Vijay Anand Mittal

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1924894/publications.pdf

Version: 2024-02-01

252 papers

7,534 citations

43 h-index 71 g-index

284 all docs

284 docs citations

times ranked

284

6619 citing authors

#	Article	IF	CITATIONS
1	Stress and the Hypothalamic Pituitary Adrenal Axis in the Developmental Course of Schizophrenia. Annual Review of Clinical Psychology, 2008, 4, 189-216.	12.3	515
2	The Stress Cascade and Schizophrenia: Etiology and Onset. Schizophrenia Bulletin, 2003, 29, 671-692.	4.3	375
3	Beyond the FRN: Broadening the time-course of EEG and ERP components implicated in reward processing. International Journal of Psychophysiology, 2018, 132, 184-202.	1.0	207
4	Alterations in Brain Structures Related to Taste Reward Circuitry in III and Recovered Anorexia Nervosa and in Bulimia Nervosa. American Journal of Psychiatry, 2013, 170, 1152-1160.	7.2	191
5	Gene-Environment Interaction and Covariation in Schizophrenia: The Role of Obstetric Complications. Schizophrenia Bulletin, 2008, 34, 1083-1094.	4.3	177
6	Longitudinal Study of Stressful Life Events and Daily Stressors Among Adolescents at High Risk for Psychotic Disorders. Schizophrenia Bulletin, 2011, 37, 432-441.	4.3	119
7	Longitudinal Progression of Movement Abnormalities in Relation to Psychotic Symptoms in Adolescents at High Risk of Schizophrenia. Archives of General Psychiatry, 2008, 65, 165.	12.3	113
8	Orbitofrontal cortex volume and brain reward response in obesity. International Journal of Obesity, 2015, 39, 214-221.	3.4	112
9	Neurological Soft Signs Predict Abnormal Cerebellar-Thalamic Tract Development and Negative Symptoms in Adolescents at High Risk for Psychosis: A Longitudinal Perspective. Schizophrenia Bulletin, 2014, 40, 1204-1215.	4.3	110
10	Movement abnormalities predict conversion to Axis I psychosis among prodromal adolescents Journal of Abnormal Psychology, 2007, 116, 796-803.	1.9	104
11	Cerebellar networks in individuals at ultra highâ€risk of psychosis: Impact on postural sway and symptom severity. Human Brain Mapping, 2014, 35, 4064-4078.	3.6	104
12	Cerebello-thalamo-cortical networks predict positive symptom progression in individuals at ultra-high risk for psychosis. Neurolmage: Clinical, 2017, 14, 622-628.	2.7	101
13	What Can Different Motor Circuits Tell Us About Psychosis? An RDoC Perspective. Schizophrenia Bulletin, 2017, 43, 949-955.	4.3	100
14	The Relations Among Putative Biorisk Markers in Schizotypal Adolescents: Minor Physical Anomalies, Movement Abnormalities, and Salivary Cortisol. Biological Psychiatry, 2007, 61, 1179-1186.	1.3	93
15	Actigraphic-measured sleep disturbance predicts increased positive symptoms in adolescents at ultra high-risk for psychosis: A longitudinal study. Schizophrenia Research, 2015, 164, 15-20.	2.0	89
16	Markers of Basal Ganglia Dysfunction and Conversion to Psychosis: Neurocognitive Deficits and Dyskinesias in the Prodromal Period. Biological Psychiatry, 2010, 68, 93-99.	1.3	86
17	Research domain criteria (RDoC) grows up: Strengthening neurodevelopment investigation within the RDoC framework. Journal of Affective Disorders, 2017, 216, 30-35.	4.1	86
18	Language as a biomarker for psychosis: A natural language processing approach. Schizophrenia Research, 2020, 226, 158-166.	2.0	86

#	Article	IF	CITATIONS
19	Dysfunctional Activation of the Cerebellum in Schizophrenia. Clinical Psychological Science, 2015, 3, 545-566.	4.0	84
20	Sleep dysfunction and thalamic abnormalities in adolescents at ultra high-risk for psychosis. Schizophrenia Research, 2013, 151, 148-153.	2.0	83
21	Cerebellar-Motor Dysfunction in Schizophrenia and Psychosis-Risk: The Importance of Regional Cerebellar Analysis Approaches. Frontiers in Psychiatry, 2014, 5, 160.	2.6	76
22	Updating the research domain criteria: the utility of a motor dimension. Psychological Medicine, 2015, 45, 2685-2689.	4.5	75
23	Regional cerebellar volume and cognitive function from adolescence to late middle age. Human Brain Mapping, 2015, 36, 1102-1120.	3.6	75
24	The clinical and prognostic value of motor abnormalities in psychosis, and the importance of instrumental assessment. Neuroscience and Biobehavioral Reviews, 2017, 80, 476-487.	6.1	75
25	Social relationships in young adults at ultra high risk for psychosis. Psychiatry Research, 2017, 247, 345-351.	3.3	74
26	Gesture behavior in unmedicated schizotypal adolescents Journal of Abnormal Psychology, 2006, 115, 351-358.	1.9	72
27	Motor System Pathology in Psychosis. Current Psychiatry Reports, 2017, 19, 97.	4.5	70
28	Evidence-Based Early Interventions for Individuals at Clinical High Risk for Psychosis. Journal of Nervous and Mental Disease, 2015, 203, 342-351.	1.0	69
29	A Meta-analytic Review of Auditory Event-Related Potential Components as Endophenotypes for Schizophrenia: Perspectives From First-Degree Relatives. Schizophrenia Bulletin, 2016, 42, 1504-1516.	4.3	68
30	Adolescents at clinical-high risk for psychosis: Circadian rhythm disturbances predict worsened prognosis at 1-year follow-up. Schizophrenia Research, 2017, 189, 37-42.	2.0	66
31	Elevated social Internet use and schizotypal personality disorder in adolescents. Schizophrenia Research, 2007, 94, 50-57.	2.0	65
32	Movement abnormalities and the progression of prodromal symptomatology in adolescents at risk for psychotic disorders Journal of Abnormal Psychology, 2007, 116, 260-267.	1.9	64
33	Diagnostic and Statistical Manual of Mental Disorders. Psychiatry Research, 2011, 189, 158-159.	3.3	62
34	Why We Should Take a Closer Look at Gestures. Schizophrenia Bulletin, 2016, 42, 259-261.	4.3	59
35	Widespread brain dysconnectivity associated with psychotic-like experiences in the general population. Neurolmage: Clinical, 2014, 4, 343-351.	2.7	57
36	<scp>I</scp> nternet addiction, reality substitution and longitudinal changes in psychoticâ€like experiences in young adults. Microbial Biotechnology, 2013, 7, 261-269.	1.7	55

