

# Advances in Psychotherapy – Evidence-Based Practice

Style Manual for Volumes on Methods (a particular  
therapeutic method or approach)



---

**Series Editor**

J. Kim Penberthy, PhD, ABPP  
Professor of Psychiatry & Neurobehavioral Sciences  
University of Virginia  
Charlottesville, VA  
jkp2n@UVAHealth.org

---

**Associate Editors**

Heather Bruschwein, PsyD  
Behavioral Medicine Center  
Charlottesville, VA  
hab9z@uvahealth.org

Jon Comer  
Center for Children and Families  
Florida International University  
Miami, FL  
jocomer@fiu.edu

Damion Grasso, PhD  
Psychiatry & Pediatrics  
UConn Health  
dgrasso@uchc.edu

Jon Weinand, PhD  
Family Behavioral HealthCare of  
Iowa  
Burlington, IA  
drweinand@hotmail.com

Sarah Meshberg-Cohen, PhD  
Yale School of Medicine  
New Haven, CT  
sarah.meshberg-cohen@yale.edu

---

**Hogrefe Publishing**

Spencer McGrath  
(Publishing Manager)  
spencer.mcgrath@hogrefe.com

Lisa Bennett  
(Editor)  
editorial@hogrefe.com

---

**Office address**

Hogrefe Publishing GmbH  
Merkelstr. 3  
37085 Göttingen  
Germany

Tel. +49 551 999 50 0  
www.hogrefe.com/eu

## Contents

1. Introduction.....	4
2. Structure of the Volume .....	4
Chapter 1. Description [of the Method/Approach] (12–16 print pages) .....	4
Chapter 2. Theories and Models (8–12 print pages).....	5
Chapter 3. Assessment and Treatment Indications (6–8 print pages) .....	5
Chapter 4. Treatment (32–40 print pages) .....	6
Chapter 5. Case Vignette (0–4 print pages) .....	8
Chapter 6. Further Reading (1 print pages).....	8
Chapter 7. References (3–4 print pages) .....	8
Chapter 8. Appendix: Tools and Resources (4–8 print pages).....	9
3. Length, General Style, Manuscripts, and Marginal Notes .....	9
3.1 Length.....	9
3.1 General Style .....	9
3.2 Manuscript Submission .....	9
3.3 Marginal Notes .....	10
4. Permissions.....	10

# 1. Introduction

This style manual is to be used for all volumes in the series *Advances in Psychotherapy: Evidence-Based Practice* (<https://www.hogrefe.com/us/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.**

**Chapter headings:** Please follow the chapter structure and numbering listed in Section 2: Structure of the Volume

**Display Elements:** Whenever possible, the text should be structured to include easy-to-read lists, “pearls,” or dialog that can be placed in highlighted boxes for clarity and emphasis. Examples of displayed boxes are: Clinical Pearl, Case Example (often includes dialog and differs from the chapter Case Vignette), Spotlight, and Key Takeaway. You can, of course, also include figures, tables, and boxes, which should be numbered and referred to in the running text. Please also see the Section 3.1: Length on how to calculate the length of your manuscript.

**Marginal Notes:** A keyword or phrase is added in the margin of the printed book to highlight each new or important topic. 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. Please see p. 9 for more details on how to prepare these.

## 2. Structure of the Volume

We describe in this section how your volume should be organized into the chapter structure of the series. We give more detailed guidance on the length of the complete manuscript and the individual chapters in Section 3.1: Please number and word the headings in your manuscript as shown here.

Chapter 1. Description [of the method/approach] (12–16 print pages)

Length in manuscript: ca. 36,000–48,000 characters with spaces

### 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).

## Chapter 2. Theories and Models (8–12 print pages)

Length in manuscript: ca. 24,000–36,000 characters with spaces

**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.

## Chapter 3. Assessment and Treatment Indications (6–8 print pages)

Length in manuscript: ca. 18,000–24,000 characters with spaces

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.

