

Journal of the American Academy of CHILD & ADOLESCENT PSYCHIATRY

Guide for Authors

Table of Contents

MISSION	3
SCOPE	3
DIVERSITY, DISPARITIES, MINORITIZATION, INCLUSIVITY, SOCIAL JUSTICE, AND HEALTH EQUITY	3
TYPES OF SUBMISSIONS	5
GENERAL GUIDANCE	6
NEW RESEARCH	6
REVIEWS AND META-ANALYSES	9
QUALITY IMPROVEMENT	10
REGISTERED REPORTS	11
TRANSLATIONS	12
CLINICAL PERSPECTIVES	12
EDITORIAL	13
COMMENTARY	13
REFLECTIONS (FORMERLY ATTACHMENTS)	13
MEDIA FORUM (FORMERLY BOOK FORUM)	13
LETTERS TO THE EDITOR AND EMPIRICAL LETTERS TO THE EDITOR	14
CHILDREN AND YOUTH ARTWORK	14
AACAP OFFICIAL ACTION	15
EDITORIAL POLICIES AND ETHICAL CONSIDERATIONS	15
DIVERSITY, DISPARITIES, MINORITIZATION, INCLUSIVITY, SOCIAL JUSTICE, AND HEALTH EQUITY	15
REPORTING SEX- AND GENDER-BASED ANALYSES	15
ORIGINALITY/DIVIDED PUBLICATION	16
AUTHORSHIP	17
CASE MATERIAL	18
ETHICS AND MISCONDUCT	18
CLINICAL TRIAL REGISTRATION	18
AI AND AI-ASSISTED TECHNOLOGIES	19
NEUROSCIENCE-BASED NOMENCLATURE CHILD & ADOLESCENT (Nbn C&A)	20
OPEN ACCESS	20
SUBMISSION INSTRUCTIONS	20
PREVIOUSLY REVIEWED SUBMISSIONS	20
SUBMISSION QUESTIONS	21
DATA SHARING	21
CORRESPONDING AUTHOR	22
MANUSCRIPT PREPARATION	23
MANUSCRIPT PROCESSING	30
AFTER ACCEPTANCE	31
ACCESS AND REUSE POLICIES	32

FUNDING BODY AGREEMENTS AND POLICIES32
PUBLICATION FORMAT32
AUTHOR RIGHTS32
COPYRIGHT/OWNERSHIP OF A MANUSCRIPT32
WAIVER OF RESPONSIBILITY..... 33

Mission

Advancing the science and practice of child and adolescent mental health and promoting the care of youth and their families from around the world.

Scope

The *JAACAP* family of journals aims to promote the well-being of children and families globally by publishing original research and papers of theoretical, scientific, and clinical relevance to the field of child and adolescent mental health. *JAACAP* is the flagship journal of the American Academy of Child and Adolescent Psychiatry. *JAACAP* welcomes unpublished manuscripts with primary focus on the mental health of children, adolescents, and families. Submissions may come from diverse viewpoints including, but not limited to genetic, epidemiological, neurobiological, psychopathological, psychotherapy, psychopharmacological, and neurotherapeutics research; parent-child, interpersonal, and family research; and clinical and empirical research in inpatient, outpatient, consultation-liaison, and school-based settings. Articles addressing health policy, legislation, advocacy, culture and society, clinical perspectives, and service provision as they pertain to the mental health of children and families are encouraged.

JAACAP generally wishes to receive only those manuscripts in which the participants are 21 years of age or younger unless a) the participants are parents or have been followed since childhood or b) the study is about the transition to adulthood and therefore the participants are older adolescents/young adults. *JAACAP* does not consider studies that rely on retrospective recollections of childhood by adult participants and discourages the reliance on such recollections, even during childhood, to model the precise timing of events, behaviors, and symptoms.

Diversity, Disparities, Minoritization, Inclusivity, Social Justice, and Health Equity

Given the importance of structural and social drivers/determinants of health in shaping the risk for and development of mental health problems among children and adolescents and how crucial it is to address them in treatment, service system design, and policy, authors are strongly encouraged to assess, analyze, and discuss the implications of their research from the perspectives of diversity, disparities, minoritization, inclusivity, social justice, and health equity. Specific guidance is outlined here and throughout. Authors may find it helpful to use the [Checklist for Reporting of Race and Ethnicity in Medical and Science Journals](#) modified from JAMA (adapted with permission from American Society of Nephrology). Specific guidance is described here and throughout this Guide.

JAACAP seeks submissions that focus on the impacts of structural and social drivers/determinants of health, including multiple forms of racism and minoritization, in child and adolescent mental health. These articles may cover the entire range of submissions including New Research, Reviews, Clinical Perspectives, Translations, Commentaries, Reflections, and media reviews. Refer to our [Call for Papers](#) for the next applicable deadline.

For New Research, Reviews, and Meta-Analyses:

Provide a complete description of the sociodemographic characteristics of your study sample.

The first table of all **New Research** submissions should describe the sociodemographic characteristics of the sample, as well as descriptive information on key study variables.

For **Review articles**, including systematic reviews and meta-analyses, the table describing the included studies should include a column that summarizes the sociodemographic characteristics of each study as reported in the original research. Authors should include information on the source of this sociodemographic information (eg, self-report, health records).

Authors may find it helpful to use the [Checklist for Reporting of Race and Ethnicity in Medical and Science Journals](#) modified from JAMA (adapted with permission from American Society of Nephrology), the [Sex and Gender Equity in Research \(SAGER\) guidelines](#), and the [SAGER guidelines checklist](#) in developing their table describing participant characteristics.

We encourage researchers to consider using the categories for gender, race, ethnicity developed by the [Joint commitment for action on inclusion and diversity in publishing](#) , which was designed to be flexible enough to encompass different international systems.

Comment upon the sociodemographic characteristics of your study sample, implications for your study findings, and applicability to diverse and minoritized populations.

Consider whether analysis of sociodemographic characteristics would be of theoretical importance and whether your study sample and measures would support such analyses. We strongly encourage the analysis of structural and social drivers/determinants of health as a covariate, predictor, or modifier of the primary outcome.

- If you include such analyses, be sure to indicate whether these were planned or post-hoc/exploratory and justify your choice of reference group(s).
- If you are unable to conduct such analyses, we strongly encourage you to include in your discussion consideration of how diversity and disparities should be considered in interpreting your study findings.

Qualitative and mixed research methods are often particularly effective in exploring and analyzing factors related to diversity, disparities, minoritization, inclusivity, social justice, and health equity in child development and children's mental health. As with all New Research submissions, we strongly encourage authors to follow appropriate reporting guidelines (eg, [ENTREQ](#), [COREQ](#), [GRAMMS](#)).

For Translations, Clinical Perspectives, Commentaries, Editorials, and Letters to the Editor:

Authors are strongly encouraged to address diversity, disparities, inclusivity, social justice, and health equity in their manuscripts.