#	Article	IF	Citations
37	Differential motor and prefrontal cerebello-cortical network development: Evidence from multimodal neuroimaging. NeuroImage, 2016, 124, 591-601.	4.2	55
38	Neighborhood deprivation, prefrontal morphology and neurocognition in late childhood to early adolescence. NeuroImage, 2020, 220, 117086.	4.2	54
39	Physical activity level and medial temporal health in youth at ultra high-risk for psychosis Journal of Abnormal Psychology, 2013, 122, 1101-1110.	1.9	53
40	The utility of an RDoC motor domain to understand psychomotor symptoms in depression. Psychological Medicine, 2019, 49, 212-216.	4.5	51
41	Sleep dysfunction prior to the onset of schizophrenia: A review and neurodevelopmental diathesis–stress conceptualization Clinical Psychology: Science and Practice, 2013, 20, 291-320.	0.9	50
42	Exercise Treatments for Psychosis: a Review. Current Treatment Options in Psychiatry, 2017, 4, 152-166.	1.9	50
43	Motor Clusters Reveal Differences in Risk for Psychosis, Cognitive Functioning, and Thalamocortical Connectivity: Evidence for Vulnerability Subtypes. Clinical Psychological Science, 2018, 6, 721-734.	4.0	50
44	Increased postural sway predicts negative symptom progression in youth at ultrahigh risk for psychosis. Schizophrenia Research, 2015, 162, 86-89.	2.0	49
45	Hippocampal Subregions Across the Psychosis Spectrum. Schizophrenia Bulletin, 2018, 44, 1091-1099.	4.3	49
46	Childhood Trauma and Neurocognition in Adults With Psychotic Disorders: A Systematic Review and Meta-analysis. Schizophrenia Bulletin, 2019, 45, 1195-1208.	4.3	48
47	Striatal volumes and dyskinetic movements in youth at high-risk for psychosis. Schizophrenia Research, 2010, 123, 68-70.	2.0	47
48	Cerebellar Morphology and Procedural Learning Impairment in Neuroleptic-Naive Youth at Ultrahigh Risk of Psychosis. Clinical Psychological Science, 2014, 2, 152-164.	4.0	44
49	A review of negative symptom assessment strategies in youth at clinical high-risk for psychosis. Schizophrenia Research, 2020, 222, 104-112.	2.0	43
50	Hippocampal Shape Abnormalities Predict Symptom Progression in Neuroleptic-Free Youth at Ultrahigh Risk for Psychosis. Schizophrenia Bulletin, 2015, 42, sbv086.	4.3	42
51	Initial development and preliminary psychometric properties of the Prodromal Inventory of Negative Symptoms (PINS). Schizophrenia Research, 2017, 189, 43-49.	2.0	42
52	Associations between spontaneous movement abnormalities and psychotic-like experiences in the general population. Schizophrenia Research, 2011, 132, 194-196.	2.0	41
53	Resting cortisol level, self-concept, and putative familial environment in adolescents at ultra high-risk for psychotic disorders. Psychoneuroendocrinology, 2015, 57, 26-36.	2.7	41
54	Understanding Language Abnormalities and Associated Clinical Markers in Psychosis: The Promise of Computational Methods. Schizophrenia Bulletin, 2021, 47, 344-362.	4.3	41

