Barbara A Cornblatt

List of Publications by Year
in descending order

132 papers	6,419 citations	76326 40 h-index	74163 75 g-index
133 all docs	133 docs citations	133 times ranked	5748 citing authors

#	Article	IF	Citations
1	Progressive Reduction in Cortical Thickness as Psychosis Develops: A Multisite Longitudinal Neuroimaging Study of Youth at Elevated Clinical Risk. Biological Psychiatry, 2015, 77, 147-157.	1.3	516
2	Preliminary Findings for Two New Measures of Social and Role Functioning in the Prodromal Phase of Schizophrenia. Schizophrenia Bulletin, 2007, 33, 688-702.	4.3	484
3	An Individualized Risk Calculator for Research in Prodromal Psychosis. American Journal of Psychiatry, 2016, 173, 980-988.	7.2	458
4	Association of Thalamic Dysconnectivity and Conversion to Psychosis in Youth and Young Adults at Elevated Clinical Risk. JAMA Psychiatry, 2015, 72, 882.	11.0	284
5	North American Prodrome Longitudinal Study: A Collaborative Multisite Approach to Prodromal Schizophrenia Research. Schizophrenia Bulletin, 2007, 33, 665-672.	4.3	258
6	North American Prodrome Longitudinal Study (NAPLS 2): Overview and recruitment. Schizophrenia Research, 2012, 142, 77-82.	2.0	235
7	Association of Neurocognition With Transition to Psychosis. JAMA Psychiatry, 2016, 73, 1239.	11.0	205
8	Towards a Psychosis Risk Blood Diagnostic for Persons Experiencing High-Risk Symptoms: Preliminary Results From the NAPLS Project. Schizophrenia Bulletin, 2015, 41, 419-428.	4.3	195
9	Can Antidepressants Be Used to Treat the Schizophrenia Prodrome?. Journal of Clinical Psychiatry, 2007, 68, 546-557.	2.2	185
10	Cerebello-thalamo-cortical hyperconnectivity as a state-independent functional neural signature for psychosis prediction and characterization. Nature Communications, 2018, 9, 3836.	12.8	156
11	Personalized Prediction of Psychosis: External Validation of the NAPLS-2 Psychosis Risk Calculator With the EDIPPP Project. American Journal of Psychiatry, 2016, 173, 989-996.	7.2	142
12	Multisite reliability of MR-based functional connectivity. NeuroImage, 2017, 146, 959-970.	4.2	140
13	Psychosis Prevention: A Modified Clinical High Risk Perspective From the Recognition and Prevention (RAP) Program. American Journal of Psychiatry, 2015, 172, 986-994.	7.2	128
14	D-serine for the treatment of negative symptoms in individuals at clinical high risk of schizophrenia: a pilot, double-blind, placebo-controlled, randomised parallel group mechanistic proof-of-concept trial. Lancet Psychiatry,the, 2015, 2, 403-412.	7.4	128
15	Use of Machine Learning to Determine Deviance in Neuroanatomical Maturity Associated With Future Psychosis in Youths at Clinically High Risk. JAMA Psychiatry, 2018, 75, 960.	11.0	114
16	Clinical and Functional Outcomes After 2 Years in the Early Detection and Intervention for the Prevention of Psychosis Multisite Effectiveness Trial. Schizophrenia Bulletin, 2015, 41, 30-43.	4.3	98
17	Early traumatic experiences in those at clinical high risk for psychosis. Microbial Biotechnology, 2013, 7, 300-305.	1.7	95
18	Comorbid diagnoses for youth at clinical high risk of psychosis. Schizophrenia Research, 2017, 190, 90-95.	2.0	95

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19	Reliability of neuroanatomical measurements in a multisite longitudinal study of youth at risk for psychosis. Human Brain Mapping, 2014, 35, 2424-2434.	3.6	76
20	Clinical and functional characteristics of youth at clinical high-risk for psychosis who do not transition to psychosis. Psychological Medicine, 2019, 49, 1670-1677.	4.5	74
21	Specificity of Incident Diagnostic Outcomes in Patients at Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2015, 41, 1066-1075.	4.3	71
22	Duration of attenuated positive and negative symptoms in individuals at clinical high risk: Associations with risk of conversion to psychosis and functional outcome. Journal of Psychiatric Research, 2016, 81, 95-101.	3.1	70