Types of Submissions

Submission Type	Brief Description	Requirements
New Research	Case-control, intervention, clinical trials, epidemiological, observational, neuroimaging, genetic and epigenetic studies	4,500 words, ≤50 references, structured abstract, key words, ≤5 combined tables and figures
Review^a	Systematic reviews without meta-analysis, narrative reviews	5,000 words, ≤100 references, structured abstract, key words, ≤5 combined tables and figures
Meta-Analysis	Systematic reviews with meta-analysis	5,000 words, ≤100 references, structured abstract, key words, ≤5 combined tables and figures
Quality Improvement	Report on projects utilizing experimental or quasi-experimental to evaluate quality improvement initiatives	3,000 words, ≤40 references, structured abstract, key words, ≤5 combined tables and figures
Registered Reports^a	Empirical article in which the methods and proposed analyses are preregistered and reviewed prior to research being conducted (also known as study preregistration)	See Registered Reports Guide
Translations^a	Bridges gaps between child and adolescent mental health and other professional and scientific disciplines in concise, focused articles that should foster interdisciplinary understanding and collaboration	1,500 words, ≤9 references, up to 1 table or figure
Clinical Perspectives^a	Provides specific, actionable clinical guidance for addressing clinical or preventive challenges in a concise, focused article	1,500 words, ≤9 references, up to 1 table or figure
Editorial^b	Places published articles in the same issue into context within the larger frame of pediatric mental health and related literature	750-1,200 words, ≤9 references
Commentary	Addresses topics of prevention, clinical, policy, and academic relevance to child and adolescent mental health	750-1,200 words, ≤9 references
Reflections (formerly Attachments)	Non-fictional narratives about experiences in the field of pediatric mental health, including but not limited to personal and clinical experiences	≤800 words
Media Forum^a (formerly Book Forum)	Extract useful, interesting, and/or provocative themes and points of view of a book, textbook, or other media (eg, film) and places the work into context	900-1,200 words, limited references
Letter to the Editor	Reader comments on published articles as well as brief case reports	750 words, ≤5 references, up to 1 table or figure
Empirical Letter to the Editor	Brief research reports	750 words, ≤5 references, up to 1 table or figure
Child and Youth Artwork	Artwork from children that represent childhood, families, or topics within child and adolescent mental health	Image quality must be 300 dpi or higher.
AACAP Official Action	Official actions of the American Academy of Child and Adolescent Psychiatry, including presidential addresses, practice guidelines, and memorials	

Note: Word count includes the main body of text (ie, not abstracts, tables, figures, or references).

^aSubmissions must be approved by the editorial office.

^bInvited authors only

General Guidance

- All new manuscripts must be submitted online at <https://www.editorialmanager.com/jaacap>.
- Except where explicitly stated, JAACAP conforms to the guidelines set forth by the [International Committee of Medical Journal Editors \(ICMJE\)](#).
- Authors are encouraged to refer to the AMA Manual of Style, 11th edition.
- Please direct questions to the Editorial Office at support@jaacap.org.

New Research

New Research articles are reports of original work that contribute, analyze, and/or explain new evidence and data from a sizeable group of patients or children and adolescents drawn from school and community samples. JAACAP considers carefully designed and meticulously conducted studies reporting positive as well as negative findings. Authors should make use of appropriate reporting guidelines when drafting their manuscripts (see Reporting Guidelines).

New Research submissions often fall into one or more of the following areas: molecular biology, genetics, translational neuroscience, neuroimaging, nosology, measurement, epidemiology, developmental psychopathology/longitudinal, treatment (observational, case-control, cohort, quasi-experimental, experimental [including randomized-controlled trials]), services/dissemination and implementation (observational, case-control, cohort, quasi-experimental, experimental [including randomized-controlled trials]). The information below provides guidance on submissions in these areas and relevant reporting guidelines.

The Journal does not consider single-site studies of clinical services as New Research submissions, but under select circumstances will consider them as Letters to the Editor. Please see the section of this Guide regarding Letters to the

Editor, below. The Journal does not publish program descriptions or program evaluations.

The Journal encourages the preregistration of studies in public repositories or institutional websites. If authors have preregistered their study, they must upload this material as a supplemental file with identifying information redacted. It will be available to the editors and reviewers during the peer review process and, if your manuscript is accepted, a link to the preregistration will be included in the published article.

Reporting guidelines

Reporting guidelines have been developed for different study designs; examples include [CONSORT](#) for randomized trials, [STROBE](#) for observational studies, [PRISMA](#) for systematic reviews and meta-analyses, and [STARD](#) for studies of diagnostic accuracy. Authors of New Research manuscripts are strongly encouraged to follow these guidelines because they help authors describe the study in enough detail for it to be evaluated by editors, reviewers, readers, and other researchers evaluating the medical literature. ***New Research manuscripts reporting the results of randomized trials are required to include a CONSORT checklist as supplementary material.*** Recommended sources for reporting guidelines for New Research are noted below and are also available through the [EQUATOR Network](#) and the [NLM's Research Reporting Guidelines and Initiatives](#).

Manuscripts reporting the results of clinical trials must include a data sharing statement that is consistent with [ICMJE standards](#). ***All New Research manuscripts are required to provide a data sharing statement.***

New Research articles should be no longer than 4,500 words with ≤50 references. Requests to include additional references may be considered on a case-by-case basis, with particular consideration for systematic reviews as well as

meta-analyses when the extant literature being reviewed is large.

The first table of all New Research submissions should describe the sociodemographic characteristics of the sample, as well as descriptive information on key study variables. Authors may find it helpful to use the [Checklist for Reporting of Race and Ethnicity in Medical and Science Journals](#) modified from JAMA (adapted with permission from American Society of Nephrology), the [Sex and Gender Equity in Research \(SAGER\) guidelines](#), and the [SAGER guidelines checklist](#) in developing their table describing participant characteristics.

We encourage researchers to consider using the categories for gender, race, ethnicity developed by the [Joint commitment for action on inclusion and diversity in publishing](#), which was designed to be flexible enough to encompass different international systems.

We strongly encourage authors to preregister their studies prior to the commencement of participant enrollment. Studies may be preregistered with this Journal (see Study Registration, below) as well as other repositories such as the [Center for Open Science](#), [protocols.io](#), and [prereg-psych.org](#).

Molecular Biology, Genetics, and Epigenetics

Studies that include genome-wide association analyses and those with replications of either previous studies or preclinical animal models extended into human research are of particular interest, with adequate consideration to sample size, power, and demographic variation. Genome-wide association or Epigenome-Wide association studies (GWAS or EWAS) in single populations, without replication cohorts, will likely need to be justified and careful consideration of power provided.