## Chapter 4. Treatment (32–40 print pages)

Length in manuscript: ca. 96,000–120,000 characters with spaces

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 Methods 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 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) 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)?

### Chapter 5. Case Vignette (0–4 print pages)

Length in manuscript: up to 12,000 characters with spaces

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.

### Chapter 6. Further Reading (1 print pages)

Length in manuscript: up to 2,500 characters with spaces

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.

### Chapter 7. References (3–4 print pages)

Length in manuscript: ca. 9,000–12,000 characters with spaces

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. Please keep in mind that 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.

## Chapter 8. Appendix: Tools and Resources (4–8 print pages)

As the Appendix typically includes figures, handout sheets with less text, please calculate these pages as they would fit on the print page and not according to character length

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

# 3. Length, General Style, Manuscripts, and Marginal Notes

## 3.1 Length

The finished, printed book should be between 100 and 120 pages long, including tables, figures, references, and appendices. The book format is 7 × 10 inches. There are on ca. 3,000 characters with spaces per print page of pure text pages, not allowing for tables, figures, or handouts in the appendices etc. You will see we have given you a rough idea of the character length of the chapters in print pages listed in brackets behind the headings in Section 2: Structure of the Volume. For example:

Chapter 1 can be between 12 and 16 print pages,  
which converts to between 36,000 and 48,000 characters with spaces.

You will need to allow for less running text in your final manuscript when you include any table, box, and figure. A typical table or figure takes up a half or full page, which equals to 1,500 or 3,000 characters with spaces. Please make sure you allow for this when you calculate your final total character count for the manuscript, which will probably be around 250,000 to 300,000 characters with spaces. The Appendices are usually less text heavy, so please try to calculate the length in terms of print pages, i.e., you have to guess from the book format, for example, on how many pages a questionnaire would fit.

## 3.1 General Style

The text and references should be prepared according to the Seventh Edition of the Publication Manual of the American Psychological Association (APA). An abbreviated version of the manual is available [online](#).

## 3.2 Manuscript Submission

Manuscripts should be submitted by e-mail. Illustrations should be supplied in digital form. Your manuscript will be reviewed by the Editors and possibly also by external reviewers for scholarship and its evidentiary base. The series editors will also review your manuscript for style, usage, and adherence to this style manual and APA style.

### 3.3 Marginal Notes

Marginal notes should be ideally no longer than 50 characters with spaces with an absolute maximum of 100 characters. Sometimes they will simply be the name of the topic being discussed, but please do not repeat section headings in the marginal notes. Think of the notes as a “refresher course” that the readers can review six months after reading your book.

Please place marginal notes directly in the running text, at the beginning of the paragraph next to which the note should appear, enclosing the marginal note in double hashes. For example:

```
##The marginal note text is placed at the beginning of the paragraph##The main text then follows after this...
```

## 4. Permissions

As the author, it is your responsibility to obtain all necessary permissions and to pay any associated fees for reproducing material that is not original or for which you do not hold all rights. Please note that it may also be necessary for you to obtain permission to reproduce material that you have published elsewhere (e.g., in a journal). Since all volumes in the series are published both in print and as eBooks, you will need to obtain permission for both media, as well as for further editions.

Please make sure that all permission issues have been resolved before you submit your manuscript to the publisher.

For more information on copyright and permission issues please go to our website at

<https://www.hogrefe.com/us/resources/publishing-with-hogrefe/for-books/permissions-and-copyright-guidelines>

**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 the running text of your manuscript.

**ICD-11:** Permissions are obtained through the WHO Press at

[https://www.who.int/about/licensing/copyright\\_form/en/index.html](https://www.who.int/about/licensing/copyright_form/en/index.html)

The rights holder may ask for information on where the items you wish to include will be reproduced. You may provide the following information about your volume:

- 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. US \$29.80 (print), approx. US \$23.99 (eBook)
- Publishing format: Print and electronic
- Countries of distribution: Worldwide
- Type of rights requested: Print and eBook