

Instructions to Authors

Crisis: The Journal of Crisis Intervention and Suicide
Prevention

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Aims and Scope of Crisis – The Journal of Crisis Intervention and Suicide Prevention

Crisis – The Journal of Crisis Intervention and Suicide Prevention is an international periodical that publishes original articles on suicidology and crisis intervention. Papers presenting basic research as well as practical experience in the field are welcome. *Crisis* also publishes potentially life-saving information for all those involved in crisis intervention and suicide prevention, making it important reading for clinicians, counselors, hotlines, and crisis intervention centers.

Crisis – The Journal of Crisis Intervention and Suicide Prevention publishes the following types of articles

Research Trends

Papers for this section may be up to 4,500 words, including abstract, text, references, notes, appendices, as well as figures and tables.

Short Reports

Papers for this section may be up to 2,000 words, including abstract, text, references, notes, appendices, as well as figures and tables.

Clinical Insights

These are clinically oriented papers and may be up to 4,500 words, including abstract, text, references, notes, appendices, as well as figures and tables.

Systematic Reviews

These are papers that report on the results of multiple studies and may be up to 6,000 words, including abstract, text, references, notes, appendices, as well as figures and tables. Systematic Reviews should conform to PRISMA guidelines (see <http://www.prisma-statement.org/>). Scoping reviews may be submitted in this category.

Registered Reports

These papers are submitted and evaluated in a two-stage process. The Stage-1 manuscript contains the theoretical background, method, and proposed data analysis for a planned but not yet conducted study. If the Stage-1 manuscript receives an in-principle acceptance, the author(s) must preregister it in an independent institutional repository (e.g., <https://osf.io>) before proceeding with data collection and analysis in accordance with the accepted protocol. The Stage-2 manuscript contains the sections from the Stage-1 manuscript with the addition of the results and discussion sections. Stage-2 manuscripts are automatically accepted, irrespective of the directionality of the results, unless the study has diverged from what was originally proposed. The word limit for Stage-1 manuscripts is 3,500 and for Stage-2 manuscripts it is 5,000, including abstract, text, references, notes, appendices, as well as figures and tables.

Stage 1

At Stage 1, the manuscript must contain an *Introduction* section that provides background and the specific hypotheses to be tested. Successful submissions will use established methods to test specific predictions. The Registered Report format is not well-suited to purely exploratory research and is a mechanism for confirming/disconfirming predictions.

- The Stage-1 submission should detail previous related work. Completed pilot studies may be included to demonstrate the effectiveness of the proposed methodology. The Registered Report category welcomes multistudy submissions that are common in psychological assessment research. A Stage-1 manuscript can report methods for a series of planned studies. Authors can also add studies to approved submissions. In such cases the approved Stage 2 manuscript will

be accepted for publication, and authors can then propose additional experiments for Stage 1 consideration.

- The Stage-1 submission must contain a *Method* section that provides a detailed description of the proposed research (i.e., enough to allow for direct replication). In case word limits do not allow for a comprehensive description, authors can provide supplementary material in electronic form (i.e., ESM) that helps reviewers scrutinize the study protocol. The research proposal must explicitly justify the targeted number of participants. Often this will be via statistical power analysis. To ensure that the results are informative regardless of outcome (i.e., keeping both Type-I and Type-II error probabilities low), high statistical power or precision will typically be required. *Authors are required to confirm that the proposed research has not been conducted at the time of Stage-1 submission.*
- The Stage-1 submission must contain a *Data Analysis* section within the method section that details the data analysis procedures that will be used. The manuscript must describe the measured variables, the statistical tests and procedures, as well as the anticipated patterns of results. In suicide prevention research there will not always be a dichotomous accept/reject of hypotheses, but criteria by which researchers are formulating conclusions must be stated a priori. Rules for data elimination (e.g., participant exclusion criteria, outlier trimming) must also be specified a priori.
- The Stage-1 submission should also include a predicted timeline for the research: The anticipated dates when ethical approval will be sought (if not already acquired), when the data collection will take place, when data will be analyzed, when the manuscript will be written up, and the anticipated date for the submission of the Stage 2 manuscript.

Stage 2

After a Registered Report submission is accepted at Stage 1, the accepted protocol must be registered by the authors in a recognized repository (either publicly or under embargo until Stage 2) and the research conducted according to the protocol. The Stage-2 revision should contain essentially the same Introduction and Method sections as the Stage-1 submission, plus the new *Results* and *Discussion* sections. It should also include a reference to the Stage-1 manuscript. Additional post-hoc analyses can be included but must be clearly distinguishable from the registered analyses.

- Stage-2 submissions will be evaluated with regard to their adherence to the accepted Stage-1 protocol. Any deviations from the approved protocol must be reported to the handling editor and the journal as soon as the authors become aware of their necessity and must seek editorial approval. Deviations that have not been approved by the handling editor and the journal as compared to the approved protocol will lead to rejection as a Registered Report.
- Stage-2 submissions will be evaluated with regard to whether the conclusions follow from the results. The in-principle acceptance at Stage 1 guarantees the publication of some version of the manuscript, provided that the study and analyses are conducted as proposed. However, Stage-2 submissions may be subject to one or more rounds of revisions to ensure that the Results and Discussion sections provide adequate detail.

Important: An allowance for any tables and figures should be included in the totals depending on their size. A typical table or figure takes up a quarter, half, or full page. Each quarter page in the manuscript equals about 200 words per quarter print page.

