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EDITORIAL

Transdiagnostic Approaches to the Study of Psychopathology and Translation to Clinical Practice

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Comorbidity, dimensionality, and heterogeneity of mental disorder symptoms are major challenges of current classification systems. Accumulating research supports the adoption of transdiagnostic and dimensional approaches to the study of psychopathology to address such challenges. This editorial presents a collection of studies employing transdiagnostic approaches to (a) identify potential common risk factors and underlying mechanisms of youth and early adult psychopathology and (b) translate research findings into early identification of and intervention for symptoms across traditional diagnostic boundaries. The articles assembled in this special issue employ multimodal methods and study designs (e.g., behavioral, neural, psychophysiological, online survey, and randomized controlled trial) in samples of youth spanning early childhood to young adulthood ages. We conclude with several recommendations to best support the goals of transdiagnostic science, namely efforts to identify shared markers of psychopathology and inform translation to clinical practice.

What is the significance of this article for the general public?
Issues of comorbidity, dimensionality, and heterogeneity of mental disorder symptoms are significant challenges of current diagnostic systems. Transdiagnostic (i.e., cross-cutting) and dimensional (i.e., on a continuum) research has the potential to improve our understanding of the etiology and treatment of mental disorders. The collection of articles presented in this special issue employs transdiagnostic approaches to identify potential common risk factors of youth and young adult psychopathology and inform translation to clinical practice. This research can help identify novel targets for transdiagnostic prevention and interventions to improve outcomes for those whose symptoms do not fit neatly into disorder categories.

Keywords: transdiagnostic, dimensional, comorbidity, psychopathology, risk factors

Classification systems of psychological symptoms are important for mental health research and clinical practice. The *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2022) and *International Statistical Classification of Diseases and Related Health Problems* (World Health Organization, 2019) classify symptoms that tend to co-occur

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into categories to determine appropriate treatment. However, the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision describes over 500 mental disorder diagnoses, which begs the question: do our current diagnostic systems truly "carve nature at its joints?"

It is not surprising then that comorbidity (i.e., co-occurrence of mental disorder categories) is quite common, with estimates suggesting up to half of individuals diagnosed with one disorder also meet criteria for a second concurrent disorder (e.g., Kessler et al., 2005; McGrath et al., 2020; Plana-Ripoll et al., 2019). This comorbidity has been a challenge for both mental health research and practice. Clinically, comorbidity is associated with greater severity of impairment, complexity in treatment planning and compliance, and poorer disorder trajectories and outcomes (Dalgleish et al., 2020; Melton et al., 2016; Newman et al., 1998). Within research, comorbidity has made it difficult to identify unique etiological processes related to a specific disorder because of the extensive overlap among disorder categories. For example, many different disorders share common neurobiological and psychological correlates (e.g., Abramovitch et al., 2021; Allegrini et al., 2020; Romer et al., 2021), and interventions targeting a specific brain chemistry or cognitive process are often equally effective across disorders (Barlow et al., 2010; Vaswani et al., 2003).

A second challenge is that psychopathology is not truly categorical but rather exists on a continuum where the distinction between healthy individuals and patients is often arbitrary (Dalgleish et al., 2020; Kotov et al., 2017). As a result, clinically, individuals may present with significant symptoms, distress, and impairment, indicating their need for treatment, yet not quite meet the diagnostic threshold for a given disorder (Kotov et al., 2017). In terms of implications for research, there is significant variability in symptom expression in the normal population that is not captured in traditional dichotomous diagnostic categories, which makes it difficult to identify predictors or underlying mechanisms associated with the presence of specific mental disorders (Kotov et al., 2017).

Third, substantial heterogeneity exists within traditional diagnostic categories. One common example of this is major depression, which has thousands of symptom profiles associated with the diagnosis (Fried & Nesse, 2015). The heterogeneity within diagnostic categories could account for mixed findings and lack of replicability in mental health research if particular risk factors and mechanisms only are involved in specific subsets of symptoms. Further, case–control designs often are limited in their utility for identifying causes of and treatments for mental disorders because of the challenges of comorbidity, dimensionality, and heterogeneity. Given these hurdles, accumulating mental health research has encouraged a shift in focus toward identifying transdiagnostic (e.g., cross-cutting) and dimensional (i.e., on a continuum) features shared across disorder categories. Newer classification systems such as the Research Domain Criteria (Cuthbert & Insel, 2013) and Hierarchical Taxonomy of Psychopathology (Kotov et al., 2017) support this growing focus on transdiagnostic and dimensional research.

