Age-related change in task-evoked amygdala—prefrontal circuitry: a multiverse approach with an accelerated longitudinal cohort aged 4-22 years

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Data Availability

Because participants and their parents did not consent to data sharing at the time of participation, we cannot make data from the current study publicly available.

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Abstract

The amygdala and its connections with medial prefrontal cortex (mPFC) play central roles in the development of emotional processes. While several studies have suggested that this circuitry exhibits functional changes across the first two decades of life, findings have been mixed – perhaps resulting from differences in analytic choices across studies. Here we used multiverse analyses to examine the robustness of task-based amygdala–mPFC function findings to analytic choices within the context of an accelerated longitudinal design (4-22 years-old; N=98; 183 scans; 1-3 scans/participant). Participants, recruited from the greater Los Angeles area, completed an event-related emotional face (fear, neutral) task. Parallel analyses varying in preprocessing and modeling choices found that age-related change estimates for amygdala reactivity were more robust than task-evoked amygdala–mPFC functional connectivity to varied analytical choices. Specification curves indicated evidence for age-related decreases in amygdala reactivity to faces, though within-participant changes in amygdala reactivity could not be differentiated from between-participant differences. In contrast, amygdala—mPFC functional connectivity results varied across methods much more, and evidence for age-related change in amygdala–mPFC connectivity was not consistent. Generalized psychophysiological interaction (gPPI) measurements of connectivity were especially sensitive to whether a deconvolution step was applied. Our findings demonstrate the importance of assessing the robustness of findings to analysis choices, although the age-related changes in our current work cannot be overinterpreted given low test-retest reliability. Together, these findings highlight both the challenges in estimating developmental change in longitudinal cohorts and the value of multiverse approaches in developmental neuroimaging for assessing robustness of results. (Preprint: https://www.biorxiv.org/content/10.1101/2021.10.08.463601v1).

Key Points

- Multiverse analyses applied to fMRI data are valuable for determining the robustness of findings to varied analytical choices

- In the current study, age-related change estimates for amygdala reactivity were relatively robust to analytical decisions, though gPPI functional connectivity analyses were much more sensitive, leading some estimates to flip sign

- Both test-retest reliability and robustness to analytical choices are important considerations for developmental research

Rodent models and human neuroimaging have provided converging evidence for the

importance of the amygdala and medial prefrontal cortex (mPFC) in the development of threat

processing (Adolphs, 2008; Forbes et al., 2011), emotion regulation (Pozzi et al., 2020; Silvers

et al., 2015; Sullivan & Perry, 2015), and affective learning (Moriceau & Sullivan, 2006; Pattwell

et al., 2016). Characterizing growth trajectories of these regions may provide insight into

neural constructions underlying emotional development (Meyer & Lee, 2019). To probe

amygdala–mPFC circuitry across development, face stimuli are frequently employed because

they effectively engage this circuitry while being child-appropriate (Hariri et al., 2002). Though

a number of studies have examined age-related changes from childhood to young adulthood

in amygdala responses and amygdala–mPFC functional connectivity (FC) associated with

emotional face stimuli, findings have varied widely (likely due in part to differences in sample

composition and task design; see sTable 1 for details). Several studies have found age-

related change in amygdala reactivity, including decreases as a function of age in response to

emotional faces (Gee et al., 2013; Guyer et al., 2008; Killgore et al., 2001; Passarotti et al.,

2009; Swartz et al., 2014; Telzer et al., 2015) as well as other images (Decety et al., 2012;

Silvers et al., 2017b; Vink et al., 2014), increases in amygdala reactivity with age (Joseph et al.,

2015; Todd et al., 2011), developmental sex differences (Xu et al., 2021) or peaks during

adolescence (Hare et al., 2008; Vijayakumar et al., 2019). Others have observed no age-

related changes (Kujawa et al., 2016; Pfeifer et al., 2011; Pine et al., 2001; Wu et al., 2016;

Yurgelun-Todd & Killgore, 2006; Zhang et al., 2019).

With task-evoked amygdala–mPFC FC, several studies have found age-related

decreases from childhood to young adulthood (Gee et al., 2013; Kujawa et al., 2016; Silvers et

al., 2017a; Wu et al., 2016), while others have found increases (Decety et al., 2012; Perlman &

Pelphrey, 2011; Vink et al., 2014), developmental sex differences (Xu et al., 2021), or little age-

related change (Zhang et al., 2019). While some investigations have found differing age-

related change for faces displaying different emotions (Killgore & Yurgelun-Todd, 2007; Swartz

et al., 2014; Vijayakumar et al., 2019), even investigations of fearful faces specifically have

varied in their developmental findings for both amygdala reactivity and amygdala—mPFC

functional connectivity (Forbes et al., 2011; Gee et al., 2013; Killgore et al., 2001; Wu et al.,

2016, 2016; Zhang et al., 2019).

While the small sample sizes examined in many studies on amygdala–mPFC

development likely contribute to differences in findings (Marek et al., 2020), especially given

low reliability of many amygdala—mPFC measures (Elliott et al., 2020; Herting et al., 2017;

Sauder et al., 2013), important methodological differences also exist across studies.

Differences in age range or sample demographics, stimuli, task (e.g. passive viewing

vs. emotion labeling or matching (Lieberman et al., 2007), task design (blocked vs. event-

related; Sergerie et al., 2008), or contrast used (faces > shapes vs. faces > baseline) may also

contribute to discrepancies (see sTable 1). The brain regions under investigation also differ

across studies; for example, prefrontal clusters with which amygdala connectivity was

assessed. Interpreting discrepancies across studies without appreciation for these

methodological differences would be inappropriate, and in fact, incorrect. Yet, such

differences do not account for all discrepancies in findings across studies. Variation in

processing pipelines is another source of differences across studies, as varying analytic

decisions can produce qualitatively different findings, even between putatively identical

analyses of the same dataset (Botvinik-Nezer et al., 2020). Choices including software

package (Bowring et al., 2019), spatial smoothing (Jo et al., 2007), treatment of head motion

(Achterberg & van der Meulen, 2019), parcellation (Bryce et al., 2021), and functional

connectivity approach (Di et al., 2020) can also impact results and qualitatively change

findings (Cisler et al., 2014). Additionally, the majority of developmental investigations of

amygdala–mPFC function have studied cross-sectional samples. Because cross-sectional

studies are susceptible to cohort effects and cannot measure within-participant change,

longitudinal work has been recommended for better charting of developmental trajectories

(Crone & Elzinga, 2015; Madhyastha et al., 2017).

Here, we used multiverse analyses to examine the robustness of developmental

changes to varied analytical decisions. We focused on task-related amygdala–mPFC

functional development in an accelerated longitudinal sample ranging from ages 4-22 years.

We selected a task that was designed to be appropriate for young ages to characterize

developmental change in amygdala–mPFC responses to fear and neutral faces across

childhood and adolescence, and we asked whether findings were robust to analytical choices.

This accelerated longitudinal design is an extension of the sample reported on by Gee et al.

(2013). We preregistered two hypotheses (https://osf.io/8nyj7/) predicting that both amygdala

reactivity (1) and amygdala–mPFC connectivity (2) as measured with generalized

psychophysiological interaction models (gPPI), would decrease as a function of age during

viewing of fearful faces relative to baseline (see Table 1 Aims 1a & 2a).

Although we did not preregister further hypotheses, we also investigated age-related

changes in within-scan differences in amygdala responses across trials and FC using beta

series correlations. As previous work identified associations between amygdala–mPFC FC

and separation anxiety (Carpenter et al., 2015; Gee et al., 2013), we asked whether any

amygdala–mPFC measures were associated longitudinally with separation anxiety behaviors

(see Table 1 Aim 3). We used 'multiverse' analyses and specification curves to examine the

impact of analytical decisions on results. We also investigated test-retest reliability of all brain

measurements across longitudinal study visits, given the importance of such reliability for

interpreting individual differences or developmental change (Herting et al., 2017). Our

multiverse approach allows us to thoroughly explore the robustness of different findings to

analytical choices, highlighting the importance of considering both robustness and reliability in

developmental research.

