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The Journal of the American Academy of Child & Adolescent Psychiatry’s (JAACAP) goal is to advance the science 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 JAACAP welcomes unpublished manuscripts whose primary focus is on the mental health of children, adolescents, and families.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.

TYPES OF MANUSCRIPTS

We wish to receive only papers in which the subjects are 18 years of age or younger unless the subjects are parents or have been followed since childhood. Papers that clearly do not fit our format, mission, or publication priorities will be returned without review. All New Research and Review articles considered for publication will undergo peer review.

New Research articles are reports of original work that contribute, analyze, and/or explain new evidence and data from a sizeable group of patients. They must be no longer than 6,000 words (all word counts include the title page, abstract, text, references, tables, figures, and figure legends.

Review articles (theoretical or critical analyses of the literature) must be invited by the Editor, Associate Editor, or Deputy Editors. Inquiries about potential topics are welcome. Authors can propose topics for Review articles by submitting their proposal to Mary Billingsley at mbillingsley@jaacap.org. Including an abstract or brief summary of the proposed review is recommended.

Clinical Review articles seek to address the everyday needs of practitioners working ‘in the trenches,’ and are practical in nature. In general, contributions to Clinical Reviews are invited by the Editor, Associate Editor, or Deputy Editors. Inquiries about potential topics are welcome. Authors can propose topics for Clinical Review articles by submitting their proposal to Mary Billingsley at mbillingsley@jaacap.org. Including an outline of the proposed Clinical Review is recommended.

Letters to the Editor do not require pre-approval and should be formatted according to the instructions listed under Letters to the Editor.

Other: Ideas for Translations, Clinical Perspectives, special series, or special communications must be approved by the Editor before submission. In general, JAACAP solicits contributions to Editorials, Translations, Clinical Perspectives, and the Book Forum. However, interested authors are encouraged to contact Mary Billingsley at mbillingsley@jaacap.org to propose potential submissions.

MANUSCRIPT PREPARATION

Authors are encouraged to read the preparation and submission instructions carefully. Any manuscripts not conforming to these guidelines will be returned to the author for correction before the manuscript is processed. The Publisher and Editors regret that they are not able to consider submissions that do not follow these procedures.

All manuscripts must be submitted in electronic form through Editorial Manager, JAACAP’s online submission and review web site (http://jaacap.edmgr.com). Submission is a representation that all authors have personally reviewed and given final approval of the version submitted, and neither the manuscript nor its data have been previously published (except in abstract) or are currently under consideration for publication elsewhere.

Corresponding authors will be required to register as a new user at http://jaacap.edmgr.com upon their first visit. Straightforward login and registration instructions can be found on the website. Returning authors do not need to register again, but all corresponding authors should review their profile information and update accordingly before beginning the submission process. The manuscript status is available to the corresponding author at any time by logging into the Editorial Manager website.

Upon finalizing the submission, the corresponding author will immediately receive an e-mail notification that the submission has been received by the Editorial Office. If such documentation has not been received, then a problem likely occurred during the submission process and should be investigated by contacting the Editorial Office at support@jaacap.org.
Authors are encouraged to follow the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals (available at: http://www.icmje.org); this is the format used in PubMed/MEDLINE. They should strive for a concise article that is unencumbered by excessive detail. Authors who are not fluent in English should have their manuscript checked by a native speaker of English and/or an editing service that provides such assistance (see Editing Services for Non-English Speakers for details and resources).

Microsoft Word® is preferred. Double-space all copy, including title page, abstract, list of references, tables, and figure captions in a 10 point font size using one of the following fonts: Times, Times New Roman, Courier, Helvetica, or Arial. After the title page, number pages consecutively throughout including the reference pages, tables, and figure legends. Blinding is the responsibility of the author. All files (cover letter, title page, blinded manuscript file, figures, Manuscript Submission Form, and supplementary materials) will 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 in PDF or XLS.

Each manuscript submitted to JAACAP must contain the following components: cover letter, title page, blinded manuscript, and Manuscript Submission Form.

The review of manuscripts lacking one of these parts may be delayed until the submission is complete. The preferred order of files is as follows: cover letter, title page, blinded manuscript file containing table(s) if required, Manuscript Submission Form, figure(s), supplemental information.