23	From the psychosis prodrome to the first-episode of psychosis: No evidence of a cognitive decline. Journal of Psychiatric Research, 2018, 96, 231-238.	3.1	68
24	Neuropsychological Test Performance to Enhance Identification of Subjects at Clinical High Risk for Psychosis and Be Most Promising for Predictive Algorithms for Conversion to Psychosis. Journal of Clinical Psychiatry, 2017, 78, e28-e40.	2.2	68
25	Stress exposure and sensitivity in the clinical high-risk syndrome: Initial findings from the North American Prodrome Longitudinal Study (NAPLS). Schizophrenia Research, 2014, 160, 104-109.	2.0	66
26	Reliability of an fMRI paradigm for emotional processing in a multisite longitudinal study. Human Brain Mapping, 2015, 36, 2558-2579.	3.6	63
27	Early traumatic experiences, perceived discrimination and conversion to psychosis in those at clinical high risk for psychosis. Social Psychiatry and Psychiatric Epidemiology, 2016, 51, 497-503.	3.1	60
28	Association Between P300 Responses to Auditory Oddball Stimuli and Clinical Outcomes in the Psychosis Risk Syndrome. JAMA Psychiatry, 2019, 76, 1187.	11.0	59
29	Anxiety in youth at clinical high risk for psychosis. Microbial Biotechnology, 2017, 11, 480-487.	1.7	56
30	Social cognition over time in individuals at clinical high risk for psychosis: Findings from the NAPLS-2 cohort. Schizophrenia Research, 2016, 171, 176-181.	2.0	55
31	The Global Functioning: Social and Role Scalesâ€"Further Validation in a Large Sample of Adolescents and Young Adults at Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2019, 45, 763-772.	4.3	55
32	Toward Leveraging Human Connectomic Data in Large Consortia: Generalizability of fMRI-Based Brain Graphs Across Sites, Sessions, and Paradigms. Cerebral Cortex, 2019, 29, 1263-1279.	2.9	55
33	Lack of Diagnostic Pluripotentiality in Patients at Clinical High Risk for Psychosis: Specificity of Comorbidity Persistence and Search for Pluripotential Subgroups. Schizophrenia Bulletin, 2018, 44, 254-263.	4.3	51
34	Reliability of functional magnetic resonance imaging activation during working memory in a multi-site study: Analysis from the North American Prodrome Longitudinal Study. NeuroImage, 2014, 97, 41-52.	4.2	48
35	Cortical abnormalities in youth at clinical high-risk for psychosis: Findings from the NAPLS2 cohort. NeuroImage: Clinical, 2019, 23, 101862.	2.7	48
36	Association of baseline inflammatory markers and the development of negative symptoms in individuals at clinical high risk for psychosis. Brain, Behavior, and Immunity, 2019, 76, 268-274.	4.1	48

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37	Theory of mind, emotion recognition and social perception in individuals at clinical high risk for psychosis: Findings from the NAPLS-2 cohort. Schizophrenia Research: Cognition, 2015, 2, 133-139.	1.3	46
38	Contributions of early cortical processing and reading ability to functional status in individuals at clinical high risk for psychosis. Schizophrenia Research, 2015, 164, 1-7.	2.0	46
39	Neuroprotection in emerging psychotic disorders. Microbial Biotechnology, 2007, 1, 114-127.	1.7	45
40	Current status specifiers for patients at clinical high risk for psychosis. Schizophrenia Research, 2014, 158, 69-75.	2.0	45
41	Depression and clinical high-risk states: Baseline presentation of depressed vs. non-depressed participants in the NAPLS-2 cohort. Schizophrenia Research, 2018, 192, 357-363.	2.0	45
42	Severity of thought disorder predicts psychosis in persons at clinical high-risk. Schizophrenia Research, 2015, 169, 169-177.	2.0	43
43	North American Prodrome Longitudinal Study (NAPLS 3): Methods and baseline description. Schizophrenia Research, 2022, 243, 262-267.	2.0	39