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86   **Methods**

Before completing analyses, we preregistered methods for the current study through the

Open Science Framework at https://osf.io/8nyj7/. Only analyses for age-related changes in

amygdala reactivity and amygdala–mPFC gPPI were preregistered in detail (see Table 1 Aims

1a & 2a), and we did not preregister multiverse analyses. Methods detailed below include both

information included in the preregistration and additional information and analyses not

preregistered. Analysis code & documentation can be found at

https://github.com/pab2163/amygdala_mpfc_multiverse.

Participants

Participants were recruited as part of a larger study examining brain development as a

function of early life caregiving experiences. The current sample (N=98; 55 female, 43 male)

included typically developing children, adolescents, and young adults covering the ages 4-22

years-old (M = 11.9 years old) who enrolled to participate in a study on emotional development.

All participants were reported to be physically and psychiatrically healthy (no medical or

psychiatric disorders), as indicated by a telephone screening before participation, and free of

MRI contraindications. All except 4 participants fell below clinical cutoffs (see sFigure 2) on the

Child Behavior Checklist (CBCL) Total Problems, Internalizing Problems, and Externalizing

Problems scales (Achenbach, 1991). The larger study also included youths with a history of

institutional and/or foster care outside of the United States, who are not included here.

Participants from the greater Los Angeles area were recruited through flyers, state birth records,

community events, online advertising, lab website and newsletters, psychologists' offices,

psychology courses at a local university (participants ages 18-22 years old only), and word-of-

mouth. Each participant completed up to 3 MRI scans spaced at an average interval of 18

months between visits. Parents provided written consent, children 7+ years old gave written

assent, and children under 7 years old gave verbal assent. Study protocols were approved by

the local university institutional review board. These data were collected between 2009 and

2015.

An accelerated longitudinal design was used such that participants' starting ages at scan

1 comprised the entire range of sample ages (4-22 years old), and coverage was approximately

balanced across the entire age range (see Figure 1B). The design was structured into 3 study

'waves' corresponding with recruitment efforts and visit protocols. Participants were

overenrolled at wave 1 to account for anticipated attrition (e.g., braces, relocation, etc) to

achieve the desired sample size across the three waves. While most participants were recruited

such that their first scan occurred at wave 1, a smaller set of participants were recruited at wave

2, such that some participants completed their first scan at wave 2 (see Figure 1). For these

participants, only 2 scans were planned.

Of the 191 participants participating in the longitudinal study, 140 completed at least one

MRI scan. After exclusions for incomplete task runs (including falling asleep), computer errors

resulting in missing stimulus timing files, high head motion, and failed visual QA

(scanner/motion artifacts), a final sample of 98 participants (N = 183 total scans) was included

for analysis (see Figure 1). Exclusion criteria were preregistered after conducting preliminary

preprocessing, but before construction of group-level models and multiverse analysis plans.

This sample included 40 participants with 1 scan, 31 with 2 scans, and 27 with 3 scans (one

more participant than preregistered due to an initial coding error). Wave 1 data from forty-two of

these participants were reported on by Gee et al. (2013).

The median annual household income for participating families was $85,001-$100,000

(for reference, median annual household income in Los Angeles County from 2015-2019 was

$68,044; US Census Bureau, 2021). Epidemiological methods were not used to recruit a

sample representative of the Los Angeles or United States populations (Heeringa et al., 2004),

and Hispanic or Latinx participants were particularly underrepresented. Further sample

demographics can be found in the supplementary materials (see sTables 2-3, sFigures 1-2).

Separation Anxiety

For each participant (except for 10 adults 18-22 years), a parent completed both the

Revised Children's Anxiety and Depression Scale (RCADS-P) and the Screen for Child Anxiety

Related Emotional Disorders (SCARED-P) to assess the frequency of symptoms of anxiety and

low mood (Birmaher et al., 1999; Chorpita et al., 2000). Following prior work suggesting

associations between task-evoked amygdala–mPFC functional connectivity and separation

anxiety (Carpenter et al., 2015; Gee et al., 2013), we used the separation anxiety subscales

from both the SCARED-P and RCADS-P as measures of anxiety-related behaviors in asking

whether such functional connectivity may be linked to anxiety levels during childhood and

adolescence. For 11 participants who had missing items on the SCARED-P, indicating parents

had skipped or forgotten to answer a question, we imputed responses using 5-Nearest Neighbor

imputation using only the other items included in the SCARED-P separation anxiety subscale

(Beretta & Santaniello, 2016). As expected, raw separation anxiety scores on both measures

decreased as a function of age, while standardized scores (which are normed based on gender

and grade level) were consistent across development with few children at or near clinical

threshold (see Figure 6).

Emotion Discrimination Task

Participants completed either two (at wave 3) or three (at waves 1 and 2) runs of a

modified 'go/no-go' task with emotional faces during fMRI scanning. Runs varied by emotional

expression (fear, happy, sad), and within each run participants viewed emotional faces

interspersed with neutral faces. To ensure that participants were paying attention, they were

asked to press a button whenever they saw a neutral face (no response was required for any

other face expression). The order of the runs was counterbalanced across participants; the

stimuli within each run were pseudorandomized (Wager & Nichols, 2003) to allow for event-

related estimates of the hemodynamic response, and fixed across participants. For the present

analysis, only the fear run of the task was used. The other two runs, which used happy and sad

faces in place of fear, are not included in the present analysis as these conditions were not

present at all waves of data collection. As 50% of trials were 'go' trials under this paradigm, we

refer to the task as an emotion discrimination task, rather than a true 'go/no-go' paradigm since

there was no strong prepotent motor response. Stimuli within each run were presented with a

jittered ITI (3-10s, Median = 4.93s]) according to a genetic algorithm with a fixation cross on the

screen (Wager & Nichols, 2003). Face images were adult White female faces from the

Karolinska Directed Emotional Faces database (Calvo & Lundqvist, 2008), and the same face

stimuli were used across longitudinal study visits (Vijayakumar et al., 2019). Each run (130 TRs,

duration of 4:20) consisted of 48 trials (24 neutral faces, 24 fearful faces), each presented for

350ms. All fMRI analyses of this task used event-related designs.

MRI Acquisition

Participants under 18-years-old completed a mock scanning session before the MRI

scan to acclimate to the scanner environment and practice lying still for data collection. Waves 1

and 2 were collected on a Siemens 3T TIM Trio MRI scanner using a standard radiofrequency

head coil. A 2D spin echo image (TR, 4000 ms; TE, 40 ms; matrix size, 256 x 256; 4 mm thick;

0mm gap) was acquired in the oblique plane to guide slice configuration in both structural and

functional scans. A whole-brain high-resolution T1-weighted anatomical scan (MPRAGE; 256 x

256 in-plane resolution; 256mm FOV; 192 x 1 mm sagittal slices) was acquired for each

participant for registration of functional data. The task was presented through MR-compatible

goggles during scanning. T2*-weighted echoplanar images (interleaved slice acquisition) were

collected at an oblique angle of ~30 degrees (130 volumes/run; TR=2000ms; TE=30 ms; flip

angle=90°; matrix size=64 x 64; FOV=192 mm; 34 slices; 4 mm slice thickness; skip=0 mm).

Wave 3 was collected on a Siemens 3T TIM Trio MRI scanner at a different location using

identical acquisition parameters.

Behavioral Analyses

We used multilevel logistic regression models to estimate age-related changes in

several task performance metrics. We fit separate models for the d' performance metric, overall

accuracy (probability of a correct response on any trial), hit rate (on neutral face trials), and false

alarm rate (on fear face trials) as the respective outcomes, and included nested random effects

for task sessions within participants (models were not nested for d' as this analysis used only 1

metric per session rather than trial-wise outcomes, but still included random effects for

participants). Additionally, to model age-related change in reaction times during correct hit trials,

we fit linear, quadratic, cubic, and inverse age (1/age; Luna et al., 2004, 2021) regressions with

identical random effects structures. Model equations and results for all behavioral analyses can

be found in the supplement (see supplemental methods p.12-14, sFigures 3-4).

