TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.2
- Editorial Board p.2
- Guide for Authors p.4

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 JAACAP welcomes unpublished manuscripts whose primary focus is on the mental health of children, adolescents, and families.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

2018: 6.391 © Clarivate Analytics Journal Citation Reports 2019
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

EDITORIAL BOARD

Editor-in-Chief:
Douglas K. Novins, MD

Associate Editor:
Robert R. Althoff, MD, PhD

Deputy Editors:
Samuele Cortese, MD, PhD
Stacy S. Drury, MD, PhD, FAPA
Jean A. Frazier, MD
Schuyler W. Henderson, MD, MPH
Elizabeth McCauley, PhD, ABPP
Tonya J. H. White, MD, PhD

Assistant Editors:
Julie A. Chilton, MD, Book Forum
Craigan Usher, MD, Book Forum
R. Andrew Harper, MD, Continuing Medical Education

Consulting Editors
Joseph Piven, MD
Lawrence Scahill, PhD
Bonnie T. Zima, MD, PhD

John F. McDermott, MD, Assistant Editor-In-Residence:
Justin Schreiber, DO, MPH

Editorial Board:
Matthew G. Biel, MD, MSc
Alice Charach, MD, MSc, FRCPC
Guido K.W. Frank, MD.
Daniel A. Geller, MBBS, FRACP
Benjamin I. Goldstein, MD, PhD
David S. Hong, MD.
Christian Hopfer, MD
Michelle S. Horner, DO
Leslie Hulvershorn, MD, MSc
Niranjan S. Karnik, MD, PhD
Tanya K. Murphy, MD, MS
Guilherme V. Polanczyk, MD, PhD
Johnathan Posner, MD
Laura M. Prager, MD
Armin Raznahan, MD, PhD
Carol M. Rockhill, MD, PhD, MPH
Cynthia E. Rogers, MD.
Manpreet K. Singh, MD, MS
S. Evelyn Stewart, MD
Joel S. Stoddard, MD, MAS
Argyris Stringaris, MD, PhD, FRCPsych
Chad M. Sylvester, MD, PhD
Eva Szigethy, MD, PhD
Jeremy Veenstra-VanderWeele, MD
James G. Waxmonsky, MD

Former Editors
Melvin Lewis, MD, (1976-1987)
Eveoleen N. Rexford, MD, (1966-1976)
Irene M. Josselyn, MD, (1962-1965)

International Editors-at-Large:
Tony Charman, PhD, United Kingdom
Doron Gothelf, MD, Israel
Christian Kieling, MD, PhD, Brazil
Christel Middeldorp, MD, PhD, Australia
Peter Szatmari, MD, Canada

Editors-At-Large for Methodology and Statistics
Michael H. Bloch, MD, MS
Stephen J. Giatt, PhD
Michael C. Monuteaux, ScD
Mark Olfson, MD, MPH
Angela M. Reiersen, MD, MPE
Priya J. Wickramaratne, PhD
Eric A. Youngstrom, PhD

Editorial Office:
Mary K. Billingsley, ELS, Managing Editor
Kristine Pumphrey, Assistant Managing Editor
Mariel A. Gambino, Editorial Manager
GUIDE FOR AUTHORS

SCOPE
The Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)’s goal 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, 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, legislation, advocacy, culture and society, and service provision as they pertain to the mental health of children and families.

JAACAP generally wishes to receive only manuscripts in which the participants are 18 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. 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.

Recommended word counts for new submissions include only the main body of text (i.e., not abstracts, tables, figures, or references). Please be sure to check the new requirements for your intended submission type.

TYPES OF SUBMISSIONS

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. 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 below table provides guidance on submissions in these areas and relevant reporting guidelines. New Research Articles should be no longer than 4,500 words with ≤ 50 references.

