New Research from *Clinical Psychological Science*

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[The Critical Need for Help-Seeking Controls in Clinical High-Risk Research](#)
Zachary B. Millman, James M. Gold, Vijay A. Mittal, and Jason Schiffman

Millman and colleagues argue that the overreliance on using healthy participants as control subjects when studying individuals at clinical high risk (CHR) for psychosis threatens the validity of results concerning group differences and hinders advances in understanding the development of psychosis. They propose that comparing CHR individuals with both healthy individuals and individuals seeking psychiatric help will improve clinical progress and advance CHR research. Here, Millman and colleagues explain the threats that comparing CHR individuals with healthy individuals pose to the validity of research, namely the fact that group differences may emerge because of the presence of other psychopathologies that co-occur with CHR and may not be due exclusively to CHR processes. They also explain the limited capacity of this type of research to help to specify the CHR individuals that are more likely to develop psychosis and to advance clinical practice. The authors propose that it is important to compare CHR individuals with help-seeking controls (HSCs), including HSCs who are initially recruited as CHRs but fail to meet diagnostic criteria, HSCs who meet specific diagnostic criteria of interest to psychosis, and HSCs with clinical risk for disorders other than psychosis. Millman and colleagues compiled the CHR studies that used HSCs and show how these can make significant contributions, such as understanding that neurocognitive testing is not sufficient for distinguishing between individuals who do and do not meet CHR criteria following assessment but could be combined with clinical measures to predict future psychosis. They also provide general recommendations for future research comparing HSCs and CHRs.

[Callousness and Affective Face Processing: Clarifying the Neural Basis of Behavioral-Recognition Deficits Through the Use of Brain Event-Related Potentials](#)
Sarah J. Brislin and Christopher J. Patrick

Callousness is characterized by low levels of guilt, remorse, and empathy; shallow affect; and deficient affiliative tendencies (i.e., lacking friendliness, openness about one's feelings and skills to deal with

others), and it is related to severe antisocial behavior. But how is it associated with reduced responses to emotional faces? Adult participants responded to questionnaires measuring their meanness (which indexes callousness), boldness, and disinhibition and completed a facial-emotion-recognition task while electroencephalographic data was collected. Participants viewed faces expressing anger, disgust, fear, happiness, sadness, and surprise at different levels of intensity and chose an emotion label for each face. Participants who scored higher on callousness were less accurate labeling fearful faces at mid-intensity levels than participants who scored lower on callousness. Callousness did not seem to be related to the processing of other expressions. Electroencephalographic data revealed that individuals with high levels of callousness showed a decreased neurological response to fearful faces from a very early point in neural processing and until late processing, which contributed to their deficits in labeling fearful faces. On the contrary, individuals who scored higher in disinhibition showed an increased neural response to fearful faces. Brislin and Patrick suggest that these findings highlight the possibility of using brain and behavioral indicators together with questionnaires and reports for a cross-domain measurement of callousness.

[Behind Closed Doors: The Role of Depressed Affect on Risky Choices Under Time Pressure](#)
Kaileigh Byrne, Hunter Willis, Caitlin Peters, Deborah Kunkel, and Thomas Tibbett

Depressed affect might influence risky choices under time pressure, this research suggests. Participants completed a measure of the frequency of depressed-affect symptoms (crying or feeling sad, lonely, fearful, depressed, blue, or like a failure) in the past 7 days and a risky-decision-making task. Participants chose between two doors offering points converted to cash at the end of the experiment—one door had a fixed-value safe option and the other one offered 50% chance of a small reward and 50% chance of a large reward. Participants had 5 or 1.5 s to make their choices (low and high-pressure, respectively). Participants with high levels of depressed affect selected more risky options than those with low depressed affect—but only under high pressure. In another experiment, participants rated their perceived pressure, and those with higher levels of depressed-affect symptoms perceived higher pressure. In a third experiment, participants began the task with 18,000 points and the door options offered negative points, so that participants' goal was to avoid losses. Individuals with high levels of depressed affect chose fewer risky options than individuals with low levels of depressed affect, but only under low pressure. These findings suggest that time pressure influences the relationship between depressed affect and risky decision making, and different effects depend on whether the decisions are framed in terms of gains or losses.