Despite the progress gained through existing large GWAS of psychiatric diagnoses and related phenotypes, it is clear that the lack of inclusive

racial and ethnic representation in source samples has created bias with potential to exacerbate existing health care disparities. The desire to capitalize on new discoveries without perpetuating such bias creates tension for researchers, reviewers, and editors. At the current time, studies using polygenic risk scores (PGS) will need to acknowledge the limitations and implications of results based on single ancestry source studies. Further, studies should not simply remove non-Caucasian White participants from their samples for genetic analyses without further comment but rather should address the question of relevance/generalization to the population broadly with sensitivity analyses or other strategies. We expect that authors will capitalize on computational strategies aimed at promoting generalization to diverse populations and on PGS from more inclusive and representative samples as these resources become available. As the field continues to evolve, we will update guidance to authors regarding journal requirements based on best practices.

A high level of stringency for single gene studies is also expected. Authors are expected to include HUGO Gene Nomenclature Committee-approved gene symbols and OMIM reference numbers for disorders. Genetic variants should be described using the current guidelines from the Human Genome Variation Society. For example, variants should be described using both DNA and protein names, where appropriate; alternative nomenclature should be noted and defined clearly; and GenBank Accession numbers should be included in the materials and methods, as feasible. Micro-array: Authors must comply with the '[Minimal Information About a Microarray Experiment](#)' (MIAME) guidelines. We encourage submission of microarray data to the GEO or ArrayExpress databases, with accession numbers at or before acceptance for publication.

— Reporting Guidelines

- Genetic studies: [STREGA](#)
- Molecular epidemiology studies: [STROBE-ME](#)

- Quantitative Digital PCR experiments: [dMIQE](#)
- Telomere studies: [Minimum Reporting Recommendations for PCR-based Telomere Length Measurement](#)

Translational Neuroscience

Neurocognitive markers, stress physiology, biomarkers of disease risk, treatment response, and treatment stratification.

Neuroimaging

Neuroimaging studies that have clinical relevance, longitudinal designs, and/or studies with a built-in replication are encouraged.

— Reporting Guidelines

- Please refer to '[Best practices in Data Analysis and Sharing in Neuroimaging using MRI](#)' (COBIDAS)
- Please also see the Editors' Note: [What the Journal of the American Academy of Child and Adolescent Psychiatry is looking for in Neuroimaging Submissions](#)'
- We recommend you also use the [Journal's checklist for preparing neuroimaging submissions](#).

Nosology, Measurement, Epidemiology, Developmental Psychopathology, Longitudinal

Studies that study child mental health nosology and measurement, and the epidemiology of mental health problems in children. Longitudinal studies of the development of mental health problems in children are particularly encouraged.

— Reporting Guidelines

- Observational studies: [STROBE](#)
- Studies of diagnostic accuracy: [STARD](#)
- Predictive modeling: [TRIPOD](#)
- Qualitative and mixed methods studies: [ENTREQ](#), [COREQ](#), [GRAMMS](#), [Guidelines for Conducting and Reporting Mixed Research in the Field of Counseling and Beyond](#)
- Measurement: [COSMIN](#), [Recommendations for reporting the results of studies of](#)

[instrument and scale development and testing](#), [GRRAS](#)

Treatment

Studies reporting on the clinical practice of child mental health, including those examining pharmacological treatments, therapies, or preventive interventions. Studies examining moderators and mediators of treatment outcomes as well as predictors of outcome are also encouraged.

Clinical trial registration information will be requested during the manuscript submission process. If included in the text, the registration number should be concealed to preserve author anonymity (eg, NCT00xxxxxx).

Manuscripts should be consistent with the study's registration, including clear identification of primary and secondary outcomes as well as a priori and post-hoc analyses. Differences between the original study's registration, such as number of participants in the study, should be described and explained. Authors should be mindful of the risk of spin, ("[T]he use of specific reporting strategies, from whatever motive, to highlight that the experimental treatment is beneficial, despite a statistically nonsignificant difference for the primary outcome, or to distract the reader from statistically nonsignificant results (Jellison et al., 2019 <https://pubmed.ncbi.nlm.nih.gov/31383725>),") in reporting and interpreting study results.

Manuscripts reporting the results of clinical trials must include a data sharing statement that is consistent with [ICMJE standards](#).

— Reporting Guidelines

- Nonrandomized trials: [TREND](#)
- Guidelines for randomized clinical trials: [CONSORT](#)
- Qualitative and mixed methods studies: [ENTREQ](#), [COREQ](#), [GRAMMS](#), [Guidelines for Conducting and Reporting Mixed Research in the Field of Counseling and Beyond](#)

Services/Dissemination and Implementation

Studies using large administrative datasets to describe practice patterns and costs of care, multi-site studies of clinical practice, the effectiveness of interventions in real-world settings, economic evaluations of interventions, and interventions to improve the dissemination and implementation of evidence-based treatments are of particular interest. The *Journal* does not consider program evaluations or single-site studies of clinical services.

— Reporting Guidelines

- Observational studies: [STROBE](#)
- Observational studies using routinely collected health data: [RECORD](#)
- Nonrandomized trials: [TREND](#)
- Randomized clinical trials: [CONSORT](#)
- Economic evaluation: [CHEERS](#)
- Qualitative and mixed methods studies: [ENTREQ](#), [COREQ](#), [GRAMMS](#), [Guidelines for Conducting and Reporting Mixed Research in the Field of Counseling and Beyond](#)

Reviews and Meta-Analyses

All review and meta-analysis articles must be approved by the editors in advance of submission. At least 1 author of the review is expected to have made substantive previous contributions to the topic that is the focus of the review. Inquiries about potential topics are welcome at support@jaacap.org, as applicable. Please include an abstract, brief summary, or outline/precis of the proposed review along with a full list of the authors and their substantive contributions to the topic that is the focus of the review. This should include a list of at least 2 peer-reviewed publications in the area that is the focus of the review.

Review articles should provide a critical assessment of the literature and include the search and selection criteria for data sources. Articles that use formal methodology to compare and synthesize data (eg, systematic reviews with

meta-analysis) are strongly encouraged. *JAACAP* rarely considers scoping reviews. Authors should strive to make their reviews as current as possible; ideally the literature search should be completed within 6 months of the date of submission, but there may be exceptions to this (for instance, for systematic review including unpublished data that require time to be gathered). Topics should be of interest to child and adolescent mental health professionals and the content of the review should be both instructive and engaging. Authors are encouraged to go beyond the simple summary and listing of clinically relevant data, to be critical (eg, commenting on methodology, emphasizing those studies that deserve more attention because they are particularly well-designed), and to provide suggested strategies for diagnosis, prognosis, treatment, or prevention. Suggesting concrete next steps for research or policy are welcome and encouraged but should not extend beyond the data reviewed.

Authors conducting systematic reviews and meta-analyses are strongly encouraged to register their review with [PROSPERO](#), other public repositories, or institutional websites. The protocol ID registration should be concealed in the text to preserve anonymity of the authors, eg: PROSPERO ID: XXXXX, but provided upon request during the submission process and noted in the cover letter. **Systematic reviews and meta-analyses are required to be registered with PROSPERO.**

Protocol for All Systematic Reviews and Clinical Trials

We believe that for editors and reviewers to properly peer review a submission involving systematic reviews and interventional studies, as well as for readers to thoroughly interpret an article, a redacted version of the study pre-registration or a redacted version of the full protocol, must be provided.