44	Clinical Profiles and Conversion Rates Among Young Individuals With Autism Spectrum Disorder Who Present to Clinical High Risk for Psychosis Services. Journal of the American Academy of Child and Adolescent Psychiatry, 2019, 58, 582-588.	0.5	38
45	Progressive reconfiguration of resting-state brain networks as psychosis develops: Preliminary results from the North American Prodrome Longitudinal Study (NAPLS) consortium. Schizophrenia Research, 2020, 226, 30-37.	2.0	36
46	Ventricular enlargement and progressive reduction of cortical gray matter are linked in prodromal youth who develop psychosis. Schizophrenia Research, 2017, 189, 169-174.	2.0	32
47	Toward Generalizable and Transdiagnostic Tools for Psychosis Prediction: An Independent Validation and Improvement of the NAPLS-2 Risk Calculator in the Multisite PRONIA Cohort. Biological Psychiatry, 2021, 90, 632-642.	1.3	32
48	Neurocognitive profiles in the prodrome to psychosis in NAPLS-1. Schizophrenia Research, 2019, 204, 311-319.	2.0	30
49	Counterpoint. Early intervention for psychosis risk syndromes: Minimizing risk and maximizing benefit. Schizophrenia Research, 2021, 227, 10-17.	2.0	28
50	Prodromal Symptom Severity Predicts Accelerated Gray Matter Reduction and Third Ventricle Expansion among Clinically High-Risk Youth Developing Psychotic Disorders. Molecular Neuropsychiatry, 2015, 1, 13-22.	2.9	27
51	Negative symptoms and impaired social functioning predict later psychosis in <scp>L</scp>atino youth at clinical high risk in the <scp>N</scp>orth <scp>A</scp>merican prodromal longitudinal studies consortium. Microbial Biotechnology, 2015, 9, 467-475.	1.7	26
52	Attenuated psychotic and basic symptom characteristics in adolescents with ultra-high risk criteria for psychosis, other non-psychotic psychiatric disorders and early-onset psychosis. European Child and Adolescent Psychiatry, 2016, 25, 1091-1102.	4.7	26
53	Factor analysis of the <scp>S</scp>cale of <scp>P</scp>rodromal <scp>S</scp>ymptoms: data from the <scp>E</scp>arly <scp>D</scp>etection and <scp>I</scp>ntervention for the <scp>P</scp>revention of <scp>P</scp>sychosis <scp>P</scp>rogram. Microbial Biotechnology, 2017, 11, 14-22.	1.7	26
54	Core Schemas in Youth at Clinical High Risk for Psychosis. Behavioural and Cognitive Psychotherapy, 2016, 44, 203-213.	1.2	25

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55	Stress perception following childhood adversity: Unique associations with adversity type and sex. Development and Psychopathology, 2020, 32, 343-356.	2.3	25
56	Sleep problems and attenuated psychotic symptoms in youth at clinical high-risk for psychosis. Psychiatry Research, 2019, 282, 112492.	3.3	24
57	Latent class cluster analysis of symptom ratings identifies distinct subgroups within the clinical high risk for psychosis syndrome. Schizophrenia Research, 2018, 197, 522-530.	2.0	22
58	Predictive validity of conversion from the clinical high risk syndrome to frank psychosis. Schizophrenia Research, 2020, 216, 184-191.	2.0	22
59	Early Detection, Intervention and Prevention of Psychosis Program: Community Outreach and Early Identification at Six U.S. Sites. Psychiatric Services, 2016, 67, 510-516.	2.0	21
60	Impact of childhood adversity on corticolimbic volumes in youth at clinical high-risk for psychosis. Schizophrenia Research, 2019, 213, 48-55.	2.0	21
61	Stressor-Cortisol Concordance Among Individuals at Clinical High-Risk for Psychosis: Novel Findings from the NAPLS Cohort. Psychoneuroendocrinology, 2020, 115, 104649.	2.7	21
62	Mismatch Negativity in Response to Auditory Deviance and Risk for Future Psychosis in Youth at Clinical High Risk for Psychosis. JAMA Psychiatry, 2022, 79, 780.	11.0	21
63	Healthy adolescent performance on the MATRICS Consensus Cognitive Battery (MCCB): Developmental data from two samples of volunteers. Schizophrenia Research, 2016, 172, 106-113.	2.0	20
64	The content of attenuated psychotic symptoms in those at clinical high risk for psychosis. Psychiatry Research, 2014, 219, 506-512.	3.3	19
