

Advances in Psychotherapy – Evidence-Based Practice

Style manual for volumes on disorders

This style manual is to be used for all volumes in the series **Advances in Psychotherapy: Evidence-Based Practice** (www.hogrefe.com/series/apt) dealing with a particular disorder or group of disorders. Separate guidelines are available for volumes in the series dealing with a particular treatment approach.

The basic objective of the volumes on a particular disorder or group of disorders is to provide therapists with practical, evidence- and research-based information on diagnosis and treatment of the disorder in a reader-friendly manner. The books in the series are intended to be reference and educational works for psychotherapists, clinical psychologists, social workers and psychiatrists, as well as useful texts for students and trainees. These volumes are designed to be useful to these professionals in their daily practice and provide a basis for practice-oriented continuing education.

It is important that all volumes in the series adhere to series guidelines on style and structure, so that when readers pick up a volume on a new topic / disorder they have the feeling that they already know where and how to find the information they are looking for. All manuscripts will normally be reviewed and critiqued by at least two experts in the field, so we trust you will be prepared, if necessary, to amend content or structure in light of their comments.

Displayed Boxes: Whenever possible, the text should be structured to include easy-to-read lists or “pearls” that can be placed in highlighted boxes for clarity and emphasis.

Marginal Notes: A key word or phrase should be added in the margin of the text where each new or important topic is discussed. This marginal note should indicate the main conclusions/arguments and summarize or point readers to the most salient information. The marginal notes are designed to help readers quickly orient themselves within the text when they are scanning for information. Marginal notes should be no longer than 100 characters; ideally they will be around 50 characters long; sometimes they will simply be the name of the topic being discussed.

Structure of the Volume

Each volume should be organized in the following chapters and sections. Please number and word the headings in your manuscript as shown here.

1. Description [of the disorder/s] (20–35 manuscript pages)

1.1 Terminology

Name and code according to DSM-5 and ICD-10 or ICD-10-CM as well as alternatives that may be used (e.g., earlier names) should be listed.

1.2 Definition

Definition and criteria according to DSM-5 and ICD-10 or ICD-10-CM should be described and discussed. Note: If you wish to reproduce the full DSM or ICD criteria, please see the section on permissions.

1.3 Epidemiology

Brief description of the epidemiology (in table form if possible), including prevalence, incidence, and age / sex / ethnic group distribution if relevant. Brief notes suffice, which the practitioner may want to pass on to the patient.

1.4 Course and Prognosis

Discussion of the course and prognosis should include a brief description of the course of the disorder if untreated as well as with appropriate treatment.

1.5 Differential Diagnosis

The aim of this section is to give practitioners and therapists practical advice on what factors to watch for in order to differentiate the disorder from similar symptom patterns. For quick orientation, the name of each alternative diagnosis should be given in bold, followed by:

- a) Signs / symptoms / syndromes / characteristics that both have in common
- b) Characteristics that differ between the disorders. This information should be placed in a box or table, with longer explanations – if needed – included in the text afterwards.

1.6 Comorbidities

This section deals with disorders that may be seen in association with the one being covered. The aim is to indicate to the practitioner what potential additional problems she or he should be on the lookout for. The presentation should be similar to that in Section 1.5.

1.7 Diagnostic Procedures and Documentation

Advice for the practitioner on suitable objective tests, diagnostic criteria, and diagnostic procedures: (a) for determining the severity of the disorder and (b) for documenting the course of the disorder or treatment success. Precise information, including sources, should be provided.

2. Theories and Models of the Disorder (8–30 ms. pages)

This section should be based on results of the latest research. It is **not** intended to provide an overview of historically relevant models. The theory (or theories) and models presented should help the practitioner understand the individual patient's disorder (and if appropriate “explain” it to him/her) and what factors or conditions she or he needs to look for in the individual case. The models and theories should indicate the frameworks / case conceptions that are likely to be useful and appropriate in dealing

with the individual patient once a diagnosis has been made. If the current state of research means that it is appropriate to discuss more than one theory or model, then these should be presented one after the other so that the practitioner can examine and analyze her or his patient's case from each of the different theoretical viewpoints. Marginal notes and keywords should be added to indicate the model(s) or condition(s) being discussed at that point (e.g., "Dysfunctional cognition" or "Fear of anxiety").

3. Diagnosis and Treatment Indications (3–15 ms. pages)

Working within the framework(s) of the theories and models of the disorder described in the previous chapter, and based on etiological, clinical, outcome, and other empirical research, "rules" and guidance – as precise as possible – for the diagnostic and therapeutic decision-making process should be provided. These diagnostic guidelines should tell the practitioner what aspects require particular attention during the diagnosis (exploration, behavioral observations, psychophysiological studies, questionnaires, etc.). This will generally involve determining whether confirmatory signs and symptoms postulated by the previously described models are present.

If possible, you should also provide advice on the treatment indications (i.e., how to determine the most appropriate treatment). This will likely involve brief discussion of what methods have proven effective under what treatment conditions / settings and with which patients (what characteristics/groups) – the practitioner may have to determine whether they apply in the case of a particular patient. At the very least, you should attempt to provide guidance on what the primary aim of treatment should be and whether or how this depends on what conditions or factors.

If possible, present the "rule(s)" or criteria in a box; if appropriate, a "rule" can be preceded or followed by a more precise text description. It may be useful to illustrate the diagnostic steps and/or the decision-making process by means of a figure or flowchart.

4. Treatment (50–75 ms. pages)

This section should deal primarily with those methods that have been shown empirically to be effective for this particular disorder.