MANUSCRIPT SUBMISSION FORM (MSF)

A properly completed MSF(s), signed by all authors, must be included with the submission in order to be considered for publication. The MSF is available online at: http://jaacap.edmgr.com. Multiple forms are allowed. Submissions of revised manuscripts do not require an updated MSF, unless the author list or the Acknowledgments or Financial Disclosures sections have 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 requests that the signed MSF be scanned and uploaded at the time of submission. However, 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 off-line.

JAACAP requires all authors on all types of articles (including letters) to specify the nature of all biomedical financial interests and potential conflicts of interest, financial or otherwise, on the Manuscript Submission Form at the time of submission. This disclosure includes direct or indirect financial or personal relationships, interests, and affiliations whether or not directly related to the subject of the paper 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.

NOTE: If an author (or authors) has/have no conflicts of interest to declare, this must be explicitly stated. For example, Dr. Stearns reports no biomedical financial interests or potential conflicts of interest. Authors should contact the Editorial Office with questions or concerns, but should err on the side of inclusion when in doubt.

NOTE: The box in Section 2 of the Manuscript Submission Form must contain the acknowledgments, funding pertaining to the article, and the financial disclosures of all authors. If the acknowledgements and disclosure statements will not fit within the box, place the information on a separate page and insert “See Attachment” in the box on the form. Upload this along with the MSF(s) in the same file.

All authors are required to acknowledge that the disclosures are complete for both themselves and their co-authors, to the best of their knowledge, when completing the Manuscript Submission Form. 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. Authors’ disclosures will accompany the accepted manuscripts in print and online. Authors are responsible for making certain that their final, accepted manuscript and page proofs provide the accurate and complete disclosures as described in the preceding paragraphs.

ARTICLE LENGTH AND WORD COUNT

Word length includes the title page, abstract, text, references, tables, figures, and figure legends. Manuscripts exceeding word limits will not be accepted without permission from the Editor. Manuscripts of excessive length may be returned without being reviewed.

• Research articles:
  - Total Manuscript Word Length: 6,000
  - Abstract Word Length: 250
  - Figures and Tables: Limited to 5 total
  - References: As required

• Review and Clinical Review articles:
  - Total Manuscript Word Length: 7,000
  - Abstract Word Length: 250
  - Figures and Tables: Limited to 5 total
  - References: Limited to 100

• Letters to the Editor:
  - Total Manuscript Word Length: 750
  - No abstract
  - References: Limited to 5

MANUSCRIPT COMPONENTS

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 make reference to any other publications that utilize the same data set (see Divided Publication).

Title Page
Manuscript titles should not contain acronyms and should be less than 100 characters and a maximum of 15 words. A running title of less than 40 characters should be included on the title page.

Include the full names of all authors and their highest academic degree. Also 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). Multiple corresponding authors are not allowed.
Separately list the number of words in both the abstract and text (excluding abstract, acknowledgments, and financial disclosures), and the number of figures, tables, and supplementary material (if zero, state zero for each item). Five keywords should also be included.

The title page should include an acknowledgement paragraph, of no more than 120 words, that includes any funding directly related to the content of the manuscript, any necessary credit lines, and the name(s) of the study statistical expert, if applicable. Academic or professional affiliations must be included for any non-author individuals listed in the acknowledgement.

Structured Abstract
The structured abstract for New Research articles should be a maximum of 250 words and must be formatted with sections entitled as follows: Objective, Method, Results, Conclusions.

According to the ICMJE recommendations, the abstract “should provide the context or background for the study and state the study’s purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.”

Because abstracts are the only substantive portion of the article indexed in many electronic databases, and the only portion many readers read, authors need to be careful that they accurately reflect the content of the article.

For those manuscripts that require clinical trials registration (see Clinical Trials Registration section, below), the registry name, URL, and registration number should be included at the end of the abstract.

The structured abstract for Review articles should be a maximum of 250 words and must be formatted with sections entitled as follows: Objective, Method, Results, Conclusions. The Method section should provide data sources and study selection (the number of articles reviewed and the selection process). This formatting is not required for Clinical Review articles but the suggested components should be included where applicable.

Text
Text should begin on the second numbered page, and should be divided into the following sections: Introduction, Method, Results, Discussion, References, and Tables (if required). This formatting is not required for Clinical Review articles but the suggested components should be included where applicable. All components must be in a single file, except any figures, each of which should be uploaded separately.