#	Article	IF	CITATIONS
55	Ethical, Legal, and Clinical Considerations when Disclosing a Highâ€Risk Syndrome for Psychosis. Bioethics, 2015, 29, 543-556.	1.4	40
56	Relation of neurological soft signs to psychiatric symptoms in schizophrenia. Schizophrenia Research, 2007, 94, 37-44.	2.0	38
57	Mismatch and lexical retrieval gestures are associated with visual information processing, verbal production, and symptomatology in youth at high risk for psychosis. Schizophrenia Research, 2014, 158, 64-68.	2.0	38
58	Emotional and behavioral symptomatology reported by help-seeking youth at clinical high-risk for psychosis. Schizophrenia Research, 2015, 162, 79-85.	2.0	38
59	The association between sleep dysfunction and psychosis-like experiences among college students. Psychiatry Research, 2017, 248, 6-12.	3.3	38
60	Psychomotor slowing in Schizophrenia: Implications for endophenotype and biomarker development. Biomarkers in Neuropsychiatry, 2020, 2, 100016.	1.0	38
61	Abnormal movements are associated with poor psychosocial functioning in adolescents at high risk for psychosis. Schizophrenia Research, 2011, 130, 164-169.	2.0	37
62	Spontaneous parkinsonisms and striatal impairment in neuroleptic free youth at ultrahigh risk for psychosis. NPJ Schizophrenia, 2015, 1 , .	3.6	37
63	Automated analysis of written narratives reveals abnormalities in referential cohesion in youth at ultra high risk for psychosis. Schizophrenia Research, 2018, 192, 82-88.	2.0	36
64	Neurocognition and conversion to psychosis in adolescents at high-risk. Schizophrenia Research, 2008, 101, 161-168.	2.0	35
65	The presentation of dermatoglyphic abnormalities in schizophrenia: A meta-analytic review. Schizophrenia Research, 2012, 142, 1-11.	2.0	34
66	Deficits in Early Stages of Face Processing in Schizophrenia: A Systematic Review of the P100 Component. Schizophrenia Bulletin, 2016, 42, 519-527.	4.3	34
67	Emotion processing in female youth: Testing the stability of the late positive potential. Psychophysiology, 2018, 55, e12977.	2.4	34
68	Sleep/Wake Regularity Associated with Default Mode Network Structure among Healthy Adolescents and Young Adults. Scientific Reports, 2020, 10, 509.	3.3	34
69	Intrinsic Functional Connectivity in Salience and Default Mode Networks and Aberrant Social Processes in Youth at Ultra-High Risk for Psychosis. PLoS ONE, 2015, 10, e0134936.	2.5	33
70	Cerebellar Transcranial Direct Current Stimulation Improves Procedural Learning in Nonclinical Psychosis: A Double-Blind Crossover Study. Schizophrenia Bulletin, 2018, 44, 1373-1380.	4.3	33
71	Minor physical anomalies and vulnerability in prodromal youth. Schizophrenia Research, 2011, 129, 116-121.	2.0	32
72	Patients with schizophrenia show aberrant patterns of basal ganglia activation: Evidence from ALE meta-analysis. Neurolmage: Clinical, 2017, 14, 450-463.	2.7	32

#	Article	IF	CITATIONS
73	The impact of emotion awareness and regulation on psychotic symptoms during daily functioning. NPJ Schizophrenia, 2020, 6, 7.	3.6	32
74	Emotion regulation across the psychosis continuum. Development and Psychopathology, 2020, 32, 219-227.	2.3	31
75	Visual context processing dysfunctions in youth at high risk for psychosis: Resistance to the Ebbinghaus illusion and its symptom and social and role functioning correlates Journal of Abnormal Psychology, 2015, 124, 953-960.	1.9	30
76	Resting state connectivity dynamics in individuals at risk for psychosis Journal of Abnormal Psychology, 2018, 127, 314-325.	1.9	30
77	Striatal abnormalities and spontaneous dyskinesias in non-clinical psychosis. Schizophrenia Research, 2013, 151, 141-147.	2.0	29
78	Abnormal hippocampal–thalamic white matter tract development and positive symptom course in individuals at ultra-high risk for psychosis. NPJ Schizophrenia, 2015, 1, .	3.6	29
79	Identification and Treatment of a Pineal Region Tumor in an Adolescent With Prodromal Psychotic Symptoms. American Journal of Psychiatry, 2010, 167, 1033-1037.	7.2	28
80	Core beliefs in healthy youth and youth at ultra high-risk for psychosis: Dimensionality and links to depression, anxiety, and attenuated psychotic symptoms. Development and Psychopathology, 2019, 31, 379-392.	2.3	28
81	Counterpoint. Early intervention for psychosis risk syndromes: Minimizing risk and maximizing benefit. Schizophrenia Research, 2021, 227, 10-17.	2.0	28
82	Stronger default mode network connectivity is associated with poorer clinical insight in youth at ultra high-risk for psychotic disorders. Schizophrenia Research, 2018, 193, 244-250.	2.0	27
83	Handwriting Analysis Indicates Spontaneous Dyskinesias in Neuroleptic Naïve Adolescents at High Risk for Psychosis. Journal of Visualized Experiments, 2013, , e50852.	0.3	25
84	Beat and metaphoric gestures are differentially associated with regional cerebellar and cortical volumes. Human Brain Mapping, 2015, 36, 4016-4030.	3.6	25
85	Neuroleptic-free youth at ultrahigh risk for psychosis evidence diminished emotion reactivity that is predicted by depression and anxiety. Schizophrenia Research, 2018, 193, 428-434.	2.0	25
86	External validation and extension of the NAPLS-2 and SIPS-RC personalized risk calculators in an independent clinical high-risk sample. Psychiatry Research, 2019, 279, 9-14.	3.3	25
87	Distinct and opposite profiles of connectivity during selfâ€reference task and rest in youth at clinical high risk for psychosis. Human Brain Mapping, 2019, 40, 3254-3264.	3.6	25
88	Combating the Dangers of Sedentary Activity on Child and Adolescent Mental Health During the Time of COVID-19. Journal of the American Academy of Child and Adolescent Psychiatry, 2020, 59, 1197-1198.	0.5	25
89	Dermatoglyphic asymmetries and frontoâ€striatal dysfunction in young adults reporting nonâ€clinical psychosis. Acta Psychiatrica Scandinavica, 2012, 126, 290-297.	4.5	24
90	Factor Analysis of Negative Symptom Items in the Structured Interview for Prodromal Syndromes. Schizophrenia Bulletin, 2019, 45, 1042-1050.	4.3	24

