

Clinical Implications of a General Psychopathology Factor: A Cognitive–Behavioral Transdiagnostic Group Treatment for Community Mental Health

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Research on the underlying structure of psychopathology has found that a single general psychopathology factor may underlie all mental disorders. This finding is consistent with decades of research showing that the same risk factors are associated with many different disorders. We review these findings and discuss a primary implication: that clinicians could potentially use the same treatment for individuals with different and comorbid mental disorders. Such a transdiagnostic approach is not a new concept, but these treatments are receiving renewed interest. Recently developed transdiagnostic treatments have been shown to be effective in research settings, but these treatments do not meet several community mental health needs. Consequently, we provide an evidence-based rationale for a continuous-enrollment, fully transdiagnostic cognitive–behavioral group treatment that is informed by research on the structure of psychopathology. We conclude with suggestions for future research that integrate basic science research, treatment research, and clinical practice.

Keywords: psychopathology, transdiagnostic, comorbidity, group psychotherapy, community mental health

Research on the structure of psychopathology has shown that a general psychopathology factor underlies all mental disorders (Caspi et al., 2014), suggesting clinicians could potentially use the same treatment for individuals with different and comorbid mental disorders. Here we provide an evidence-based rationale for a continuous-enrollment, fully transdiagnostic cognitive–behavioral group treatment that is informed by research on the structure of psychopathology.

Basic Science Research on the Structure of Psychopathology

There is now consensus among researchers that mental disorders can be organized into at least two broad, higher order factors: an inter-

nalizing factor that represents liability to experience depression and anxiety disorders and an externalizing factor that represents liability to experience antisocial and substance use disorders (Achenbach & Edelbrock, 1981; Krueger, Caspi, Moffitt, & Silva, 1998). This consensus is based on numerous studies that find some mental disorders are more highly correlated with each other than with others (Eaton, Rodriguez-Seijas, Carragher, & Krueger, 2015; Krueger & Markon, 2006); that is, particular subsets of disorders tend to cluster within an individual. For example, data from the National Epidemiologic Survey on Alcohol and Related Conditions showed that major depressive disorder, dysthymia, and generalized anxiety disorder are more highly correlated with each other than with antisocial personality disorder, tobacco dependence, and alcohol dependence, which in turn are more highly correlated with each other than with other mental disorders (Lahey, Zald, Hakes, Krueger, & Rathouz, 2014). This pattern of correlations implies that one set of shared etiological mechanisms might underlie internalizing disorders, and another set might underlie externalizing disorders.

This article was published Online First June 5, 2017.

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