

REVISTA ARGENTINA DE CLINICA PSICOLOGICA

Instructions for Authors

Our editorial team is committed to maintaining RACP as an excellent outlet for scientific publications on clinical mental health. Submissions from all countries will be considered. The journal publishes original articles covering a wide array of topics on **clinical mental health, evaluation, and therapeutic approaches (theoretical models and clinical applications)**. RACP is going through a transition period, aiming to reach a more international audience, and increase its impact. Previously published in Spanish, it now only accepts submissions in English, the Academic Lingua Franca in scientific publications

After submission all papers will be evaluated by the Editor-in-Chief and an Associate Editor for suitability within the scope of the journal thereby providing a rapid response so that authors do not have to wait unduly. After the initial screen, papers will be sent for external peer review. Following the review, the Editor-in-Chief and the Associate Editor will make a joint decision on acceptance, revision, or rejection. Resubmission of rejected manuscripts will not be allowed. In the case of a decision of revision, the author will have a stipulated time to resubmit the revised article with a detailed response addressing all the comments made by the reviewer and/or editor. RACP reviews are always offered in the spirit of constructive criticism, independently of the final recommendation and we hope that contributors will accept them as such.

RACP will be publishing editorials, research reports, brief reports, reviews, systematic reviews, commentaries, perspectives, and special articles some of which may be commissioned. **Research Reports** articles are restricted to 4,000 words in the main text, excluding references, tables, figures, abstract, acknowledgment, and disclosures. **Brief Reports** articles are for preliminary new findings (i.e., pilot studies, study protocols), being restricted to 2,000 words in the main text, excluding references, tables, figures, abstract, acknowledgment, and disclosures. **Reviews** are limited to 6,000 words, and synthesize the scientific knowledge on a specific topic in an academic and clinically significant style. There are no word-limit for **Systematic Reviews**, which are preferred than reviews although narrative reviews may be considered. Authors are required to register their systematic reviews in an appropriate registry, such as PROSPERO to certify fullness of reporting, and avoiding duplication of efforts. **Editorials** are generally commissioned by the journal. **Commentaries and Perspectives** are not mini-reviews, being usually commissioned by the journal. Commentaries are briefly focused papers of contemporary importance, limited to 1,000 words. Perspectives are overviews of a specific topic of clinical mental health, in which there is limited literature and/or controversy, being limited to 2,000 words. **Special articles** discuss specific clinical mental health issues, including critical assessments of literature and data sources, critically reviewing and evaluating existing knowledge and are less broad than review articles, being limited to 4,000 words. There will be no limits for the number of references, which should be cited and listed using the APA style (APA, 2020).

1. The articles must be submitted exclusively through the website of the journal: www.revistaclinicapsicologica.com
Submission link: <https://submit.revistaclinicapsicologica.com/index.php/RACP>

2. Articles submitted to REVISTA ARGENTINA DE CLINICA PSICOLOGICA are only accepted on the understanding that they are subject to editorial review and that they have not been, and will not be, published in whole or in part in any other journal.

3. Articles can be sent only in English.

4. Format: pages size A4, written in double-spaced text in Times New Roman font, size 12.

5. The articles will be headed by the title and subtitle (in English), name of author / s, institutional affiliations and addresses. It also should designate one author as responsible for communications.

6. For Research Reports, Brief Reports, Reviews, Systematic Reviews and Special Articles, following the above data, an abstract will be added (250-350 words in English). The abstract should be structured as follows: background; methods; results; and conclusion.

7. Below the summary, 4 or 5 "keywords" must be included (in English).

8. The illustrations (photographs, diagrams, charts, drawings), will be delivered on separate sheets numbered consecutively (indications of their place must be included in the text).

9. We recommend authors to follow reporting health research guidelines. These tools stipulate a list of criteria required for a comprehensive and flawless description of study methods and consequent results. Observance to these guidelines increases the accurateness and clearness of publications. RACP strongly recommends the use of the following guidelines whenever applicable:

- AGREE reporting checklist to improve reporting of clinical practice guidelines (Brouwers et al., 2016);
- CONSORT statement for reporting randomized controlled trials (Schulz et al., 2010)
- COREQ consolidated criteria for reporting qualitative research (Tong et al., 2007)
- MOOSE proposal for reporting meta-analysis of observational studies in epidemiology (Stroup et al., 2000)
- PRISMA Statement for reporting systematic reviews and meta-analyses evaluating health care interventions (Moher et al., 2009)
- QUORUM statement for improving the quality of reports of meta-analyses of randomized controlled trial (Moher et al., 1999)
- SQUIRE Standards for Quality Improvement Reporting Excellence (Ogrinc et al., 2015)
- STARD statement for reporting diagnostic accuracy studies (Bossuyt et al., 2015)
- STREGA statement for strengthening the reporting of genetic association studies (Little et al., 2009)
- STROBE Statement for reporting observational studies in epidemiology (von Elm et al., 2007)
- TREND Transparent Reporting of Evaluations with Nonrandomized Designs (Des Jarlais et al., 2004)

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