INSTRUCTIONS FOR COMMITTEES
FOR THE DEVELOPMENT OF
AACAP PRACTICE PARAMETERS

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

COMMITTEE ON QUALITY ISSUES

Revised April 2014
INTRODUCTION

The Committee on Quality Issues (CQI) of the American Academy of Child and Adolescent Psychiatry (AACAP), in collaboration with other AACAP Committees (hereafter known as Committee), develops principles for best practices in child and adolescent psychiatry in three broad topic areas:

- the psychiatric assessment and management of special populations of children and adolescents (e.g., physically ill youth, youth in military families)
- the psychiatric assessment and management of children and adolescents in specific settings (e.g., schools, juvenile justice, systems of care)
- the application of specific psychiatric techniques (e.g., telepsychiatry, assessment of infants and toddlers).

Beginning in 2014, these documents, called AACAP “practice parameters”, will be distinct from AACAP “clinical practice guidelines”, which address the assessment and treatment of psychiatric disorders. As such, practice parameters are developed under a separate process from clinical practice guidelines, as outlined below.

PARAMETER TOPICS

The CQI may invite a Committee to develop a parameter on a specific topic deemed to be of interest to the AACAP membership. Alternatively, a Committee may suggest to the CQI that they wish to develop a parameter on the topic addressed by their Committee.

PARAMETER AUTHORS

Authors of the practice parameters are the members of AACAP Committees assigned by the CQI to develop the parameters, and members of the CQI.

OTHER PARAMETER CONTRIBUTORS

Committees may invite other topic experts outside of their Committee or outside of AACAP to contribute to the parameters. In some situations, trainees or research assistants may provide assistance to the authors.

PARAMETER ATTRIBUTION

Title Page

Parameters will be attributed as official AACAP Actions authored by the American Academy of Child and Adolescent Psychiatry [name of committee] and Committee on Quality Issues.

Although the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP) has jurisdiction over the final wording and layout of the title page, the following is an example of how authorship of a fictional parameter could be attributed on the Parameter title page:

AACAP OFFICIAL ACTION
Practice Parameter for the Assessment and Management of Publishing Protocols

American Academy of Child and Adolescent Psychiatry (AACAP) Publishing Protocols Committee (PPC) and AACAP Committee on Quality Issues (CQI)

Boilerplate

The [name of committee] chairs and members and Committee on Quality Issues chairs and members who participated in the development of the parameter will be named in the boilerplate of the parameter. The order of [name of committee] chairs’ and members’ names will be determined by the [name of committee] chairs according to the chairs’ and members’ relative contributions to the development of the parameter. The order of Committee on Quality Issues chairs’ and members’ names will be as follows: CQI chairs (alternating), CQI shepherd, and CQI members (listed alphabetically).

Although the Journal of the American Academy of Child and Adolescent Psychiatry has jurisdiction over the final wording and layout of the boilerplate, the following is an example of how authorship of a fictional parameter could be attributed in the Parameter boilerplate:

This Practice Parameter was developed by the American Academy of Child and Adolescent Psychiatry (AACAP) Publishing Protocols Committee (PPC): John Pink, MD and Lynn Purple, MD, Co-Chairs, and Jeff White, MD, Susan Black, MD, and Jack Blue, MD, Members; and the AACAP Committee on Quality Issues (CQI): Heather J Walter, MD, MPH and Oscar G Bukstein, MD, MPH, Co-Chairs, Christopher Bellonci, MD, Shepherd, and Scott Benson, MD and John Hamilton, MD, Members.

Committee authors should understand that PubMed listings are idiosyncratic and may or may not include author names as listed in the boilerplate. Authors also should understand that these practice parameters may or may not be selected for listing in the National Guidelines Clearinghouse, depending upon the rigor with which the parameter was developed.

Topic experts, reviewers, and other contributors will be attributed alphabetically by name in the parameter boilerplate, as follows:

The Committees acknowledge the following experts for their contributions to this Parameter: [experts’ names].

