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DESCRIPTION

Mission Statement
Advancing the science of pediatric mental health and promoting the care of youth and their families.

Scope
The Journal of the American Academy of Child & Adolescent Psychiatry's (JAACAP) goal is to advance the science and practice of child and adolescent psychiatry by publishing original research and papers of theoretical, scientific, and clinical relevance to the field. JAACAP welcomes unpublished manuscripts whose primary focus is on the mental health of children, adolescents, and families. Submissions may come from diverse viewpoints including but not limited to: genetic, epidemiological, neurobiological, and psychopathological research; cognitive, behavioral, psychodynamic, and other psychotherapeutic investigations; parent-child, interpersonal, and family research; and, clinical and empirical research in inpatient, outpatient, consultation-liaison, and school-based settings. JAACAP also seeks to promote the well-being of children and families by publishing scholarly papers on such subjects as health policy, legislation, advocacy, culture and society, and service provision as they pertain to the mental health of children and families.

About JAACAP
Journal of the American Academy of Child & Adolescent Psychiatry is the flagship journal of the American Academy of Child and Adolescent Psychiatry and is the leading journal focusing exclusively on today's psychiatric research and treatment of the child and adolescent. Published twelve times per year, each issue is committed to its mission of advancing the science of pediatric mental health and promoting the care of youth and their families.

IMPACT FACTOR

2020: 8.829 © Clarivate Analytics Journal Citation Reports 2021
ABSTRACTING AND INDEXING

PubMed/Medline
Current Contents - Social & Behavioral Sciences
Research Alert
Social Sciences Citation Index
BIOSIS Citation Index
Embase
Combined Cumulative Index to Pediatrics
Clinician’s Research Digest

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GUIDE FOR AUTHORS

SCOPE
The goal of the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP) is to advance the science and practice of child and adolescent psychiatry by publishing original research and articles of theoretical, scientific, and clinical relevance to the field. JAACAP welcomes unpublished manuscripts whose primary focus is the mental health of children, adolescents, and their families. Submissions may come from diverse viewpoints including but not limited to: genetic, epidemiological, health disparities, neurobiological, neuroimaging, and psychopathological research; cognitive, behavioral, psychodynamic, and other psychotherapeutic investigations; parent-child, interpersonal, and family research; and clinical and empirical research in inpatient, outpatient, consultation-liaison, and school-based settings. JAACAP also seeks to promote the wellbeing of children and families by publishing scholarly articles on such subjects as health policy, health equity, legislation, advocacy, culture and society, and service provision as they pertain to the mental health of children and families. Finally, JAACAP aims to solicit and disseminate research that addresses the systemic presence of racism and its influence on the health and well-being of Black, Hispanic, Indigenous, and all children of color and their families.

JAACAP generally wishes to receive only manuscripts in which the participants are 21 years of age or younger unless a) the participants are parents or have been followed since childhood; b) the study is about the transition to adulthood and therefore the participants are young adults; c) the study examines preclinical animal models reflective of this same developmental window. Manuscripts that clearly do not fit our format, mission, or publication priorities will be returned without review. All articles considered for publication will undergo peer review.

CALL FOR PAPERS ON THE EFFECTS OF RACE, RACISM, SOCIAL JUSTICE, AND HEALTH EQUITY ON CHILD AND ADOLESCENT MENTAL HEALTH
JAACAP seeks submissions that focus on the effects of race, racism, social justice, and health equity on child and adolescent mental health. These articles may cover the entire range of submissions including New Research, Reviews, Clinical Perspectives, Translations, Commentaries, Attachments, and book reviews. Examples of highly relevant topics include the following: a systematic review on the effects of structural racism on the mental health of children of color; a Clinical Perspectives that addresses the impacts of race and racism on clinical practice and recommends antiracist strategies; New Research examining the impact of systemic barriers on child development; the ways in which health inequities in access to care and quality of services impact minoritized children; how cultural and ethnic differences influence current evidence-based practices; how systemic and structural racism influence developmental trajectories of mental illness, resilience, and wellness; explorations of how integration of culturally responsive practices into child and adolescent mental health services can impact existing and future disparities; and how systemic barriers in child-serving entities intersect with externalizing behaviors. This is an enduring call to authors.