1Submission TypeBrief DescriptionRequirements

aNew ResearchCase-control, intervention, clinical trials, epidemiological, observational, neuroimaging, genetic and epigenetic studies4,500 words, ≤50 references, structured abstract, key words, ≤5 combined tables and figures

bMeta-analysis, systematic reviews without meta-analysis, narrative reviews5,000 words, ≤100 references, structured abstract, key words, ≤5 combined tables and figures

Master Clinician ReviewFocused reviews of topics of broad importance to guide clinical decisions and educate our field around clinical and research-based innovation3,000 words, ≤50 references, abstract, key words, ≤3 combined tables and figures

Registered ReportsEmpirical article in which the methods and proposed analyses are preregistered and reviewed prior to research being conducted (also known as study preregistration)3,000 words, ≤50 references, abstract, key words, ≤3 combined tables and figures

Clinical PerspectivesAddresses clinical problems, controversies or topics of importance to child, adolescent and family mental health in a concise article1,500 words, ≤9 references, up to 1 table or figure

EditorialPlaces published articles in the same issue into context within the larger frame of pediatric mental health and related literature750-1,200 words, ≤9 references

CommentaryAddresses topics of clinical and academic relevance to child and adolescent mental health750-1,200 words, ≤9 references

AttachmentsNon-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 context900-1,200 words, limited references**Letter to the Editor** Reader comments on published articles, brief case and research reports, and issues of concern to child and adolescent psychiatry750 words, ≤5 references, up to 1 table or figure**Case Conference** Invited institution-based case presentations that illustrate clinical decision-making, analysis, and discussion1,500 words, ≤9 references, up to 1 table or figure**Cover Artwork** Artwork from children that represent childhood, families, or topics within child and adolescent psychiatry4 x 6 format, either landscape or portrait orientation, 300 dpi or higher. Please see specific submission requirements.**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).*

a Unless otherwise specified, all submissions require a title page, blinded manuscript, and Manuscript Submission Form.

b Submissions must be approved by editorial office.

c Invited authors only.

All new manuscripts must be submitted online at [http://jaacap.edmgr.com](http://jaacap.edmgr.com). Please direct questions to the Editorial Office at support@jaacap.org. Except where explicitly stated, JAACAP conforms to the guidelines set forth by the International Committee of Medical Journal Editors (ICMJE) (see Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, December 2016. Available from [http://www.ICMJE.org](http://www.ICMJE.org)).

**Molecular Biology and Genetics** 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.**Reporting Guidelines** Genetic studies: STREGAMolecular epidemiology studies: STROBE-ME

**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** Best practices and reporting of neuroimaging studies: COBIDAS

**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

**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.**Reporting Guidelines** Nonrandomized trials: TREND Guidelines for randomized clinical trials: CONSORT

**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: STROBE Observational studies using routinely collected health data: RECORD Nonrandomized trials: TREND Randomized clinical trials: CONSORT Economic evaluation: CHEERS

**Review** All review articles (theoretical or critical analyses of the literature) must be approved by the editors in advance of submission. Inquiries about potential topics are welcome at support@jaacap.org. 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 (e.g. systematic reviews) are encouraged but are not required. Authors should strive to make their reviews as current as possible. 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 (e.g. 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 can propose topics for Review articles by submitting their proposal to support@jaacap.org. Including an abstract, brief summary, or outline/précis of the proposed Review is recommended. Authors conducting systematic reviews and meta-analyses are encouraged to register the review with PROSPERO and to adhere to PRISMA reporting guidelines (see Reporting Guidelines). Reviews should be no longer than 5,000 words with ≤ 100 references.

Review articles 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. ReviewJAAC 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

Master Clinician Review
Master Clinician Review Master Clinician Reviews are invited submissions that are theoretical or critical analyses of the literature written by a senior member in the field. These reviews are usually narrative rather than systematic and are expected to be more practical in nature using a case-based introduction of 1-3 paragraphs. Authors should strive to make their reviews as current as possible. Inquiries about writing a Master Clinician Review can be made by emailing support@jaacap.org. Master Clinician Reviews should be no longer than 3,000 words with ≤ 50 references.

Master Clinician Review MCRJAAC articles should be titled with "Master Clinical Review:" at the beginning followed by the topical article title. Example: Master Clinician Review: Saving Holden Caulfield: Suicide Prevention in Children and Adolescents

Registered Reports
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 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 submitted to support@jaacap.org. Translations should be no longer than 1,500 words with ≤ 9 references.

Clinical Perspectives
Clinical Perspectives Clinical Perspectives shed new and focused light on practical topics within 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 usually focus on a population or clinical topic that may be overlooked, or provide thoughtful, innovative insights into specific populations or clinical topics, typically in a manner that can have a direct, practical effect on clinical practice. Although citations
may be included to provide support, Clinical Perspectives are not intended to provide a comprehensive review of existing literature. A Clinical Perspective 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 can be made by emailing support@jaacap.org. 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. Editorial submissions are 750-1,200 words with ≤ 9 references.

