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 JAACAP welcomes unpublished manuscripts whose primary focus is on the mental health of children, adolescents, and families.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

2017: 6.250 © Clarivate Analytics Journal Citation Reports 2018
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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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 JAACAP welcomes unpublished manuscripts whose primary focus is the mental health of children, adolescents, and their families.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.

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<td>New Research</td>
<td>Case-control, intervention, clinical trials, epidemiological, observational, neuroimaging, genetic and epigenetic studies</td>
<td>4,500 words, ≤ 50 references, structured abstract, key words, ≤ 5 combined tables and figures</td>
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<tr>
<td>Review</td>
<td>Meta-analysis, systematic reviews without meta-analysis, narrative reviews</td>
<td>5,000 words, ≤ 100 references, structured abstract, key words, ≤ 5 combined tables and figures</td>
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<td>Clinician Review</td>
<td>Focused reviews of topics of broad importance to guide clinical decisions and educate our field around clinical and research-based innovation</td>
<td>3,000 words, ≤ 50 references, abstract, key words, ≤ 3 combined tables and figures</td>
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<td>Registered Reports</td>
<td>Empirical article in which the methods and proposed analyses are preregistered and reviewed prior to research being conducted (also known as study preregistration)</td>
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<td>Translations</td>
<td>Bridges gaps between child and adolescent psychiatry and other professional and scientific disciplines in concise, focused articles that should foster interdisciplinary understanding and collaboration</td>
<td>1,500 words, ≤ 9 references, up to 1 table or figure</td>
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<td>Clinical Perspectives</td>
<td>Addresses clinical problems, controversies or topics of importance to child, adolescent and family mental health in a concise, focused article</td>
<td>1,500 words, ≤ 9 references, up to 1 table or figure</td>
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<td>Editorial</td>
<td>Places published articles in the same issue into context within the larger frame of pediatric mental health and related literature</td>
<td>500-1,200 words, ≤ 9 references</td>
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<tr>
<td>Commentary</td>
<td>Addresses topics of clinical and academic relevance to child and adolescent mental health</td>
<td>1,200 words, ≤ 9 references</td>
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<tr>
<td>Book Forum</td>
<td>Extract useful, interesting, and/or provocative themes and points of view of a book or textbook, and places</td>
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the work into context. 900-1,200 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 psychiatry. 750 words, ≤ 5 references, up to 1 table or figure.

**Case Conference**
Invited institution-based case presentations that illustrate clinical decision-making, analysis, and discussion. 1,500 words, ≤ 9 references, up to 1 table or figure.

**Cover Artwork**
Artwork from children that represent childhood, families, or topics within child and adolescent psychiatry. 4 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.


**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: STROBEObservational studies using routinely collected health data: RECORDNonrandomized trials: TRENDRandomized clinical trials: CONSORTEconomic evaluation: CHEERS

**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: TRENDGuidelines 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: STROBObservational studies using routinely collected health data: RECORDNonrandomized trials: TRENDRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTRandomized clinical trials: CONSERTEconomic 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**

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**

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.

**Book Forum**

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**

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 Conference**

Case Conference 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**
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.

**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.

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. 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.

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