#	Article	IF	Citations
91	Gesture deficits and apraxia in schizophrenia. Cortex, 2020, 133, 65-75.	2.4	24
92	Chronic stress, structural exposures and neurobiological mechanisms: A stimulation, discrepancy and deprivation model of psychosis. International Review of Neurobiology, 2020, 152, 41-69.	2.0	24
93	Reactivity to uncertain threat as a familial vulnerability factor for alcohol use disorder. Psychological Medicine, 2016, 46, 3349-3358.	4.5	23
94	Perceived social stress and symptom severity among help-seeking adolescents with versus without clinical high-risk for psychosis. Schizophrenia Research, 2018, 192, 364-370.	2.0	23
95	Deconstructing Negative Symptoms in Individuals at Clinical High-Risk for Psychosis: Evidence for Volitional and Diminished Emotionality Subgroups That Predict Clinical Presentation and Functional Outcome. Schizophrenia Bulletin, 2021, 47, 54-63.	4.3	23
96	Alterations in facial expressivity in youth at clinical high-risk for psychosis Journal of Abnormal Psychology, 2019, 128, 341-351.	1.9	23
97	A Supervised Exercise Intervention for Youth at Risk for Psychosis. Journal of Clinical Psychiatry, 2017, 78, e1167-e1173.	2.2	23
98	Beat gestures and postural control in youth at ultrahigh risk for psychosis. Schizophrenia Research, 2017, 185, 197-199.	2.0	22
99	Investigating the association between emotion regulation and distress in adults with psychotic-like experiences. Psychiatry Research, 2017, 256, 66-70.	3.3	21
100	Self-reported sleep disturbances associated with procedural learning impairment in adolescents at ultra-high risk for psychosis. Schizophrenia Research, 2017, 190, 160-163.	2.0	21
101	What prevents youth at clinical high risk for psychosis from engaging in physical activity? An examination of the barriers to physical activity. Schizophrenia Research, 2018, 201, 400-405.	2.0	21
102	The Critical Need for Help-Seeking Controls in Clinical High-Risk Research. Clinical Psychological Science, 2019, 7, 1171-1189.	4.0	21
103	Narrative identity in the psychosis spectrum: A systematic review and developmental model. Clinical Psychology Review, 2021, 88, 102067.	11.4	21
104	Transcranial Direct Current Stimulation, Symptomatology, and Cognition in Psychosis: A Qualitative Review. Frontiers in Behavioral Neuroscience, 2018, 12, 94.	2.0	20
105	The impact of inflammation on neurocognition and risk for psychosis: a critical review. European Archives of Psychiatry and Clinical Neuroscience, 2020, 270, 793-802.	3.2	20
106	Construct validity for computational linguistic metrics in individuals at clinical risk for psychosis: Associations with clinical ratings. Schizophrenia Research, 2022, 245, 90-96.	2.0	20
107	Hypothalamic–pituitary–adrenal axis dysfunction in non-clinical psychosis. Psychiatry Research, 2013, 206, 315-317.	3.3	19
108	Motor behavior reflects reduced hemispheric asymmetry in the psychosis risk period. Schizophrenia Research, 2016, 170, 137-142.	2.0	19

#	Article	IF	CITATIONS
109	The relationship between cannabis use and cortisol levels in youth at ultra high-risk for psychosis. Psychoneuroendocrinology, 2017, 83, 58-64.	2.7	19
110	Bullying victimization and perpetration in a community sample of youth with psychotic like experiences. Schizophrenia Research, 2018, 195, 534-536.	2.0	19
111	Advances in the neurobiology of stress and psychosis. Schizophrenia Research, 2019, 213, 1-5.	2.0	19
112	Modeling perception and behavior in individuals at clinical high risk for psychosis: Support for the predictive processing framework. Schizophrenia Research, 2020, 226, 167-175.	2.0	19
113	The cerebellum and learning of non-motor associations in individuals at clinical-high risk for psychosis. NeuroImage: Clinical, 2018, 19, 137-146.	2.7	18
114	Measuring facets of reward sensitivity, inhibition, and impulse control in individuals with problematic Internet use. Psychiatry Research, 2019, 275, 351-358.	3.3	18
115	As Motor System Pathophysiology Returns to the Forefront of Psychosis Research, Clinical Implications Should Hold Center Stage. Schizophrenia Bulletin, 2019, 45, 495-497.	4.3	18
116	Racial and Ethnic Biases in Computational Approaches to Psychopathology. Schizophrenia Bulletin, 2022, 48, 285-288.	4.3	18
117	Emotion recognition and social/role dysfunction in non-clinical psychosis. Schizophrenia Research, 2013, 143, 70-73.	2.0	17
118	Cross-Cutting Advancements Usher in a New Era for Motor Research in Psychosis. Schizophrenia Bulletin, 2016, 42, 1322-1325.	4.3	17
119	Motion energy analysis reveals altered body movement in youth at risk for psychosis. Schizophrenia Research, 2018, 200, 35-41.	2.0	17
120	Bullying victimization in typically developing and clinical high risk (CHR) adolescents: A multimodal imaging study. Schizophrenia Research, 2019, 213, 40-47.	2.0	16
121	Timing of menarche and abnormal hippocampal connectivity in youth at clinical-high risk for psychosis. Psychoneuroendocrinology, 2020, 117, 104672.	2.7	16
122	Neuropsychological Performance Among Individuals at Clinical High-Risk for Psychosis vs Putatively Low-Risk Peers With Other Psychopathology: A Systematic Review and Meta-Analysis. Schizophrenia Bulletin, 2022, 48, 999-1010.	4.3	16
123	BDNF Val66Met and spontaneous dyskinesias in non-clinical psychosis. Schizophrenia Research, 2012, 140, 65-70.	2.0	15
124	Differential relations of locus of control to perceived social stress among help-seeking adolescents at low vs. high clinical risk of psychosis. Schizophrenia Research, 2017, 184, 39-44.	2.0	15
125	Assessing validity of retrospective recall of physical activity in individuals with psychosis-like experiences. Psychiatry Research, 2019, 273, 211-217.	3.3	15
126	Individual Differences and Psychosis-Risk Screening: Practical Suggestions to Improve the Scope and Quality of Early Identification. Frontiers in Psychiatry, 2019, 10, 6.	2.6	15