Introduction:
The introduction should include the purpose of the study, a review of recent and relevant literature, and an a priori hypothesis.

Method:
Include the participants/subjects and, if appropriate, include information on whether parts of these data have been published elsewhere; sampling frame, and sampling and recruitment strategies; and inclusion and exclusion criteria. Consider inclusion of determination of sample size (include power calculation).

Also include information about sample composition including demographic details. Use the current and codable occupational categories, four educational attainment categories (without H.S. diploma, H.S. graduate without college education, some college education, degree from 4-year college or more), and five race/ethnicity categories (e.g., U.S. 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 the online only content feature at the request of the Editor.

For randomized controlled trials (RCTs): See CONSORT guidelines (www.consort-statement.org). Authors of manuscripts reporting on studies of diagnostic interviews or rating scales are encouraged to submit the STARD flow diagram and checklist.

Include the method of randomization (if applicable), blinding, response rates or follow-up rates and possible bias.

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.

Data Analysis. 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.

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 and limitations of the manuscripts findings, but do not use subheadings.

References
References cited within the text:
Cite references in numerical order using Arabic superscript numbers outside periods and commas within the text. When multiple references are cited at a given place in the text, use an en dash to join the first and last numbers of a closed series, use commas without spaces to separate non-sequential references.

When using bibliographic software, use the American Medical Association (JAMA) as the reference format.

Reference list:

- Accuracy of references is the responsibility of the author. Arrange in numerical order based on call out in the text.
- Use initials and surnames of authors.
- List all authors when there are six or fewer; for seven or more, list only the first three and add “et al.”
- Refer to the U.S. National Library of Medicine’s List of Journals Indexed in Index Medicus or for Online Users for the appropriate abbreviations of journal titles (http://nlmpubs.nlm.nih.gov/online/journals/lsidweb.pdf).
- Unpublished manuscripts accepted for publication should be referenced in the text and the reference list. Label the reference “in press” in the reference list. Authors must provide “in press” manuscripts clearly labeled as such by uploading them with submission.
• Unpublished manuscripts submitted or under consideration but not yet accepted should be noted in the text as “unpublished manuscript,” but should not be included in the reference list. Authors must provide “unpublished manuscripts” clearly labeled as such by uploading them with submission.

• Personal communications should also be mentioned in the body of the text. Authors must state in the cover letter that permission was obtained by the author of any personal communication cited in the article.

• Consult the American Medical Association Manual of Style, 10th Edition, for reference formats.

Tables and Figures
Authors must identify figures or tables that are unpublished or previously published from another source in the cover letter. Written permission should be obtained from the copyright holder. Such permission should be included in the manuscript submission. Failure to provide permission will delay in the processing of the manuscript.

The combined number of tables and figures should not exceed 5 and should comprise no more than a total of 5 double-spaced manuscript pages. Tables should be created in black and white. Color in figures should be used only when the color serves to increase clarity of the figure content. There are no color charges associated with color figures when color is deemed necessary. Each table and/or figure must be cited at least once in the manuscript text.

Tables:
Tables should be cited in the text, numbered consecutively (i.e., Table 1, Table 2, Table 3) in the order of their mention, and have brief descriptions. Place tables after the references in the blinded manuscript file. Tables that constitute a single column are actually lists and should be included in the text as such.

Create tables using the table creation and editing feature of your word processing software. Do not use Microsoft Excel® or comparable spreadsheet programs. Tables submitted in any other format will be returned to the author for reformatting. Begin each table on a separate page with the title and legend included. Double-space the table and any notes. Set each separate entry in a single table cell. Do not use underlining. Properly align numbers, both horizontally and vertically. Use brief headings for columns. Define any abbreviations and/or acronyms used in the table note at the end of the table. All p-values should be expressed as less than or equal to (≤) one of the following levels and denoted using the symbols indicated in parentheses: 0.05 (*), 0.01 (**), 0.001 (***)). Keep notes to a minimum; if necessary, use superscript letters to denote them.

Figures:
Figures should be cited in the text, numbered consecutively (i.e., Figure 1, Figure 2, Figure 3) in the order of their mention, and have brief descriptions. Each figure must be submitted as a separate electronic file and should not be embedded in the blinded manuscript text file. The preferred file format for figures and graphics is EPS or TIFF. Please upload each figure file individually (i.e., two figures should be uploaded separately as Figure 1 and Figure 2). Figures should be consistent in color and size on a white background, 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.