Preregistered fMRI Pipeline

3dskullstrip from the Analysis of Functional NeuroImages (AFNI, v20.1.16) software

package (Cox, 1996) was first run on all MPRAGE scans. Next, experimenters checked the

quality of the skull stripping. If there were outstanding issues with a particular scan run (areas of

brain tissue cut off, or significant areas of skull left in, 30/195 scans), FSL's brain extraction tool

(BET; Jenkinson et al., 2012) was used instead. We used robust brain center estimation, and

modified the fractional intensity values between 0.5-0.7 to optimize quality. Slice-time correction

was not used. Timeseries of the 6 motion parameters were calculated and subsequent spatial

realignment of BOLD volumes was completed using MCFLIRT in FSL (Jenkinson et al., 2002).

Scans over a threshold of >40 volumes with > .9mm framewise displacement (framewise

displacement calculated as the sum of absolute frame-to-frame differences between head

realignment estimates; Power et al., 2012) were excluded from analysis (12 out of an initial 195,

or 6.2%). After this exclusion, an average of 96.7% (range = [70.1-100%]) of stimulus-coincident

volumes in each scan were below the 0.9mm framewise displacement threshold. The mean age

of participants with excluded scans was 7.16 and 8/12 were male. Registration matrices were

calculated for registration of functional images to high-resolution structural T1 images using

FSL's FLIRT with boundary-based registration. Registration matrices for standard MNI space

were also calculated using both FLIRT (linear registration) and FNIRT (nonlinear registration)

with 12 DOF and a warp resolution of 10mm. Data were high-pass filtered at .01Hz and

smoothed with an isotropic Gaussian kernel with FWHM of 6mm before running general linear

models (GLMs), and 4d volumes were grand mean scaled such that the average intensity value

was 10000.

Following preprocessing, we ran scan-level GLMs using FSL's FEAT (v6.00). We

included event-related regressors for fear and neutral faces (convolved with a double-gamma

HRF), their temporal derivatives (Pernet, 2014), and 24 head motion nuisance regressors (the 6

head realignment parameters, their temporal derivatives, and their squares (Power et al., 2012).

Volumes with FD > .9mm were downweighed to 0 in the GLM. Pre-whitening was used to

estimate and remove temporal autocorrelation (Woolrich et al., 2001). For each scan, we

calculated fear > baseline, neutral > baseline, and fear > neutral contrasts. We used native-

space bilateral amygdala masks generated using Freesurfer (v6.0; Fischl, 2012) by

VanTieghem et al. (2021).

Multiverse Analyses and Specification Curves

In addition to the preregistered pipelines, we conducted multiverse analyses to address

all aims in Table 1 and constructed sets of separate specification curves for each aim (see

Table 2). In general, multiverse analyses aim to probe the consistency of results across all

'reasonable' possible combinations of analysis decisions (i.e. simultaneously taking all possible

'forking paths')(Steegen et al., 2016). Because analyzing fMRI data using all reasonable

specifications was infeasible (i.e., possibilities are virtually infinite), we took the approach of

'sampling' from the many reasonable or commonly-used analysis choices for each multiverse.

Despite not being completely comprehensive, this approach still allowed for thorough

investigation into the robustness of results. For all multiverse analyses, we constructed

specification curves by ranking models by their beta estimates (ascending) for parameters of

interest for interpretation and visualization (Cosme & Lopez, 2020; Klapwijk et al., 2019; Orben

& Przybylski, 2019; Simonsohn et al., 2015, 2020). Because specification choices were not

preregistered, we did not conduct formal null hypothesis testing of specification curves. Instead,

as continuous measures of evidence, we report the proportion of specifications resulting in an

estimate of the same sign, as well as the proportion of specifications resulting in 95% posterior

intervals excluding 0 in the same direction. In addition, to analyze in more detail the impact of

specific choices, we submitted point estimates for parameters of interest across all

specifications to multiple regression models. From these models, we examined the conditional

effects of each analysis decision point on the parameter of interest (see supplemental methods

p.30-31, sFigures 11-13, 41-43, & 55-57).

Multiverse amygdala reactivity analyses

For amygdala reactivity analyses, we examined the robustness of age-related change

estimates to a variety of analytical decisions. In addition to the preregistered FSL-based

pipeline, we preprocessed data using C-PAC software (v1.4.1; Craddock et al., 2013). We used

C-PAC to take advantage of features supporting running multiple pipeline 'forks' in parallel (for

example multiple nuisance regression forks using the same registration). No spatial smoothing

was used in C-PAC pipelines (see supplemental methods p.14). Following C-PAC and FSL

preprocessing, we examined the impact of different sets of commonly-used analysis methods

on age-related change in amygdala reactivity. We varied analysis choices of GLM software,

hemodynamic response function, nuisance regressors, first-level GLM estimates, amygdala

ROI, exclusion criteria (exclude vs. include scans analyzed by Gee et al., 2013), group-level

model outlier treatment, and group-level model covariates (see Table 2 & supplemental

methods p.14-17). Multiverse analyses of amygdala reactivity included a total of 2808 model

specifications (156 ways of defining participant-level amygdala reactivity x 18 group-level model

specifications) for each contrast. We analyzed all specifications in parallel. In addition, we

examined nonlinear age-related changes using quadratic and inverse age models (see sFigures

14-17) and ran a smaller set of analyses (sFigure 19) to ask whether we could differentiate

within-participant change over time from between-participant differences through alternative

model parametrization (see supplemental methods p.19).

For all specifications, individual-level amygdala reactivity estimates were submitted to a

group-level multilevel regression model for estimation of age-related changes. All models

allowed intercepts to vary by participant, and some specifications also allowed for varying

slopes (see supplemental methods p.15 for model syntax). All models also included a scan-level

covariate for head motion (mean framewise displacement [FD]; Power et al., 2012;

Satterthwaite et al., 2012, 2013). Consistent with prior work, head motion was higher on

average in younger children, and decreased with age (see sFigure 5), though head motion was

not associated with amygdala reactivity estimates for most specifications (see sFigure 26). Age-

related change findings examined for the preregistered pipeline also remained consistent under

more stringent exclusion thresholds based on mean framewise displacement (see sFigure 27).

Across preprocessing specifications, we also examined within-scan similarity of amygdala and

whole-brain voxelwise reactivity patterns (see sFigures 20-21) and between-scan correlations of

average amygdala reactivity estimates (sFigures 22-24).

Change in amygdala reactivity across trials

To probe whether amygdala reactivity exhibited within-scan change in an age-dependent

manner, we modeled reactivity to each face trial using a Least Squares Separate method (LSS;

Abdulrahman & Henson, 2016). After preprocessing, we used FEAT to fit 48 separate GLMs

corresponding to each trial in each scan. A given trial was modeled with its own regressor and

the remaining 47 trials were modeled with a single regressor. Each GLM also included 24 head

motion nuisance regressors and had TRs with framewise displacement > .9mm downweighted

to 0. BOLD data were high-pass filtered at .01Hz before the GLM. From each of the 48 GLMs,

we extracted the mean amygdala beta estimates corresponding to a contrast for each single

trial > baseline.

We constructed separate multiverse analyses using three different methods for

measuring change in amygdala reactivity across trials. For method 1 (*slopes*), we measured

rank-order correlations between trial number and trial-wise amygdala betas. For method 2 (*trial*

halves), we split trials into the first half (trials 1-12) and second half (trials 13-24), and modeled

age-related change in each half. For method 3 (*single-trial models*), we constructed larger

multilevel models with individual trials as the unit of observation. We conducted several analysis

specifications for each method (see Table 2 & supplemental methods p.21-23), and generated

corresponding specification curves.

Multiverse amygdala–mPFC functional connectivity (FC) analyses

We applied multiverse analysis techniques towards examining age-related changes in

amygdala–mPFC FC using gPPI and beta-series correlation (BSC) methods. Briefly, gPPI

estimates functional connectivity by constructing an interaction term between the timecourse in

a seed region of interest and a stimulus (task) regressor. Voxels whose activity is well fit by this

interaction term (a psychological-physiological interaction, or PPI) are assumed to be

"functionally coupled" with the seed region in a way that depends on the behavioral task

(McLaren et al., 2012; O'Reilly et al., 2012). BSC offers a different way of estimating functioning

connectivity, by constructing 'timeseries' of beta values (i.e., a beta series) in a condition of

interest for two regions of interest, and calculating the product-moment correlation between

those beta series.