Authors are invited to direct inquiries and proposals for consideration in this special series to the Journal office at support@jaacap.org. Please specify in your proposal that the submission is intended for the special series on race and racism. The proposal should include an abstract and an initial outline, along with the full list of proposed authors so that early feedback and guidance can be provided prior to the development of a full manuscript. An invitation to submit does not guarantee acceptance of the manuscript. Submissions should conform to the appropriate author guidelines as described in the applicable sections of this Guide for Authors and will undergo peer review.

GUIDANCE FOR AUTHORS OF POTENTIAL CORONAVIRUS/COVID-19-RELATED SUBMISSIONS
JAACAP will consider New Research and Review manuscripts focused on the effects of the COVID-19 pandemic on child and adolescent mental health and related services. This includes empirical investigations regarding the effects of COVID-19 on child and adolescent mental health and service system responses, including differential effects in minoritized populations, such as Black, Indigenous, and children of color, and LGBTQIA+. Submissions should conform to the appropriate author guidelines as described in the applicable sections of this Guide for Authors and will undergo peer review.

Our goal is to provide a scholarly record of how the mental health of children and adolescents and their families are affected by the COVID-19 pandemic and how the child and adolescent mental health system responds to support them, consistent with the Journal's mission to advance the science of...
pediatric mental health and promote the care of youth and their families, as well as soliciting and disseminating research that addresses disproportionality in the effects of the pandemic on the health and well-being of minoritized children and their families. Towards that end, submissions that do not meet the above criteria are unlikely to be considered for publication. These include the following examples: Single-site program descriptions and preliminary descriptions of treatment adaptations. Materials to provide useful, real-time information and clinical guidance to the child and adolescent mental health community. If you are preparing such materials, we strongly encourage you to work directly with sub societies and organizations to contribute your expertise to their efforts. For example, the American Academy of Child & Adolescent Psychiatry (AACAP), the publisher of this Journal, has developed a publicly accessible Coronavirus Resource Library to which materials are regularly added (https://www.aacap.org/coronavirus). Commentaries or Letters to the Editor calling for more funding for clinical services or research. Please adhere to the aforementioned guidance when developing your manuscript.

**DIVERSITY, DISPARITIES, MINORITIZATION, INCLUSIVITY, SOCIAL JUSTICE, AND HEALTH EQUITY**

Given the importance of social 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.

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. Use current and codable occupational categories. For example, for studies conducted in the US, use four educational attainment categories (without HS diploma, HS graduate without college education, some college education, degree from 4-year college or more), and four race (e.g., US Bureau of Census; American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White) and 2 ethnicity categories (Hispanic or Latino, Not Hispanic or Latino). Studies based in other countries should use comparable categories consistent with the diversity of that country's population. 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. **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 social 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. 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 (e.g., 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**

1. **Submission Type** **Brief Description** **Requirements**

   a. **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

   b. **Review** Systematic reviews without meta-analysis, narrative reviews 5,000 words, ≤100 references, structured abstract, key words, ≤5 combined tables and figures

   c. **Meta-Analysis** Systematic reviews with meta-analysis 5,000 words, ≤100 references, structured abstract, key words, ≤5 combined tables and figures

   d. **Registered Reports** 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 Bridges gaps between child and adolescent psychiatry 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 Addresses clinical problems, controversies or topics of importance to child, adolescent and family mental health in a concise, focused article. 1,500 words, ≤9 references, up to 1 table or figure.

Editorial 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 clinical and academic relevance to child and adolescent mental health. 750-1,200 words, ≤9 references.

Attachments Non-fictional narratives about experiences in the field of pediatric mental health, including but not limited to personal and clinical experiences. ≤800 words.

Book Forum Extract useful, interesting, and/or provocative themes and points of view of a book or textbook, and places the work into context. 900-1,200 words, limited references.

Letter to the Editor Reader comments on published articles. 750 words, ≤5 references, up to 1 table or figure.

Empirical Letter to the Editor Brief case and research reports and issues of concern to child and adolescent psychiatry. 750 words, ≤5 references, up to 1 table or figure.

