

European Journal of Clinical Hypnosis

Guidelines for writing Case Reports

Instructions to Authors

Case reports can be a useful way to illustrate new insights and approaches. The report should aim to provide relevant information about the patient's history and presenting symptom, treatment intervention, results, discussion and the significance of the case. A case may be valuable if it describes an unusual symptom, reaction or treatment. The case should provide information that will advance the understanding of a condition, or highlight useful clinical skills or a new method of treatment that is successful. Reports of treatments that have failed could be beneficial if the reasons for failure have been well identified.

Presentation

Manuscripts must be written in English. All contributions must be typed and should include references, tables, and figure legends. Footnotes are not permissible. On occasion an appendix may be used if approved by the Senior Editor. Authors should include their full name and title, complete address, phone number, and e-mail address on the title page.

Submitting your article

The submission should be supplied as a word document attachment and emailed to editor@ejch.com

A hard copy of the submission should also be posted to:

The Editor

The European Journal of Clinical Hypnosis

27 Gloucester Place,

London W1U 8HU,

United Kingdom

Organisation of the document

Title Page

The title page should contain:

1. The complete title
2. The names of all authors.
3. The complete affiliations of all authors.
4. An abbreviated title (should not exceed 50 characters and spaces).
5. The number of text pages (*including title page, references, figure legends, and tables*).
6. The name, complete address, telephone number, and e-mail address of the author to whom correspondence and proofs should be sent.
7. Acknowledgments (list of grant support and personal acknowledgments).

Introduction

The introduction should describe the purpose of the paper and the uniqueness or relevance of the case. Information should highlight similar reports and treatments in recent literature. Include information about where the treatment used is derived from, as well as further information about other non-hypnotic interventions used.

Case History

The privacy of the patient should be protected, and the clinically insignificant details of the history should be changed to disguise the patient's identity. The case history should describe all relevant information and should be sufficient to justify the diagnosis. If possible an official definition of the symptom should be included from the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association, Washington D.C., 1994. Also available at <http://www.psychiatryonline.com>.

Case History Format:

History of Presenting Complaint

Family History

Personal History

Sexual History

Past Medical History

Past Psychiatric History

Drugs/ Medication

Allergies

Presenting Mental State

Conclusions

Description of treatment

A description of the treatment should be provided in way that would make it possible for therapists to duplicate the treatment. The description should be precise and need not repeat aspects of the treatment that are described elsewhere. Verbatim accounts of suggestions can be included as well as useful parts of scripts used. The number of sessions as well as session lengths should be included. All interventions should be discussed including those that do not use hypnosis.

Results and Follow Up

Information about the results of therapy and techniques used to ascertain these should be provided. The results should also include patient feedback and their subjective response to therapy.

Discussion

The discussion should refer to relevant literature. The case should then be discussed in light of this. If the case uses a different treatment approach, the results should be compared to similar cases treated with other methods. The author should endeavour to understand how the various treatment factors affected the outcome. The discussion should include: The role of hypnosis in the treatment, how hypnosis facilitated treatment, how particular suggestions influence the outcome and how. On concluding the discussion the applicability of the findings to other patients and other research questions which arise should be explored.

References

References should be cited in the text in either of the following ways:

- 1) "The procedure used has been described elsewhere (Green, 1978)," or "Our observations are in agreement with those of Brown and Black (1979) and of White et al. (1980)," or with multiple references, in chronological order: "Earlier reports (Brown and Black, 1979, 1981; White et al., 1980; Smith, 1982, 1984).... "
- 2) "The procedure used has been described elsewhere¹,".

All references should be numbered according to the indexing within the text. In the list of references, papers should be given in alphabetical order according to the surname of the first author. In two-author papers with the same first author, the order is alphabetical by the second author's name. In three-or-more-author papers with the same first author, the order is chronological. The name of the author(s) should be followed by the date in parentheses, the full title of the paper as it appeared in the original together with the source of the reference, the volume number, and the first and last pages. The following illustrate the form to be used:

Journal article (examples)

1. Orne, M. The nature of hypnosis: artefact and essence. *The Journal of Abnormal and Social Psychology*, 1959, vol. 58, pp.277-299.
2. Sacerdote, P. An analysis of induction procedures in hypnosis. *American Journal of Clinical Hypnosis*, 1970, vol.12, pp.236-253.

Book (example)

3. Haley, J. *Conversations with Milton H. Erickson* (3 vols.) New York: Triangle Press. 1985

Chapter in a book (example)

4. Erickson, M. Deep hypnosis and its induction. Chapter in L. LeCron (Ed.), *Experimental hypnosis*. New York: Macmillan 1952 (pp.70-114).

General guidelines

Abbreviations

Abbreviate terms used three or more times. Spell out all abbreviations at first occurrence, and then introduce them by placing the abbreviation in parentheses after the term being abbreviated. The metric system should be used for all volumes, lengths, weights, etc. Temperatures should be expressed in degrees Celsius (centigrade).

Style

The paper must be written in good, clear English. Use of the active voice is preferred and the first person when referring to the author. Avoid the use of sexist language: do not refer to subjects or patients as "he" unless they are male, but rephrase the sentences using plurals ("they" and "them"). The form "he" or "she" is preferable to "he/she" or "s/he" .

Question-begging terminology

Avoid using the terms such as "hypnotised" and "hypnotic state" unless they are operationally defined in the paper. Give details of hypnotic procedures employed, rather than simply saying the subject was "hypnotised".

Length

The main body of the article should be a minimum of 1000 words, and should not exceed 5000 words. The article can contain sub-headings and should include any relevant diagrams or tables.

Tables and figures

The tables and charts should be included in the word document, in the appropriate place. Each table must be clearly labeled so that they can be easily understood on their own.

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