COMMITTEE DUTIES

Committees authoring practice parameters accept the following responsibilities:

1. Be thoroughly familiar with the Instructions for Committees for the Development of AACAP Practice Parameters.

2. Partner with the CQI parameter shepherd and the AACAP liaison to complete all parameter development tasks.

3. Collaborate with other relevant AACAP committees, if applicable, in parameter development.
4. Prepare the initial parameter draft and subsequent revisions in a timely fashion (approximately 12 months from initiation to approval).

5. Present parameter drafts to the CQI either by telephone conference call or electronically.

6. Incorporate comments of CQI members into subsequent parameter drafts.

7. Select and incorporate comments of expert reviewers.

8. Present the parameter to AACAP members through the AACAP website.

9. Incorporate comments of AACAP members into the parameter.

10. Incorporate comments of CQI Consensus Group (defined below) into the parameter.

11. Incorporate comments of AACAP Council (if applicable) into the parameter.

12. Write (or suggest other authors to write) periodic updates of the parameter as invited by the CQI.

COPYRIGHT

Copyright to the practice parameters belongs to AACAP.

CONFLICT OF INTEREST

Practice parameters incorporate the values expressed in the AACAP Code of Ethics. Committee and CQI chairs, Committee and CQI members, topic experts, and reviewers are required to disclose potential conflicts of interest related to the parameter. Potential conflicts of interest will be available to the public on the AACAP website. Authors with conflicts or biases that could affect scientific objectivity are asked to decline participation.

PARAMETER DEVELOPMENT PROCESS

Parameter development proceeds as follows:

1. **Identification of Topics and Authors.** The CQI identifies new parameter topics and potential Committees for parameter authorship. The CQI also considers suggestions for parameter topics offered by AACAP Committees, members, and executive leadership.

2. **Identification of CQI Shepherd and AACAP Liaison.** The CQI assigns one of its members to “shepherd” the Committee in parameter development, assisted by the AACAP liaison. The shepherd and liaison will be responsible for assisting the Committee in following the Instructions for Committees, incorporating CQI members’ and other reviewers’ comments into drafts of the parameter, and inviting the Committee to present parameter drafts to the CQI.

3. **Preparation of Parameter Drafts.** Preparation of the parameter should begin with a literature search of potential issues to be addressed in the parameter. This search
should be performed and documented according to the guidelines outlined under the METHODOLOGY section below. The results of the literature search should be used to generate a list of approximately 8-12 principles for best practices in the topic area. The results of the literature search and list of principles are presented to the CQI either by telephone conference call or electronically.

After the literature review and principles have been approved by the CQI, the Committee works with the CQI shepherd to develop a complete draft of the parameter. When a complete first draft has been written and preliminarily reviewed by the shepherd, the shepherd invites the Committee to present the draft to the CQI either by telephone conference call or electronically. After CQI review, the Committee works with the CQI shepherd to incorporate the comments of CQI members. Follow-up drafts will be presented (at the shepherd’s invitation) to the CQI via telephone conference call or electronically.

4. **Expert Review.** Following iterative CQI review, the Committee asks acknowledged experts in the parameter topic area for additional review by email. Topic experts may include members of other relevant AACAP committees, professionals from other disciplines, or representatives from relevant professional or consumer organizations. The Committee incorporates experts’ comments into a subsequent parameter draft.

5. **AACAP Member Review.** Following expert review, the draft of the parameter is posted on the AACAP website for member review. The author incorporates members’ comments into a subsequent parameter draft.

6. **Consensus Group.** Following AACAP member review, the draft of the parameter is reviewed by email (and conference call if indicated) by a Consensus Group convened by the CQI. The Consensus Group typically comprises the following:

   A. A chair of the CQI
   B. The parameter shepherd
   C. One or two additional CQI members
   D. Several experts in the parameter topic area
   E. One or two representatives from other relevant AACAP Committees (if applicable)
   F. Two representatives from the AACAP Assembly of Regional Organizations, who are expected to represent the interests of AACAP members
   G. Two representatives from the AACAP Council, who are expected to represent the interests and authority of the AACAP leadership

   If consensus cannot be achieved by email or telephone communication, members of the Consensus Group may meet face-to-face, preferably at the AACAP Annual Meeting, to resolve differences.

