

# **Advances in Psychotherapy – Evidence-Based Practice**

Style manual for volumes dealing with a particular therapeutic method or approach

This style manual is to be used for all volumes in the series **Advances in Psychotherapy: Evidence-Based Practice** (<https://www.hogrefe.com/eu/apt>) dealing with a particular method of treatment or therapeutic approach. In general, the title of the book will be the name of the method or approach.

The basic objective of the series is to provide practicing therapists and students with practical evidence- and research-based information in a reader-friendly manner – the presentation should therefore be clear and easily “digestible.” The 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 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 method/approach] (20–35 manuscript pages)

### 1.1 Terminology

Name(s) and terms used to describe the method or approach and, if appropriate, a brief description of its development and its predecessors.

### 1.2 Overview

A (brief) overview of the method, as well as a listing of the disorders or conditions where it may be applied (details will follow in section 4).

## 2. Theories and Models (8–30 manuscript pages)

*This section should present our current understanding of the mechanism of action of the method or approach.*

The mechanism of action determines to a large extent the aim the therapist has when applying the method, and is important in determining:

- how the method can be integrated into the overall treatment plan
- for which disorder(s) the method is indicated and appropriate
- how the method is applied and adapted for a particular patient
- tests and other diagnostic assessments
- how to shape the therapeutic dialogue
- how to shape the therapeutic relationship

A good theoretical understanding of the models underlying the method or approach and its mechanism(s) of action will also assist the practitioner in finding appropriate and effective solutions if any details are unclear or problems arise in carrying out the treatment. The discussion of the mechanism of action for the method should therefore explain how the method relates to our current understanding of the disorders and conditions in which it can be applied.

**This section should be based on results of the latest research;** it should not provide an overview of models that are only of historical interest.

The presentation should, whenever possible, be limited to the theory or model that is most strongly supported by empirical evidence, so that the practitioner is provided with the clearest possible framework for action. If the currently available empirical evidence means that more than one theory or model has to be presented, then the models should be discussed sequentially. The section should even in this case conclude by providing the practitioner with a clear theoretical framework within which he or she can formulate decisions despite different possible explanatory models. Marginal notes or keywords should be used to indicate which sections or paragraphs deal with a particular model.

## 3. Assessment and Treatment Indications (3–15 manuscript pages)

Based on the theory or model described in the previous chapter, practical “rules” and guidance – formulated as precisely as possible – for the practitioner’s diagnostic and therapeutic decision making should be provided.

First, discuss how to determine whether the method or approach is indicated or not. All well-supported applications (disorders) for which the method may be used should be mentioned. What characteristics or criteria (of the disorder(s), its course, the patient, his or her life circumstances, etc.) should be assessed and by what means? Should, for instance, a standardized structured interview be used to determine whether a particular disorder is present (e.g., the Structured Clinical Interview [SCID] or the Dynamic Interviewing Program [DIP])?

Secondly, this chapter should also – wherever possible – describe tools that the practitioner can use to assess the **efficacy** of the method. These tools should measure those characteristics that, according to the postulated mechanism of action, are actually influenced by the method and not just general outcome criteria (although tools to measure overall outcome may also be described). The basic “rules” to be applied should be summarized in a displayed box – preceded or followed by a more detailed description in the text. It may be useful for readers if you illustrate the diagnostic steps and/or the decision-making process by means of a figure or flowchart.

## 4. Treatment (50–75 manuscript pages)

This section describes in more detail the method mentioned in Chapter 1: Description. It should identify the main disorder(s) for which the method or approach is appropriate and describe how the method is applied. Other well-supported applications should also be mentioned.

### 4.1 Method of Treatment

The description of the method or approach should be sufficiently detailed for a therapist/practitioner with basic knowledge or training to be able to actually carry it out without having to refer to other sources or literature. However, practitioners just learning about the model you are discussing should be given precise reference(s) to literature where they may obtain more detailed descriptions of the model you are introducing. Highlighted boxes and illustrations (e.g., flowcharts, tables) should be used to emphasize and illustrate the core elements of the method and the steps the therapist/practitioner must take to implement the model you are describing.

### 4.2 Efficacy and Prognosis

Empirical findings about effect sizes (post hoc, if necessary) for one or more disorders should be provided wherever possible, including whether they were calculated on the basis of 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 treatment outcomes with the method. 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 help 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.

### 4.3 Variations of the Method and Combination with Other Approaches

Use this section to introduce variant forms of the method, different means of carrying it out, or special forms for particular subpopulations (e.g., for children) or for different diagnoses. Provide advice on whether the method should generally be used on its own or as one component of a broader treatment plan. If your method is incorporated into a broader treatment approach (e.g., cognitive behavior therapy), it may be useful to provide an illustrative treatment plan. Describe the approaches with which the method under discussion can or should best be combined.

### 4.4 Problems in Carrying out the Treatments

This section should detail problems that typically or commonly occur when using the method, and it should provide advice on how the practitioner should act or react in these cases. Examples include organization of suitable treatment settings, 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.

#### 4.5 Diversity Issues

Use this section to comment on the ways in which the method may be more or less appropriate, or require modification, for different ethnic or cultural groups. 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. Is the model you are describing only applicable to patients who are "weird" (Western, Educated, Industrialized, Rich, and Democratic)?

#### 5. Case Vignette (0–8 manuscript pages)

It may be appropriate to illustrate the application of the method (including diagnosis) 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 manuscript 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 manuscript pages)

Include references for the literature cited in the text, styled according to the *Publication Manual of the American Psychological Association (APA)*, Seventh 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 manuscript 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:

- key points for diagnosis for the therapist
- symptom diaries for the patient
- forms for recording the effects of treatment
- handouts about the mechanism of action of the treatment

## 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 as comments using 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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Product type: Book

Name of Product: In addition to the title of your volume, please mention that it is a volume in the *Advances in Psychotherapy* series.

Publisher: Hogrefe Publishing

Number of copies to print: approx. 2,000

Unit retail price: Approx. € 24.95 (print), approx. € 21.99 (eBook)

Publishing format: Print and electronic

Countries of distribution: World wide

Type of rights requested: Print and eBook

# Advances in Psychotherapy – Evidence-Based Practice

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