In this editorial, we discuss six articles collected as part of this special issue of *Translational Issues in Psychological Science*, which employ transdiagnostic and dimensional approaches to the study of psychopathology in youth and young adults. Below, we describe these articles in the context of two primary applications of transdiagnostic research: (a) identification of cross-cutting risk factors and mechanisms underlying psychopathology and (b) translation to inform early identification and intervention. We conclude with future directions for transdiagnostic research to best support the study of the nature and treatment of mental illness.

Transdiagnostic Approaches to Identify Common Risk Factors of Psychopathology

Emotion dysregulation is commonly identified across diagnostic categories (Aldao et al., 2010), and successful use of emotion regulation strategies (i.e., reappraisal) has been associated with better adaptive functioning (e.g., Dryman & Heimberg, 2018). Yet, little is known about the development of emotion regulation skills in young children, particularly whether and how young children employ deliberate emotion regulation strategies, and if their use of such strategies is associated with neurophysiological function and transdiagnostic psychopathology. Bivins and Grabell (2024) conducted a pilot study to test the associations between deliberate emotion regulation strategy use during a frustration game and neural (i.e., functional near-infrared spectroscopy) and physiological

(i.e., galvanic skin conductance) markers of stress and externalizing symptoms in a small sample of 59 preschool-aged children. They found that children who articulated an emotion regulation strategy demonstrated significantly lower galvanic skin conductance response (i.e., lower stress) during frustration than children who did not employ a strategy. Children who articulated a strategy also had fewer and less variability in attention-deficit/hyperactivity disorder symptoms compared to those who did not articulate a strategy, but this difference was not significant when accounting for unequal variances across groups. These results provide preliminary evidence that early development of emotion regulation skills may be important for reducing physiological stress and may be related to externalizing symptoms. Future research should test the replicability of these findings in larger representative samples of young children.

Similarly, Pujji and Dinzeo (2024b) investigated the intolerance of uncertainty as a transdiagnostic trait related to mental and physical health symptoms. Intolerance of uncertainty, broadly defined as difficulty tolerating the unknown, has been conceptualized as a shared feature of emotional disorders (Boswell et al., 2013), with prior studies showing associations of this trait with anxiety, depression, and obsessive thoughts (e.g., Shapiro et al., 2020). However, less is known about whether intolerance of uncertainty is associated with thought disorder (i.e., delusions, hallucinations, and mania) and physical health symptoms (i.e., asthma, somatic symptoms, and diabetes). Thus, Pujji and Dinzeo (2024b) examined associations among self-reported intolerance of uncertainty, thought and mood disorder symptoms, and physical health in a sample of 433 undergraduates. Consistent with prior research, they found that intolerance of uncertainty was associated with mood and anxiety symptoms. They also identified novel associations between intolerance of uncertainty, negative emotionality, and thought disorder (i.e., delusions, hallucinations, and hypomania) and physical health symptoms (i.e., somatic symptom burden and respiratory symptoms). These findings suggest that intolerance of uncertainty represents one of the potentially many transdiagnostic traits related to a wide range of physical and mental health symptoms, including serious forms of mental illness.

Translation of Transdiagnostic Research to Inform Early Identification and Intervention

One clinical implication of transdiagnostic research is the potential for early identification of youth at risk for developing many forms of mental disorders. To accomplish this, we need reliable and valid screening measures to assess transdiagnostic indicators of early disorder. Wakschlag, Zhang, et al. (2024) aimed to refine their previously developed shortened measure of early childhood irritability, called the Multidimensional Assessment Profiles-Early Assessment Screener for Irritability 1.0 (MAPS-EASI 1.0) (Wakschlag, Carroll, et al., 2024), for large-scale clinical implementation in pediatric care. Irritability is a robust early childhood predictor of internalizing and externalizing psychopathology (Leibenluft et al., 2024), suggesting it may be an important target for early identification and intervention (Evans et al., 2023). Wakschlag, Zhang, et al. (2024) conducted an online survey of the MAPS-EASI in a representative sample of 1,508 U.S. caregivers of toddler- and preschool-aged children. They aimed to develop optimized versions of this screener for toddlers and preschoolers separately. Their analyses identified a three-item MAPS-EASI 2.0 Irritability Toddler Screener Form and a four-item Preschooler Screener Form, which demonstrated good-to-excellent classification (areas under the curve = 0.84, 0.88), sensitivity (0.83, 0.82), and specificity (0.72, 0.79) for toddlers and preschoolers, respectively. The results suggest that the MAPS-EASI 2.0 Irritability Screener Forms accurately identified clinical levels of early childhood irritability and can be integrated into routine pediatric well-child visits for children ages 2–5 years old.