7. **Final Edits.** Following Consensus Group approval, the draft of the parameter is edited by the CQI chairs and liaison as needed to assure conformity to the Instructions for Committees.

8. **Approval by AACAP Council.** The final, edited parameter draft must be approved by a majority of a quorum of the AACAP Council. It is anticipated that the Council
will make substantive changes to the parameter only in extraordinary circumstances. Any substantive changes suggested by Council will be submitted to the CQI Consensus Group for consideration.

9. **Publication.** The approved practice parameter will be published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, and will be posted on the AACAP website. The parameter may also be published and distributed by AACAP in other ways.

10. **Update.** The Committee will be asked to update the parameter at periodic intervals.

**CONTENT AND FORMAT OF PRACTICE PARAMETERS**

**CONTENT**

Following a brief background review of the topic, parameters are designed to succinctly present the most important principles pertinent to the parameter topic. Parameters have a 10,000 word limit, including references and tables; therefore, material presented in the background review should not be duplicated under the principles; material presented in tables should not be duplicated in the text, and references should be pertinent, important, and recent.

**TITLE**

Typical titles of parameters are as follows:

- Practice Parameter for the Psychiatric Assessment and Management of Physically Ill Children and Adolescents
- Practice Parameter for Psychiatric Consultation and Intervention in Schools
- Practice Parameter for Telepsychiatry with Children and Adolescents

**ABSTRACT**

A one-paragraph (150 word limit) abstract should summarize the content of the parameter. Up to five key terms are listed at the end of the abstract. The terms “practice parameter” and “child and adolescent psychiatry”, and other terms of the Committee’s choice can be used.

**DEVELOPMENT AND ATTRIBUTION**

The development and attribution section (“boilerplate”) summarizes the process of parameter development, and indicates the name(s) of all Committee and CQI members and reviewers. Correct titles should be provided (e.g., M.D., Ph.D.). Academic affiliations are not included. Potential conflicts of interest are disclosed in the boilerplate for the Committee and CQI chairs. Disclosures for all other named individuals are available on the AACAP website. The attribution boilerplate is as follows (subject to editing by JAACAP):

> This Practice Parameter was developed by the American Academy of Child and Adolescent Psychiatry (AACAP) [Committee name (initials)]: [names of Committee co-chairs, names of Committee members] and the AACAP Committee on Quality Issues (CQI): [names of CQI co-chairs, name of CQI shepherd, names of CQI members].
AACAP Practice Parameters are developed by AACAP Committees under the direction of the AACAP CQI. Parameter development is an iterative process between the Committee, the CQI, topic experts, and representatives from multiple constituent groups, including the AACAP membership, other relevant AACAP Committees, the AACAP Assembly of Regional Organizations, and the AACAP Council. Details of the Parameter development process can be accessed on the AACAP Web site. Responsibility for Parameter content and review rests with the Committee, the CQI, the CQI Consensus Group, and the AACAP Council.

The primary intended audience for the AACAP Practice Parameters is child and adolescent psychiatrists; however, the information contained therein may also be useful for other medical or mental health clinicians.

The authors wish to acknowledge the following topic experts for their contributions to this Parameter: [experts’ names].

[Name] served as the AACAP staff liaison for the [Committee name] and the CQI.

This Practice Parameter was reviewed by AACAP members from [month, year] to [month, year].

From [month, year] to [month, year], this Practice Parameter was reviewed by a Consensus Group convened by the CQI. Consensus Group members and their constituent groups were as follows: [co-chair’s name, shepherd’s name, members’ names] (CQI); [names] (Topic Experts); [names and committee affiliations] (AACAP Committees); [names] (AACAP Assembly of Regional Organizations); and [names] (AACAP Council).

This Practice Parameter was approved by the AACAP Council on [date].

This Practice Parameter is available on the internet (www.aacap.org).

Disclosures: [Committee chairs and CQI chairs].

Correspondence to the AACAP Communications Department, 3615 Wisconsin Ave., NW, Washington, D.C. 20016.

© [year] by the American Academy of Child and Adolescent Psychiatry.