We constructed separate specification curves for age-related change in gPPI and BSC

for each contrast. Across gPPI specifications, we varied whether to use a deconvolution step in

creating interaction regressors (Di & Biswal, 2017; Gitelman et al., 2003), as well as several

other analysis decision points (see Table 2 & supplemental methods p.24-25). The

deconvolution step applies to the preprocessed BOLD data from the seed timecourse: these

data are first deconvolved to estimate the "underlying neural activity" that produced the BOLD

signal (Gitelman et al., 2003), then these deconvolved signals are multiplied with the task

regressor (e.g., for fear faces). Finally, this new interaction term is convolved with a

hemodynamic response to produce the BOLD functional connectivity regressor of interest.

Given recent work indicating that centering the task regressor before creation of the interaction

term can mitigate spurious effects (Di et al., 2017), we also compared pipelines in which we

centered the task regressor before deconvolution (pipelines including deconvolution in main

analyses did not include this step; see sFigure 44).

We preregistered constructing an mPFC ROI containing 120 voxels centered at the peak

coordinates reported by Gee at al. (2013) for age-related change in fear > baseline gPPI

(Talairach 2,32,8; or MNI 3,35,8). However, after preregistration we discovered that these peak

coordinates were not at the center of the ROI reported by Gee at al. (2013), and were quite

close to the corpus callosum. The 120-voxel ROI we created that was centered at this peak

coordinate would have contained a high proportion of white matter voxels relative to cortical

voxels (though this was not true for the mPFC ROI identified by Gee et al. (2013). To address

this issue, we instead constructed three spherical ROIs with 5mm radii; the first centered at the

above peak coordinates, the second shifted slightly anterior, and the third shifted slightly ventral

relative to the second (see Figure 4). Lastly, to examine amygdala functional connectivity with a

more broadly-defined mPFC, we also used a 'large vmPFC' mask encompassing many of the

areas within the ventromedial prefrontal cortex derived from Mackey & Petrides (Mackey &

Petrides, 2014).

For BSC analyses, we used beta estimates from the LSS GLMs described above for

analyses of within-scan change in amygdala reactivity. Across BSC specifications we varied

analyses across several decision points (see Table 2 & supplemental methods p.26), including

whether to include a correction for global signal (post-hoc distribution centering(Fox et al.,

2009)). We extracted mean beta estimates for amygdala and mPFC ROIs for each trial, then

calculated product-moment correlations between the timeseries of betas across trials (neutral

and fear separately) for both regions (Di et al., 2020). These correlation coefficients were

transformed to z-scores, then submitted to group-level models.

Age-related changes in gPPI and BSC were estimated using multilevel regression

models as described for the amygdala reactivity analyses. We focused primarily on linear age-

related change, but also examined quadratic and inverse age associations (see sFigures 45-48

& 58-61). We separately examined group mean gPPI and BSC for each contrast (see sFigures

38 & 52), as well as associations between mean framewise displacement and both FC

measures across specifications (see sFigures 49 & 62). Additionally, we examined mean

estimates and age-related change in 'task-independent' FC as measured by beta weight of the

'physio' term from the seed amygdala timeseries within the gPPI model (representing baseline

amygdala–mPFC functional connectivity controlling for task-induced variance; sFigures 50-51).

Multiverse analyses of associations between amygdala–mPFC circuitry and separation anxiety

behaviors.

We used further multiverse analyses to ask whether amygdala reactivity, change in

amygdala reactivity over the course of the task, or amygdala–mPFC FC were associated with

separation anxiety behaviors. Separate specification curves were created for each brain

measure type (amygdala reactivity, amygdala reactivity change across trials, amygdala–mPFC

FC). All analyses used multilevel regression models with covariates for age, and specification

curves included both RCADS-P and SCARED-P separation anxiety subscales as outcomes

(see Table 2 & supplemental methods p.29-30). Because we did not have parent-reported

RCADS-P or SCARED-P scores for 10 adult participants, these analyses had an N=173.

Reliability analyses

To better understand the proportion of variance in each measure explained by the

grouping of observations within repeated measurements of the same participants over time, we

computed Bayesian intraclass correlation (ICC) estimates through variance decomposition of

the posterior predictive distributions of the multilevel regression models previously described.

We implemented these through the 'performance' R package (Lüdecke et al., 2021; Nakagawa

et al., 2017). Negative ICC estimates under this method are possible, and indicate that the

posterior predictive distribution has higher variance when not conditioning on random effects

than when conditioning on them (likely indicating the posterior predictive variance is large, and

random effects explain very little of this variance).

Model-fitting

All statistical models fit at the group level were run in the R (v 3.6.1) computing

environment. In order to most accurately model age-related changes in each of our measures,

we attempted to take into account both between-participants information and repeated

measurements within participants over time. Unless otherwise indicated, models were estimated

using Hamiltonian Markov chain Monte Carlo sampling as implemented in the Stan

programming language through the brms package in R (Bürkner, 2019; Gelman et al., 2015).

Unless otherwise indicated, all models used package default weakly-informative priors (student-

t distributions with mean 0, scale parameter of 10 standardized units, and 3 degrees of freedom

for all fixed effects), and were run with 4 chains of 2000 sampling iterations (1000 warmup) each

(see supplemental methods p.18-19 and p.30 for syntax).

Interactive visualizations

Because static plots visualizing the model predictions for all models in each multiverse

would require far more page space than available, we created web-based interactive

visualization tools for exploring different model specifications and viewing the corresponding raw

(participant-level) data and fitted model predictions using R and Shiny (Beeley, 2013). These

visualizations can be found at https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/

Deviations from preregistration

Although we largely completed the preregistered analyses, the current study includes

many analyses beyond those proposed in the initial preregistration. Because the additional

analyses (i.e., all multiverses) conducted here give us substantial analytical flexibility over that

initially indicated by preregistration, we consider all results here to be at least in part exploratory

(rather than completely confirmatory), despite the preregistered hypotheses. Additionally, we

note that BSC analyses, analyses of change in amygdala reactivity across trials, and analyses

of associations between all brain measures and separation anxiety were exploratory, and

conducted after we had seen the results of the preregistered reactivity and gPPI analyses. In

addition, to avoid possible selection bias introduced by the analytical flexibility inherent in

running many parallel analyses, we consider all analysis specifications simultaneously,

emphasizing that without further methodological work, we consider all such choices in tandem

as providing equal evidential value. While reliability analyses were not preregistered, they too

provide key information for interpreting the current analyses.

Results

Age-related change in amygdala reactivity

423   We used multilevel regression models and specification curve analyses to examine age-

related changes in amygdala reactivity to faces in an accelerated longitudinal sample ranging

from ages 4-22 years (Figure 2). Across specifications, we found relatively consistent evidence

for negative age-related change in anatomically-defined (Harvard-Oxford atlas and Freesurfer-

defined) amygdala reactivity to fear faces > baseline, such that the vast majority of analysis

specifications (99.6%) estimated linear slopes at the group level that were negative in sign, and

the majority (60.0%) of 95% posterior intervals about these slopes excluded 0 (Figure 2A;

interactive version at https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/). Thus, over half

of models indicated that on average, increases in age were associated with decreases in

amygdala reactivity to fear faces > baseline. Because the timepoint 1 data in the current study

included the 42 scans used by Gee et al. (2013) to age-related changes in amygdala—mPFC

circuitry for the fear > baseline contrast, results including these scans may have been more

likely to find similar change (particularly for fear > baseline, see sFigures 11-13, & 25).

Estimated age-related change was on average weaker, though still largely negative (98.1%

negative, 25.3% of posterior intervals excluding 0) when 42 previously analyzed scans (ages 4-

17 years) were excluded to provide stricter independence from previously analyzed data (see

sFigure 11, Gee et al., 2013). Estimated average age-related change for the fear > baseline

contrast was somewhat stronger when using a right amygdala ROI compared to the left

amygdala, and when using t-stats extracted from scan-level GLMs rather than beta estimates

for group-level models (see sFigure 11).

