January 2019 marks the beginning of my third year as Editor of the Journal of Consulting and Clinical Psychology (JCCP). In my 2017 editorial, I stressed the importance of stability and growth to maintaining the journal’s status, keeping the journal relevant, and responding to and shaping the field. In line with those goals, my editorial team and I want to announce a new policy going forward as well as reaffirm a key policy issue for submission to JCCP.

**New Policy: Registration of Clinical Trials**

JCCP will now require all clinical trials presenting analyses of primary outcomes to be registered. By clinical trials, I mean those studies designed to examine the efficacy or effectiveness of a treatment or preventive intervention. Below are the details of this policy, but before describing those, I will note the reasons for this new policy. First and foremost is the issue of transparency. As clinical scientists we are (or should be) aware of the dangers of selective outcome reporting and the emphasis on publishing only positive (rather than null) results, problems that preregistration is designed to address. The movement toward registration, and preregistration in particular, has been growing since the mid-2000s when the International Committee of Medical Journal editors began requiring trial registration in public trial registries, prior to data collection along with specification of primary and secondary outcomes in the trial registration (De Angelis et al., 2004). Pre-registration became most well defined for clinical scientists in the United States in 2007 when the National Institutes of Health began requiring preregistration of all funded clinical trials. Despite this, studies show consistently low rates of (a) preregistration among published clinical trials and (b) information about whether a published clinical trial was registered as well as high rates of selective reporting. These findings have emerged in studies of trials appearing in clinical psychology journals (Cybulski, Mayo-Wilson, & Grant, 2016), trials for cognitive behavioral therapy and antidepressant medication for depression (Shinohara et al., 2015), and psychotherapy outcome trials in highly ranked psychology journals (including the JCCP; Bradley, Rucklidge, & Mulder, 2017). Indeed, in a study specific to clinical trials published in JCCP in 2013–2014, Azar, Riehm, McKay, and Thombs (2015) found that only 56% of trials were registered, and very few provided adequate definition (according to the authors) of primary and secondary outcomes. As such, I believe it is time for the JCCP to adopt a registration policy.

That said, we are sensitive to the risks associated with registration, particularly preregistration, including concerns about loss of exploration, innovation, and flexibility. Because of this, we have built flexibility into our policy with regard to the start date for which preregistration is required and the publication of secondary data analyses. The new policy, which now appears on our website (http://www.apa.org/pubs/journals/ccp/), is as follows:

- As of March 1, 2019, registration will be required for all clinical trials reporting primary outcome findings. Prospective registration (i.e., preregistration) is required if recruitment began on or after March 1, 2019. Retrospective registration will be accepted only if recruitment began before this date.
- Clinical trials must be registered at ClinicalTrials.gov or at another recognized registry. A complete list of acceptable trial registries can be found via the World Health Organization International Clinical Trials Registry Platform. Differences between registered and reported methods or outcomes must be explained clearly and transparently in the article.
- Trial protocols, including statistical analysis plans, must be made available to readers. Both published and unpublished protocols are acceptable. Published protocols should be cited in the article. Unpublished protocols may be provided in online-only supplements or made available by request. Use of the Standard Protocol Items: Recommendations for Intervention Trials checklist is recommended.
- For secondary analyses of existing data sets, in which primary analyses have already been published (or are in press), registration is not required. For such analyses, registration status must be made transparent in the article, and authors must follow guidelines about data transparency provided on the JCCP website. The article(s) reporting the primary outcomes, and the findings, must be cited in the article. If primary analyses have not been published (or are not in press), secondary analyses will not be considered for publication.
- Articles reporting long-term outcomes of studies for which the primary outcomes have already been published also will not require registration, but authors must follow the guidelines above for secondary analyses. If primary analyses have not been published (or are not in press), articles reporting long-term outcomes will not be considered for publication.
- For studies that are not clinical trials, registration is encouraged but not required.

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• Authors must note registration status in their cover letter, in the article, and in the submission portal.

When submitting via the portal, authors will be asked to select the category of study and registration status that best describes their submission and to provide registration information where relevant.

Reaffirmation of Existing Policy: Journal Article Reporting Standards (JARS and MARS)

It has for many years been the policy of the JCCP to require articles to conform to Journal Article Reporting Standards for all studies, including clinical trials, meta-analyses, and all other research designs. My editorial team and I have been concerned about the failure of many submissions to conform to these standards, despite the fact that authors are asked to confirm, upon article submission, that they have followed JARS/MARS guidelines. As such, with this editorial we reaffirm the requirement for following these guidelines. Doing so is critical for articles to receive fair and consistent reviews and for articles published in the JCCP to be relatively uniform in what they include, particularly with regard to key methodological and statistical information. The editorial team therefore will be carefully screening articles for conformity to JARS/MARS guidelines, and articles may be rejected if guidelines are not followed. Our policy on reporting standards, which appears on our website (http://www.apa.org/pubs/journals/ccp/), is as follows:

• To improve consistency and fairness in the review process and in the reporting of scientific findings, authors will be required to conform to JARS as described by Applebaum et al. (2018).
• Upon submission, authors will be required to affirm (on the submission portal and in their cover letter) that they have followed JARS guidelines and that the submitted article and/or addresses contain all required information as relevant for the study. The editorial team will use consistency with the JARS guidelines as a review criterion, and articles may be rejected if guidelines are not followed.

When deviating from JARS guidelines, authors must provide the rationale in their cover letter.

Although these policies will require more effort on the part of authors (and the editorial team), I believe they reflect the best practice in clinical science and that they will have a positive effect not just on the journal but also on the field and public we ultimately serve.

References


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