



GUIDELINES FOR PREPARATION OF MANUSCRIPT FOR FULL PAPERS SELECTED FOR ACBTA-2024

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). The manuscript should be typewritten in 12 font sizes using Times New Roman font, with margins of at least one inch on all sides. Pages should be numbered consecutively on the top right corner of the pages, starting with the title page. The matter should be arranged according to the type of paper specifically mentioned in each type of paper.

The full paper manuscript should be submitted in two separate files: 1. Title page, and 2. Main full paper manuscript document.

The title page is common for all types of full papers, however the flow of information in different headings will vary according to the type of full paper.

Title Page: This file should provide -

1. Type of the manuscript (case report, case series, systematic review, meta-analysis, original/empirical etc.)
2. Title of the manuscript
3. Short running title (up to 50 characters)
4. Names of all the authors/ contributors (with their highest academic degrees, designation, and affiliations)
5. Name(s) of department(s) and/ or institution(s) to which the work should be credited
6. Corresponding author details including full address, e-mail address, and phone number or mobile number
7. The total number of words, figures, and tables
8. Word counts (separately for abstract and the text excluding the abstract, references, tables, and figure legends).
9. Source(s) of support in the form of grants/ funding.
10. Conflicts of interest of each author.
11. Contribution details and their consent (signature of each author)

Main full paper manuscript document:

1) CASE REPORTS AND CASE SERIES

Types of Manuscripts: New, interesting, or rare cases of clinical significance can be reported. However, mere reporting of a rare but already known case may not be considered. Learning outcomes of the articles should be important and novel. Case report submitted to ACBTA must meet



at least one of the following criteria: 1) Unusual or atypical presentations of an illness/disorder 2) CBT based management of uncommon case or symptoms 3) New or unique therapeutic approach to a common disorder/illness or 4) Common cases presenting a diagnostic, ethical, or management challenge or 5) cultural adaptation of evidence-based CBT techniques or therapy process

These reports should include an up-to-date review of similar cases already published. Case reports should include relevant positive and negative findings from history, examination, investigations, and can include clinical photographs which should be accompanied by written consent to publish from the patient or patient's relative.

Case Reports: The prescribed word limit is up to 1500 words excluding up to 15 references and abstract (150 words). Case reports should be written under the following headings: Abstract (unstructured), Keywords, Introduction, and Case report, Discussion, References, Tables, and Legends in that order. Pictures/images should be submitted separately in jpg or jpeg format.

Case Series: Case series include reports involving more than 2 cases. It can be retrospective or prospective and consists of patients with similar exposure given similar treatment or examines their records for exposure and outcome. The word limit is 2500 words for the main text and 200 words for the abstract with up to 20 references.

Main Full Paper Manuscript Document:

The content of the manuscript should be arranged in the following order: Title page, Abstract, Introduction, Case Report, Discussion and Conclusion, References, Tables, and Figures along with caption and legends. The main manuscript must not contain any mention of the authors' names, initials, or the institution. The main text of the article, beginning from Abstract until References (including tables) should be in this file. Use doc files and do not zip the files.

Abstract: An unstructured abstract (word limits 150/200 as mentioned above) should be provided.

Keywords: Up to 4-6 keywords related to the work must be typed at the end of the abstract.

Introduction: It should be a concise statement of the background to the work presented, including relevant earlier work, suitably referenced (Only 15 references) in APA style and the study objective. It should be started on a new page not on the title page.

Case report: It shall be started as a continuation of the introduction on the same page. Important methods, assessment tools, procedure, therapeutic planning and progress, key illness related factors, and outcome should be provided. The main clinical features and investigations shall be briefly described.

In case series, research design/approach, participants' profile (age, sex, education, diagnosis if any etc.) in a tabular form, data collection methods, data analysis, procedure and results should be there. In case of qualitative analysis, data transcription, credibility, and other details should be there.



Discussion: This section should deal with the interpretation of results, making readers understand the case with suitable supportive literature, and should mention the CBT framework followed to discuss the findings. The discussion should state the scope of the results, which need to be further explored.

Conclusions: Concisely summarize the principal conclusions of the work and highlight the wider implications. This section should not merely duplicate the abstract.

2) SYSTEMATIC REVIEWS

These are systematic and critical assessments of the literature. Review articles can be either systematic reviews or narrative reviews or meta-analysis. Systematic Reviews require a complete systematic search of literature with the help of several databases across many years. The quality of the cited evidence is to be graded subsequently. Systemic reviews should follow EQUATOR Reporting Guidelines which include a PRISMA style flow diagram and a PRISMA Checklist. Narrative Reviews are usually written by recognized experts on a particular field. These do not require a systematic review of literature but the recommendations and conclusions should be based on evidence including recent systematic reviews and guidelines.