**Commentary**
Commentaries are invited submissions that comment on issues relevant to the scope of the Journal and pediatric mental health, but not otherwise explicitly covered in the issue. Commentary submissions are 750-1,200 words with ≤ 9 references.

**Attachments**
Attachments are non-fictional 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. Patient permission will be required if a specific patient is identified.

**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, blinded review, and Manuscript Submission Form.

**Letters to the Editor**
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. 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 blinded, no longer than 750 words with ≤ 5 references.

**Case Conferences**
Case Conferences are a presentation of evidence-based assessment and treatment of a clinical problem relevant to the practice of child and adolescent psychiatry. These submissions need to be approved by the Deputy Editor for Clinical Content. Submissions in this area should include a concise case vignette including the assessment methods used, presentation of the clinical problem while highlighting key questions, evidence-based treatment approaches including reference to current treatment guidelines, and the authors' overall recommendations. Headings should include: Case Vignette, Key Questions, Treatment Approach, and Recommendations. Inquiries about submitting a Case Conference manuscript can be made by emailing support@jaacap.org. Case Conferences should be no longer than 1,500 words with ≤ 9 references.

**Cover Artwork**
Cover 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. Artwork should be sized to a 4 x 6 ratio or able to be cropped to that size, and may be in either portrait or landscape orientation. 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).
AACAP Official Action
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 parameters 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

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 and when the Manuscript Submission Form is signed.

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 blinded to reviewers).

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

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:

Conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND Drafting the work or revising it critically for important intellectual content; AND Final approval of the version to be published; AND 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 he or she has 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.

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. More info: http://docs.casrai.org/CRediT

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/.

Patient Anonymity
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 Code of Conduct. Suspected misconduct and/or allegations of academic dishonesty, including plagiarism, duplicate, and redundant publication will be managed according to COPE Flowcharts.

Manuscripts may be screened with iThenticate software 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.
**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 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 are the EQUATOR Network and the NLM’s Research Reporting Guidelines and Initiatives.

**Genetics Topics**

Authors are encouraged 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.

**Neuroimaging Topics**

Authors are encouraged to review the Organization for Human Brain Mapping COBIDAS Report for best practices and reporting of neuroimaging studies.

All authors should make use of appropriate reporting guidelines when drafting their manuscripts. Peer reviewers are asked to refer to these checklists when evaluating these studies.

**Open access**

Please visit our Open Access page from the Journal Homepage for more information.

**SUBMISSION**

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 [http://jaacap.edmgr.com](http://jaacap.edmgr.com). 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 (e.g. 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 letters(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 indicate agreement to one of the following copyright statements. Manuscripts will not be reviewed until this requirement is met.

For manuscripts submitted by all authors except those whose work is part of their employment with the United States federal government:

In consideration of the Journal's taking action in reviewing and editing my (our) submission, (title of article), the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the American Academy of Child and Adolescent Psychiatry in the event that such work is published in the Journal. I (we) warrant that the material contained in the manuscript represents original work, has not been published elsewhere, and is not under consideration for publication elsewhere.

For manuscripts prepared as part of an author's employment with the US federal government:

The work described in the above manuscript was done as part of my (our) employment with the US federal government and is therefore in the public domain. The author(s) undersigned warrant(s) that the material contained in the manuscript represents original work, has not been published elsewhere, and is not under consideration for publication elsewhere.

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.

Corresponding Author
According to ICMJE guidelines, the corresponding author is the individual who takes primary responsibility for communication with the Journal 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 forms and 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 the Journal 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 the Journal and authors.
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.

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
- Full names, degrees, email addresses, and affiliations for each author
- 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
- The name(s) of the study's statistical expert(s), if used
- Clinical trials registration information (where applicable)
- 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): A lay summary of the manuscript of no more than four sentences that will be published as part of the Journal's Table of Contents, if accepted. Lay summaries are short accounts of manuscripts that are targeted for general audiences. While not required for submission, lay language summaries are required prior to the acceptance of a manuscript. 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 Master Clinician Reviews and 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.