Parallel multiverse analyses found similarly consistent age-related decreases in neutral

faces > baseline amygdala reactivity (see Figure 2C for an example pipeline & sFigure 9 for

specification curve), but no consistent evidence for age-related change for the fear > neutral

contrast (see sFigure 10). However, there was consistent evidence for higher reactivity for fear

faces > neutral on average as well as each emotion compared to baseline (sFigures 6-8),

indicating that while the amygdala responses were robust and generally stronger for fear faces

compared to neutral, such fear > neutral differences did not change with age. Across contrasts,

varying the inclusion of block order or scanner covariates, inclusion of random intercepts, and

use of robust regression models had little impact on age-related change estimates (see Figure

2B sFigures 6-8).

While group-level estimates of average age-related change were relatively consistent

across specifications, the estimated age terms in these models could be influenced by both

within-participant change and between-participant differences (King et al., 2018; Madhyastha et

al., 2018). A smaller separate specification curve indicated that when models were parametrized

to differentiate within-participant change and between-participant differences, average within-

participant change was not consistent across specifications and could not be estimated with

precision (Figure 2D). In contrast, estimates of between-participant differences largely indicated

negative age-related change in concurrence with our initial model parametrization. At the same

time, within-participant versus between-participant terms were not reliably different from one

another, indicating that models could not distinguish them despite higher precision for

estimating between-participant differences (see sFigure 19). We did not find consistent

evidence for quadratic age-related changes in amygdala reactivity (see sFigures 14-17). Inverse

age models (i.e. amygdala reactivity modeled as a function of 1/age) indicated results similar to

those of linear and quadratic models with most specifications for the fear > baseline and neutral

> baseline (though less consistent) contrasts indicating age-related decreases (see sFigure 18).

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Insert Figure 2 about here

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Age-related differences in within-scan amygdala reactivity change

To ask whether age-related changes in amygdala reactivity could be due to

developmental changes in patterns of amygdala reactivity across face trials (within a run), we

examined whether within-scan change in amygdala reactivity varied with age (see Table 1 Aim

1b). Analyses included 42 specifications (3 amygdala regions of interest [ROIs] x 2 global signal

correction options x 7 group-level models). Across both fear and neutral trials, linear slopes of

amygdala reactivity were negative on average, indicating higher amygdala reactivity at the

beginning of the run (Figure 3A, sFigure 30). Across specifications, for both fear (100% of

estimates had the same sign, 95.2% of posterior intervals excluding 0 in the same direction) and

neutral trials (100% of estimates in the same direction, 38.1% of posterior intervals excluding 0),

there was evidence that these within-scan slopes were steeper (i.e., more negative) at younger

ages, though evidence was relatively weaker for neutral trials (Figure 3D-E). Specifications with

a global signal subtraction step also tended to find stronger age-related change.

Similarly, when splitting trials into the first half (trials 1-12) versus second half (trials 13-

24), there was consistent evidence (100% of estimates had the same sign, 69.2% with posterior

interval excluding 0) for an interaction between age and trial half, such that average reactivity to

fear faces > baseline in the first half of trials decreased as a function of age more so than did

average reactivity during the second half of trials (see Figure 3B, sFigure 32). This interaction

was in the same direction for neutral trials across most specifications (88.5% of estimates), but

was typically not as strong (3.8% of posterior intervals excluding 0). Single-trial models

indicated similar age-related change in within-scan amygdala dynamics (see Figure 3C,

sFigures 33-34). Mean group-level amygdala reactivity was higher for the first half of trials for

fear faces > baseline across several specifications, though there were not consistent differences

between trial halves for mean amygdala reactivity to neutral faces (sFigure 31).

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500   Insert Figure 3 about here

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Age-related change in task-evoked amygdala–mPFC functional connectivity

We used multilevel regression modelling and specification curve analyses to examine

age-related change in task-evoked amygdala–mPFC functional connectivity within the

accelerated longitudinal cohort (see Table 1 Aims 2a-b). For the fear > baseline contrast, a

specification curve with 288 total specifications (4 definitions of participant-level gPPI estimates

x 4 mPFC ROIs x 18 group-level models) of amygdala–mPFC gPPI did not find consistent

evidence of age-related change: while 59.0% of models found point estimates in the positive

direction, only 23% of posterior intervals excluded 0 (Figure 4C-D, interactive version at

https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/). Specification curve analyses found

that the sign of the estimated age-related change depended almost entirely on deconvolution,

such that most specifications including a deconvolution step resulted in negative age-related

change estimates never distinguishable from 0 (78.5% of point estimates negative, 0% of

posterior intervals excluding 0), and most specifications not including a deconvolution step

resulted in positive age-related change estimates (96.5% of point estimates positive, 47.9% of

posterior intervals excluding 0). A visualization of the effects of the deconvolution step on

amygdala FC with each of four mPFC ROIs is presented in Figure 4B. While mPFC ROI

definition and other analysis decision points also influenced estimates of age-related change in

gPPI (Figure 4D), follow-up regression models indicated that the effect of including the

deconvolution step was several times larger for the fear > baseline contrast (see sFigures 41-

43).

Through equivalent multiverse analyses we also found no evidence of consistent linear

age-related change in amygdala–mPFC gPPI for the neutral > baseline and fear > neutral

contrasts (see sFigures 39-40), or nonlinear change for any contrast (see sFigures 45-48). In

addition, we did not see consistent evidence for group average amygdala–mPFC gPPI for any

contrast, though such results often differed as a function of whether a deconvolution step was

included (see sFigure 38). Though we included gPPI analysis specifications excluding the 42

scans at timepoint 1 studied by Gee et al. (Gee et al., 2013), exclusion of these scans had little

impact on age-related change results (see Figure 4D).

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533   Insert Figure 4 about here

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In addition to gPPI analyses, we used beta series correlation (BSC) analyses to examine

age-related changes in task-evoked amygdala–mPFC connectivity (see Table 1 Aim 2b). As

with gPPI, multiverse analyses of amygdala–mPFC BSC (168 total specifications; 3 amygdala

ROI definitions x 4 mPFC ROI definitions x 2 global signal options x 7 group-level models) for

fear trials (vs baseline) did not yield strong evidence of age-related change across pipelines

(84.5% of point estimates in the same direction, 24.4% of posterior intervals excluding 0; Figure

5A, interactive version at https://pbloom.shinyapps.io/amygdala_mpfc_multiverse). Unlike gPPI

analyses, however, choice of mPFC ROI (as well as amygdala ROI, though this was not

examined for gPPI) most impacted age-related change in BSC estimates, rather than

preprocessing or modeling analytical choices (Figure 5B, sFigures 55-57). Accordingly, while

global signal subtraction resulted in weaker amygdala–mPFC BSC on average (see sFigure

52), inclusion of this step did not consistently affect age-related change estimates (Figure 4C).

We did not find consistent evidence for age-related change in amygdala–mPFC BSC for neutral

trials (vs baseline), or for fear > neutral trials (sFigures 53-54). We did not find consistent

evidence for nonlinear age-related change for any contrast (sFigures 58-61).

Additionally, we constructed a correlation matrix using rank-order correlations of scan-

level BSC and gPPI estimates for the fear (vs baseline) condition. Across scans, there was little

evidence of correspondence between BSC and gPPI metrics for amygdala–mPFC connectivity

(Figure 5D, sFigures 63-66). Further, FC estimates tended to be positively correlated within a

method type (BSC, gPPI) across mPFC ROIs, though less strongly for gPPI estimates with

versus without a deconvolution step.

In addition to gPPI and BSC methods for functional connectivity, we also explored

between-scan associations between amygdala reactivity and mPFC reactivity (sFigures 28-29).

Multilevel models indicated that amygdala reactivity for fear faces > baseline was positively

associated with mPFC reactivity for fear faces > baseline for all mPFC ROIs, though we did not

find consistent evidence for age-related changes in associations between amygdala and mPFC

reactivity to fear faces > baseline (see sFigure 29).

