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CHILD & ADOLESCENT
PSYCHIATRY
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Guide for Authors

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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 Open* is a peer-reviewed, open-access journal of the American Academy of Child and Adolescent Psychiatry that aims to provide outstanding peer review and efficient dissemination of articles to our global readership. Building on the values and prominence of its companion journal, *JAACAP Open* promotes dissemination of scientific work from a broad array of original hypothesis-testing and hypothesis-generating, and mixed methods investigations, meta-analyses, reviews, and preregistered reports in domains relevant to child, adolescent, and family mental health such as basic, translational, clinical, epidemiologic, health policy, population science, and global health research.

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 Open 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
Study Protocol and Methods Advancement	Empirical article in which methods of study protocols, methodological innovations, and/or proposed analyses are presented prior to reporting of results	Unlimited word count, number of references, and tables and figures; structured abstract, key words required
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
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
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
Note: Word count includes the main body of text (ie, not abstracts, tables, figures, or references). **[a]Submissions must be approved by the editorial office.** **[b]Invited authors only**		

General Guidance

- All new manuscripts must be submitted online at https://www.editorialmanager.com/jaacapopen.
- Except where explicitly stated, *JAACAP Open* 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 josupport@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 Open* 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, NCT00xxxxxxx).

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 josupport@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 Open* 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 preregistration 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 Open* 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*

Study Protocol and Methods Advancement

Study Protocol and Methods Advancement are invited empirical articles in which the methods, protocols, and proposed analyses of a study are presented prior to presentation of results. The goal of this article type is to provide researchers with an opportunity to fully describe their research approach and design considerations while trying to achieve their scientific goals. These reports allow methods to be described in sufficient detail to facilitate replication, and to openly share with the scientific community methodological innovations and decision-making. The hope is that this will increase the overall quality of the research literature by ensuring early, direct, and open access to innovative methods and design considerations that might otherwise not be presented or easily accessible due to traditional publishing space limitations and paywalls. Manuscripts can be any length. There are no restrictions on word count, number of figures, or amount of supporting information. However, we encourage you to present and discuss your methods concisely. Study protocol and methods advancement articles are open to studies using a variety of empirical designs including clinical trials, observational studies, and systematic reviews and meta-analyses. Authors should make use of appropriate reporting guidelines when drafting their manuscripts (see Reporting Guidelines). Study Protocol and Methods Advancement articles are invited and will be subject to the same editorial and peer review process as all other articles. The *Journal* will review select and invited protocols of major studies of high relevance to the field. Thus, methodological innovations and design decisions should be well described along with their impact to the field.

Study protocol publication does not constitute preregistration with the *Journal*. Authors are encouraged to first consider whether their studies qualify for preregistration and should follow the guidelines for that submission type.

Inquiries about potential topics are welcome at josupport@jaacap.org. Including an abstract, brief summary, or outline/precis of the proposed article is recommended, along with a full list of authors.

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 josupport@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 josupport@jaacap.org, as applicable. Translations should be no longer than 1,500 words with ≤9 references.

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.

Letters to the Editor and Empirical Letters to the Editor

JAACAP Open invites reader comments on published articles, case reports, brief summaries of original research and quality improvement projects 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 Open 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 Open* 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*

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 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 Open* 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 Open* 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.

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1. Wang G, Hu FB, Mistry KB, et al. Association between maternal prepregnancy body mass index and plasma folate concentrations with child metabolic health. JAMA Pediatr. 2016;170(8):e160845. doi:10.1001/jamapediatrics.2016.0845.

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2. Adkinson NF Jr, Bochner BS, Burks W, et. al, eds. Middleton's Allergy: Principles and Practice. 8th ed. Saunders; 2014.
3. Guyatt G, Rennie D, Meade MO, Cook DJ. Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice. 3rd ed. McGraw-Hill Education; 2015. Accessed August 15, 2016. https://jamaevidence.mhmedical.com/book.aspx?bookID=847

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