-Devantoy S, Ding Y, Lepage M, Turecki G & Jollant F Depressive symptoms and glycated hemoglobin A1c: a reciprocal relationship in a prospective cohort study	933	Jacobs RH, Barba A, Gowins JR, Klumpp H, Jenkins LM, Mickey BJ, Ajilore O, Peciña M, Sikora M, Ryan KA, Hsu DT, Welsh RC, Zubieta J-K, Phan KL & Langenecker SA	1055
Schmitz N, Deschênes S, Burns R & Smith KJ A prospective longitudinal model predicting early adult alcohol problems: evidence for a robust externalizing pathway	945	Adolescents and adults at clinical high-risk for psychosis: age-related differences in attenuated positive symptoms syndrome prevalence and entanglement with basic symptoms	
Edwards AC, Gardner CO, Hickman M & Kendler KS The association between childhood relocations and	957	Gerstenberg M, Theodoridou A, Traber-Walker N, Franscini M, Wotruba D, Metzler S, Müller M, Dvorsky D, Correll CU, Walitza S, Rössler W & Heekeren K	1069
subsequent risk of suicide attempt, psychiatric problems, and low academic achievement Bramson LM, Rickert ME, Class QA, Sariaslan A, Almqvist C, Larsson H, Lichtenstein P & D'Onofrio BM	969	Efficacy of motivational interviewing and cognitive behavioral therapy for anxiety and depression symptoms following traumatic brain injury	
The structure of adolescent psychopathology: a symptom-level analysis		Ponsford J, Lee NK, Wong D, McKay A, Haines K, Alway Y, Downing M, Furtado C & O'Donnell ML	1079
Carragher N, Teesson M, Sunderland M, Newton NC, Krueger RF, Conrod PJ, Barrett EL, Champion KE, Nair NK & Slade T Differences in cannabis-related experiences between	981	Genetic overlap between impulsivity and alcohol dependence: a large-scale national twin study Khemiri L, Kuja-Halkola R, Larsson H & Jayaram-Lindström N	1091
patients with a first episode of psychosis and controls Bianconi F, Bonomo M, Marconi A, Kolliakou A, Stilo SA, Iyegbe C, Gurillo Muñoz P, Homayoun S, Mondelli V, Luzi S, Dazzan P, Prata D, La Cascia C, O'Connor J, David A, Morgan C, Murray RM, Lynskey M & Di Forti M	995	Disruptive mood dysregulation disorder at the age of 6 years and clinical and functional outcomes 3 years later Dougherty LR, Smith VC, Bufferd SJ, Kessel EM,	
Schizotypal traits in adolescents with 22q11.2 deletion syndrome: validity, reliability and risk for psychosis		Carlson GA & Klein DN Correspondence	1103 1115
Fonseca-Pedrero E, Debbané M, Schneider M, Badoud D & Eliez S	1005	Corrigendum	1119

Cambridge Journals Online For further information about this journa please go to the journal web site at: journals.cambridge.org/psm



MIX Paper from responsible sources FSC[®] C007785