#	Article	IF	CITATIONS
127	Detecting motor slowing in clinical high risk for psychosis in a computerized finger tapping model. European Archives of Psychiatry and Clinical Neuroscience, 2020, 270, 393-397.	3.2	15
128	Three types of psychotic-like experiences in youth at clinical high risk for psychosis. European Archives of Psychiatry and Clinical Neuroscience, 2021, 271, 733-744.	3.2	15
129	Alterations in facial expressions of emotion: Determining the promise of ultrathin slicing approaches and comparing human and automated coding methods in psychosis risk Emotion, 2022, 22, 714-724.	1.8	15
130	Sensorimotor and Activity Psychosis-Risk (SMAP-R) Scale: An Exploration of Scale Structure With Replication and Validation. Schizophrenia Bulletin, 2021, 47, 332-343.	4.3	14
131	Balancing the Public Health Costs of Psychosis vs Mass Incarceration With the Legalization of Cannabis. JAMA Psychiatry, 2021, 78, 246.	11.0	14
132	Advances in clinical staging, early intervention, and the prevention of psychosis. F1000Research, 2019, 8, 2027.	1.6	14
133	Translating RDoC to real-world impact in developmental psychopathology: A neurodevelopmental framework for application of mental health risk calculators. Development and Psychopathology, 2021, 33, 1665-1684.	2.3	14
134	Prenatal exposure to viral infection and conversion among adolescents at high-risk for psychotic disorders. Schizophrenia Research, 2008, 99, 375-376.	2.0	13
135	Coping with family stress in individuals at clinical high-risk for psychosis. Schizophrenia Research, 2020, 216, 222-228.	2.0	13
136	Enhancing Psychosis Risk Prediction Through Computational Cognitive Neuroscience. Schizophrenia Bulletin, 2020, 46, 1346-1352.	4.3	13
137	Abnormal Gesture Perception and Clinical High-Risk for Psychosis. Schizophrenia Bulletin, 2021, 47, 938-947.	4.3	13
138	Motor Abnormalities, Depression Risk, and Clinical Course in Adolescence. Biological Psychiatry Global Open Science, 2022, 2, 61-69.	2.2	13
139	Movement Abnormalities: A Putative Biomarker of Risk for Psychosis., 2009,, 239-258.		13
140	Community Psychosis Risk Screening: An Instrument Development Investigation. Journal of Psychiatry and Brain Science, 2020, 5, .	0.5	13
141	Low physical activity is associated with two hypokinetic motor abnormalities in psychosis. Journal of Psychiatric Research, 2022, 146, 258-263.	3.1	13
142	Childhood dyspraxia predicts adult-onset nonaffective–psychosis-spectrum disorder. Development and Psychopathology, 2015, 27, 1323-1330.	2.3	12
143	Clinical correlates of aberrant conversational turn-taking in youth at clinical high-risk for psychosis. Schizophrenia Research, 2019, 204, 419-420.	2.0	12
144	Global and Specific Cortical Volume Asymmetries in Individuals With Psychosis Risk Syndrome and Schizophrenia: A Mixed Cross-sectional and Longitudinal Perspective. Schizophrenia Bulletin, 2020, 46, 713-721.	4.3	12

#	Article	IF	CITATIONS
145	Neighborhood crime, socioeconomic status, and suspiciousness in adolescents and young adults at Clinical High Risk (CHR) for psychosis. Schizophrenia Research, 2020, 215, 74-80.	2.0	12
146	Transdiagnostic Dimensions of Psychiatric Comorbidity in Individuals at Clinical High Risk for Psychosis: A Preliminary Study Informed by HiTOP. Frontiers in Psychiatry, 2020, 11, 614710.	2.6	12
147	Hand gesture performance is impaired in major depressive disorder: A matter of working memory performance?. Journal of Affective Disorders, 2021, 292, 81-88.	4.1	12
148	An Examination of Psychomotor Disturbance in Current and Remitted MDD: An RDoC Study. Journal of Psychiatry and Brain Science, 2020, 5, .	0.5	12
149	Exercise Intervention in Individuals at Clinical High Risk for Psychosis: Benefits to Fitness, Symptoms, Hippocampal Volumes, and Functional Connectivity. Schizophrenia Bulletin, 2022, 48, 1394-1405.	4.3	12
150	Obstetric complications and risk for conversion to psychosis among individuals at high clinical risk. Microbial Biotechnology, 2009, 3, 226-230.	1.7	11
151	Orbitofrontal cortex volume and intrinsic religiosity in non-clinical psychosis. Psychiatry Research - Neuroimaging, 2014, 222, 124-130.	1.8	11
152	Normative adolescent experiences may confound assessment of positive symptoms in youth at ultra-high risk for psychosis. Schizophrenia Research, 2015, 166, 358-359.	2.0	11
153	Disruptions in neural connectivity associated with reduced susceptibility to a depth inversion illusion in youth at ultra high risk for psychosis. NeuroImage: Clinical, 2016, 12, 681-690.	2.7	11
154	Fluctuating dermatoglyphic asymmetries in youth at ultrahigh-risk for psychotic disorders. Schizophrenia Research, 2016, 170, 301-303.	2.0	11
155	Differentiating implicit and explicit theory of mind and associated neural networks in youth at Clinical High Risk (CHR) for psychosis. Schizophrenia Research, 2019, 208, 173-181.	2.0	11
156	Timing dysfunction and cerebellar resting state functional connectivity abnormalities in youth at clinical high-risk for psychosis. Psychological Medicine, 2021, 51, 1289-1298.	4.5	11
157	Contingent Negative Variation Blunting and Psychomotor Dysfunction in Schizophrenia: A Systematic Review. Schizophrenia Bulletin, 2020, 46, 1144-1154.	4.3	11
158	Depression and Psychosis Risk Shared Vulnerability for Motor Signs Across Development, Symptom Dimensions, and Familial Risk. Schizophrenia Bulletin, 2022, 48, 752-762.	4.3	11
159	Cerebellar Contributions to Social Cognition in ASD: A Predictive Processing Framework. Frontiers in Integrative Neuroscience, 2022, 16, 810425.	2.1	11
160	Negative symptom measurement in individuals at-risk for psychosis. Psychiatry Research, 2013, 205, 181-182.	3.3	10
161	Increased Internet use and poorer ability to manage emotions in youth at high-risk for psychosis. Schizophrenia Research: Cognition, 2015, 2, 220-226.	1.3	10
162	The cannabis conundrum: Thinking outside the THC box. Journal of Clinical Pharmacology, 2015, 55, 839-841.	2.0	10