In addition to early identification, it is also important to understand factors that contribute to successful treatment outcomes. One such factor may be readiness for treatment, defined as the extent to which individuals are ready to actively participate in treatment to support their recovery, which previously has been associated with treatment adherence and retention (e.g., Maher et al., 2012). Djurovic et al. (2024) investigated the relationship between youth- and caregiver-reported treatment readiness and internalizing and externalizing symptoms in a sample of 936 youth (ages 13–18 years) who sought treatment at a mental health clinic in an urban hospital setting. The authors found that greater youth- and

caregiver-reported readiness for treatment was associated with higher youth- and caregiver-reported internalizing symptoms. Greater externalizing symptoms only were related to caregiver treatment readiness, not youth readiness. These findings suggest that internalizing, but not externalizing symptoms, may motivate youth to pursue treatment, whereas caregivers may be motivated to seek treatment for their children regardless of the type of symptoms.

In terms of intervention, treatments targeting key transdiagnostic processes aim to address many symptoms simultaneously across traditional diagnostic boundaries. Galán-Luque et al. (2024) evaluated a transdiagnostic cognitive behavioral intervention for emotional problems called the Super Skills for Life (SSL) Program (Essau & Ollendick, 2013). The SSL Program is an eight-session protocol incorporating behavioral activation and video feedback with relaxation strategies and cognitive therapy and has shown immediate and long-term efficacy in improving affective symptoms (Diego et al., 2024; Essau et al., 2019; Ramdhonee-Dowlot et al., 2021). The authors hypothesized that the SSL Program would influence pre- to posttreatment change in hypothesized transdiagnostic mechanisms underlying emotional dysfunctions, such as cognitive emotion regulation strategies, self-concept, and social competence. They conducted a comparative randomized controlled trial in which 105 Spanish-speaking children aged 8–12 years old with emotional symptoms were randomized to either the traditional SSL Program or a computerized format. The authors found that both intervention groups showed pre- to posttreatment increases in emotional self-concept and social competence and reductions in maladaptive cognitive emotion regulation strategies. These findings suggest both SSL Program delivery formats may impact transdiagnostic mechanisms underlying its efficacy, such as improved coping, self-concept, and social competence.

Future Directions for Transdiagnostic Research

In their commentary, Pujji and Dinzeo (2024a) discussed the strengths and weaknesses of current classification systems and transdiagnostic research. They offer suggestions to improve the quality of transdiagnostic research and translation to clinical practice such as (a) developing a consensus on the operationalization of transdiagnostic factors; (b) encouraging the use of transparent research methods according to the TRANSdiagnostic recommendations proposed by Fusar-Poli et al. (2019); (c) employing appropriate statistical methods to capture the inherent complexity of transdiagnostic psychopathology; (d) using these statistical approaches to consider the interacting roles of transdiagnostic factors in psychopathology; and (e) focusing on translation of research findings into novel transdiagnostic interventions, with an eye toward precision medicine.

We further describe two additional recommendations for transdiagnostic research. First, it is important to study transdiagnostic psychopathology from a developmental lens, as mental disorder symptoms onset and fluctuate in severity throughout the lifespan. Examining psychopathology at only one time point cannot determine temporal precedence among proposed risk factors and psychopathology outcomes, a step necessary for early identification and intervention. Examining hypothesized risk markers as predictors of changes in transdiagnostic symptoms can provide a more nuanced understanding of how those markers influence symptom onsets and fluctuations over time, particularly during developmental periods of heightened risk. Second, as the majority of transdiagnostic research is conducted in predominantly White, Western, and high-income samples, it is vital to determine the applicability of this research to diverse samples and contexts. By examining the role of culture, context, and personal identity in transdiagnostic psychopathology research, we can test the generalizability of our findings to a wide range of individuals and communities who also should benefit from this work. One application of transdiagnostic research that may be particularly promising is in low- and middle-income countries where mental health resources are limited, and researchers are often overlooked. In these contexts, there is a unique opportunity to leverage transdiagnostic science to build efficient comprehensive care services targeting shared symptoms rather than single disorders (see Giusto et al., 2023).

