DESCRIPTION

The Journal welcomes contributions to the understanding and treatment of psychopathology. Such contributions may stem from various theoretical perspectives. The Journal primarily focuses on (quasi)experimental tests of psychological approaches to psychopathology, though contributions from medicine, biology, sociology, or epidemiology may be considered. The same holds for non-experimental approaches (e.g., prospective approaches), which may occasionally be published if deemed relevant for the field of experimental psychopathology.

Papers to be published generally focus on: Theoretically or clinically relevant differences between specific patient groups and other groups, if experimentally tested; (Transdiagnostic) mechanisms that cause, perpetuate or reduce disorders; Diagnostic or therapeutic procedures Participants in the studies may be patients, healthy subjects, or animals, depending on the relevance of the subject characteristics for the question to be answered. We encourage the investigation of transdiagnostic constructs. Relatedly, we strongly encourage studies testing hypotheses on characteristics of a disorder to not only include a non-patient control group, but also at least one appropriate clinical control group, to assess the specificity of the effect. We cannot guarantee acceptance of studies missing an appropriate clinical control group.

Pre-registration of all studies is strongly encouraged and justification of statistical power required. We ask authors who submit studies that were not pre-registered to provide a motivated justification in their cover letter. Clinical trials (RCTs and others) should be registered in an official trial register and the registration number should be reported. These studies should include a flow diagram according to the most recent CONSORT guidelines and a CONSORT checklist should accompany the submission. See http://www.consort-statement.org for the guidelines and forms. Any changes in the submitted study as compared to the pre-registered study (e.g., intended sample size, primary and secondary outcome variables, method) should be stated explicitly in the manuscript.

Case studies, open trials, and pilot studies may be considered for publication in the Journal if they are unusually innovative Consecutive case series with appropriate designs (i.e., contrasting at least two conditions; e.g. multiple baseline design) and appropriate statistical analyses are considered for publication.

Theoretical contributions on topics relevant to the field of experimental psychopathology are also considered as well as systematic reviews and meta-analyses, given that they meet the appropriate guidelines for reporting. Replications are essential in science and are, to the present editors’ opinion, often undervalued. Short reports of attempts to replicate experimental studies, whether successful or
failed, and whether applied or fundamental, are considered for publication, if appropriately powered. The maximum number of words is 2500 for these reports.

All submissions will first be screened on the degree to which they match the Aims and Scope of the Journal.

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Behavioral Therapists, Psychiatrists, Clinical Psychologists

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Addiction, Anxiety, Stress, Comorbidity, Behavioral medicine, Fatigue, Chronic pain, Tobacco, Physical activity
GUIDE FOR AUTHORS

Types of Contributions
The Journal welcomes contributions to the understanding and treatment of psychopathology. Such contributions may stem from various theoretical perspectives, such as learning theory, cognitive science, social psychology, developmental psychology, etc. The Journal primarily focuses on experimental tests of psychological approaches to psychopathology, though contributions from medicine, biology, sociology, or epidemiology may be published. The same holds for non-experimental approaches, which may occasionally be published if deemed relevant for the field of experimental psychopathology. Papers to be published generally focus on:

- Theoretically or clinically relevant differences between specific patient groups and other groups, if experimentally tested;
- Mechanisms that cause, perpetuate or reduce disorders;
- Diagnostic or therapeutic procedures

Participants in the study may be patients, non-patients or animals, depending on the relevance of the subject characteristics for the question to be answered. In line with the aims of the Journal, priority is given to studies
1) using experimental methods with
2) data derived from patient samples rather than analogue groups.

Some research questions are best answered in non-patients. This should be evident from the nature of the questions or hypotheses.

Pre-registration of all studies is strongly encouraged and justification of statistical power required. We ask authors who submit studies that were not pre-registered to provide a motivated justification in their cover letter. Clinical trials (RCTs and others) should be registered in an official trial register and the registration number should be reported. These studies should include a flow diagram according to the most recent CONSORT guidelines and a CONSORT checklist should accompany the submission. See http://www.consort-statement.org for the guidelines and forms.

Studies testing hypotheses on characteristics of a disorder should not only include a non-patient control group, but also an appropriate clinical control group, to assess the specificity of the effect. We cannot guarantee acceptance of studies missing an appropriate clinical control group.

Case studies, open trials, and pilot studies may be considered for publication in the Journal if they are unusually innovative and important for the field of experimental psychopathology.

Consecutive case series with appropriate designs (i.e., contrasting at least two conditions; e.g. multiple baseline design, ABAB designs, etc.) and appropriate statistical analyses are considered for publication.

Replications are essential in science and are, to the present editor's opinion, often undervalued. Short reports of attempts to replicate experimental studies, whether successful, or failed, and whether applied or fundamental, are considered for publication, if appropriately powered. The maximum number of words is 3000 for these reports.

Paper length. Regular manuscripts should not exceed 5500 words (15-20 pages) of body text. Short reports should have a maximum of 3000 words. Reviews should not exceed 9,000 words. The word count does not include tables or figures. All submissions will first be screened on the degree to which they match the Aims and Scope of the Journal.

Regular Manuscript: 5,500 words
Short reports: 3,000 words
Reviews: 9,000 words
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BEFORE YOU BEGIN

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An ethics statement has been included (where appropriate), clarifying what body granted ethics approval for the study and the registration number.

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

**Introduction**

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