INTRODUCTION

The following information should be included in the introduction section of the parameter:

- The purpose of the parameter
- The rationale for the parameter (Example: “Because the process of evaluating child custody disputes is complex and requires special expertise and unique approaches, this parameter can be of help for clinicians and ultimately, for the families they evaluate”)
• The patient population for whom the parameter is appropriate (Example: “Principles in this parameter are applicable to children and adolescents under the age of 18”)

Other information that should be included in the introduction:

• Any important assumptions underlying the parameter (Example: “This parameter assumes familiarity with normal child development and the principles of child psychiatric diagnosis and treatment.”)
• Clarification of terminology (Example: “In this parameter, unless otherwise noted, the term ‘child’ refers to both children and adolescents unless otherwise noted. Also unless otherwise noted, ‘parents’ refers to the child’s primary caregivers, regardless of whether they are the biological or adoptive parents or legal guardians.”)

The Introduction section should approximate 200 words.

METHODOLOGY

AACAP practice parameters should critically appraise evidence using transparent literature review methodology consistent with worldwide standards. The single most useful guide for this process is The Cochrane Library’s Handbook for Authors. The following outline can help guide committee authors to produce high-quality searches:

1. For each of the potential issues under study in the parameter, create search terms, using Boolean operators (e.g., OR, AND) to join individual terms and sets of terms as appropriate. To ensure a complete search (i.e., all relevant results are found), use Medical Index Subject Heading (MeSH) terms for all searches in MEDLINE and thesaurus terms for all searches in PsycINFO. Keyword searches can also be used, but only as a supplement to MeSH and thesaurus terms.

2. Search multiple databases. The most fruitful databases in child and adolescent psychiatry are MEDLINE, PsycINFO, CENTRAL, and EMBASE. Searching these four databases will generally suffice if the bibliographies of retrieved articles are also examined for relevant references not included in the databases.

3. Search first for systematic reviews and meta-analyses that used well-defined methodology as the highest level of empirical evidence. The Cochrane Database of Systematic Reviews (CDSR) contains many systematic reviews (SR); however if the topic is not found in CDSR, search other databases using the “article types” filter that retrieves only systematic reviews and/or meta-analyses.

4. Next use the “article types” filter to search for individual studies, choosing the appropriate types of studies (e.g., randomized controlled trial, cohort study, case-control study, case study) as indicated by the issue under study.

5. Use additional filters to specify additional “winnowing” criteria (e.g., human, English language, ages, publication dates). Avoid using these filters in the initial search; rather include them in subsequent searches so the reader can follow how the search began with a sensitive, inclusive search, but then became highly specific by focusing on the most relevant studies. Report the results for each search as the numbers narrow (“winnowing”). This ensures transparency, as
anyone should be able to duplicate the search and obtain the same results. Do not ask the reader to take “on faith” a large reduction from over 2000 references in the initial search to the 50 listed in the parameter’s bibliography without documenting the winnowing process.

6. Finally, the entire search process summarized above should be documented in the Methodology section of the parameter, including the following specific information:

- Titles of databases searched (e.g., MEDLINE)
- Names of the hosts (e.g., PubMed)
- Date searches were run (month, day, year)
- Time period covered by the search
- Search terms used
- Number of hits in initial searches and at each stage of the winnowing process

Example (can be written in narrative form in the parameter):

MEDLINE
PubMed
April 15, 2013
[2003-2013]
1. Dysthymic Disorder [MESH Term]: 1207 references
2. Cognitive Therapy [MESH Term]: 11266 references
3. #1 and #2: 57 references
4. #3 limited to systematic reviews, meta-analyses & RCTs: 26 references
5. #4 limited to age 0 to 18: 8 references

DEFINITIONS

Unfamiliar terms should be defined in this section, listed alphabetically.

HISTORICAL REVIEW

Brief history of the topic can be provided, describing changes over time in approach to the issue (e.g., changes in policies of seclusion and restraint, changes in federal mandates pertaining to the education of children with disabilities, changes in the power of the state in child welfare decisions).

The Historical Review section should approximate 400 words.

DESCRIPTION OF PROCEDURE

This section is appropriate for parameters pertaining to specific tests or procedures (e.g., neuropsychological testing, telepsychiatry).