For multiple data sets, choose symbols that are easily distinguishable from one another: for example, filled circles and open circles. Color can be used to distinguish data sets. Figures divided into panels or parts should label each part with A, B, etc. in upper-case bold type.

Complete instructions for electronic artwork submission can be found at http://www.elsevier.com/artwork.

Supplemental Material
Authors may be invited by the Editor to submit supplementary material to enhance their article’s text. Supplementary material is made available via links in the online article but not published in print. All such material will be posted exactly as it is received, and should be submitted as intended for viewing (blinded). 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. Multimedia content, in formats such as AVI or MPG, can also be included as supplementary material. Permission from the copyright holder must be obtained for any supplementary material that has been previously published in print or online. Please confirm in your cover letter to the editor that the material is original and you are the copyright holder, or that permission has been obtained from the copyright holder.

Supplementary material may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, and video. Supplemental material does not count toward Total Manuscript Word Length.

LETTERS TO THE EDITOR
JAACAP invites reader comments on published articles, 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. All letters are subject to editing. JAACAP will acknowledge receipt of letters, but reserves the right to decide not to publish the letter. Submit Letters to the Editor online at http://jaacap.edmgr.com. All letters must be accompanied by a title page and the Manuscript Submission Form(s). Letters should be blinded and limited to 750 words or fewer, including references, and cite 5 or fewer references prepared according to journal style. The letter should be double-spaced. If the letter contains case material, follow instructions as described under Authors’ Professional and Ethical Responsibilities. A title page must be included in a separate electronic document (see Manuscript Components under Preparation of Manuscripts for details). A completed Manuscript Submission Form (MSF) must be included (see Manuscript Submission Form under Preparation and Submission of Manuscripts).

AUTHORS’ PROFESSIONAL AND ETHICAL RESPONSIBILITIES

AUTHORSHIP
Authors must have participated sufficiently to take public responsibility for the content. Authorship is ascribed only if substantial contributions have been made to all of the following:

• Conception and design of study or analysis and interpretation of data.
Instructions for Authors (continued)

- Drafting the article or revising it critically for important intellectual content.
- Final approval of the version to be published.

NOTE: Participation solely in the acquisition of funding, the recruitment of subjects, or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship.

Persons that have written or edited the manuscript, and who do not qualify for authorship on the paper must be identified 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.

SCIENTIFIC AND PUBLICATION ETHICS

Research involving human beings must be conducted ethically with due regard for informed consent. Please include in the manuscript a statement of Institutional Review Board approval and a brief description specifying how consent/assent was obtained and from whom.

Scientific misconduct includes fabrication, falsification, and plagiarism with the intent to deceive by the authors. Honest errors or differences in interpretation are not considered misconduct. Breaches of publication ethics include: failure to reveal financial conflicts of interest; omitting a deserving author or adding a non-contributing 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 in ensuring scientific integrity, and will pursue any allegations of misconduct.

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 Internal Review Board 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 the written assent is required at the time of submission. A form for the written assent is available at www.jaacap.org.

Duplicate Publication

Manuscripts are considered for publication with the understanding that they represent original material and have not been published, submitted, or accepted elsewhere, either in whole or any substantial part.

Divided Publication

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. This includes data on any of the same subjects that have been published, are in press, have been submitted elsewhere, or are in preparation, regardless of authorship. The authors should direct address the relevance of this new submission in light of these other publications and why this submission warrants independent publication. Published papers 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). In order to minimize disruptions when submitting a new manuscript, verify there are no security settings enabled on any files to be uploaded as Divided Publication. Editorial Manager will not allow files to be uploaded if protected.

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JAACAP requires all authors on all types of articles (including letters) to specify the nature of all biomedical financial interests and potential conflicts of interest, financial or otherwise. This disclosure includes direct or indirect financial or personal relationships, interests, and affiliations whether or not directly related to the subject of the paper 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. The disclosure statement should be included on the Manuscript Submission Form at the time of submission for all article types.