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565   Insert Figure 5 about here

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Amygdala–mPFC Measures & Separation Anxiety

We conducted multiverse analyses of associations between several amygdala–mPFC

measures (amygdala reactivity, amygdala–mPFC FC, within-scan changes in amygdala

reactivity) and separation anxiety behaviors (see Table 1 Aim 3). Separation anxiety behaviors

on average decreased with age, as indicated by the RCADS-P and SCARED-P raw scores

(Figure 6A-C). Neither specification curves for amygdala reactivity (18 total specifications, 56%

of point estimates in the same direction as median estimate, 0% of posterior intervals excluding

0), amygdala–mPFC gPPI FC (90 total specifications, 72% of point estimates in the same

direction as median estimate, 1% of posterior intervals excluding 0), amygdala–mPFC BSC FC

(18 total specifications, 83% of point estimates in the same direction as median estimate, 0% of

posterior intervals excluding 0), nor slope of amygdala responses across trials (12 total

specifications, 75% of point estimates in the same direction as median estimate, 17% of

posterior intervals excluding 0), found consistent evidence for associations between brain

measures and separation anxiety. Similar specification curves found little consistent evidence

for associations between brain measures and generalized anxiety, social anxiety, or total

anxiety behaviors (see sFigure 67). All specifications controlled for age (see supplemental

methods p.30).

To more specifically follow up on previous work reporting associations between

separation anxiety behaviors and amygdala–mPFC gPPI for fear > baseline specifically (Gee et

al., 2013), we plotted model predictions for such models from the above multiverse analysis for

each of the four mPFC ROIs, across all three separation anxiety outcome measures, and both

with and without a deconvolution step (Figure 6E). We did not find consistent evidence for

associations with separation anxiety, and results showed high sensitivity to the deconvolution

step, mPFC ROI, and outcome measure used.

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Insert Figure 6 about here

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Reliability:
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To examine test-retest reliability estimates of amygdala—mPFC measures across

longitudinal visits, we computed Bayesian ICC estimates using a variance decomposition

method (Lüdecke et al., 2021). Because such models can accommodate missing data, all

observations (98 participants, 183 total scans) were used, including participants with only 1 visit.

All amygdala reactivity (Figure 7A) and amygdala—mPFC functional connectivity (Figure 7C)

measures, as well as slopes of amygdala reactivity estimates across trials (Figure 7B),

demonstrated poor reliability (ICC < 0.4; Cicchetti & Sparrow, 1981; Elliott et al., 2020).

Separation anxiety measures demonstrated somewhat higher, though still largely poor reliability

(point estimates ~0.4, 95% CIs included values below 0.4; Figure 7D). Head motion in the

scanner (mean framewise displacement) showed the highest reliability (ICC = 0.52, 95% CI

[0.29, 0.68]),

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Insert Figure 7 about here

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Discussion
Measures that are both robust to researcher decisions and reliable across

measurement instances are critical for studies of the human brain (Botvinik-Nezer et al., 2020;

Bowring et al., 2019; Elliott et al., 2020; T. Xu et al., 2022). The accelerated longitudinal design

and multiverse analysis approach used in the current study allowed a rare opportunity to

examine both reliability and robustness of amygdala—mPFC measures using a rapid event-

related face task from early childhood through young adulthood. Overall, estimates for age-

related change in amygdala reactivity were relatively robust to a variety of analytical decision

points, while age-related change estimates for amygdala—mPFC connectivity were more

sensitive to researcher choices. gPPI analyses were particularly sensitive to whether a

deconvolution step was applied. Yet, in concurrence with previous work (Elliott et al., 2020;

Haller et al., 2022; Herting et al., 2017; Infantolino et al., 2018; Kennedy et al., 2021; Nord et al.,

2017; Sauder et al., 2013), amygdala—mPFC measures displayed consistently poor test-

retest reliability across many analytical specifications. While low reliability estimates in the

present study may be due in part to the long (~18 months) test-retest interval (Elliott et al.,

2020) and potential true developmental change (Herting et al., 2017), low reliability

nevertheless imposes a major caveat towards interpretation of the current developmental

findings.

The present findings are valuable from a methodological standpoint in evaluating the

robustness of analytical tools used. A measurement can have high test-retest reliability yet

low robustness (high sensitivity) to analytical decisions, or vice versa (Li et al., 2021). Because

neither robustness nor reliability guarantee the other, current findings on the impacts of

analytic choices will likely be informative in guiding future studies. Thus, we discuss each of

the main analyses below, with particular emphasis on how findings are impacted by analytic

choices.

Amygdala reactivity

While there were differences across model specifications, the majority of pipelines

supported our hypothesis that amygdala reactivity to fearful faces decreases with age from

early childhood through early adulthood (see Table 1 Aim 1a). Across specifications, we found

relatively robust evidence for age-related decreases in amygdala reactivity to both fearful and

neutral faces (Figure 2A). Yet, findings also varied considerably across specifications. For

example, only 60% of pipelines produced results that would be individually labeled as

'significant' (under α = .05), indicating that multiple investigations of this dataset could likely

lead to qualitatively different conclusions. While over half of analyses found evidence

consistent with studies indicating greater amygdala reactivity to fear faces > baseline in

younger children (Forbes et al., 2011; Gee et al., 2013; Guyer et al., 2008; Swartz et al., 2014),

the other 40% of specifications would have been consistent with investigations that found little

age-related change (NB: there were also differences in samples, age ranges, task

parameters, and behavioral demands across these studies; Kujawa et al., 2016; Wu et al.,

2016; Zhang et al., 2019). We also found that different specifications resulted in somewhat

different nonlinear trajectories (see sFigures 14-18). Not only did inverse age and quadratic

age models find different trajectories (as would be expected), but quadratic trajectories

themselves also displayed considerable analytic variability, with some specifications finding

"convex" and others finding "concave" fits (see sFigure 17). Although estimating nonlinear

age-related change was not a primary goal of the present study, future work should use model

comparisons for better differentiating nonlinear patterns (Curran et al., 2010; Luna et al.,

2021).

Models also found evidence for between-participant differences, but could neither

identify within-participant change (Figure 2D) nor differentiate between-participant from within-

participant estimates. As such, interpretation of the age-related change reported here is

subject to many of the same limitations that apply to cross-sectional designs (Glenn, 2003),

where age-related changes may not necessarily indicate 'true' developmental growth. High

uncertainty in estimating average within-participant change could be driven by several factors,

including true heterogeneity in individual trajectories, low measurement reliability, scanner

differences across longitudinal timepoints, or unmodeled variables impacting amygdala

reactivity. Additionally, the within-participants terms represent a smaller age range (a

maximum of 4 years for any given participant), relative to the broader age range assessed by

the between-participants terms (18 years), which may have placed additional limits on

identifying reliable within-participant change.

Age-related change in amygdala responses to fear faces over baseline seemed largely

the result of earlier trials in the task (see sFigures 32-34). While differences in task design and

contrast across studies have been highlighted as potential sources of discrepant findings on the

development of amygdala function (Killgore & Yurgelun-Todd, 2007; Lieberman et al., 2007;

Swartz et al., 2014), this result indicates that attention to trial structure and task duration may

also be necessary in comparing studies. Because the paradigm used in the current study

involved a task requiring participants to press for one face ('neutral') and not press for 'fear'

faces, findings specific to fear faces over baseline under the current paradigm may also be

driven by behavioral task demands.

Amygdala–mPFC Functional Connectivity

We did not find evidence for our second hypothesis, as neither gPPI nor BSC analyses

indicated consistent evidence of age-related change in amygdala–mPFC functional

connectivity (see Table 1 Aims 2a-2b, Figures 4-5). Thus, the age-related changes in task-

evoked amygdala–mPFC connectivity identified in prior work (Gee et al., 2013; Kujawa et al.,

2016; Wu et al., 2016) was not identified here, consistent with (Zhang et al., 2019). Crucially,

however, our specification curves did not find strong evidence *against* such age-related

change, as we did not observe precise and consistent 'null' estimates across specifications.

Additionally, quadratic and inverse age models did not find consistent evidence for nonlinear

age-related change (see sFigures 45-48 & 58-61).

gPPI results were sensitive to whether a deconvolution step had been included in the

preprocessing pipeline, such that we mostly found age-related decreases in amygdala–mPFC

connectivity with a deconvolution step included, and age-related increases without it (although

most pipelines would not have been 'statistically significant' on their own, see Figure 4B).