**Manuscript Preparation**

Authors are encouraged to follow the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical 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 the policies of the Journal. For reference, authors may consult the American Medical Association's Manual of Style. AMA Manual of Style: A Guide for Authors and Editors. Iverson C, Christiansen S, Flanagin A, et al. 10th ed. New York: Oxford University Press, 2007 (AMA-10). 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 and Manuscript Submission Form(s), blinding is the responsibility of the author. All files (cover letter, title page, blinded manuscript file, figures, Manuscript Submission Form(s), and supplementary materials) must be uploaded separately during the submission process. Files should be labeled with appropriate and descriptive file names (e.g. SmithText.doc, SmithFig1.eps). Acronyms must be spelled out on first use in text, and where used in tables or figures, in each of their legends. 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.

**Funding, Acknowledgments, and Conflicts of Interest/Disclosure**

Authors must identify the source of financial support for the conduct of the research and/or preparation of the article and briefly describe the role of the sponsor(s), if any, in study design; the collection, analysis and interpretation of data; writing of the report; and the decision to submit the article for publication. If the funding source(s) had no such involvement, then this should be stated explicitly.

All authors must disclose any and all financial and personal relationships with other people or organizations that could influence or be perceived to influence their work. This disclosure includes direct or indirect financial or personal relationships, interests, and affiliations whether or not directly related to the subject of the manuscript that have occurred over the last two years, or that are expected in the foreseeable future. This disclosure includes, but is not limited to, grants or funding, employment, affiliations, patents (in preparation, filed, or granted), inventions, honoraria, consultancies, royalties, stock options/ownership, or expert testimony. If an author (or authors) has/have no conflicts of interest to declare, this must be stated explicitly. For example, "Dr. Stearns reports no biomedical financial interests or potential conflicts of interest." Authors may contact the Editorial Office with questions or concerns but should err on the side of inclusion when in doubt.

JAACAP requires that a properly completed Manuscript Submission Form, signed by all authors, be included with the submission for it to be considered for publication. Multiple forms are allowed. Submissions of revised manuscripts do not require an updated MSF unless the author list or reported information has changed, or revisions are requested by the Editorial Office. Forms with signatures "on behalf of" or "for" other authors will not be accepted. Authors who are not allowed to transfer copyright must still complete this form. The Editorial Office requires that the signed MSF be included at the time of submission. If an author is unable to provide the MSF electronically, a faxed copy to 202-330-5097 will be accepted. The author must then indicate during the submission process that the MSF is being sent separately. Attach a page to the MSF (the title page may be used) containing the funding, acknowledgments, and financial disclosures of all authors. Upload this page along with the MSF(s) in the same file. Author groups electing to sign separate forms are encouraged to include one attached page with information for all authors.

All authors are required to acknowledge that the disclosures are complete for both themselves and their coauthors, to the best of their knowledge, when completing the MSF. If authors sign multiple forms, each form must contain the same information (i.e. complete funding and acknowledgement information for the article and disclosure statements for each author). Manuscripts that fail to include the complete statements of all authors upon submission will be returned to the corresponding author and will delay the processing and evaluation of the manuscript.

Funding, acknowledgements, and authors’ disclosures will accompany accepted and published manuscripts in print and online. Authors are responsible for ensuring that their final, accepted manuscript and page proofs provide accurate and complete disclosures as described in the preceding paragraphs.

**Institutional Review**

Research involving human beings must be conducted ethically with due regard for informed consent. Please include a statement in the manuscript indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). If no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included. Manuscripts that report animal experiments must include a statement in the Method section stating that the study was approved by an Institutional Animal Care and Use Committee.

**Individual Article Components**

Cover letter and title page should be uploaded separately. The abstract, manuscript text, and tables must be in a single file. Any figures should be uploaded separately.
Cover Letter
A cover letter is required for all articles and should be uploaded as a separate file. This letter should outline the significance of the work and should refer to any other publications that utilize the same data set (see Divided Publication).

