Abstracts come in two flavors: unstructured and structured. Both contain the same information in the same order, but the structured one adds subheadings to organize the reading experience. Parts included in the abstract are (in this order!): Topic, RQ, Method, Results, Contribution. Journals will mandate which form as well as maximum number of words. Journals focusing on clinically-relevant work often prefer longer, more detailed abstracts -- usually structured -- with the explicit justification that busy health care professionals need to make informed decisions quickly and effectively, assigning the goal of decision-making tool to abstracts. This makes the impact of the abstract greater than a mere filtering device and increases the ethical responsibility of the writer to provide sufficient and accurate information. (In particular, do not overstate results and interpretation.) Most psychology journals still favor the unstructured abstract, and that is what you will write for your research report.

Abstract: Adequate health care services are often not available in rural and remote areas, and this problem is expected to grow worse in the near future. [Topic/Significance] "Telehealth" interventions represent a strategy for addressing access to care problems.[RQ] We examined and compared attitudes toward medical and mental health care delivered via telehealth applications among adult rural ($n \_ 112$) and urban ($n \_ 78$) primary care patients. We also examined attitudes toward telehealth applications among a subset of patients with posttraumatic stress disorder (PTSD)—a group likely in need of specialized services.[Method] Both urban and rural patients were receptive to receiving medical and psychiatric services via telehealth. There were few meaningful differences across variables between urban and rural patients, and there were no meaningful differences by PTSD status.[Results] These findings support the feasibility of telehealth applications, particularly for rural patients who may not otherwise receive needed services.[Discussion]

Writing Titles

It would be great if all titles could be fun, but the fact is, few titles can be both fun and informative. Instead, the best titles solve the reader's problem of deciding whether to read the abstract/article by including the most important information up front. What is the most important information? For the most part, it is the OUTCOME of the research -- that is, the most important result. The most successful titles from the reader's point of view make explicit assertions about the outcome -- acceptable titles often signal only the topic and leave the reader wondering what happened and whether it is worth reading further.

The three titles below are ranked from least to most successful. The first is merely topical -- this was particularly disappointing given the very interesting outcome of the study! The second is better and makes a concise assertion (is a whole sentence) about the outcome, but doesn't specify the type of ischemic injury (which a group of expert readers would have preferred). The advantage to concision here is that it makes the article more likely to come up in multiple searches, a useful strategy when a reader could be looking for "estrodiol", "neuroprotective agents" or "ischemic injury". The third has all the components a reader most wants -- it asserts an outcome in a whole sentence and includes some specific information about type of injury. The advantage to a longer title is that more key words are available to the searcher, so this article is likely to come up in many different searches: CO, Nrf2 pathway, neuroprotection, focal cerebral ischemia,

cerebral ischemia. The disadvantage to this strategy is the increased chance of the article coming up when the reader is not looking for that particular kind of information. Still, there is a good balance between quantity and quality of information provided.

(1) Junior physician's use of Web 2.0 for information seeking and medical education: A qualitative study

(2) Estradiol protects against ischemic injury

(3) Carbon monoxide-activated Nrf2 pathway leads to protection against permanent focal cerebral ischemia

Here are some examples of effective *PP* abstracts:

- The confidentiality of the client–therapist relationship has been seriously challenged by managed care oversight and reporting requirements. The impact of such requirements on psychotherapy clients' willingness to disclose was explored. Three descriptions of confidentiality limits were presented: standard limits of therapeutic confidentiality, a rationale for client acceptance of limited confidentiality, and the typical informational requirements of managed care. Clients and potential clients showed less willingness to self-disclose under managed care conditions than standard confidentiality limits. Psychologists must increase awareness of confidentiality issues and advocate strongly for changes in managed care requirements that inhibit disclosure and interfere with psychotherapy.
- Professional psychologists often have a need for information on the patterns of service accessing and service use by ethnic groups. Demographic characteristics and psychotherapy use of 229 Chinese American clients, seen in a Southern California private practice between 1989 and 1996, are described. Diagnostic evaluations of 27 assessment requests, 77 consultations, and 125 psychotherapy cases indicated that depressive disorders, adjustment disorders, anxiety disorders, and relational problems were the most frequently presented problems. For the 125 treated cases, length of treatment ranged from 1-38 sessions with a median of 4 and mean of 5.98 sessions.
- Therapist accessibility by pagers raises many questions regarding between-session and within-session calls. What are the main purposes of pagers in clinical settings, and what are the rationales for their use? The authors explored the parameters established by clinicians regarding pagers and how these expectations were communicated to patients. The degree of interference the clinician allows in the therapy session when paged is pivotal because of the potentially distancing, distracting, and enervating effect this may have on the relationship. The implications for the therapist's private life and his or her significance in the patient's life are considered.
- If you are a psychologist who conducts child custody or personal injury evaluations, how confident are you that the traditional Minnesota Multiphasic Personality Inventory—2nd ed. (MMPI–2) validity scales and other potential MMPI–2 validity indicators are in fact useful for addressing the issue of response bias? This investigation contributes to the scientific database on the use of MMPI–2 validity indicators to detect response distortion. As the investigation represents empirical rather than analog data, it is of particular value to psychologists who engage in forensic assessment.
- If a patient adheres to religious values and practices, should the treating psychologist get input from a clergyperson? How frequent is clergy–psychologist collaboration? What obstacles impede such collaboration? An exploratory survey questionnaire was sent to 200 clergy, 200 psychologists interested in religious issues, and 200 psychologists selected without regard to religious interests or values. Four themes were assessed: types of collaborative activities, frequency of collaboration, obstacles to collaboration, and ways to enhance collaboration. Strategies for promoting clergy–psychologist collaboration include challenging unidirectional referral assumptions, building trust through proximity and familiarity, and considering the importance of shared values and beliefs.

How to Write an Abstract

1. **First, write your paper.** While the abstract will be at the beginning of your paper, it should be the last section that you write. Once you have completed the final draft of your psychology paper, use it as a guide for writing your abstract.

1. **Begin your abstract on a new page** and place your running head and the page number 2 in the top right hand corner. You should also center the word *Abstract* at the top of the page.
2. **Keep it short.** According to the APA style manual, an abstract should be between 150 to 250 words. Exact word counts can vary from journal to journal. If you are writing your paper for a psychology course, your professor may have specific word requirements so be sure to ask. The abstract should also be written as only one paragraph with no indentation. In order to succinctly describe your entire paper, you will need to determine which elements are the most important.

1. **Structure the abstract in the same order as your paper.** Begin with a brief summary of the Introduction, and then continue on with a summary of the Method, Results and Discussion sections of your paper.
2. **Look at other abstracts in professional journals for examples of how to summarize your paper.** Notice the main points that the authors chose to mention in the abstract. Use these examples as a guide when choosing the main ideas in your own paper.
3. **Write a rough draft of your abstract.** While you should aim for brevity, be careful not to make your summary too short. Try to write one to two sentences summarizing each section of your paper. Once you have a rough draft, you can edit for length and clarity.
4. **Ask a friend to read over the abstract**. Sometimes having someone look at your abstract with fresh eyes can provide perspective and help you spot possible typos and other errors.