Cover Artwork Artwork from children that represent childhood, families, or topics within child and adolescent psychiatry. 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 only the main body of text (i.e., not abstracts, tables, figures, or references).

Unless otherwise specified, all submissions require a title page and anonymized manuscript.

Submissions must be approved by editorial office.

Invited authors only.


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. The Journal 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 table below provides guidance on submissions in these areas and relevant reporting guidelines.

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. 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.
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. Use current and codable occupational categories. For example, for studies conducted in the US, four educational attainment categories (without HS diploma, HS graduate without college education, some college education, degree from 4-year college or more), and four race (e.g., US Bureau of Census: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander White) and 2 ethnicity categories (Hispanic or Latino, Not Hispanic or Latino). Studies based in other countries should use comparable categories consistent with the diversity of that country’s population.

We strongly encourage authors to preregister their studies prior to the commencement of participant enrollment.

_Molecular Biology, Genetics, and Epigenetics_

Studies that include genome-wide association 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 (GWAS or EWAS) studies in single populations, without replication cohorts, will likely need to be justified and careful consideration of power provided. 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

_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 (e.g. 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.

—Reporting Guidelines
Nonrandomized trials: TRENDDGuidelines for randomized clinical trials: CONSORTQualitative 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.

—Reporting Guidelines
Observational studies: STROBEObservational studies using routinely collected health data: RECORDNonrandomized trials: TRENDFixed studies: CONSORTEconomic evaluation: CHEERSSQualitative 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 contributions to the topic that is the focus of the review. Inquiries about potential topics are welcome at support@jaacap.org. Including an abstract, brief summary, or outline/precis of the proposed review is recommended, along with a full list of the authors of the proposed 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. The Journal 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 psychiatrists 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, therapy, 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.

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.

The Journal indexes meta-analyses as original research.

Review articles and meta-analyses should be titled with the type of the 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 AdolescentsSystematic Review and Meta-Analysis: Anxiety and Depressive Disorders in Offspring of Parents With Anxiety Disorders

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 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, observational studies, and systematic reviews and meta-analyses. All Registered Report submissions must be approved by the editors in advance of submission. 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 psychiatry 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 policy-makers. 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 psychiatric disorders. Inquiries about submitting a Translations manuscript should be sent to support@jaacap.org. Translations should be no longer than 1,500 words with ≤ 9 references.

Clinical Perspectives
Clinical Perspectives shed new and focused light on the clinical practice of child and adolescent psychiatry. A Clinical Perspectives submission should prompt readers to look at problems, controversies, or tenets of the care of children and adolescents with psychiatric disorders from a new vantage point. 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 recommendations or guidance that can have a direct, practical effect on clinical 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. Clinical Perspectives 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 comment on issues relevant to the scope of the Journal and pediatric mental health but are not otherwise explicitly covered in the issue. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts. Inquiries about submitting a Commentary manuscript should be submitted to support@jaacap.org. Commentary submissions are 750-1,200 words with ≤ 9 references.

Attachments
Attachments are nonfictional narratives about experiences in the field of pediatric mental health, including but not limited to personal and clinical experiences. Attachments should be no longer than 800 words. 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. To ensure the diverse participation of the mental health professional community in sharing their experiences, individuals may author only one Attachments within a 3-year period of time.

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

Letters to the Editor and Empirical Letters to the Editor
JAACAP 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 psychiatry. Authors are strongly encouraged to address diversity, disparities, minoritization, inclusivity, social justice, and health equity in their manuscripts. 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. Like all other submissions, letters will be peer reviewed. The editor reserves the right to solicit and publish responses from the authors of 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. 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.

Children and Youth Artwork
JAACAP welcomes interesting images and original artwork by children and youth, including but not limited to those who have personally struggled with mental health challenges. Files must be high resolution (at least 300 dpi), and uploaded as .jpg, .png, .tiff, or .pdf. Include a title page, artwork, description of the art with the option of also including a brief biography of the artist (< 250 words), and release form (available at https://jaacap.org/forms).

Artwork will appear on the cover of the Journal, or the table of contents.

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 JAACAP 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 social 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.

Originality/Divided Publication

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).

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: Verify 'person-first' language throughout the text, e.g., 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.
**Authorship**

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