Title Page
Be sure that the information provided on the title page corresponds to information entered into the system upon submission. The title page should include the following sections: Title: The manuscript title should be concise and informative, as titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Titles should be less than 100 characters and a maximum of 15 words. A running title of less than 40 characters should also be included. Review articles, including Master Clinician Reviews, should be titled according to the Journal's preferred format, with the type of the review at the beginning of the title, followed by a colon. See Reviews and Master Clinician Reviews for examples. Author names and affiliations: Include the full names of all authors and their highest academic degree. Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Include all authors' academic or professional affiliations written out in paragraph form (not footnoted) along with the corresponding author's complete contact information (name, address, telephone and fax numbers, and e-mail address). Corresponding author: Clearly indicate who will handle correspondence at all stages of review, production, and publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author. Multiple corresponding authors are not allowed. Acknowledgements: Include an acknowledgement paragraph that includes any funding directly related to the content of the manuscript, any necessary attribution/credit information, and the name(s) of the study statistical expert(s), if applicable. Academic or professional affiliations and degree(s) must be included for any non-author individuals listed in the acknowledgement. Presentation information (if applicable): Example: This study was presented as an abstract at the American Academy of Child and Adolescent Psychiatry's 60th Annual Meeting, Orlando, FL, October 22-27, 2013. Key words: A maximum of 5 key words should be included. For optimum discoverability, use MeSH vocabulary.

Abstract
Should begin on the second numbered page. The structured abstract for New Research and Review articles should be a maximum of 250 words and must be formatted with sections entitled as follows: Objective, Method, Results, Conclusion. In the case of Review Articles, the Method section should provide data sources and study selection (the number of articles reviewed and the selection process). Abstracts for Master Clinician Reviews should be a maximum of 250 words, but are not required to be structured. Generally, abstracts should be written with complete sentences and use of active voice when possible. Abbreviations should be spelled out on their first usage. Abstracts should provide the context or background for the research and should state its purpose (distinguishing primary from secondary purposes), basic research design (including information about the setting, common demographic characteristics of the participants, number of participants, response and refusal rates, dropouts and losses, and matching characteristics in the case of a clinical trial, information on the intervention and how variables were measured), main findings (giving specific effect sizes, numerical differences, and their statistical significance, if possible), and principal conclusions (including their relation to the purpose of the study, study limitations, and study implications). The abstract should emphasize new and important aspects of the study or observations, note important limitations, and not overinterpret findings.

Graphical abstracts
A Graphical Abstract is a single, concise, pictorial, and visual summary of the main findings of the article. This is a figure that is specially designed for the purpose, which captures the content of the article for readers at a single glance. The Graphical Abstract will be displayed in online search result lists, the online contents list, and the online article, but will not (yet) appear in the article PDF file or print.

Author instructions
A Graphical Abstract should allow readers to quickly gain an understanding of the main take-home message of the paper and is intended to encourage browsing, promote interdisciplinary scholarship, and help readers identify more quickly which papers are most relevant to their research interests. Authors must provide an image that clearly represents the work described in the paper. Graphical
Abstracts should be submitted as a separate file in Editorial Manager by selecting "Graphical Abstracts" from the drop-down list when uploading files. Ensure the file is either the original file type used to create it, a .gif, .tiff, or .jpeg. PDF and Word Document formats are not accepted by the publisher.

Specifications:
A Graphical Abstract should be a one-image file and should visualize one process or make one point clear. For ease of browsing, the Graphical Abstract should have a clear start and end, preferably "reading" from top to bottom or left to right. Try to reduce distracting and cluttering elements as much as possible.

Image size: Please provide an image with a minimum of 531 x 1328 pixels (hwx) using a minimum resolution of 300 dpi. If you are submitting a larger image then please use the same ratio (500 wide x 200 high). Please note that your image will be scaled proportionally to fit in the available window on ScienceDirect.

Font: Please use Helvetica or Arial font consistently with a large enough font size as the image will be reduced in size for the Table of Contents to fit a window of 200 pixels high. File type: preferred file types are TIFF, EPS, PDF or MS Office files. No additional text, outline or synopsis should be included. Any text or label must be part of the image file. Please do not use unnecessary white space or a heading "Graphical Abstract" within the image file.

Introduction
Include the purpose of the study, a review of recent relevant literature, and an a priori hypothesis.

Method
The guiding principle of the Method section should be clarity about how and why a study was done in a particular way. The Method section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results. Include the participants/patients and, if appropriate, include information on whether parts of these data have been published elsewhere; sampling frame, sampling, and recruitment strategies; and inclusion and exclusion criteria. Inclusion of determination of sample size (include power calculation). Authors of Review manuscripts are encouraged to describe the methods used for locating, selecting, extracting, and synthesizing data. Authors should make use of the appropriate reporting guidelines when drafting their manuscripts (see Reporting Guidelines). Peer reviewers are asked to refer to these checklists when evaluating these studies.