#	Article	IF	Citations
163	Sex differences in morning cortisol in youth at ultra-high-risk for psychosis. Psychoneuroendocrinology, 2016, 72, 87-93.	2.7	10
164	Validity of a two-item screen for early psychosis. Psychiatry Research, 2018, 270, 861-868.	3.3	10
165	Assessing Developmental Environmental Risk Factor Exposure in Clinical High Risk for Psychosis Individuals: Preliminary Results Using the Individual and Structural Exposure to Stress in Psychosis-Risk States Scale. Journal of Clinical Medicine, 2019, 8, 994.	2.4	10
166	Early childhood social communication deficits in youth at clinical high-risk for psychosis: Associations with functioning and risk. Development and Psychopathology, 2020, 32, 559-572.	2.3	10
167	Embracing heterogeneity creates new opportunities for understanding and treating those at clinical-high risk for psychosis. Schizophrenia Research, 2021, 227, 1-3.	2.0	10
168	Motor Behavior is Relevant for Understanding Mechanism, Bolstering Prediction, And Improving Treatment: A Transdiagnostic Perspective. Schizophrenia Bulletin, 2022, 48, 741-748.	4.3	10
169	Nicotine usage is associated with elevated processing speed, spatial working memory, and visual learning performance in youth at ultrahigh-risk for psychosis. Psychiatry Research, 2014, 220, 687-690.	3.3	9
170	The latent structure of depressive symptoms across clinical high risk and chronic phases of psychotic illness. Translational Psychiatry, 2019, 9, 229.	4.8	9
171	Efficacy and mechanisms of non-invasive brain stimulation to enhance exposure therapy: A review. Clinical Psychology Review, 2019, 70, 64-78.	11.4	9
172	Cortical Morphometry in the Psychosis Risk Period: A Comprehensive Perspective of Surface Features. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 2019, 4, 434-443.	1.5	9
173	Longitudinal Assessment and Functional Neuroimaging of Movement Variability Reveal Novel Insights Into Motor Dysfunction in Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2020, 46, 1567-1576.	4.3	9
174	Acute Physiological and Psychological Stress Response in Youth at Clinical High-Risk for Psychosis. Frontiers in Psychiatry, 2021, 12, 641762.	2.6	9
175	Increased face detection responses on the mooney faces test in people at clinical high risk for psychosis. NPJ Schizophrenia, 2021, 7, 26.	3.6	9
176	Heterogeneity of emotional experience in schizophrenia: Trait affect profiles predict clinical presentation and functional outcome Journal of Abnormal Psychology, 2020, 129, 760-767.	1.9	9
177	Actigraphically measured psychomotor slowing in depression: systematic review and meta-analysis. Psychological Medicine, 2022, 52, 1208-1221.	4.5	9
178	Self-reported cannabis use is inconsistent with the results from drug-screening in youth at ultra high-risk for psychosis in Colorado. Schizophrenia Research, 2014, 157, 317-318.	2.0	8
179	Instrument-based assessment of motor function yields no evidence of dyskinesia in adult first-degree biological relatives of individuals with schizophrenia and schizoaffective disorder. Psychiatry Research, 2019, 272, 135-140.	3.3	8
180	Cerebellar-thalamic circuits play a critical role in psychomotor function. Molecular Psychiatry, 2020, 26, 3666-3668.	7.9	8