Preregistrations or protocols for clinical trials should include all 24 data elements required by

the WHO and ICMJE (<http://prsinfo.clinicaltrials.gov/trainTrainer/WHO-ICMJE-ClinTrialsgov-Cross-Ref.pdf>).

Prospective preregistration of clinical trials, systematic reviews, meta-analyses is required.

Authors must upload this material as a supplemental file with identifying information redacted. It will be available to the editors and reviewers during the peer review process and, if your manuscript is accepted, a link to the preregistration will be included in the published article.

Authors are also required to adhere to [PRISMA](#) reporting guidelines (see Reporting Guidelines) and PRISMA-extensions when relevant. Systematic reviews and meta-analyses should include a completed PRISMA flowchart (in the main text or supplemental material) and PRISMA checklist in the manuscript's supplementary materials, as well as a list of papers excluded from the review, after reading the full text, with reason for exclusion, in the supplemental material, as per the [AMSTAR-2](#).

Reviews and meta-analyses should be no longer than 5,000 words with ≤ 100 references. Requests to include additional references may be considered on a case-by-case basis, with particular consideration for systematic reviews as well as meta-analyses when the extant literature being reviewed is large.

For all review articles and meta-analyses, the table describing the included studies should include a column that summarizes each of the sociodemographic characteristics of each study as reported in the original research. If possible, comment upon the sociodemographic characteristics of the included studies and the implications for the findings of the review or meta-analysis to diverse and minoritized populations.

Note: JAACAP indexes meta-analyses as original research.

Titles

Review articles and meta-analyses should be titled with the type of review at the beginning of the title, followed by a colon, and then the topical article title. Titles that do not conform to this format will be updated prior to publication. Examples:

- *Review: Trends, Safety, and Recommendations for Caffeine Use in Children and Adolescents*
- *Systematic Review and Meta-Analysis: Anxiety and Depressive Disorders in Offspring of Parents With Anxiety Disorders*

Quality Improvement

Quality Improvement manuscripts report on projects that evaluate initiatives designed “to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare; SQUIRE 2.0)”, specifically child and adolescent mental health services. Manuscripts that report on projects utilizing experimental or quasi-experimental methods (e.g., randomized trials, stepped-wedge designs, controlled before-after studies, interrupted time series) to evaluate quality improvement initiatives are eligible for consideration by the Journal. Such methods are typically employed as part of a cyclical process for introducing new approaches to improving care such as Plan-Do-Study-Act (PDSA). It is generally expected that multiple improvement cycles are demonstrated as part of the overall quality improvement effort. The Journal does not consider program descriptions or program evaluations without systematic, methodologically rigorous evaluation of improvement processes.

Authors are required to adhere to [SQUIRE 2.0 reporting guidelines](#) (see Reporting Guidelines) and should include a SQUIRE 2.0 checklist in the manuscript's supplementary materials. Authors are strongly encouraged to address structural

and structural and social drivers/determinants of health in their manuscripts.

Inquiries about submitting a Quality Improvement manuscript should be sent to support@jaacap.org. Authors should provide documentation of IRB approval, IRB exemption, or approval by an institutional quality improvement committee or institutional officer authorized to approve such projects. Written consent is required when a patient case is used illustratively in the submission, even when identifying information is changed. Please see Case Material, below, for further details.

Quality Improvement manuscripts should be no longer than 3,000 words with up to 5 tables or figures and up to 40 references. Submissions should include a structured abstract of up to 250 words. One of the tables and figures should be a Key Driver Diagram, annotated/before-after process map, or other similar graphic representing the authors' theory of change. Both the manuscript and abstract must be formatted with sections entitled as follows: Objective, Method, Results, Conclusion. Please see the Manuscript Preparation section of this Guide for further details.

Several tools are available to help you determine if your project meets the standard definition for quality improvement (see, for example, <https://research.cuanschutz.edu/comirb/home/info/QI-PE>). A key distinction between quality improvement and research is the project's goals. In quality improvement projects, the goal is to improve quality of care in a specific (local) clinical setting (e.g., clinic, hospital, health system). In research, the goal is to develop generalizable knowledge. Other helpful resources in developing quality improvement projects and preparing manuscripts reporting their results include the following:

- Valleru J, Krishna R, Fristad MA. Systemic Approach to Successful Quality Improvement in Behavioral Health. Evidence-Based Practice in Child and Adolescent Mental

Health. 2019;4(4):344-56. doi: 10.1080/23794925.2019.1685417.

- Hunt DF, Dunn M, Harrison G, Bailey J. Ethical considerations in quality improvement: key questions and a practical guide. *BMJ Open Quality*. 2021;10(3):e001497. doi: 10.1136/bmjopen-2021-001497.
- Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. *BMJ Quality & Safety*. 2016;25(12):986-92. doi: 10.1136/bmjqs-2015-004411.

Registered Reports

Registered Reports are a form of empirical article in which the methods and proposed analyses are preregistered and reviewed prior to research being conducted. Authors submit their research question, hypotheses, study methods and analytic plan prior to the commencement of data collection (in the case of intervention research and most other studies) or prior to the commencement of data analysis (in the case of secondary analysis of existing data). This is also known as Study Preregistration. The goal of publishing Registered Reports is to increase the overall quality of the research literature by ensuring that papers by investigators who commit to conducting hypothetical-deductive research are published regardless of the ultimate study results. Registered Reports are open to studies using a variety of empirical designs including clinical trials and observational studies. The Journal does not preregister systematic reviews and meta-analyses. All Registered Report submissions must be approved by the editors in advance of submission. Study preregistrations for which the *Journal* has issued an in-principle acceptance are [published](#); study progress is also [tracked and published](#). Inquiries about potential topics are welcome at support@jaacap.org. See [Registered Reports Guide](#) for additional information.

Translations

Translations are articles that bridge gaps between child and adolescent mental health and other scientific and professional disciplines. The series brings expertise, knowledge, and perspectives from outside day-to-day practice, promoting an exchange of information and ideas between clinicians, scientists, experts, and policymakers. Translations put academic, scientific, and empirically derived information into a context and language that is broadly accessible and relevant to those involved with the care of children and adolescents with mental disorders. Inquiries about submitting a Translations manuscript should be sent to support@jaacap.org, as applicable. Translations should be no longer than 1,500 words with ≤9 references.