Include information about sample composition including demographic details. Use current and codable occupational categories, four educational attainment categories (without HS diploma, HS graduate without college education, some college education, degree from 4-year college or more), and five race/ethnicity categories (e.g., US Bureau of Census).

For measures, authors should describe variables measured and instruments used. Authors must provide sufficient information about rating scales and other measures so that readers can access them for their own use; unpublished instruments may be made available via supplemental material at the request of the editor.

If a manual-based treatment is used, authors must include information on how to obtain the manual. The online-only content feature may be used to provide access. For studies that involve testing, imaging, or other procedures, sufficient information should be given to allow other investigators to replicate the study.

When devices or software are mentioned, please provide the name of the manufacturer followed by city and state of the manufacturer's headquarters.

Describe all analyses with names of specific statistical tests used and how these correspond to the hypotheses postulated in the introduction. Justify and clearly reference the use of unusual statistical techniques. If multiple comparisons are unavoidable, use an appropriate adjustment to control type I error. State whether tests were one- or two-tailed. If replication was performed, indicate the methods for replication and whether the measures and methods used were identical to the original study.
Results
Summarize statistics, and when reporting significant results, include the statistical test used, the value of the test statistic, degrees of freedom, and p values. When appropriate, report effect sizes and/or confidence intervals on the main findings.

Discussion
Include the clinical implications, limitations, and conclusions of the manuscripts findings, but do not use subheadings.

References
Citation in text. Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Do not cite references in the abstract. Citation of a reference as 'in press' indicates that the item has been accepted for publication. Unpublished results and personal communications should not be included in the reference list, but may be mentioned in the text.

Reference list. Indicate references by consecutive superscript Arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas; inside colons and semicolons. For further detail and examples, please refer to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition. If using a reference formatting tool, select JAMA as the output style. Journal names should be abbreviated according to the List of Title Word Abbreviations.

Sample reference to a journal publication:

Sample reference to a book:

Sample reference to a chapter in an edited book:

Data References. The Journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Tables and Figures
Number items consecutively in Arabic numerals per the order of citation in the text. If a table, figure, or any data therein have been previously published, a footnote must give full credit to the original source, and permission from the copyright holder to reproduce the material must be provided.

Tables should be cited in the text, numbered consecutively (i.e., Table 1, Table 2, Table 3) in the order of their mention, and include brief descriptions. Place tables after the reference list in the blinded manuscript file. Tables that constitute a single column are actually lists and should be included in the text as such. Table footnotes should use superscript lowercase letters rather than symbols.

Figures should be cited in the text, numbered consecutively (i.e., Figure 1, Figure 2, Figure 3) in the order of their mention, and include brief descriptions. The preferred file format for figures and graphics is typically whatever program was used to create them, or alternatively, PowerPoint (e.g. charts or graphs created in Excel should be uploaded as .xml or .ppt files). Please upload high resolution (at least 300 dpi) versions of each figure individually (i.e., two figures should be uploaded separately as Figure 1 and Figure 2). Parts/panels in composite figures should be labeled with capital letters (A, B, C). Each figure should be consistent in color, size, and font, and be designed proportionally so that each item within it is to scale (particularly numbers, letters, and symbols) so it can later be sized as needed without loss of legibility or quality. Figure titles and legends should be included on a separate page in the manuscript file following the reference list and any tables, rather than in the figure file itself.
Color illustrations are accepted. Although the cost of color printing must be paid by the author, authors may choose, at no cost, for illustrations to be reproduced in black and white in the print journal and appear in color for the online version. Color illustrations are printed at a rate of $650 (US dollars) for the first figure and $100 for each additional figure. Authors may supply black-and-white versions of color figures for printing purposes.

Complete instructions for electronic artwork preparation and submission can be found here. Professional illustration services are available from Elsevier's Web Shop. JAACAP does not endorse any such services. Use of such services has no bearing on the editor's ultimate decision.