Review articles should include a structured abstract of not more than 250 words describing the type and purpose of the review, search methods, guidelines followed, results, and conclusion. The total word limit of a full review paper is 5,000 words, excluding references and abstract. The maximum number of tables and figures allowed together is 5. The maximum number of references should not be more than 50.

Main Full Paper Manuscript Document

The systematic review should contain introduction, materials and methods (headings: comprehensive search information on literature search and retrieval process, clear inclusion and exclusion criteria, PRISMA flow chart of showing inclusion and exclusion of studies, data recording system e.g excel sheet, etc.), results (headings: search results, description of the characteristics of the included study which should be supported by a corresponding table. Study description can have smaller sub-headings and statistical analysis wherever applicable. If it is a systematic review of scales or interventions, kindly evaluate the quality of studies according to standard criteria. If it is a meta-analysis, statistical analysis should be appropriately done with corresponding graphs e.g. forest plots, funnel diagram, etc.), discussion, conclusion, funding and conflict of interest declaration.

The maximum word limit including references should be 4500 to 5500 words.



3) EMPIRICAL/ORIGINAL PAPER (RANDOMIZED CONTROLLED STUDY)

The title of the original papers should contain: the type of RCT design used in the study, sample group, setting of the intervention e.g. school/community/hospital/clinic, new or adapted CBT, and psychological construct. However, the title must not cross 25 words. Original articles should include a structured abstract of not more than 250 words describing the objective of the study, materials and methods, results, discussion, and conclusion. At least 5 keywords should also be there. The total word limit of the full paper is 4,000 words, excluding references and abstract. The maximum number of tables and figures allowed together is 5. The maximum number of references should not be more than 45.

Main Full Paper Manuscript Document:

The content of the manuscript should be arranged in the following order: Title page, Abstract, Introduction, Methods, Results, Discussion and Conclusion, References, Tables, and Figures along with caption and legends. The main manuscript must not contain any mention of the authors' names, initials, or the institution. The main text of the article, beginning from Abstract until References (including tables) should be in this file. Use doc files and do not zip the files.

Abstract: A structured abstract (word limits -250) should be provided.

Keywords: Up to 4-6 keywords related to the work must be typed at the end of the abstract.

Introduction: It should be a concise statement of the background to the work presented, including relevant earlier work, suitably referenced in superscribed numbers and the study objective. It should be started on a new page not on the title page.

Methods: It should contain study/research design, type of randomized trial, sample size, type of sampling, inclusion and exclusion criteria, CONSORT flow chart, blinding and allocation method, risk assessment (if applicable), statistical analysis, etc. If it is a feasibility trial, guidelines/criteria followed for analysis should also be there.

Results: Results should present details of participants' sociodemographic (and clinical profile, if applicable) profile, and all relevant findings from the analysis. Number of tables should not be more than 5. Graphs should not be more than 3.

Discussion: This section should deal with the interpretation of results, making readers understand the data with suitable supportive report, and should discuss findings scientifically. The discussion should state the scope of the results, which need to be further explored.

Conclusions: Concisely summarize the principal conclusions of the work and highlight the wider implications. This section should not merely duplicate the abstract.

References (NLM Style): Example-



Maercker A, Cloitre M, Bachem R, Schlumpf YR, Khoury B, Hitchcock C, Bohus M. Complex post-traumatic stress disorder. *Lancet*. 2022 Jul 2;400(10345):60-72. doi: 10.1016/S0140-6736(22)00821-2. PMID: 35780794.

Hage J, Valadez JJ. Institutionalizing and sustaining social change in health systems: the case of Uganda. *Health Policy Plan*. 2017 Nov;32(9):1248–55. doi:10.1093/heapol/czx066.

Jones E. *The Life and Work of Sigmund Freud*. Vol. 1. New York: Basic Books; 1953.

4) BOOK CHAPTERS

The chapter should be divided into sections and subsections with headings as appropriate. All main words within a heading should be capitalized. No full point is needed at the end of a heading. Acknowledgement and references should not be numbered. Manuscript length should be 5000 (minimum) - 7000 words (maximum) – inclusive of abstract, keywords, main text and references.

Abstract should be unstructured and contain the learning objective/s, scope and summary of the chapter. Abstract length: Limited to 300 words.

Keyword (s): maximum five (5) words

Main Text -

- All headings and subheadings are to be in bold and consistent throughout the manuscript.

References

- Writing and referencing style: American Psychological Association (APA)
<https://owl.english.purdue.edu/owl/resource/560/01/>
- Footnotes (instead of endnotes) are to be used Figure (s) & Table (s)
- Tables and figures are to be completed with titles, sources and notes, and to be explicitly mentioned in the text (e.g., Table 3.3 indicates...)
- Table/Figure colour: Black and white & Table/Figure format: Modifiable format