Clinical Perspectives

Clinical Perspectives shed new and focused light on the clinical and preventive practice of child and adolescent mental health. A Clinical Perspectives submission should prompt readers to look at problems, controversies, or tenets of the care of children and adolescents with mental disorders from a new vantage point and provide specific, actionable guidance for clinical and/or preventive work. Clinical Perspectives often focus on a population or clinical topic that may be overlooked, or provide thoughtful, innovative insights into specific populations or clinical topics, and are expected to include actionable recommendations or guidance that can have a direct, practical effect on practice. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts. Although citations may be included to provide support, Clinical Perspectives are not intended to provide a comprehensive review of existing literature. A Clinical Perspectives will not necessarily relate to articles within the same issue but could represent responses or reactions to articles published earlier. Inquiries about submitting a Clinical Perspectives manuscript

should be sent to support@jaacap.org. Written consent is required when a case is used illustratively in the submission, even when identifying information is changed. Please see Case Material, below, for further details. Clinical Perspectives should be no longer than 1,500 words with ≤9 references.

Please review the following closely.

These recommendations are based on common issues that authors must grapple with in preparing a Clinical Perspectives manuscript for consideration by *JAACAP*, and may or may not directly relate to your proposal:

1. A substantial minority of proposals/outlines that are potentially promising for Clinical Perspectives suggest prospective authors do not have close familiarity with this section of the *Journal*. Please consider reading a number of recent Clinical Perspectives published in the *Journal* prior to working on your submission, so you have an understanding of the format, style, and the focus.
2. The word limit is 1,500 words. Many proposals and outlines we have received cover too much material to be contained in 1,500 words, so please ensure that you sufficiently focus your submission on a specific topic that can be adequately covered in 1,500 words.
3. Most proposals and outlines suggest that the submission will be covering extensive introductory and background material. Given the word limit, and because in most cases the clinical introduction/background is already well established, please ensure that in your submission the background and introductory material is very concisely presented, so that you can then sufficiently focus on presenting novel, actionable guidance, and clinical recommendations. A good rule of thumb is the introduction/background section should be

approximately 25% of the manuscript and no more than 33%.

4. The peer review process that ultimately determines acceptance or rejection will involve an assessment of whether the recommendations are sufficiently novel and clinically actionable, so this should be the focus of the submission.
5. Calls for "advocacy" and "research" are not expected, and if included, should be meaningful and actionable. Boilerplate calls for more advocacy and more research are not necessary or helpful. If you believe there should be more advocacy or more research in this area, the reader should have an understanding of how to advocate, or any potential research is constructively explained.

Editorial

Editorials are invited submissions that comment on full-length articles published in the same issue, putting them into context within the larger frame of pediatric mental health and related literature. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts. Editorial submissions are 750-1,200 words with ≤9 references.

Commentary

Commentaries provide an opportunity for analysis and critical reflection on issues relevant to pediatric mental health in keeping with the mission and scope of the *Journal*. At least 1 author is expected to have made substantive contributions to the topic that is the focus of the Commentary; the author with the greatest expertise on the topic that is the focus of the Commentary should be the first author of the manuscript. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts. Commentary submissions are 750-1,200 words with ≤9 references.

Reflections (formerly Attachments)

Reflections are nonfictional narratives about experiences in the field of pediatric mental health, including but not limited to clinical experiences. Reflections should be no longer than 800 words with a single author. Citations are not required, unless quoting or otherwise using another person's work. Written consent is required when a case is used illustratively in the submission, even when identifying information is changed. Please see Case Material, below, for further details. To ensure the diverse participation of the mental health professional community in sharing their experiences, individuals may author only one Reflections within a 3-year period of time.

Media Forum (formerly Book Forum)

Media Forum submissions need to be approved by the Media Forum Assistant Editors. Inquiries are welcome at support@jaacap.org. In general, a media review engages with the narrative and the argument of the media, extracting useful, interesting, and/or provocative themes and points of view. It then discusses critically, providing an incisive description of the media's strengths, weaknesses, and utility. When relevant, it considers how the media affects practice, interventions, how clinicians speak with patients, etc. Media Forum submitters should feel free to use a structured or an unstructured format and to use examples and quotations from the media. Media Forum submissions are 900-1,200 words and should include cover letter, title page, and anonymized review.

Media for review should be sent to Misty Richards, MD, MS, UCLA Semel Institute for Neuroscience & Human Behavior, 760 Westwood Plaza, Semel 48-259, Los Angeles, CA 90024, and/or Justin Schreiber, DO, MPH, FAAP, Lawrenceville Medical Building, 4117 Penn Avenue, 3rd floor- 3111, Pittsburgh, PA 15224. Correspondence to Misty Richards, MD, MS: misty.richards@gmail.com and/or Justin Schreiber, DO, MPH, FAAP:

schreiberj@upmc.edu. Not all media received can be reviewed. Media are received with the understanding that reviewers selected by the editor write their independent critical appraisals of the media's content and presentation. See [the Media Forum Guide](#) for additional information.

Letters to the Editor and Empirical Letters to the Editor

JAACAP invites reader comments on published articles, case reports, and brief summaries of original research, as well as issues of concern and interest to child and adolescent mental health. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts.

Letters commenting on published articles must be received within **6 months** of online publication of the original article. Letters received after the deadline will not be considered for publication. Letters commenting on published articles should be based on sound scholarship, respectful, and meaningfully add to the discourse regarding the topic of the original article. It is often helpful to structure such letters as a query for authors, starting with a statement such as "I read with interest author *et al.*'s study of...", continuing with a very brief summary of the study, and then framing the comment as a question to the author with scholarship to support the query.

Case reports may be submitted but must follow [CARE Guidelines](#). Written consent is required when a case is used illustratively in the submission, even when identifying information is changed. Please see Case Material, below, for further details.

JAACAP occasionally publishes letters reporting the results of original research and quality improvement projects when they address an important clinical, policy, or research issue and provides preliminary insight into the issue that is otherwise not well addressed in the literature. The study methods should be straightforward

enough that the shorter format will not limit providing a solid overview in the body of the letter.

Like all other submissions, letters will be peer reviewed. The editor reserves the right to solicit and publish responses from the authors of published articles and from others in response to letters; the author(s) of the original letter waive(s) the right to review or respond to those responses. If a response is expected for a letter to the editor, submissions will be held until all are complete. JAACAP will acknowledge receipt of letters but reserves the right to decide not to publish the letter. Letters should be anonymized and no longer than 750 words with ≤5 references.

Titles

Titles of letters to the editor on the same topic and letter / author exchanges may be standardized.

- Letter 1: *Trends, Safety, and Recommendations for Caffeine Use in Children and Adolescents*
- Letter 2: *Trends, Safety, and Recommendations for Caffeine Use in Children and Adolescents*
- Letter 3: *Trends, Safety, and Recommendations for Caffeine Use in Children and Adolescents – Authors' Reply*

Children and Youth Artwork

JAACAP welcomes original artwork by children, adolescents, and young adults. The art may be an expression of mental health challenges, fun images, comics, or scenes from everyday life.

Submissions accepted for publication may be eligible for a one-time \$75 honorarium to the artist or guardian.

Instructions:

- Artwork files must be high-resolution (at least 300 dpi) and provided as a .jpg, .png, .tiff, or .pdf
- Include a brief description of the art, its inspiration, and a short bio about the artist

(without including any personal health information). No more than 250 words.