Supplemental Material
Authors may be invited to submit supplementary material to enhance their article's text. Supplementary material is made available in the online article but not published in print. Supplemental material should not be used for critical information. The main body of the manuscript should be scientifically complete and include all content required for another group to replicate the study and for readers to evaluate the main findings. All supplemental material may be posted exactly as it is received and should be submitted as intended for viewing. Thus, all supplementary figures and tables should have their legends/keys included in the relevant file. All supplementary information should be saved in a separate file(s), and denoted as such when uploading. Supplemental material must be called out in the manuscript text (e.g. "see Table S1, available online"), and the files should be labeled Table S1, Figure S1, Figure S2, etc. Supplemental text should be labeled and called out as Supplement 1, Supplement 2, etc. Any references cited in supplemental material should be included in a supplemental reference list. Permission from the copyright holder must be obtained for any supplemental material that has been previously published in print or online.

Multimedia
JAACAP accepts video material and animation sequences to support and enhance scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file’s content. To ensure that your video or animation material is directly usable, please provide the files in one of the recommended file formats with a preferred maximum size of 50 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply ‘stills’ with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions, please review the video instruction pages. Note: Since video and animation cannot be embedded in the print version of the journal, please provide descriptive text for the portions of the article that refer to this content. For any further information, please visit the Elsevier Support Center.

MANUSCRIPT PROCESSING

Selection of reviewers will be made by the editors. As a general rule, manuscripts will be evaluated by three independent reviews, and on occasion, an additional review for statistical adequacy may also be obtained. Reviewer comments are generally communicated to authors within 4-6 weeks of submission unless otherwise notified by the Editorial Office. A manuscript is judged by five essential criteria, namely that the material is: ethically obtained and presented; original; methodologically sound; an important addition to the current literature; and comprehensible. JAACAP excludes reviewers who work at the same institution as any author, or those who have or report any other obvious conflict of interest. JAACAP's review process is double-blind: the identity of individual reviewers remains confidential to the other reviewers and to the authors and vice versa.

Authors should be aware that manuscripts may be returned without review if the editors deem that the manuscript is of insufficient general interest for the broad readership of JAACAP, or that the scientific priority is such that it is unlikely to receive favorable reviews. The editor-in-chief makes the final decision to accept, reject, or request revision of any manuscript. A request for revision does not guarantee ultimate acceptance of the revised manuscript. Rejection without peer review expedites the editorial process and allows authors to submit manuscripts elsewhere without delay.
Revised manuscripts should include a unique file (separate from the cover letter) with blinded responses to reviewers' comments, and when applicable, the Managing Editor's note.

 Appeals
Manuscripts may be rejected for many reasons, including peer reviews and reviewer recommendations, editorial board discussion, and Journal priorities. The Journal considers appeals when it is determined that one or more of the following three circumstances affected the final editorial decision: The decision was a serious error that was inconsistent with the reviews; A reviewer demonstrated bias in their review that affected the final editorial decision; or A reviewer made an important error in assessing the manuscript that affected the final editorial decision.

If authors believe their manuscript received an unfair decision based on at least one of these criteria, they may submit a letter requesting an appeal to support@jaacap.org. Letters should indicate why the authors believe an appeal should be granted and provide a point-by-point response to the reviewers’ and editors’ comments. The Editor will decide whether to grant an appeal based on the contents of the letter and a reconsideration of the reviews and original editorial decision. If an appeal is granted, authors will be sent instructions on how to proceed. Appeal requests must be submitted within 45 days of the rejection decision. Note that appeal requests are not expedited and may take as long as reviews of initial submissions, and that manuscripts cannot be submitted elsewhere while an appeal is being considered.

FOLLOWING ACCEPTANCE

Digital Object Identifier (DOI)
The Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI consists of a unique alpha-numeric character string, which is assigned to a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal medium for citing a document, particularly 'articles in press,' because they have not yet received their full bibliographic information. Example of a correctly given DOI (in URL format): http://dx.doi.org/10.1016/j.physletb.2010.09.059. When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

Articles in Press
Accepted manuscripts are subject to editorial revisions and copyediting. Accepted articles are published online, prior to full copyediting, within one week of final acceptance. They will be immediately citable with an assigned DOI. Corrected proofs are published online within several weeks of final acceptance, following review by the author. Articles generally appear in the Journal within 6 months of acceptance. The contents of the article remain the responsibility of the author.

