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Journal of the American Academy of

## CHILD &amp; ADOLESCENT PSYCHIATRY

## Instructions for Authors

## GENERAL INFORMATION

The *Journal's* purpose is to advance research, clinical practice, and theory in child and adolescent psychiatry. It is interested in manuscripts from diverse viewpoints, including genetic, epidemiological, neurobiological, cognitive, behavioral, psychodynamic, social, cultural, and economic. Studies of diagnostic reliability and validity, psychotherapeutic and psychopharmacological treatment efficacy, and mental health services effectiveness are encouraged.

The major manuscript categories are regular articles (research reports) and case studies. Review articles (theoretical or critical analyses of the literature) are invited by the Editor. Direct suggestions for Special Sections (a group of related articles) to the Editor. Communicate potential topics for *Clinical Perspectives* directly to the Associate Editor, Michael Jellinek, M.D., Department of Psychiatry, Massachusetts General Hospital, 55 Fruit Street - Bulfinch 351, Boston, MA 02114. Dr. Jellinek works with authors to develop their *Clinical Perspectives* submissions. When they are ready, they undergo formal peer review.

In preparing research reports, follow the IMRAD format, with separate sections titled Introduction, Method, Results, and Discussion that describe the problem, how it was studied, the findings, and what they mean. In the *Introduction*, include the purpose of the study, a priori hypotheses, and a recent and relevant literature review. In the *Method* section, clearly describe the design, with information on sample selection, inclusion/exclusion criteria, method of randomization (if applicable), the determination of sample size (include power calculation), and whether or not the study was "blind" in any way. Discuss the representativeness of the sample selected (controls and patients). Complete information about study sample composition includes gender, race/ethnicity, and family occupational status and educational attainment. 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). Specify sampling frame and study-sampling strategies. State the response and outcome variables in the study. In describing data collection, include response rates or follow-up rates and discuss possible sampling bias. Clearly describe all analyses and provide the names of specific statistical tests used. Include the name(s) of the study statistical expert(s) on the manuscript cover sheet. 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. In the *Results* section, present summary statistics (such as means and standard deviations) so readers can verify results. When reporting significant results, include the statistical test used, the test value, degree(s) of freedom, and the probability level ( $p$  value). When possible, report confidence intervals on the main findings. Keep the number of tables to a minimum, generally not more than 5 double-spaced manuscript pages. In the *Discussion* section, consider both statistical and clinical significance. Focus on integrating the findings into what is known and how these findings advance theory or practice. In a subsection titled *Limitations*, point out and discuss any weaknesses in study design or execution. Include a subsection titled *Clinical Implications* in which relevance for clinical practice or developmental theory is specifically considered.

The *Journal's* policy on ethical requirements is as follows: Research involving human beings must be conducted ethically with due regard for informed consent. The patient's anonymity in case studies should be protected and any identifying information omitted. In addition, the parent/guardian and the patient (if able) should give permission.

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

Piecemeal publication of small amounts of data from the same study is not acceptable. Each publication should report enough new data to make a significant and meaningful contribution to the development of new knowledge or understanding. When data from the same study are reported in more than one publication, the authors must inform the Editor—either in the body of the manuscript or in an accompanying letter—about and submit copies of other manuscripts from the same study that have been published, are in press, have been submitted elsewhere, or are in preparation. The author must inform the *Journal's* Editor, in the manuscript or in an accompanying letter, how the manuscript submitted to the *Journal* is different from other manuscripts from the same study.

When they submit a manuscript, authors are responsible for recognizing and disclosing financial and other conflicts of interest that might bias their work. On the title page, they should acknowledge all financial support for the work and other financial or personal connections to the work.

Base authorship credit only on substantial contributions to (a) conception and design or analysis and interpretation of data; (b) drafting the article or revising it critically for important intellectual content; and (c) final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each author is required to have participated sufficiently in the work to take public responsibility for the content.

All manuscripts are subject to peer review. A paper is judged by four essential criteria: Is the material new, true, important, and comprehensible? Authors can usually expect a decision within 6 to 10 weeks. Review comments that are judged useful to authors will be sent with the decision letter. Manuscripts will not be returned.

Papers accepted by the Editor are subject to editorial revisions and copyediting. However, the contents of the paper remain the responsibility of the author. In particular, accuracy of references is the responsibility of the author.

When a paper is accepted, the Editor sends the author an agreement authorizing the American Academy of Child and Adolescent Psychiatry to publish the article and to own the copyright.

Page proofs will be sent by the printer. Corrected proofs must be returned to the printer within 48 hours. Authors will be billed for excessive changes on proofs (not due to printer error). Reprints may be ordered when proofs are returned to the publisher.

## SUBMISSION REQUIREMENTS

Limit research reports to 6,000 words, including title page, abstract, references, tables, and figures. Limit tables and figures to 5 or fewer double-spaced manuscript pages. Limit case studies to 2,500 words and *Clinical Perspectives* to 2,200 words. Manuscripts exceeding these limits will not be accepted and may be returned unreviewed.

Submit manuscripts in quadruplicate (original and three clear copies), prepared according to instructions under Preparation of Manuscripts below. Send manuscripts and correspondence to:

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