- Complete the [release form](#). Please note that the release form must be completed by the artist (if over 18 or older) or the artist's parent or guardian.
- Submit online or email materials to support@jaacap.org.

AACAP Official Action

JAACAP publishes certain official actions of the [American Academy of Child and Adolescent Psychiatry](#), including presidential addresses, practice guidelines, and memorials. Articles of this nature do not undergo peer review but are published as approved by AACAP. The AACAP Committee on Quality Issues welcomes comments on the guidelines and their applicability to clinical practice. Suggestions about topics for future guidelines are also welcome. Please direct all comments/suggestions to the AACAP Clinical Practice Department at 202.966.7300 or clinical@aacap.org.

Editorial Policies and Ethical Considerations

Please note the following important policies when drafting your manuscript.

Diversity, Disparities, Minoritization, Inclusivity, Social Justice, and Health Equity

Given the importance of structural and social drivers/determinants of health in shaping the risk for and development of mental health problems among children and adolescents and how crucial it is to address them in treatment, service system design, and policy, authors are strongly encouraged to assess, analyze, and discuss the implications of their research from the perspectives of diversity, disparities, minoritization, inclusivity, social justice, and

health equity. Authors may find it helpful to use the [Checklist for Reporting of Race and Ethnicity in Medical and Science Journals](#) modified from JAMA (adapted with permission from American Society of Nephrology). Authors, peer reviewers, and editors will be asked to reflect on how structural and social drivers/determinants of health are addressed in the manuscript.

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 (eg, 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.

Use of Inclusive Language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing that might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, educational status, intelligence, sexual orientation, gender identity, disability, or health condition; and use inclusive language throughout, including the article's title. Refer to resources such as the [AMA Manual of Style, 11th Edition](#), and the [United Nations Guidelines on Gender Inclusive Language in English](#). Such guidelines and those provided in this document are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

In addition:

- The *Journal* recommends the use of 'masked' or 'anonymized' instead of 'blinded.'
- Verify 'person-first' language throughout the text, eg, replace "asthmatic person" with "a person with asthma."
 - Given the preferences of many individuals with autism spectrum disorders, it is acceptable to use 'identity-first' language, i.e., "autistic person."
- Verify the correct use of the following terms/categories throughout the text, as defined below.
 - Case: a particular instance of a disease
 - Patient: a particular person under medical care
 - Research Participant (preferred to subject): a person with a particular characteristic or behavior, or a person who undergoes an intervention as part of a scientific investigation.
 - Control Participant: a person who does not have at least some of the characteristics under study, or does not receive the intervention, but provides a basis of comparison with the case patient

Note: In case-control studies, it is appropriate to refer to cases (when referring to a particular instance of a disease), patients in the case group, or case patients; and controls, participants in the control group, or control patients.

In general, a case is evaluated, documented, and reported; a patient is examined, undergoes testing, and is treated; and a research participant is recruited, selected, sometimes subjected to experimental conditions, and observed.

Originality/Divided Publication

Divided Publications The authors must certify that their article is original, has been written by the stated authors, has not been published

previously, and is not under consideration for publication by another journal. These and other warranties are attested to at the time of submission.

In addition, submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint - see [publishing ethics](#)); that it is not under consideration for publication elsewhere; that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out; and that, if accepted, it will not be published elsewhere, including electronically in the same form, in English or in any other language, without the written consent of the copyright holder. Each publication should report enough new data to make a significant and meaningful contribution to the development of new knowledge or understanding, and therefore, *JAACAP* does not accept small amounts of data from the same study or research project. When data from a study are reported in more than one publication, the author(s) should note in the cover letter and in the submission itself when and where parts of the sample have been published before or are being submitted concurrently (at *JAACAP* or elsewhere). This includes data on any of the same participants that have been published, are in press, have been submitted elsewhere, or are in preparation, regardless of authorship. The authors should directly address the relevance of this new submission in light of these other publications and why this submission warrants independent publication. Published manuscripts from the same project that are closely related to the submission or contain key methodological descriptions must be cited in the manuscript, and copies of them must be included at the time of submission (files are anonymized to reviewers).

Authorship

To qualify for authorship in *JAACAP*, each author must have made a significant contribution to the

conception or completion of the manuscript and be willing to share the responsibility for the content of the manuscript. Specifically, each of the authors must have made a direct and substantial contribution to the following areas:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

These guidelines are based on the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#). In addition to being accountable for the parts of the work done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged upon submission of the manuscript and on the title page. If the manuscript is accepted, these persons' names and employer(s) will appear in the acknowledgments section of the manuscript in print and online.

Authors should strive to ensure that the author list is accurate and complete prior to manuscript submission. Post-submission changes to authorship require approval from all parties, including all existing authors and any authors to be added or removed. This process may delay submission processing.

JAACAP endorses the [CRediT taxonomy](#) of contributor roles and encourages authors to use this taxonomy when providing an Author Contribution section for research and other applicable article types. The taxonomy is available in Editorial Manager when adding authors. If provided, contributor roles will be published in accepted articles.

JAACAP embraces Elsevier's [inclusive author name change policy](#). Elsevier supports 'invisible' author name changes for transgender authors and other authors with a strong need for privacy, in accordance with the [principles](#) informing the Committee on Publication Ethics' working group. To arrange a name update, please provide the current name details and list of published journal articles to namechange@elsevier.com.

Authors are encouraged to add their unique ORCID identifier to their user profile. If provided, ORCID identifiers will be published in accepted articles. If you don't already have an ORCID identifier, register now at <https://orcid.org/>.

Case Material

Patient anonymity must be protected and any identifying information omitted (including but not limited to name, address, chart number, and date of birth). Any submission that has not been approved by an Institutional Review Board or Quality Improvement Committee or Officer but that includes patient information (such as clinical case presentations, clinical images, or case studies) requires the parent/guardian's signed permission for publication and the child's written assent (if the child is able). A copy of this written assent is required at the time of submission. A form for written assent is available at <https://jaacap.org/forms>.

Ethics and Misconduct

Scientific misconduct includes fabrication, falsification, and plagiarism with the intent to deceive by the authors. Honest error or differences in interpretation are not considered misconduct. Breaches of publication ethics

include but are not limited to: failure to reveal financial conflicts of interest; omitting a deserving author or adding a noncontributing author; misrepresenting publication status in the reference list; self-plagiarism without attribution; duplicate or redundant publication; and inclusion of one or more sentences verbatim from another source without citing the original source and putting the sentence(s) in quotation marks.

JAACAP takes seriously its responsibility to ensure scientific integrity and will pursue any allegations of misconduct. In membership with the Committee on Publication Ethics (COPE), the JAACAP editors adhere to the [COPE Core Practices](#). Suspected misconduct and/or allegations of academic dishonesty, including plagiarism, duplicate, and redundant publication will be managed according to COPE recommendations and guidance.

Manuscripts may be screened with iThenticate as part of the [CrossCheck initiative](#) to detect and prevent plagiarism.