Proofs
Corresponding authors will receive an email with instructions and a link to the online proofing system. In order to facilitate the quick and accurate publication of articles, authors are asked to use this proof only for checking typesetting, editing, completeness, and correctness of text, tables and figures. Significant changes to the article will only be considered with permission from the Editor. It is important to ensure that all corrections are returned to the publisher in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely the responsibility of the author. Note that Elsevier may proceed with publication of the article if no response is received from the author.

The environment of the online proofing system is similar to MS Word: in addition to editing text, authors may also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing authors to enter corrections directly, reducing potential introduction of errors. If preferred, authors may still choose to annotate and upload edits in PDF.

For inquiries relating to the submission of articles, please visit http://www.jaacap.org or contact support@jaacap.org. Contact details for questions arising after acceptance of an article, especially those relating to proofs, will be provided by the publisher.
**Offprints**
The corresponding author, at no cost, will be provided with a PDF file of the article via e-mail. The provided PDF file is a watermarked version of the published article and includes a cover sheet with the journal cover image and a disclaimer outlining the terms and conditions of use. For an extra charge, paper offprints can be ordered via the offprint order form that is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s WebShop.

**Media**
All articles published in JAACAP are embargoed until the day they are published online at http://www.jaacap.org. Contents of the publications should not be released to or by the media or government agencies prior to the embargo date. If your study has already received attention in the media, please include that information and links to or copies of any coverage in your cover letter. A limited number of JAACAP articles will be selected for press release development. This selection is made by the editor in consultation with the Editorial Office and the Publisher. Press Releases are posted and archived here.

Medical and health journalists may request the full text of embargoed articles by contacting the Editorial Office at support@jaacap.org. Upcoming articles can be found under Articles in Press. Press officers from research institutions may inquire about projected publication dates for articles by authors affiliated with their organization.

**ACCESS AND REUSE POLICIES**

**Funding Body Agreements and Policies**
Elsevier has established agreements and developed policies to allow authors whose articles appear in journals published by Elsevier to comply with potential manuscript archiving requirements as specified as conditions of their grant awards. To learn more about existing agreements and policies, please visit funding body agreements.

**Publication Format**

**Open Access.** The Journal does not ordinarily have publication charges; however, authors can now opt to make their articles available to all (including non-subscribers), for a fee of US $2,750 (for further information, see Open Access). Please note that authors may only make this choice after receiving notification that their article has been accepted for publication, to avoid any potential perception of conflict of interest. The fee excludes taxes and other potential costs such as color charges. In some cases, institutions and funding bodies have entered into agreement with Elsevier to meet these fees on behalf of their authors. Details of these agreements are available at funding body agreements. Authors of accepted articles who wish to take advantage of this option should complete and submit the Open Access Option Form. This is purely optional, and authors may continue to have their articles published in the usual subscription format without open access. Authors' publication choice will have no effect on the peer review process or acceptance of submitted articles.

**Subscription.** There is no fee for subscription (non-open access) publication. These articles are available to subscribers as well as developing countries and patient groups through Elsevier’s access programs. Authors' publication choice will have no effect on the peer review process or acceptance of submitted articles.

**Author Rights**
Whatever access option is selected, authors retain significant rights to use and share their own published articles. More information can be found at Journal Author Rights.

**Copyright/Ownership of a Manuscript**
With few exceptions, published manuscripts become the property of the American Academy of Child and Adolescent Psychiatry. They may not be published or reproduced in whole or in part without written permission. Permission to reproduce material published in JAACAP must be obtained from the Publisher by visiting the Permission to Reuse page on www.jaacap.org. Authors must identify figures, tables, or other materials that are taken or adapted from another source. Written permission should be obtained from the copyright holder. Such permission should be included in the manuscript submission. Failure to provide permission will delay the processing of the manuscript.
Waiver of Responsibility

Statements and opinions expressed in articles and communications herein are those of the author(s) and not necessarily those of the editors, Academy, and/or Publisher. The editors, Academy, and Publisher disclaim any responsibility or liability for such material. Neither editors, Academy, nor Publisher guarantees, warrants, or endorses any product or service advertised in JAACAP, and they do not warrant any claim made by the manufacturer of such products or services.

© Copyright 2018 Elsevier | https://www.elsevier.com