Manuscript Submission

Please note that your submission will undergo a plagiarism check during the peer review process. Manuscripts should be submitted online at <https://www.editorialmanager.com/crj>. Only papers that have not previously appeared in or are currently under consideration for another publication can be considered for publication. Manuscripts are subject to peer review and may be returned to authors for revision. Should you have any editorial/content questions, please contact the Editorial Assistant, Wendy

Iverson (E-mail crisisjournal@hogrefe.com, Tel. +61 7 3735-3379). Please direct any technical queries regarding the submission through Editorial Manager to production@hogrefe.com.

Publication Ethics

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Manuscript Format

Manuscripts should be prepared according to the *Publication Manual of the American Psychological Association* (7th ed.) as regards both style and presentation. In particular, statistical, and mathematical copy as well as references and their text citations, should conform to the *Publication Manual*. **In the reference list make sure to provide the DOIs (Digital Object Identifier) of the cited journal articles.** Footnotes in the running text should be avoided.

Important: All parts of the submission, with the exception of the title page and the letter to the editors, must be free of any potentially identifying information to ensure anonymous peer review. Authors must replace names and any indication of the university/institution where a study was conducted by neutral placeholders, including file names.

The **Title Page** of each paper should include, in the following order: title of the article; author name(s) preceded by first names, but without academic titles; name of the institute or clinic (if there is more than one author or institution, affiliations should be indicated using superscript Arabic numerals); an address for correspondence (including the name of the corresponding author with fax and phone numbers); and the author note (including acknowledgments, disclosures, and funding sources). We encourage the inclusion of a section headed Authorship which outlines the contributions of the individual authors to the paper using relevant CRediT roles, formatted as in the following example with author order as on the article:

Philipp Yang, conceptualization, methodology; Ina Smith, funding acquisition; Sun Cheung, writing – review & editing.

Please refer to <https://credit.niso.org/> for the contributor roles.

A template for the title page is available for download on the journal's web page at <https://www.hogrefe.com/eu/journal/crisis>

An **Abstract** (maximum length 200 words) is required for all manuscripts. For Short Reports, Research Trends, Registered Reports, and Systematic Reviews please provide a structured Abstract. This should be divided into the following sections: Background, Aims, Method, Results, Limitations, Conclusion. For a Clinical Insights manuscript, an unstructured Abstract may be submitted, if applicable. A maximum of 5 keywords should be given after the abstract.

Figures and tables should be numbered using Arabic numerals. Each table and figure must be cited in the text and should be accompanied by a legend. Please submit tables and figures via Editorial Manager as separate files. Figures must be supplied in a form suitable for reproduction: preferably high-resolution bitmaps (e.g., jpg, 300 dpi) or as vector graphics files. Figures will normally be reproduced in black and white only. While it is possible to reproduce color illustrations, authors are reminded that they will be invoiced for the extra costs involved.

Authors should follow the guidelines of the APA Manual regarding style and nomenclature. It is recommended that authors who are not native speakers of English have their papers checked and corrected by a native-speaker colleague before submission. Standard US American spelling and punctuation as given in *Webster's New Collegiate Dictionary* should be followed.

Please make sure to avoid stigmatizing language concerning suicidal behavior by using neutral terms. Here are some examples:

Stigmatizing Language	Neutral Language
to commit / complete suicide	to die by suicide; to end his/her life
a successful suicide / attempt	a fatal suicide attempt
an unsuccessful suicide	a non-fatal suicide attempt
a failed attempt	a non-fatal suicide attempt
suicide victims / cases	those who died by suicide

Reviews and Decisions

Manuscripts are all subject to anonymous peer review. Therefore, authors should remove all potentially identifying information from the manuscript and accompanying files, with the exception of the title page. Based on the title and abstract, two or more reviewers will be requested to review the manuscript. Upon receipt of the reviews, the editor-in-chief will make her editorial decision and notify the corresponding author of the result. There are four kinds of decisions: accept, accept conditionally upon (minor) revision, resubmit after major revision, and reject. Rejected manuscripts cannot be resubmitted. The entire review process is completely reliant on electronic communication in order to ensure speedy processing. A request by the editor for revision of a manuscript does not constitute a decision to publish. All revised manuscripts will be reevaluated, and the editors reserve the right to reject a paper at any point during the revision process.

Electronic Supplementary Material (ESM)

Authors may submit study data, analysis scripts, and other study materials for manuscripts that involve new data as Electronic Supplementary Material (ESM). In general, ESM may include relevant items that cannot be reproduced in printed form and may consist of material used to carry out the research (e.g., data sets, participant instructions, audiovisual stimuli, video footage of the experimental setup) or additional items that are not essential for inclusion in the full text but would nevertheless benefit the reader. ESM is not included in the article word count. ESM files will be published online as received from the author(s) without any conversion, testing, or reformatting. They will not be checked for typographical errors or functionality. The responsibility for the content and functionality remains entirely with the author(s).

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Please ensure that any ESM submitted with the article is in compliance with the EU General Data Protection Regulation (GDPR).

Submission

ESM files will be subjected to peer review along with the article itself. The number of ESM files you submit should be limited to 5. The file size should be kept as small as possible, not exceeding 10 MB in total. All file formats are accepted with the exception of executable files (e.g., .exe, .com, or .msi). Commonly used file formats that are accessible by most readers are preferred. Following the online instructions, submit the ESM files in a single zip file separate from the other files that are part of your submission.

Citation in Manuscript

All ESM files must be referred to with in-text citations (as for tables, figures, and appendices) and should be numbered in the order in which they are cited in the text.

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This audio file contains utterances of the study participants. (= description of file)

– ESM 1. Tables 1–3 (tables1–3.xlsx). (= title and file name)

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