PRINCIPLES
Authors should think of this section as the most important practical “do’s and don’ts” regarding this topic (approximately 8-12) as derived from the literature search. Principles should be a single declarative statement; any modifying or additional information should be placed in the text following the principle. Principles should be clustered by topic area and sequenced in a logical order.

The following are examples of principles from a parameter on school consultation:

- Clinicians should understand how to initiate, develop, and maintain consultative relationships with schools.
- Clinicians should be knowledgeable about legislation that establishes and protects the educational rights of students with mental disabilities.
- Clinicians should be able to conduct a comprehensive assessment of a student with an emphasis on understanding barriers to learning.

ALGORITHMS/TABLES/FIGURES

Committees are encouraged to develop visual summaries of practice parameter content. Tables and figures are formatted in the style of the JAACAP and authors are referred to recent issues for examples.

PARAMETER LIMITATIONS

The following disclaimer is included as boilerplate:

AACAP Practice Parameters are developed to assist clinicians in psychiatric decision making. These Parameters are not intended to define the sole standard of care. As such, the Parameters should not be deemed inclusive of all proper methods of care nor exclusive of other methods of care directed at obtaining the desired results. The ultimate judgment regarding the care of a particular patient must be made by the clinician in light of all of the circumstances presented by the patient and his or her family, the diagnostic and treatment options available, and available resources.

REFERENCES

It is not necessary to be exhaustive in developing the references. The purpose of the parameters is to present literature that is compelling, relevant, and integral to the parameter topic.

PREPARATION OF DRAFTS

At all phases of production, drafts are submitted to the AACAP Clinical Practice Department for reproduction and distribution to the Committees, the general membership, reviewers, Council, and Assembly. Drafts are submitted via email.

LENGTH

The draft should not exceed 10,000 words, including abstract, introduction, methodology, background, principles, tables and references. All drafts should have an accurate word count on the cover sheet. Some practice parameters will be much less than 10,000 words.
STYLE

Style refers to the preferred usage for spelling, punctuation, and references. The AACAP uses the AMA Manual of Style, the APA American Psychiatric Glossary, and Webster’s Collegiate Dictionary.

The text should be justified to the left side of the page. Do not attempt to hyphenate words in order to justify the right side of the page, since the hyphenation changes as the drafts evolve.

After the draft has been submitted, the staff of the Clinical Practice Department will copyedit the material and prepare it for distribution. The staff will take care of the headers, the footers, and line numbers. Staff will return the edited version of the parameter to the Committees. Please use this copy to make revisions for the next draft.

COVER SHEET AND FIRST PAGE

The first page of parameter should list the title, draft date and word count followed by the parameter content beginning with the abstract section.

Do not indicate the draft number (e.g., Draft #1 or Draft #4). Simply put the date on which the author finished the draft and is submitting it to the Clinical Affairs Department.

HEADING LEVELS

Heading levels for the narrative portion of the parameters are as follows:

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TITLE: Uppercase, boldface, centered at the top of the page.

Example:

PRACTICE PARAMETER FOR THE PSYCHIATRIC ASSESSMENT AND MANAGEMENT OF PHYSICALLY ILL CHILDREN AND ADOLESCENTS

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LEVEL 1: Upper case, boldface, flush left, freestanding.

Example:

ASSESSMENT

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LEVEL 2: Upper case, roman (non-bold), flush left, freestanding.

Example:

SYMPTOM RATING SCALES

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LEVEL 3: Mixed case, roman (non-bold), flush left, freestanding.
Example:
Types of Symptom Rating Scales

LEVEL 4: First word capitalized, indented as for a paragraph, italic, with a period at the end of the phrase.

Example:
   *Illness coping scales.*

REFERENCES

References should be in the style of the *Journal*. Double check [www.jaacap.org](http://www.jaacap.org) if unsure of which style to use. If using bibliographic software please be sure that the software is formatted appropriately. **DRAFTS WITH REFERENCES IN INCORRECT STYLE WILL BE RETURNED TO THE AUTHOR FOR REVISION.** Every effort should be made to list references accurately from primary source materials.

Authors should make sure that every citation in the text of the parameter has an appropriate entry in the References, that all items in the References were actually cited in the text, and that there are no duplicate references.