4.1 Methods of Treatment

Describe the method or methods of treatment in sufficient detail for a therapist/practitioner with some basic knowledge or training to be able to actually carry out the treatment based on the information presented in this section, without having to refer to other sources or literature. If necessary, complete bibliographic references where "beginners" can obtain more detailed descriptions of the methods you are describing. Highlighted boxes and illustrations (e.g., flowcharts, tables) should be used to emphasize and illustrate the core elements of the methods and the steps the therapist/practitioner must take.

4.2 Mechanisms of Action

Summarize briefly current theories and research results about the mechanisms of action of the method(s) described in the previous section. This should not be a comprehensive review but rather a compact summary of the method or methods. The relationship between the putative mechanism of action and the theories and models of the disorder (Chapter 2) should be explained.

4.3 Efficacy and Prognosis

Wherever possible, provide information on how effective the methods described in Section 4.1 (and their alternatives) are and the size of the effect, if necessary by estimating these retrospectively based on the published literature. Also state whether the efficacy was calculated based on a control group or a pre-post comparison. In addition, please provide details on efficacy, outcomes, time course, etc., as well as

information about failure rates and other unsatisfactory or unwanted outcomes. Furthermore, information on long-term outcomes and recurrence rates should be provided. In this context, it is often appropriate to detail which measures can be taken to prevent recurrences (e.g., recommendations for booster sessions). Write this chapter so that it enables the practitioner to decide which method(s) is likely to produce the best results and should be preferred.

4.4 Variations and Combinations of Methods

Use this section to introduce variant forms of the methods described in the previous section, different means of carrying them out, or special forms for particular subpopulations (e.g., for children). Provide advice on other forms of treatment that can or should be used in combination with the methods described. In the case of drug therapy, present details of the most widely used medications (chemical and generic name, trade names, main effects, possible unwanted effects) should be presented in a displayed box.

4.5 Problems in Carrying out the Treatments

This section should detail problems that typically or commonly occur when using the described treatment methods and provide advice on how the practitioner should act or react in these cases. Examples include organization of suitable treatment settings or preconditions, dealing with issues of patient motivation, resistance, and compliance, and coping with problems in the patient–therapist relationship. Here, too, bolded text, boxes, etc., should be used to help guide readers to your most important points.

4.6 Multicultural Issues

Use this section to comment on the ways in which different ethnic or cultural groups fit or don't fit the treatments you are proposing. If evidence relevant to specific groups exists, mention it here. It will also be useful to document the absence of culturally specific evidence if this is the case and the extent to which evidence-based treatments may not be appropriate for certain groups.

5. Case Vignette (0–8 ms. pages)

It may be appropriate to illustrate some or all of the procedures (including diagnosis) and treatment techniques by means of a case example or vignette in a separate chapter. In other volumes, it may be better to provide shorter case examples at the appropriate points in the text (e.g., to illustrate indications for choosing particular treatments, differential diagnoses, or therapeutic procedures). Only add a case vignette chapter if your volume falls within the page limits stipulated by the style manual (i.e., 140–180 double-spaced manuscript pages).

6. Further Reading (1 ms. page)

This section should contain 2 to 6 references to literature describing how the practitioner can find further details or background information. Each reference should be followed by a brief (2–5 lines) annotation. Assuming your volume is the first book read about the method, what books or key articles should be read next? When choosing publications, please consider how readily available these items are for international readers.

7. References (3–6 ms. pages)

Include references for the literature cited in the text, styled according to the *Publication Manual of the American Psychological Association (APA), Sixth Edition*. *We prefer 50 references or less*. Busy mental health professionals simply don't have the time to follow up by reading numerous additional articles when copious citations are provided, and the voluminous citations associated with scholarly writing are simply

not useful for practitioners. Citing too many references is the most common problem we have encountered with previous volumes in the series.

8. Appendix: Tools and Resources (6–15 ms. pages)

This section is important, and it should contain practical material that can be immediately used by the therapist. Handouts that the therapist can copy for patients are especially helpful. Examples include:

- brief guide to exploration for the therapist
- symptom diary record sheet
- form for recording the effects of treatment
- illustration of the causes/mechanism of the disorder to show the patient
- information sheet for the patient about the disorder

Length, General Style, Manuscripts, and Marginal Notes

Length

The finished, printed book should be between 80 and 100 pages long, including tables, figures, references, and appendices. This is equivalent to around 200,000–250,000 characters plus spaces, or 140–180 double-spaced manuscript pages with 25 lines per page and 60 characters per line (12-point font), including tables, boxes, and figures. Microsoft Word or similar programs make it very easy to calculate the number of characters plus spaces in your manuscript. Because the volumes in the series are available on a subscription basis, and the price of all volumes therefore has to be kept the same, *it is essential that authors adhere to length limits.*

Important: An allowance for any tables, boxes, and figures should be included in the totals depending on their size. A typical table or figure takes up a half or full page. Each half page in the manuscript equals about 700 characters per half print page.

General Style

The text and references should be prepared according to the Seventh Edition of the *Publication Manual of the American Psychological Association* (APA).

Manuscripts

Manuscripts should be submitted by e-mail. Illustrations should be supplied in digital form. Your manuscript will be reviewed by an Associate Editor for scholarship and its evidentiary base, and the series editor will review your manuscript for style, usage, and adherence to the style manual.

Marginal Notes

The marginal notes (ideally no longer than 50 characters, absolute maximum 100 characters) should be inserted into the manuscript, where they should appear, using a simple text box from Microsoft Word. Try to embed marginal notes that the reader can review as a “refresher course” six months after reading your book.

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DSM-5: Please be aware that that you will have to obtain permission and pay a permission fee if you reproduce *verbatim* diagnostic criteria from the DSM-5. Permissions are obtained through American Psychiatric Publishing at <https://www.appi.org/Support/Custom-Information/Permissions>. Permissions are not required if you simply summarize DSM-5 criteria in your manuscript.

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