While deconvolution has been argued to be a necessary step for event-related PPI analyses

(Gitelman et al., 2003), recent work has shifted guidelines on its use, and it may not be

recommended for block designs (Di et al., 2020; Di & Biswal, 2017). Because the true

'neuronal' signal underlying the BOLD timeseries within a given ROI cannot be directly

measured, deconvolution algorithms are difficult to validate. Further, deconvolution may cause

PPI results to be driven by baseline connectivity if task regressors are not centered (Di et al.,

2017), although such centering did not have a major influence on age-related change results

in the present analyses (see sFigure 44). Within the current study, small tweaks to AFNI's

3dTfitter algorithm for deconvolution resulted in vastly different regressors (see sFigure 36),

suggesting the potential for high analytic variability even between gPPI analyses ostensibly

using deconvolution. While the present study does not provide evidence that can inform

whether or not deconvolution is recommended, further work is needed to optimize and

validate applications of gPPI methods and selection of appropriate task designs. gPPI may be

better equipped for block-designs and particularly ill-posed for rapid event-related tasks due to

both difficulties in resolving which times within the BOLD timeseries reflect functional

connectivity evoked by rapid (350ms) events and low statistical power in estimating such task-

evoked connectivity (see sFigures 35-37; O'Reilly et al., 2012). Concurrent with previous work,

beta series correlation analyses may have higher statistical power for identifying task-related

connectivity signal than gPPI within event-related designs more generally (Cisler et al., 2014).

Age-related change estimates for amygdala—mPFC BSC showed somewhat higher

robustness to analytic decisions compared to gPPI. For BSC analyses, choice of mPFC ROI

contributed most to variability in age-related change estimates (see Figure 5B, sFigures 55-

57). While a global signal correction (post-hoc distribution centering) greatly decreased

average amygdala—mPFC BSC connectivity (see Figure 5D, sFigure 52) for both fear and

neutral faces, this analytical step did not impact age-related change estimates as heavily

(sFigures 55-57). The fact that global signal correction so dramatically decreased average

estimated amygdala—mPFC BSC may indicate that, like with resting-state fMRI analyses,

positive functional connectivity values are due in part to motion and physiology-related

confounds (Gratton et al., 2020; Power et al., 2019). Supporting this, BSC estimates were

correlated with mean framewise displacement across scans for the fear > baseline and neutral >

baseline contrasts only when a global signal correction was not applied (see sFigure 62). In

addition, while test-retest reliability for all BSC measures was poor, BSC estimates from

pipelines including a global signal correction step mostly demonstrated somewhat higher ICC

(Figure 6). While these results are consistent with prior work indicating that correcting for the

global signal can mitigate artifacts (Ciric et al., 2017; Satterthwaite et al., 2012), other work

indicates that such corrections also remove meaningful biological signals (Belloy et al., 2018;

Glasser et al., 2018; Yousefi et al., 2018).

Amygdala–mPFC circuitry and separation anxiety

We did not find associations between any task-related amygdala–mPFC measures

(reactivity or functional connectivity) and separation anxiety behaviors (see Table 1 Aim 3;

Figure 6). This finding stands in contrast to associations between amygdala–mPFC

connectivity and anxiety identified in previous developmental work (Gee et al., 2013;

Jalbrzikowski et al., 2017; Kujawa et al., 2016; Qin et al., 2014). However, given that analyses

of brain-behavior associations may require imaging cohorts much larger than the current

sample (especially considering the low reliability of the measures used; Grady et al., 2020;

Marek et al., 2020), the absence of relationships here may not be strong evidence against the

existence of potential associations between amygdala–mPFC circuitry and developing

anxiety-related behaviors.

Advantages and pitfalls of the multiverse approach

Our findings contribute to a body of work demonstrating that preprocessing and

modeling choices can meaningfully influence results (Botvinik-Nezer et al., 2020). Indeed,

most studies involving many analytical decision points could benefit from multiverse analyses.

Such specification curves can help to examine the stability of findings in both exploratory and

confirmatory research (Flournoy et al., 2020). Particularly when methodological 'gold

standards' have not been determined, specification curves may be informative for examining

the impacts of potential analysis decisions (Bridgeford et al., 2020; Dafflon et al., 2020).

Further, wider use of specification curves might help to resolve discrepancies between study

findings stemming from different analysis pipelines.

While specification curve analyses may benefit much future research, we also note

that multiverses are only as comprehensive as the included specifications (Steegen et al.,

2016), and such analyses alone do not solve problems related to unmodeled confounds,

design flaws, inadequate statistical power, circular analyses, or non-representative sampling.

Further, unless all specifications are decided *a priori*, analyses are vulnerable to problems of

analytic flexibility (Gelman & Loken, 2014), and inclusion of less justified specifications can

bias results (Del Giudice & Gangestad, 2021). Because specification curves can include

hundreds or thousands of individual analyses, rigorous evaluation of individual models can be

difficult. To this end, we created interactive visualizations for visual exploration of individual

analysis specifications.

767   Computational resources are a relevant concern when conducting multiverse analyses

as well. In the current study, preprocessing (registration in particular) was the most

computationally intensive step, taking an estimated 4 hours of compute time per scan per

pipeline using 4 cores on a Linux-based institutional research computing cluster. However,

specification curve analyses themselves were relatively less intensive, with all group-level

models of amygdala reactivity completing in a total of 48 hours using 4 cores on a laboratory

Linux-based server. Specification curves using maximum likelihood models (lme4 in R; Bates

& Bolker, 2011) were even more efficient, with thousands of models running within minutes

using a 2019 MacBook Pro (2.8 GHz Intel Core i7).

Limitations

778   The present study is subject to several limitations that may be addressed in future

investigations. Perhaps most crucially, our conclusions (along with those of many

developmental fMRI studies) are limited by the poor test-retest reliability of the fMRI data.

Because amygdala—mPFC measures showed low reliability across study visits, the statistical

power of our analyses of age-related changes is likely low (Elliott et al., 2020; Zuo et al., 2019).

Low-powered studies can yield increased rates of both false positive and false negative

results (as well as errors of the sign and magnitude of estimates; Button et al., 2013; Gelman

& Carlin, 2014); therefore we caution against interpretation of our developmental findings (and

brain-behavior associations) beyond the cohort studied in the present investigation. In

particular, the low statistical power of our rapid event-related task design may be a major

contributor to the low test-retest reliability and variance in outcomes across analysis

specifications. That being said, achieving high-powered studies presents a challenge for

studying populations that cannot tolerate lengthy fMRI sessions. Both findings that were more

robust to analytical decisions (amygdala reactivity) and findings that were less so (amygdala—

mPFC connectivity, associations with separation anxiety) may be most valuable in meta-

analytic contexts where greater aggregate statistical power can be achieved. In particular,

future work on amygdala—mPFC development will benefit from optimization of measures both

on robustness to analytic variability (Li et al., 2021) and reliability (Kragel et al., 2021).

Present findings are also limited by the number of participants studied (Bossier et al.,

2020; Marek et al., 2020), the number of longitudinal study sessions per participant (King et al.,

2018), and the duration of the task (Nee, 2019). Work with larger sample sizes, more study

sessions per participant, and more task data collected per session will be necessary for

charting functional amygdala–mPFC development and examining heterogeneity across

individuals (although collecting task-based fMRI will continue to be challenging for studies

including younger children). The generalizability of the current findings may also be limited by

the fact that this cohort was skewed towards high incomes and not racially or ethnically

representative of the Los Angeles or United States population.

Findings are also somewhat limited by the fact that the present study is not wholly

confirmatory, despite preregistration. Because our multiverse analysis approaches expanded

significantly beyond the methods we preregistered, most of the present analyses, while

hypothesis-driven, must be considered exploratory (Flournoy et al., 2020). The fact that some

specifications used data included in previous similar analyses of the same cohort(Gee et al.,

2013) also limits the confirmatory power of the present study (Kriegeskorte et al., 2009). This

may be especially true because longitudinal models could not identify within-person change

as distinct from between-participant differences (see Figure 2D), indicating that our age-

related change estimates may be influenced by cross-sectional information similar to that

investigated by Gee et al. (Gee et al., 2013).