#	Article	IF	CITATIONS
181	Psychosis risk individuals show poor fitness and discrepancies with objective and subjective measures. Scientific Reports, 2021, 11, 9851.	3.3	8
182	Embracing the Complexity of Heterogeneity in Schizophrenia: A New Perspective From Latent Clinical-Anatomical Dimensions. Schizophrenia Bulletin, 2020, 46, 1337-1338.	4.3	7
183	Consistent Exposure to Psychosocial Stressors and Progressive Intolerance to Stress in Individuals at Clinical High Risk for Psychosis. Schizophrenia Bulletin Open, 2020, 1, .	1.7	7
184	New Insights Into Sedentary Behavior Highlight the Need to Revisit the Way We See Motor Symptoms in Psychosis. Schizophrenia Bulletin, 2021, 47, 877-879.	4.3	7
185	Prevalence and Functional Consequences of Social Anxiety in Individuals at Clinical High-Risk for Psychosis: Perspective from a Community Sample Comparison. Schizophrenia Bulletin Open, 2021, 2, sgab025.	1.7	7
186	An autism dimension for schizophrenia in the next diagnostic and statistical manual?. Schizophrenia Research, 2012, 137, 269-270.	2.0	6
187	Issues affecting reliable and valid assessment of early life stressors in psychosis. Schizophrenia Research, 2018, 192, 465-466.	2.0	6
188	Speech illusions and working memory performance in non-clinical psychosis. Schizophrenia Research, 2018, 195, 391-395.	2.0	6
189	Trait emotional experience in individuals with schizophrenia and youth at clinical high risk for psychosis. BJPsych Open, 2019, 5, e78.	0.7	6
190	Social reward processing: A biomarker for predicting psychosis risk?. Schizophrenia Research, 2020, 226, 129-137.	2.0	6
191	Structure of positive psychotic symptoms in individuals at clinical high risk for psychosis. Microbial Biotechnology, 2021, 15, 505-512.	1.7	6
192	Neuroimaging Markers of Resiliency in Youth at Clinical High Risk for Psychosis: A Qualitative Review. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 2021, 6, 166-177.	1.5	6
193	Measurement Invariance of Psychotic-Like Symptoms as Measured With the Prodromal Questionnaire, Brief Version (PQ-B) in Adolescent and Adult Population Samples. Frontiers in Psychiatry, 2020, 11, 593355.	2.6	6
194	Using exercise to protect physical and mental health in youth at risk for psychosis. Research in Psychotherapy: Psychopathology, Process and Outcome, 2020, 23, 433.	0.8	6
195	Differentiating distinct and converging neural correlates of types of systemic environmental exposures. Human Brain Mapping, 2022, 43, 2232-2248.	3.6	6
196	Letter to the Editor: Movement abnormalities and schizophrenia in DSM-V. Psychological Medicine, 2010, 40, 1581-1583.	4.5	5
197	Childhood pegboard task predicts adult-onset psychosis-spectrum disorder among a genetic high-risk sample. Schizophrenia Research, 2016, 178, 68-73.	2.0	5
198	SU20. Aerobic Exercise Intervention for Clinical High-Risk Youth Improves Cognitive and Hippocampal Abnormalities. Schizophrenia Bulletin, 2017, 43, S168-S168.	4.3	5

#	Article	IF	Citations
199	Motor sequence learning and pattern recognition in youth at clinical high-risk for psychosis. Schizophrenia Research, 2019, 208, 454-456.	2.0	5
200	Eveningness diurnal preference associated with poorer socioemotional cognition and social functioning among healthy adolescents and young adults. Chronobiology International, 2019, 36, 439-444.	2.0	5
201	Secondary Sources of Negative Symptoms in Those Meeting Criteria for a Clinical High-Risk Syndrome. Biological Psychiatry Global Open Science, 2021, 1, 210-218.	2.2	5
202	Schizoid Personality Disorder. , 2007, , 63-80.		5
203	Mathematics achievement scores and early psychosis in school-aged children. Schizophrenia Research, 2014, 156, 133-134.	2.0	4
204	Test-retest & Te	3.3	4
205	Transcranial direct current stimulation and emotion processing deficits in psychosis and depression. European Archives of Psychiatry and Clinical Neuroscience, 2021, 271, 69-84.	3.2	4
206	Cognitive Empathy and Longitudinal Changes in Temporo-Parietal Junction Thickness in Schizophrenia. Frontiers in Psychiatry, 2021, 12, 667656.	2.6	4
207	An Event-Related Potential Investigation of Early Visual Processing Deficits During Face Perception in Youth at Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2022, 48, 90-99.	4.3	4
208	The COVID-19 Pandemic Introduces Diagnostic and Treatment Planning Complexity for Individuals at Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2021, 47, 1518-1523.	4.3	4
209	Neurohormones, Neurodevelopment, and the Prodrome of Psychosis in Adolescence. , 2007, , 264-283.		4
210	Psychoticâ€like experiences associated with sleep disturbance and brain volumes in youth: Findings from the adolescent brain cognitive development study. JCPP Advances, 2021, 1, e12055.	2.4	4
211	Tinnitus: A potential confound when assessing perceptual abnormalities in ultra-high risk youth. Schizophrenia Research, 2013, 147, 410-411.	2.0	3
212	Altered selection during language processing in individuals at high risk for psychosis. Schizophrenia Research, 2018, 202, 303-309.	2.0	3
213	Implications of religious and spiritual practices for youth at clinical high risk for psychosis. Schizophrenia Research, 2019, 208, 481-482.	2.0	3
214	Computerized Assessment of Psychosis Risk. Journal of Psychiatry and Brain Science, 2021, 6, .	0.5	3
215	Perceived stress influences anhedonia and social functioning in a community sample enriched for psychosis-risk. Journal of Psychiatric Research, 2021, 135, 96-103.	3.1	3
216	Cannabis use, selfâ€perceived risk, perceived peer approval and parental attitudes among youth at clinical highâ€risk for psychosis. Microbial Biotechnology, 2022, 16, 264-271.	1.7	3