Conclusion

In sum, transdiagnostic research has the potential to better carve nature at its joints by

examining shared mechanisms underlying psychopathology. Bivins and Grabell (2024) and Pujji and Dinzeo (2024b) identified deliberate emotion regulation strategy use and intolerance of uncertainty as transdiagnostic processes related to physiological function and psychopathology, respectively. Transdiagnostic research also can inform early identification and development of novel interventions. Wakschlag, Zhang, et al. (2024) developed an early screening tool for assessing childhood irritability, which can be used by pediatricians in standard well-child visits, to identify at-risk toddlers and preschoolers. Djurovic et al. (2024) found that greater youth internalizing psychopathology is associated with greater treatment readiness, an important predictor of treatment outcomes. Galán-Luque et al. (2024) demonstrated pre- to posttreatment change in psychological mechanisms hypothesized to underlie symptom reductions during their transdiagnostic SSL Program. Future research should incorporate a lifespan developmental perspective and recruit representative and diverse samples to improve the generalizability of findings to many people whose symptoms do not fit neatly in traditional diagnostic categories.

References

Abramovitch, A., Short, T., & Schweiger, A. (2021). The C factor: Cognitive dysfunction as a transdiagnostic dimension in psychopathology. *Clinical Psychology Review*, *86*, Article 102007. https://doi.org/10.1016/j.cpr.2021.102007

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, *30*(2), 217–237. https://doi.org/10.1016/j.cpr.2009.11.004

Allegrini, A. G., Cheesman, R., Rimfeld, K., Selzam, S., Pingault, J.-B., Eley, T. C., & Plomin, R. (2020). The p factor: Genetic analyses support a general dimension of psychopathology in childhood and adolescence. *Journal of Child Psychology and Psychiatry*, *61*(1), 30–39. https://doi.org/10.1111/jcpp.13113

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Barlow, D. H., Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Allen, L. B. , & May, J. T. (2010). *The unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide*. Oxford University Press.

Bivins, Z., & Grabell, A. (2024). Early childhood emotion regulation strategy articulation, its neurophysiological correlates, and association with psychopathology. *Translational Issues in Psychological Science*, *10*(4), 417–434. https://doi.org/10.1037/tps0000439

Boswell, J. F., Thompson-Hollands, J., Farchione, T. J., & Barlow, D. H. (2013). Intolerance of uncertainty: A common factor in the treatment of emotional disorders. *Journal of Clinical Psychology*, *69*(6), 630–645. https://doi.org/10.1002/jclp.21965

Cuthbert, B. N., & Insel, T. R. (2013). Toward the future of psychiatric diagnosis: The seven pillars of RDoC. *BMC Medicine*, *11*(1), Article 126. https://doi.org/10.1186/1741-7015-11-126

Dalgleish, T., Black, M., Johnston, D., & Bevan, A. (2020). Transdiagnostic approaches to mental health problems: Current status and future directions. *Journal of Consulting and Clinical Psychology*, *88*(3), 179–195. https://doi.org/10.1037/ccp0000482

Diego, S., Morales, A., & Orgilés, M. (2024). Benefits of super skills for life in a randomized controlled trial in clinical settings for Spanish children with comorbid conditions. *Development and Psychopathology*, *36*(4), 1821–1830. https://doi.org/10.1017/S0954579423001189

Djurovic, T., Surib, A., & Andrade, B. F. (2024). Youth internalizing symptoms are associated with youth and caregiver readiness to engage in mental health treatment. *Translational Issues in Psychological Science*, *10*(4), 374–387. https://doi.org/10.1037/tps0000441

Dryman, M. T., & Heimberg, R. G. (2018). Emotion regulation in social anxiety and depression: A systematic review of expressive suppression and cognitive reappraisal. *Clinical Psychology Review*, *65*, 17–42. https://doi.org/10.1016/j.cpr.2018.07.004

Essau, C. A., & Ollendick, T. H. (2013). *The super skills for life programme*. University of Roehampton.