65	Evaluating the impact of cannabis use on thalamic connectivity in youth at clinical high risk of psychosis. BMC Psychiatry, 2015, 15, 276.	2.6	18
66	Deconstructing the Psychosis Risk Syndrome. JAMA Psychiatry, 2016, 73, 105.	11.0	18
67	Demographic correlates of attenuated positive psychotic symptoms. Schizophrenia Research, 2015, 166, 31-36.	2.0	17
68	Treatment Precedes Positive Symptoms in North American Adolescent and Young Adult Clinical High Risk Cohort. Journal of Clinical Child and Adolescent Psychology, 2018, 47, 69-78.	3.4	17
69	Bipolar Prodrome Symptom Scale - Abbreviated Screen for Patients: Description and validation. Journal of Affective Disorders, 2019, 249, 357-365.	4.1	17
70	Incorporating cortisol into the NAPLS2 individualized risk calculator for prediction of psychosis. Schizophrenia Research, 2021, 227, 95-100.	2.0	17
71	Networks of blood proteins in the neuroimmunology of schizophrenia. Translational Psychiatry, 2018, 8, 112.	4.8	16
72	Duration of the psychosis prodrome. Schizophrenia Research, 2020, 216, 443-449.	2.0	16

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73	The relations of age and pubertal development with cortisol and daily stress in youth at clinical risk for psychosis. Schizophrenia Research, 2016, 172, 29-34.	2.0	15
74	Exploration of clinical high-risk dropouts. Schizophrenia Research, 2018, 195, 579-580.	2.0	15
75	Adding a neuroanatomical biomarker to an individualized risk calculator for psychosis: A proof-of-concept study. Schizophrenia Research, 2019, 208, 41-43.	2.0	15
76	Deficits in auditory predictive coding in individuals with the psychosis risk syndrome: Prediction of conversion to psychosis.. Journal of Abnormal Psychology, 2020, 129, 599-611.	1.9	15
77	The Violent Content in Attenuated Psychotic Symptoms. Psychiatry Research, 2016, 242, 61-66.	3.3	14
78	Baseline psychopathology and relationship to longitudinal functional outcome in attenuated and early first episode psychosis. Schizophrenia Research, 2019, 212, 157-162.	2.0	14
79	Altered Brain Activation During Memory Retrieval Precedes and Predicts Conversion to Psychosis in Individuals at Clinical High Risk. Schizophrenia Bulletin, 2019, 45, 924-933.	4.3	14
80	Evaluating the relationship between cannabis use and IQ in youth and young adults at clinical high risk of psychosis. Psychiatry Research, 2015, 230, 878-884.	3.3	13
81	Impairment in Social Functioning differentiates youth meeting Ultra-High Risk for psychosis criteria from other mental health help-seekers: A validation of the Italian version of the Global Functioning: Social and Global Functioning: Role scales. Psychiatry Research, 2017, 253, 296-302.	3.3	13
82	Age-related trajectories of social cognition in youth at clinical high risk for psychosis: An exploratory study. Schizophrenia Research, 2018, 201, 130-136.	2.0	13
83	Traumatic brain injury in individuals at clinical high risk for psychosis. Schizophrenia Research, 2016, 174, 77-81.	2.0	12
84	The Role of microRNA Expression in Cortical Development During Conversion to Psychosis. Neuropsychopharmacology, 2017, 42, 2188-2195.	5.4	12
85	Social decline in the psychosis prodrome: Predictor potential and heterogeneity of outcome. Schizophrenia Research, 2021, 227, 44-51.	2.0	12
86	Cognitive behavioural social skills training: Methods of a randomized controlled trial for youth at risk of psychosis. Microbial Biotechnology, 2021, 15, 1626-1636.	1.7	12
87	Treating early psychosis: who, what, and when?. Dialogues in Clinical Neuroscience, 2005, 7, 39-49.	3.7	12
88	Tobacco use and psychosis risk in persons at clinical high risk. Microbial Biotechnology, 2019, 13, 1173-1181.	1.7	11
89	Genetic and clinical analyses of psychosis spectrum symptoms in a large multiethnic youth cohort reveal significant link with ADHD. Translational Psychiatry, 2021, 11, 80.	4.8	11