#	Article	IF	CITATIONS
217	Differentiating Kinds of Systemic Stressors With Relation to Psychotic-Like Experiences in Late Childhood and Early Adolescence: The Stimulation, Discrepancy, and Deprivation Model of Psychosis. Clinical Psychological Science, 2022, 10, 291-309.	4.0	3
218	Changes in core beliefs over time predict symptoms and functioning in clinical high risk for psychosis. Microbial Biotechnology, 2021, , .	1.7	3
219	Attenuated Psychosis Syndrome Should Be Moved to the Main Section in DSM-5-TR. JAMA Psychiatry, 2021, 78, 821.	11.0	3
220	Eveningness chronotype preference among individuals at clinical high risk for psychosis. Schizophrenia Research, 2021, 236, 3-8.	2.0	3
221	Employing Contemporary Integrative Interpersonal Theory to Understand Dysfunction in Those at Clinical High Risk for Psychosis. Schizophrenia Bulletin Open, 2022, 3, sgac015.	1.7	3
222	Floaters: A potential confound in the assessment of perceptual abnormalities. Schizophrenia Research, 2008, 104, 305-306.	2.0	2
223	Every-day coincidences and referential thinking: Differentiating normative experiences from symptoms in psychosis. Schizophrenia Research, 2018, 197, 570-571.	2.0	2
224	Reciprocal Social Behavior and Related Social Outcomes in Individuals at Clinical High Risk for Psychosis. Psychiatry Research, 2021, 306, 114224.	3.3	2
225	Genuine and nonâ€genuine smiles in individuals meeting criteria for a clinical highâ€risk syndrome. Microbial Biotechnology, 2021, , .	1.7	2
226	Executive functioning and nontarget emotions in late life Emotion, 2023, 23, 97-110.	1.8	2
227	Alterations in Emotional Diversity Correspond With Increased Severity of Attenuated Positive and Negative Symptoms in the Clinical High-Risk Syndrome. Frontiers in Psychiatry, 2021, 12, 755027.	2.6	2
228	Clues from caregiver emotional language usage highlight the link between putative social environment and the psychosis-risk syndrome. Schizophrenia Research, 2022, , .	2.0	2
229	The relationship between stress responding in family context and stress sensitivity with sleep dysfunction in individuals at clinical high-risk for psychosis. Journal of Psychiatric Research, 2022, 149, 194-200.	3.1	2
230	Neural mechanisms of motor dysfunction in individuals at clinical high-risk for psychosis: Evidence for impairments in motor activation, 2022, 131, 375-391.		2
231	Delusions of body image in the prodrome. Schizophrenia Research, 2013, 146, 366-367.	2.0	1
232	Cognitive Training in Schizophrenia. , 2017, , 493-530.		1
233	Systems Neuroscience of Psychosis (SyNoPsis) Provides a Promising Framework for Advancing the Field. Neuropsychobiology, 2017, 75, 119-121.	1.9	1
234	Separating hearing sensitivity from auditory perceptual abnormalities in clinical high risk (CHR) youth. Schizophrenia Research, 2019, 204, 437-438.	2.0	1

#	Article	IF	CITATIONS
235	Postural Control and Verbal and Visual Working Memory Correlates in Nonclinical Psychosis. Neuropsychobiology, 2020, 79, 293-300.	1.9	1
236	Adolescents at clinical high risk for psychosis show qualitatively altered patterns of activation during rule learning. NeuroImage: Clinical, 2020, 27, 102286.	2.7	1
237	Adaptability and cohesion in youth at clinical high-risk for psychosis: A multi-informant approach. Schizophrenia Research, 2021, 228, 604-610.	2.0	1
238	Postural sway and neurocognition in individuals meeting criteria for a clinical high-risk syndrome. European Archives of Psychiatry and Clinical Neuroscience, 2021, , 1.	3.2	1
239	Depression and Motor Abnormalities Across Development, Symptom Dimensions and Familial Risk. Biological Psychiatry, 2021, 89, S297-S298.	1.3	1
240	Reprint of: A review of negative symptom assessment strategies in youth at clinical high-risk for psychosis. Schizophrenia Research, 2021, 227, 63-71.	2.0	1
241	Hypnagogic and hypnopompic hallucinations: Considerations for clinical high-risk assessment and targets for future research. Schizophrenia Research, 2020, 222, 514-515.	2.0	1
242	External and inherent constraints on progress in psychology: Reflections on Paul Wachtel's observations. Applied and Preventive Psychology, 2007, 12, 44-46.	0.8	0
243	Response to De Nadai Letter. American Journal of Psychiatry, 2011, 168, 550-551.	7.2	0
244	Response to Keating and Rossell. American Journal of Psychiatry, 2013, 170, 1367-1367.	7.2	0
245	Verbal and Spatial Memory Intact in Community Sample of Elevated Psychosis Risk. Biological Psychiatry, 2020, 87, S239.	1.3	0
246	Psychotic Disorders and Risk-States in Adolescence: Etiology, Developmental Considerations, and Treatment. , 2021, , .		0
247	Hand Gesture Performance in Major Depression. Biological Psychiatry, 2021, 89, S59.	1.3	0
248	Depression and Familial Risk for Depression Associated With Motor Abnormalities in the ABCD Study. Biological Psychiatry, 2021, 89, S60.	1.3	0
249	Responses to positive affect and unique resting-state connectivity in individuals at clinical high-risk for psychosis. NeuroImage: Clinical, 2022, 33, 102946.	2.7	0
250	Anxiety symptoms, rule learning, and cognitive flexibility in non-clinical psychosis. Scientific Reports, 2022, 12, 5649.	3.3	0
251	P545. Responses to Positive Affect and Unique Connectivity in Individuals at Clinical High-Risk for Psychosis. Biological Psychiatry, 2022, 91, S309.	1.3	0
252	Three prominent self-report risk measures show unique and overlapping utility in characterizing those at clinical high-risk for psychosis. Schizophrenia Research, 2022, 244, 58-65.	2.0	0