JAACAP is published by Elsevier Inc. For more information on ethics in publishing and ethical guidelines for journal publication, see [publishing ethics](#) and [policies and ethics](#).

Clinical Trial Registration

In accordance with ICMJE guidelines, JAACAP requires the registration of clinical trials in a public trials registry at or before the time of first patient enrollment as a condition of consideration for publication. A clinical trial is defined as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. ICMJE accepts registration in any registry that is a primary register of the [WHO International Clinical Trials Registry Platform \(ICTRP\)](#) or in [ClinicalTrials.gov](#), which is a data provider to the WHO ICTRP. The clinical trial registry website and the clinical trial number must be included at the

end of the "Conclusion" section in the abstract (this information will not count toward the word limit). Example: Trial Title; <https://clinicaltrials.gov>; NCT00xxxxxxx. This information must also be provided in the manuscript submission system upon submission.

Protocol for All Systematic Reviews and Clinical Trials

We believe that for editors and reviewers to properly peer review a submission involving systematic reviews and interventional studies, as well as for readers to thoroughly interpret an article, a redacted version of the study pre-registration or a redacted version of the full protocol, must be provided.

Pre-registrations or protocols for clinical trials should include all 24 data elements required by the WHO and ICMJE (<http://prsinfo.clinicaltrials.gov/trainTrainer/WHO-ICMJE-ClinTrialsgov-Cross-Ref.pdf>).

Prospective preregistration of clinical trials, systematic reviews, meta-analyses is required.

Authors must upload this material as a supplemental file with identifying information redacted. It will be available to the editors and reviewers during the peer review process and, if your manuscript is accepted, a link to the preregistration will be included in the published article.

AI and AI-assisted Technologies

The use and declaration of AI and AI-assisted technologies in scientific writing

The submission and publication of content created by artificial intelligence (AI), language models, machine learning, or similar technologies is discouraged, unless part of formal research design or methods, and is not permitted without clear description of the content that was created. Where authors use artificial intelligence (AI) and AI-assisted technologies in any aspect of the work being

reported in the submission and/or the development of submission materials, authors should:

- Only use these technologies to improve readability and language, not to replace key researcher tasks such as interpreting data or drawing scientific conclusions.
- Apply the technology with human oversight and control, and carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased.
- Not list AI and AI-assisted technologies as an author or co-author or cite AI as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in [Elsevier's AI policy for authors](#).
- Disclose in their manuscript the use of AI and AI-assisted technologies by following the instructions below. A customized statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.
- **Note:** Peer reviewers should not use AI or AI-assisted technologies to review a paper. Reviewers should not upload the submitted manuscript or their peer review report into any AI tool as it may violate the authors' confidentiality and proprietary rights, and where the paper contains personally identifiable information, may breach data privacy rights. Read more in the [Guide for Reviewers](#).

Disclosure instructions

Authors must disclose the use of AI and AI-assisted technologies in any aspect of the work being reported in the submission and/or the development of submission materials. A question during the submission process will prompt authors to disclose and share any relevant information. This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

Neuroscience-based Nomenclature Child & Adolescent (NbN C&A)

JAACAP encourages authors submitting manuscripts reporting on the psychopharmacological treatment of child and adolescent mental health conditions (including experimental studies, randomized trials, observational studies, and reviews) to utilize the [Neuroscience-based Nomenclature Child & Adolescent](#) (NbN C&A).

Open Access

Please visit our [Open Access page](#) for more information about open access publishing in this journal.

Submission Instructions

Authors are encouraged to read the preparation and submission instructions carefully. Manuscripts that do not conform to these guidelines will be returned to the author for correction before the manuscript is processed. Failure to follow these procedures may result in significant delays in processing your manuscript.

Please submit your manuscript online at <https://www.editorialmanager.com/jaacap>. Submission to *JAACAP* is conducted entirely online, and you will be guided through the process to answer submission questions, provide necessary information, and upload your manuscript files in their original format (eg, Word, Excel, etc.). Do not convert files to PDF. The system automatically converts source files to a single PDF file of the manuscript, which is used in the peer review process. To minimize disruptions when submitting a new manuscript, verify there are no security settings enabled on any files to be uploaded. Editorial Manager will not allow files to be uploaded if protected. Please note that even though manuscript source files are converted to PDF at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including

notification of the editor's decision and requests for revision, is conducted via email.

Previously Reviewed Submissions

JAACAP will conduct a rapid pre-submission review of high-impact manuscripts which have been submitted to and reviewed by another journal. Authors wishing to exercise this option are not required to reformat the article into *JAACAP* format prior to pre-submission, but are required to provide the following: 1) the name of the journal(s) to which the manuscript was previously submitted, 2) the previously submitted manuscript, 3) the complete decision letter(s) received from the journal to which the manuscript was previously submitted, including all previous reviews, 4) and a letter detailing how the authors intend to respond to these reviews. Submit your request to support@jaacap.org. *JAACAP* will respond to your request in 7-10 business days.

If you are invited to submit your manuscript for rapid review, you will be asked to revise your manuscript as you planned (with possible additional recommendations from the Editors), format the manuscript according to *JAACAP* guidelines, and submit it via Editorial Manager. You should include in your cover letter the statement that the manuscript was approved for submission as part of *JAACAP*'s rapid review process. Your manuscript will then undergo an expedited review focused on your implementation of planned and recommended revisions. *JAACAP* will complete this review in 10-15 business days.

Requests will be considered based on the following criteria:

- Did the authors receive reviews from a high-impact journal?
- Is the topic of relevance to *JAACAP*?
- Does the quality of the reviews meet *JAACAP* standards?
- Does the quality of the writing meet *JAACAP* standards?

- Are the research methods sound (and any flaws addressable in a revision)?
- Is the authors' proposed response to the reviews on target?

Submission Questions

Upon online submission of the manuscript using Editorial Manager, the corresponding author is required to confirm:

- that the submitted article is original, has been written by the stated authors, has not been published previously (except in the form of an abstract, as part of a published lecture or academic thesis, or as an electronic preprint), and is not under consideration for publication by another journal.
- that the manuscript's publication has been approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out.
- that all organizations that funded the research are mentioned in the Acknowledgments section of the manuscript, including grant numbers where appropriate, and that a disclosure/conflicts statement is included for every author.

In addition, the corresponding author must address whether any of the content of the manuscript has been written or edited by anyone other than those individuals listed as an author on the submission. If there is an additional contributor, the individual's name and employer should be listed. If the individual's participation was supported by a third party, such as the study sponsor, this must be explicitly stated. If the manuscript is accepted, this information will be published in the acknowledgements section of the article. The corresponding author must also confirm that any tables and figures submitted with the manuscript are original and that the author(s) is the copyright holder, or that permission has been obtained from the copyright holder. Costs associated with obtaining permission to reuse material are the

responsibility of the author. More information regarding copyright can be found [here](#).