NOTE: If an author has nothing to declare, this must be explicitly stated. For example, Dr. Stearns reports no biomedical financial interests or potential conflicts of interest. Authors should contact the Editorial Office with questions or concerns, but should err on the side of inclusion when in doubt.

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

Clinical Trials Registration and Reporting Requirements

In concordance with the ICMJE, JAACAP requires the registration of all clinical trials whose primary purpose is to affect clinical practice as a condition of submission and consideration for publication. For this purpose, the ICMJE defines a clinical trial as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Trials must have been registered at or before the onset of patient enrollment for any clinical trial that began patient enrollment on or after February 1, 2007. The trial name, URL, and registration number should be included at the end of the abstract and also during online manuscript submission. In the text of the manuscript, the hypotheses, aims and methods, including primary outcome measures, should be described. In addition, the authors should state explicitly any changes in these that occurred between the time the study was entered into the clinical trials registry and the time of manuscript submission.

JAACAP accepts the following trial registries:

- Australian New Zealand Clinical Trials Registry
  http://www.anzctr.org.au/
Instructions for Authors (continued)

- Clinical Trials http://www.clinicaltrials.gov/
- ISRCTN Register http://isrctn.org
- Nederlands Trial Register http://www.trialregister.nl
- UMIN Clinical Trials Registry http://www.umin.ac.jp/ctr

MANUSCRIPT SUBMISSION

During the submission process the corresponding author will be required to provide:

1. A running head (an abbreviated form of the main title) of 40 or fewer characters and spaces.
2. Full names, degrees, and email addresses for each author.
3. A structured abstract.
4. A word count (including the title page, abstract, text, references, tables, figures, and figure legends).
5. Five keywords or terms.
6. The name(s) of the study’s statistical expert(s) if used.
7. Clinical Trials Registration information (where applicable).
8. Answers to submission questions, described below.
9. Published articles or “in press” manuscripts that are closely related to this submission or contain key methodological descriptions.
10. A region of origin for the manuscript.

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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.

(1) For papers 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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The work described in the above manuscript was done as part of my (our) employment with the 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.

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CORRESPONDING AUTHOR

By electing to approve and finalize the submission of a manuscript as the corresponding author, JAACAP assumes the author’s acknowledgment and acceptance of the following responsibilities: (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 Acknowledgements section of the manuscript, with the exception of individuals that are listed in their capacity as members of a Research Group.

MANUSCRIPT PROCESSING

The selection of reviewers will be made by the editors. As a general rule, papers will be evaluated by three independent reviews and, on occasion, an additional review for statistical adequacy may also be obtained. The comments of the reviewers are generally communicated to the authors within 4–6 weeks of submission unless otherwise notified by the Editorial Office. A paper 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 any other obvious conflict of interest. The identity of individual reviewers remains confidential to the reviewers and authors.

Authors should be aware that manuscripts may be returned without outside review when the editors deem that the paper 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 makes the final decision to accept, reject, or request revision of the manuscript. A request for revision does not guarantee ultimate acceptance of the revised manuscript. Editorial rejection is done to expedite the editorial process and to allow the authors’ manuscript to be promptly submitted and reviewed elsewhere.

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. Please include the Manuscript Submission Form when uploading the revised manuscript.

Accepted papers are subject to editorial revisions and copyediting. However, the contents of the paper remain the responsibility of the author.

Following acceptance, the corresponding author will receive proofs by e-mail generally within 6 weeks of acceptance, which must be corrected and returned within 48 hours of receipt. Authors should carefully review and proofread the entire article for accuracy, as the Editorial Office does not participate in the proofing of articles.

EDITING SERVICES FOR NON-ENGLISH SPEAKERS

For the non-English speaking authors, a professional editing service may help improve the presentation of the paper. Papers with serious deficiencies in English may be returned without review. Listed below are a number of organizations offering these types of services. JAACAP does not endorse or have involvement with the following services. Furthermore, use of the editing services listed does not have bearing on the Editor’s ultimate decision. Please note that this information is provided solely for the convenience of the authors.

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PUBLIC ACCESS POLICY

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As a service to JAACAP authors, Elsevier will deposit to PubMed Central (PMC) author manuscripts on behalf of Elsevier authors reporting National Institutes of Health (NIH) funded research. This service is a continuation of Elsevier’s 2005 agreement with the NIH when the NIH introduced their voluntary “Public Access Policy.”

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