Essau, C. A., Sasagawa, S., Jones, G., Fernandes, B., & Ollendick, T. H. (2019). Evaluating the real-world effectiveness of a cognitive behavior therapy-based transdiagnostic program for emotional problems in children in a regular school setting. *Journal of Affective Disorders*, *253*, 357–365. https://doi.org/10.1016/j.jad.2019.04.036

Evans, S. C., Corteselli, K. A., Edelman, A., Scott, H., & Weisz, J. R. (2023). Is irritability a top problem in Youth Mental Health Care? A multi-informant, multi-method investigation. *Child Psychiatry & Human Development*, *54*(4), 1027–1041. https://doi.org/10.1007/s10578-021-01301-8

Fried, E. I., & Nesse, R. M. (2015). Depression is not a consistent syndrome: An investigation of unique symptom patterns in the STAR*D study. *Journal*

of Affective Disorders, *172*, 96–102. https://doi.org/10.1016/j.jad.2014.10.010

Fusar-Poli, P., Solmi, M., Brondino, N., Davies, C., Chae, C., Politi, P., Borgwardt, S., Lawrie, S. M., Parnas, J., & McGuire, P. (2019). Transdiagnostic psychiatry: A systematic review. *World Psychiatry*, *18*(2), 192–207. https://doi.org/10.1002/wps.20631

Galán-Luque, T., Cabello, E., & Orgilés, M. (2024). Evaluating Super Skills for Life Program's Impact on Transdiagnostic Variables in Children with Emotional Disorders: A comparative randomized trial. *Translational Issues in Psychological Science*, *10*(4), 388–407. https://doi.org/10.1037/tps0000429

Giusto, A., Romer, A., Lovero, K., dos Santos, P. F., Greene, C., Gouveia, L., Suleman, A., Feliciano, P., Oquendo, M. A., Mootz, J., & Wainberg, M. L. (2023). Examination of the factor structure of psychopathology in a Mozambican sample. *Clinical Psychological Science: A Journal of the Association for Psychological Science*, *11*(3), 409–424. https://doi.org/10.1177/21677026221122773

Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry*, *62*(6), 617–627. https://doi.org/10.1001/archpsyc.62.6.617

Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., Brown, T. A., Carpenter, W. T., Caspi, A., Clark, L. A., Eaton, N. R., Forbes, M. K., Forbush, K. T., Goldberg, D., Hasin, D., Hyman, S. E., Ivanova, M. Y., Lynam, D. R., Markon, K., … Zimmerman, M. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology*, *126*(4), 454–477. https://doi.org/10.1037/abn0000258

Leibenluft, E., Allen, L. E., Althoff, R. R., Brotman, M. A., Burke, J. D., Carlson, G. A., Dickstein, D. P., Dougherty, L. R., Evans, S. C., Kircanski, K., Klein, D. N., Malone, E. P., Mazefsky, C. A., Nigg, J., Perlman, S. B., Pine, D. S., Roy, A. K., Salum, G. A., Shakeshaft, A., … Stringaris, A. (2024). Irritability in youths: A critical integrative review. *American Journal of Psychiatry*, *181*(4), 275–290. https://doi.org/10.1176/appi.ajp.20230256

Maher, M. J., Wang, Y., Zuckoff, A., Wall, M. M., Franklin, M., Foa, E. B., & Simpson, H. B. (2012). Predictors of patient adherence to cognitive-behavioral therapy for obsessive-compulsive disorder. *Psychotherapy and Psychosomatics*, *81*(2), 124–126. https://doi.org/10.1159/000330214

McGrath, J. J., Lim, C. C. W., Plana-Ripoll, O., Holtz, Y., Agerbo, E., Momen, N. C., Mortensen, P. B., Pedersen, C. B., Abdulmalik, J., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Bromet, E. J., Bruffaerts, R., Bunting, B., de Almeida, J. M. C., de Girolamo, G., De Vries, Y. A., Florescu, S., … de Jonge, P. (2020). Comorbidity within mental disorders: A comprehensive analysis based on 145,990 survey respondents from 27 countries. *Epidemiology and Psychiatric Sciences*, *29*, Article e153. https://doi.org/10.1017/S2045796020000633