DEI Questionnaire

Inclusion and diversity are at the heart of the way we work, think, and run our editorial operations. We are committed to making a difference in the realm of academia and publishing. With this in mind, we would like to assess inclusion and diversity initiatives and their impact, and need information about our authors and about your practices.

We launched an initiative in 2022, modeled after a similar program developed by [Cell Press](#). Corresponding authors are asked to complete an inclusion and diversity questionnaire in Editorial Manager. **The information provided in this form will not have any influence on the scientific consideration of your paper and will not be shared publicly, although it may be evaluated in aggregate with information from other submissions.**

The purpose of this inclusion and diversity initiative is similar to existing practices in publishing, such as declaration of interests, author contributions, and data and code availability. The form encompasses a wide variety of aspects, including research methodology, sample selection, and (co-)author profiles. **Based upon the answers you provide, you will have the option to include an inclusion and diversity statement in your paper.** By adding a statement to your paper you would have the opportunity to increase transparency, raise awareness concerning inclusion and diversity in the world of academia, and highlight your publication as a best practice example. If you do not wish to participate or publish such a statement alongside your paper, you may indicate this preference in the questionnaire.

Data Sharing

Manuscripts reporting the results of clinical trials must include a data sharing statement that is consistent with [ICMJE standards](#). **All New**

Research manuscripts are required to provide a data sharing statement. While not required, data sharing is strongly encouraged. Specific questions regarding the sharing of data are included in the manuscript submission system.

Corresponding Author

According to ICMJE guidelines, the corresponding author is the individual who takes primary responsibility for communication with *JAACAP* during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from *JAACAP* for data or additional information should questions about the article arise after publication.

Corresponding authorship is limited to individuals who qualify for and are listed as authors on the manuscript. The responsibility of serving as the corresponding author must remain with an assigned author and cannot be delegated to a third party or non-author individual. Author profiles in Editorial Manager must include appropriate contact information; third-party contact information, such as email addresses, will not be accepted. This policy is intended to protect *JAACAP* and authors.

Corresponding authors must be in active communication with all individuals listed as co-authors and have up-to-date contact information for all parties. Co-authors will be contacted individually throughout the submission and review process and should be prepared to verify co-authorship and respond to queries as needed.

Failure to verify co-authorship or respond to queries will delay manuscript processing.

By electing to approve and finalize the submission of a manuscript as the corresponding author, the author's acknowledgment and acceptance of the following responsibilities is assumed: (1) act as the sole correspondent with the Editorial Office and the publisher, Elsevier, on all matters related to the submission, including review and correction of the typeset proof; (2) assurance that all individuals who meet the criteria for authorship are included as authors on the manuscript title page, and that the version submitted is the version that all authors have approved; and (3) assurance that written permission has been received from all individuals whose contributions to the work are included in the Acknowledgments section of the manuscript, with the exception of individuals that are listed in their capacity as members of a research group.

Corresponding Author Checklist

Prior to beginning a submission, we strongly encourage the corresponding author to discuss the following with their co-author team and collect relevant information:

- **Financial disclosures:** discuss *JAACAP*'s policy and collect a financial disclosure statement from each author.
- **DEI Initiative:** discuss *JAACAP*'s inclusion statement initiative (see DEI Initiative above) and decide as a team whether or not to participate and how to respond to the outlined queries.
- **Authorship attribution:** discuss each individual's contributions to the effort and how contributions will be denoted using the CRediT taxonomy or another system of recognition.
- **Contact information:** discuss how the team will communicate. It is imperative that the corresponding author be in active communication with and able to reach all co-authors throughout the submission, peer review, and production process.

Prior to beginning a submission, the corresponding author should prepare to provide the following information:

- A running head (an abbreviated form of the main title) of 40 or fewer characters and spaces
- A structured abstract (where applicable)
- A region of origin for the manuscript
- A word count (including the title page, abstract, text, references, tables, figures, and figure legends)
- Five key words or terms. For optimum discoverability, use [MeSH vocabulary](#).
- The name(s) of the study's statistical expert(s), if used
- Clinical trials registration information (where applicable)
- A Plain Language Summary (PLS) explaining your research/work in clear, simple terms for non-specialists. Use [our downloadable guide](#) to learn more and draft your PLS.
- Answers to submission questions described above.
- Published articles or "in press" manuscripts that are closely related to this submission or contain key methodological descriptions.
- Additional components (optional at initial submission but may be requested/required at revision):
 - Three to four bullet points of clinical guidance that can accompany the manuscript, if published. While not required for submission, the inclusion of clinical guidance will be strongly encouraged if the manuscript is accepted. These points may be conceptualized as answers to questions such as:
 - What was the clinical question behind the study?
 - What did you learn about this clinical question from your study?
 - What would you tell clinicians they should do as a result?

- If you feel you cannot yet tell clinicians to do something specific, what would need to happen before you could do so?
- A clinical vignette of 350-500 words that can accompany the manuscript, if accepted. Clinical vignettes are required components of Case Conferences but may accompany all submission types. For New Research submissions, vignettes may be constructed from case notes, qualitative information, or recollections of interactions with research participants by the project team. While not required for submission, the inclusion of a clinical vignette will be encouraged if the manuscript is accepted. A statement of consent and/or assent should be included with case reports and vignettes as appropriate.

Manuscript Preparation

Authors are encouraged to follow the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#); this is the format used in PubMed/MEDLINE. They should strive for a concise article that is unencumbered by excessive detail.

- Manuscripts must conform to standard English usage and are subject to editing in conformance with JAACAP policies. For reference, authors may consult the *AMA Manual of Style, 11th edition*.
- All text files must be prepared using Microsoft Word, double-spaced with Times New Roman 12-point font.
- After the title page, number pages consecutively throughout; do not enable line numbering.
- Other than on the title page, anonymizing is the responsibility of the author.

- All files (cover letter, title page, anonymized manuscript file, figures, and supplementary materials) must be uploaded separately during the submission process.
- Authors are encouraged to use the journal's [template title page](#).
- Files should be labeled with appropriate and descriptive file names.
- Acronyms must be spelled out on first use in text, and where used in tables or figures, in each of their legends.
 - Acronyms should be used sparingly. In general, acronyms should only be employed when a term is used more than 3 times in an abstract and 8 times in a manuscript's narrative text. Acronyms should be used for no more than 3 terms in a single article.
- Use the generic term for a drug. When it is necessary to refer to the proprietary name, list it in parentheses after the generic term, followed by the register mark (®).
- When using direct quotations, cite the page number for the quotation along with the source in the reference list.
- The manuscript file should be uploaded in its native format, such as .doc. Do not upload any text files as .pdf.
- Follow internationally accepted rules and conventions; use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Language

Manuscripts should be written in English, and American usage is preferred. Manuscripts with serious deficiencies in English may be returned without review. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use a professional editing service, such as the English Language Editing service available from [Elsevier's WebShop](#). JAACAP does not endorse any such services. Use of an editing

service has no bearing on the editor's ultimate decision.

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