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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 JAACAP welcomes unpublished manuscripts whose primary focus is on the mental health of children, adolescents, and families.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 subjects such 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, Managing Editor, 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, Managing Editor, 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 and the Book Forum. Interested authors are encouraged to contact Mary Billingsley, Managing Editor, 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.

Instructions for Authors *(continued)*

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 registered trademark symbol (®). 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. 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, and expert testimony.

NOTE: If the author(s) 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 file along with the MSF(s).

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 verifying 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(s). 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, 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,

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