90	The role of a family history of psychosis for youth at clinical high risk of psychosis. Microbial Biotechnology, 2019, 13, 251-256.	1.7	10

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91	Associations between childhood adversity, cognitive schemas and attenuated psychotic symptoms. Microbial Biotechnology, 2021, 15, 818-827.	1.7	10
92	Stability of mismatch negativity event–related potentials in a multisite study. International Journal of Methods in Psychiatric Research, 2020, 29, e1819.	2.1	10
93	Abnormally Large Baseline P300 Amplitude Is Associated With Conversion to Psychosis in Clinical High Risk Individuals With a History of Autism: A Pilot Study. Frontiers in Psychiatry, 2021, 12, 591127.	2.6	10
94	Selection for psychosocial treatment for youth at clinical high risk for psychosis based on the North American Prodrome Longitudinal Study individualized risk calculator. Microbial Biotechnology, 2021, 15, 96-103.	1.7	9
95	The Association Between Neighborhood Poverty and Hippocampal Volume Among Individuals at Clinical High-Risk for Psychosis: The Moderating Role of Social Engagement. Schizophrenia Bulletin, 2022, 48, 1032-1042.	4.3	9
96	Relation between cannabis use and subcortical volumes in people at clinical high risk of psychosis. Psychiatry Research - Neuroimaging, 2016, 254, 3-9.	1.8	8
97	Demographic and Clinical Characteristics, Including Subsyndromal Symptoms Across Bipolar-Spectrum Disorders in Adolescents. Journal of Child and Adolescent Psychopharmacology, 2020, 30, 222-234.	1.3	8
98	Discriminatory experiences predict neuroanatomical changes and anxiety among healthy individuals and those at clinical high risk for psychosis. NeuroImage: Clinical, 2021, 31, 102757.	2.7	8
99	The associations between area-level residential instability and gray matter volumes from the North American Prodrome Longitudinal Study (NAPLS) consortium. Schizophrenia Research, 2022, 241, 1-9.	2.0	8
100	Changes in symptom content from a clinical high–risk state to conversion to psychosis. Microbial Biotechnology, 2019, 13, 257-263.	1.7	7
101	DSM-5 Attenuated Psychosis Syndrome in Adolescents Hospitalized With Non-psychotic Psychiatric Disorders. Frontiers in Psychiatry, 2020, 11, 568982.	2.6	7
102	Cross-paradigm connectivity: reliability, stability, and utility. Brain Imaging and Behavior, 2021, 15, 614-629.	2.1	7
103	Depression: An actionable outcome for those at clinical high-risk. Schizophrenia Research, 2021, 227, 38-43.	2.0	7
104	Individualized Prediction of Prodromal Symptom Remission for Youth at Clinical High Risk for Psychosis. Schizophrenia Bulletin, 2022, 48, 395-404.	4.3	7
105	Association between residential instability at individual and area levels and future psychosis in adolescents at clinical high risk from the North American Prodrome Longitudinal Study (NAPLS) consortium. Schizophrenia Research, 2021, 238, 137-144.	2.0	7
106	Between-site reliability of startle prepulse inhibition across two early psychosis consortia. NeuroReport, 2013, 24, 626-630.	1.2	6
107	Perceptual abnormalities in clinical high risk youth and the role of trauma, cannabis use and anxiety. Psychiatry Research, 2017, 258, 462-468.	3.3	6
108	Reliability of mismatch negativity event-related potentials in a multisite, traveling subjects study. Clinical Neurophysiology, 2020, 131, 2899-2909.	1.5	6

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109	The association between migrant status and transition in an ultra-high risk for psychosis population. Social Psychiatry and Psychiatric Epidemiology, 2021, 56, 943-952.	3.1	5
110	Characterizing sustained social anxiety in individuals at clinical high risk for psychosis: trajectory, risk factors, and functional outcomes. Psychological Medicine, 2023, 53, 3644-3651.	4.5	5