Melton, T. H., Croarkin, P. E., Strawn, J. R., & Mcclintock, S. M. (2016). Comorbid anxiety and depressive symptoms in children and adolescents: A systematic review and analysis. *Journal of Psychiatric Practice*, *22*(2), 84–98. https://doi.org/10.1097/PRA.0000000000000132

Newman, D. L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Comorbid mental disorders: Implications for treatment and sample selection. *Journal of Abnormal Psychology*, *107*(2), 305–311. https://doi.org/10.1037/0021-843X.107.2.305

Plana-Ripoll, O., Pedersen, C. B., Holtz, Y., Benros, M. E., Dalsgaard, S., de Jonge, P., Fan, C. C., Degenhardt, L., Ganna, A., Greve, A. N., Gunn, J., Iburg, K. M., Kessing, L. V., Lee, B. K., Lim, C. C. W., Mors, O., Nordentoft, M., Prior, A., Roest, A. M., … McGrath, J. J. (2019). Exploring comorbidity within mental disorders among a Danish National Population. *JAMA Psychiatry*, *76*(3), 259–270. https://doi.org/10.1001/jamapsychiatry.2018.3658

Pujji, S. D., & Dinzeo, T. J. (2024a). Considerations for operationalizing transdiagnostic approaches in mental health research and practice. *Translational Issues in Psychological Science*, *10*(4), 408–416. https://doi.org/10.1037/tps0000425

Pujji, S. D., & Dinzeo, T. J. (2024b). Transdiagnostic connections of the intolerance of uncertainty across schizotypy, mood, obsessive beliefs, and physical health in a college student sample. *Translational Issues in Psychological Science*, *10*(4), 449–471. https://doi.org/10.1037/tps0000427

Ramdhonee-Dowlot, K., Balloo, K., & Essau, C. A. (2021). Effectiveness of the Super Skills for Life programme in enhancing the emotional wellbeing of children and adolescents in residential care institutions in a low- and middle-income country: A randomised waitlist-controlled trial. *Journal of Affective Disorders*, *278*, 327–338. https://doi.org/10.1016/j.jad.2020.09.053

Romer, A. L., Elliott, M. L., Knodt, A. R., Sison, M. L., Ireland, D., Houts, R., Ramrakha, S., Poulton, R., Keenan, R., Melzer, T. R., Moffitt, T. E., Caspi, A., & Hariri, A. R. (2021). Pervasively thinner neocortex as a transdiagnostic feature of general psychopathology. *American Journal of Psychiatry*, *178*(2), 174–182. https://doi.org/10.1176/appi.ajp.2020.19090934

Shapiro, M. O., Short, N. A., Morabito, D., & Schmidt, N. B. (2020). Prospective associations between intolerance of uncertainty and psychopathology.

Personality and Individual Differences, *166*, Article 110210. https://doi.org/10.1016/j.paid.2020.110210

Vaswani, M., Linda, F. K., & Ramesh, S. (2003). Role of selective serotonin reuptake inhibitors in psychiatric disorders: A comprehensive review. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, *27*(1), 85–102. https://doi.org/10.1016/S0278-5846(02)00338-X

Wakschlag, L. S., Carroll, A. J., Friedland, S., Walkup, J., Wiggins, J. L., Mohanty, N., Papacek, E., Bridi, S., Carroll, R., Drelicharz, D., Hasan, Z., Kotagal, T., Davis, M. M., & Smith, J. D. (2024). Making it "EASI" for pediatricians to determine when toddler tantrums are "more than the terrible twos": Proof-of-concept for primary care screening with the Multidimensional Assessment Profiles–Early Assessment Screener for Irritability (MAPS-EASI). *Families, Systems, & Health*, *42*(1), 34–49. https://doi.org/10.1037/fsh0000868

Wakschlag, L. S., Zhang, Y., Heffernan, M. E., MacNeill, L. A., Peterson, E. O., Friedland, S., Jaffe Sass, A., Smith, J. D., Davis, M. M., & Lee Wiggins, J. (2024). How EASI can it be? Closing the research-to-practice gap via population-based validation of the MAPS-EASI 2.0 early childhood irritability screener for translation to clinical use. *Translational Issues in Psychological Science*, *10*(4), 435–448. https://doi.org/10.1037/tps0000428

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). https://icd.who.int/

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