

Behaviour Change

Journal of the Australian Association for Cognitive and Behaviour Therapy (AACBT)

Editor

Ross Menzies, *University of Sydney, Australia*

Behaviour Change has long been considered a leader in its field. It is a quarterly journal that publishes research involving the application of behavioural and cognitive-behavioural principles and techniques to the assessment and treatment of various problems.



Behaviour Change
is available online at:
<http://journals.cambridge.org/bec>

**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/bec-alerts

For free online content visit:
<http://journals.cambridge.org/bec>

 **CAMBRIDGE**
UNIVERSITY PRESS

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 halftone artwork:** Format: tif, 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 numbered consecutively in the text in Arabic numerals and each typed on a separate sheet after the References section. Titles 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

Lifetime prevalence of non-suicidal self-injury in patients with eating disorders: a systematic review and meta-analysis

Cucchi A, Ryan D, Konstantakopoulos G, Stroumpa S, Kaçar AŞ, Renshaw S, Landau S & Kravariti E

1345

ORIGINAL ARTICLES

The rearing environment and risk for drug abuse: a Swedish national high-risk adopted and not adopted co-sibling control study

Kendler KS, Ohlsson H, Sundquist K & Sundquist J

1359

Neighbourhood characteristics and the incidence of first-episode psychosis and duration of untreated psychosis

O'Donoghue B, Lyne JP, Renwick L, Lane A, Madigan K, Staines A, O'Callaghan E & Clarke M

1367

The paradoxical psychological effects of lysergic acid diethylamide (LSD)

Carhart-Harris RL, Kaelen M, Bolstridge M, Williams TM, Williams LT, Underwood R, Feilding A & Nutt DJ

1379

Antidepressant use and work-related injuries

Kouvonnen A, Vahtera J, Pentti J, Korhonen MJ, Oksanen T, Salo P, Virtanen M & Kivimäki M

1391

Adolescent depression, adult mental health and psychosocial outcomes at 30 and 35 years

McLeod GFH, Horwood LJ & Fergusson DM

1401

Trajectories of depressive symptoms after hip fracture

Cristancho P, Lenze EJ, Avidan MS & Rawson KS

1413

Common and differential alterations of general emotion processing in obsessive-compulsive and social anxiety disorder

Weidt S, Lutz J, Rufer M, Delsignore A, Jakob NJ, Herwig U & Bruehl AB

1427

Learning to trust: trust and attachment in early psychosis

Fett A-KJ, Shergill SS, Korver-Nieberg N, Yakub F, Gromann PM & Krabbendam L

1437

Diagnostic accuracy of a brief screening tool for attention deficit hyperactivity disorder in UK prison inmates

Young S, González RA, Mutch L, Mallet-Lambert I, O'Rourke L, Hickey N, Asherson P & Gudjonsson GH

1449

Single-dose infusion ketamine and non-ketamine

N-methyl-D-aspartate receptor antagonists for unipolar and bipolar depression: a meta-analysis of efficacy, safety and time trajectories

Kishimoto T, Chawla JM, Hagi K, Zarate Jr. CA, Kane JM, Bauer M & Correll CU

1459

Feedback learning and behavior problems after pediatric traumatic brain injury

Königs M, van Heurn LWE, Vermeulen RJ, Goslings JC, Luitse JSK, Poll-Thé BT, Beelen A, van der Wees M, Kemps RJJK, Catsman-Berrevoets CE, Luman M & Oosterlaan J

1473

Dual neurocircuitry dysfunctions in disruptive behavior disorders: emotional responding and response inhibition

Hwang S, Nolan ZT, White SF, Williams WC, Sinclair S & Blair RJR

1485

Multidimensional assessment of impulsivity in schizophrenia, bipolar disorder, and major depressive disorder: testing for shared endophenotypes

Fortgang RG, Hultman CM, van Erp TGM & Cannon TD

1497

Aberrant intrinsic functional connectivity within and between corticostratial and temporal-parietal networks in adults and youth with bipolar disorder

Stoddard J, Gotts SJ, Brotman MA, Lever S, Hsu D, Zarate Jr. C, Ernst M, Pine DS & Leibenluft E

1509

The CHRM3 gene is implicated in abnormal thalamo-orbital frontal cortex functional connectivity in first-episode treatment-naïve patients with schizophrenia

Wang Q, Cheng W, Li M, Ren H, Hu X, Deng W, Li M, Ma X, Zhao L, Wang Y, Xiang B, Wu H-M, Sham PC, Feng J & Li T

1523

Distinct neurobiological signatures of brain connectivity in depression subtypes during natural viewing of emotionally salient films

Guo CC, Hyett MP, Nguyen VT, Parker GB & Breakspear MJ

1535

Abnormal white matter integrity as a structural endophenotype for bipolar disorder

Sarıçek A, Zorlu N, Yalın N, Hıdıroğlu C, Çavuşoğlu B, Ceylan D, Ada E, Tunca Z & Özerdem A

1547

Correspondence

1559, 1561, 1563, 1565