111	Concordance and factor structure of subthreshold positive symptoms in youth at clinical high risk for psychosis. Schizophrenia Research, 2021, 227, 72-77.	2.0	4
112	Visual cortical plasticity and the risk for psychosis: An interim analysis of the North American Prodrome Longitudinal Study. Schizophrenia Research, 2021, 230, 26-37.	2.0	4
113	Bullying and social functioning, schemas, and beliefs among youth at clinical high risk for psychosis. Microbial Biotechnology, 2022, 16, 281-288.	1.7	4
114	Depression Predicts Global Functional Outcomes in Individuals at Clinical High Risk for Psychosis. Psychiatric Research and Clinical Practice, 2021, 3, 163-171.	2.4	4
115	Bullying in clinical high risk for psychosis participants from the NAPLS-3 cohort. Social Psychiatry and Psychiatric Epidemiology, 2022, 57, 1379-1388.	3.1	4
116	Patterns and perceptions of face-to-face and digital communication in the clinical high risk and early stages of psychosis. Psychiatry Research, 2020, 284, 112667.	3.3	3
117	Negative symptoms: associations with defeatist beliefs, self-efficacy, and maladaptive schemas in youth and young adults at-risk for psychosis. Behavioural and Cognitive Psychotherapy, 2022, 50, 298-311.	1.2	3
118	Family history of psychosis in youth at clinical high risk: A replication study. Psychiatry Research, 2022, 311, 114480.	3.3	3
119	O3.2. BRAIN HYPERACTIVATION DURING MEMORY RETRIEVAL PRECEDES AND PREDICTS CONVERSION TO PSYCHOSIS IN INDIVIDUALS AT CLINICAL HIGH RISK. Schizophrenia Bulletin, 2018, 44, S79-S79.	4.3	2
120	F118. ARCHITECTURE OF PSYCHOSIS SYMPTOMS AND NEURAL PREDICTORS OF CONVERSION AMONG CLINICAL HIGH RISK INDIVIDUALS WITH AUTISM SPECTRUM DISORDER. Schizophrenia Bulletin, 2018, 44, S266-S266.	4.3	2
121	Life Event Stress and Reduced Cortical Thickness in Youth at Clinical High Risk for Psychosis and Healthy Control Subjects. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 2022, 7, 171-179.	1.5	2
122	The immediate impact of the COVID-19 pandemic on attenuated positive symptoms and functioning in individuals at clinical high risk for psychosis: A pilot study. Schizophrenia Research, 2021, 236, 9-11.	2.0	2
123	F32. DIFFERENCES BETWEEN YOUTH AT CLINICAL HIGH-RISK FOR PSYCHOSIS WHO DO NOT TRANSITION TO PSYCHOSIS: THE NORTH AMERICAN PRODROME LONGITUDINAL STUDY (NAPLS-2). Schizophrenia Bulletin, 2018, 44, S231-S231.	4.3	1
124	Family‐focused therapy for individuals at high clinical risk for psychosis: A confirmatory efficacy trial. Microbial Biotechnology, 2021, , .	1.7	1
125	Anxiety in youth at clinical high-risk for psychosis: A two-year follow-up. Schizophrenia Research, 2021, 236, 87-88.	2.0	1
126	Cognitive-Behavioral Social Skills Training Adapted for Youth at Clinical High Risk for Psychosis. Journal of Cognitive Psychotherapy, 2022, , JCP-2021-0029.R1.	0.4	1

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127	O9.8. STRESS AND COGNITIVE FUNCTION AMONG INDIVIDUALS AT CLINICAL HIGH-RISK FOR PSYCHOSIS: FINDINGS FROM THE NAPLS COHORT. Schizophrenia Bulletin, 2018, 44, S102-S102.	4.3	0
128	O2.8. TRAJECTORIES OF NEUROCOGNITIVE FUNCTIONING OVER TIME IN YOUTH AT CLINICAL HIGH RISK WHO DO AND DO NOT TRANSITION TO PSYCHOSIS. Schizophrenia Bulletin, 2018, 44, S78-S78.	4.3	0
129	O10.2. DEFICIENT VISUAL ODDBALL STIMULUS PROCESSING PREDICTS PSYCHOSIS ONSET: RESULTS FROM THE NORTH AMERICAN PRODROME LONGITUDINAL STUDY. Schizophrenia Bulletin, 2020, 46, S24-S25.	4.3	0
130	O5.6. ADVANCED DIFFUSION IMAGING IN PSYCHOSIS RISK: A CROSS-SECTIONAL AND LONGITUDINAL STUDY OF WHITE MATTER DEVELOPMENT. Schizophrenia Bulletin, 2020, 46, S13-S13.	4.3	0
131	Neurocognition as a Biomarker for Psychosis Onset: Exploring the Impact of Age. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging, 2022, 7, 5-6.	1.5	0
132	Longitudinal impact of trauma in the North American Prodrome Longitudinal Studyâ€3. Microbial Biotechnology, 2022, 16, 1211-1216.	1.7	0