Though the current study aimed to estimate longitudinal age-related changes in

amygdala–mPFC functional circuitry evoked by fear and neutral faces, the current findings

may not be specific to these stimuli (Hariri et al., 2002). Because our task did not include non-

face foils or probe specific emotion-related processes, results may be driven by attention,

learning, or visual processing, rather than affective or face processing. In particular, because

participants were instructed to press a button for neutral faces and withhold a button press for

fear faces, observed amygdala—mPFC responses may in part reflect response inhibition (for

fear faces; Menon et al., 2001) and target detection processes (for neutral faces; Jonkman et

al., 2003). Findings for the fear faces > baseline and neutral > baseline contrasts also may not

be valence-specific in the absence of a different emotional face as part of the contrast.

Further, because all faces were adult White women, the current results may not generalize to

faces more broadly (Richeson et al., 2008; Telzer et al., 2012). Additionally, because face

stimuli were the same across study visits, exposure effects across sessions may confound

longitudinal findings (although exposure effects may be possible any time a task is repeated,

even if stimuli are unique), particularly age-related decreases in amygdala responses (Telzer

et al., 2018). While within-session amygdala habituation effects have been shown across

several paradigms (Geissberger et al., 2020; Hare et al., 2008; Hein et al., 2018), between-

session habituation effects are unlikely beyond 2-3 weeks (Geissberger et al., 2020; Johnstone

et al., 2005; Plichta et al., 2014; Spohrs et al., 2018).

Finally, our findings on age-related change in amygdala and mPFC function may be

biased or confounded by age-related differences in head motion (Ciric et al., 2017), anatomical

image quality and alignment (Gilmore et al., 2020; Rorden et al., 2012), signal dropout, and

physiological artifacts (Boubela et al., 2015; Fair et al., 2020; Gratton et al., 2020). While our

multiverse analyses included preprocessing and group-level modeling specifications designed

to minimize some of such potential issues, future work is still needed to optimize

discrimination of developmental changes of interest from such potential confounds.

841   Despite these limitations, the present study concords with prior investigations in

842   demonstrating the value of multiverse approaches to quantify sensitivity to researcher

843   decisions. The results highlight key analytic considerations for future studies of age-related

844   changes in amygdala—mPFC function, as well as for studies of human brain development

845   more broadly.

847 **CRediT Author Statement:**
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Paul Alexander Bloom: Conceptualization, Methodology, Formal Analysis, Writing - Original
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Investigation, Resources, Data Curation, Writing - Original Draft, Supervision, Funding
Acquisition
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864 **Code Availability**
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Code for preprocessing, analysis, and data visualizations for this manuscript is
available at https://github.com/pab2163/amygdala_mpfc_multiverse. While unfortunately this
code cannot be run as written without data, we have attempted to document analysis steps
clearly. In addition, we provide publicly available simulated data structured similarly to the
study data on amygdala reactivity, such that interested readers can view multiverse analysis
walkthroughs (https://pab2163.github.io/amygdala_mpfc_multiverse) and experiment with
analysis code. Additional materials, including MNI space masks and preregistration
documentation, are available at https://osf.io/hvdmx/
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Table 1: Summary of main aims, hypotheses, methods, and findings

Aim	Preregistered Hypothesis	Analysis Methodology	Key Findings
1a. Age-related change in amygdala reactivity to fear faces	Amygdala reactivity to fearful faces will decrease with age, such that younger children will have more positive amygdala reactivity (higher BOLD response to fear faces relative to implicit baseline) than older youth.	Multiverse amygdala ROI (anatomically-defined) analysis using multilevel linear regression at the group level. *Multiverse decision points:* Preprocessing software, GLM software, GLM nuisance regressors, amygdala ROI definition, contrast estimate type (t-stat vs. beta estimate), HRF shape, group-level model covariates, exclusion of previously analyzed scans	• Across decision points, weak but consistent negative age-related change in amygdala reactivity to fear > baseline and neutral > baseline contrasts • No consistent evidence for age-related change in fear > neutral contrast • Longitudinal models could identify consistent between-participant differences but not within-participant age-related change
1b. Age-related change in patterns of amygdala responses across task trials	None	Multiverse analysis of slopes of amygdala reactivity across trials, and amygdala reactivity in each half of trials using multilevel linear regression at the group level, single trial models *Multiverse decision points:* Global signal subtraction, amygdala ROI definition, group-level model covariates	• On average, amygdala reactivity decreased across trials (for both fear and neutral faces) • Amygdala reactivity for earlier trials was higher at younger ages • Age-related change in amygdala reactivity to fear faces in the first half of trials, but not the second half • Similar, but somewhat weaker age-related change for neutral faces
2a. Age-related change in amygdala–mPFC functional connectivity (FC) to fear faces, as measured by generalized psychophysiological interaction (gPPI)	Amygdala–mPFC FC will decrease as a function of age such that as age increases, the valence of FC will shift from positive to negative.	Multiverse gPPI analysis with anatomically defined bilateral amygdala seed and mPFC target ROIs using multilevel linear regression at the group level. *Multiverse decision points:* Deconvolution step, mPFC ROI definition, contrast estimate type (t-stat vs. beta estimate), group-level model covariates	• No consistent evidence for age-related change in gPPI for any contrast • gPPI estimates extremely sensitive to deconvolution step in creation of regressors
2b. Age-related change in amygdala–mPFC functional connectivity to fear faces, as measured by beta-series correlation (BSC)	None for BSC specifically	Multiverse BSC analysis between amygdala and mPFC using multilevel linear regression at the group level. *Multiverse decision points:* Global signal subtraction, amygdala ROI definition, mPFC ROI definition, group-level model covariates	• No consistent evidence for age-related change in BSC for any condition • Amygdala–mPFC BSC was most sensitive to selection of mPFC ROI • Global signal subtraction reduced average amygdala–mPFC BSC, but impacts on age-related changes were small • BSC estimates were not strongly associated with gPPI estimates
3. Associations of amygdala reactivity, change in amygdala reactivity across trials, or amygdala–mPFC FC with separation anxiety	None	Multiverse multilevel linear regressions with brain measures as predictors for separation anxiety behaviors, controlling for age *Multiverse decision points:* Separation anxiety measure, FC measure, mPFC ROI (FC only), amygdala ROI, contrast, deconvolution step (gPPI only)	• No evidence that amygdala reactivity, amygdala–mPFC connectivity, or change in amygdala reactivity across trials were associated with separation anxiety behaviors

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1374 Table 2: Summary of forking pipelines used in analyses for each aim[1]

Aim/Analysis	Decision Point	Choices
1a. Age-related change in amygdala reactivity to fear faces > baseline	Preprocessing Software	**FSL FEAT**, C-PAC
	GLM Software	**FSL FEAT**, AFNI 3dDeconvolve
	Hemodynamic Response Function	**Double Gamma**, Single Gamma
	Nuisance Regressors	**24 motion regressors**, 6 motion regressors, 18 motion regressors + WM + CSF
	Low-frequency artifact removal	**High-pass filter (.01Hz)**, Quadratic drift regressor
	First-level GLM Estimates	**Beta Estimates**, T-statistics
	Native vs. Standard MNI Space	**Native Space (Freesurfer)**, Harvard-Oxford Atlas in MNI
	Amygdala ROI	**Bilateral**, Left, Right, High Signal, Low Signal
	Inclusion of 45 previously analyzed scans	**Include**, Exclude
	Outlier treatment	**Exclude +/-3SD from mean**, Exclude +/-3SD from mean + robust regression
	Group-level model covariates	**Mean FD**, Mean FD + run, Mean FD + scanner, Mean FD + run + scanner
	Group-level model quadratic term	Yes, **No**
	Group-level model random slopes	**Yes**, No
1b. Age-related change in patterns of amygdala responses across task trials *FSL preproc & GLM, high-pass filter, 24 motion regressors, 2G HRF, beta estimates, included previously analyzed scans, and robust group-level regression*	Method of quantifying within-scan change	Slopes across trials, trials split into halves, single-trial models
	Global Signal Subtraction	Yes, No
	Amygdala ROI (all MNI space)	Bilateral, Left, Right
	Group-level model covariates	Mean FD, Mean FD + run, Mean FD + scanner, Mean FD + run + scanner
	Group-level model quadratic term	Yes, No
	Group-level model random slopes	Yes, No
2a Age-related change in amygdala–mPFC functional connectivity (FC) to fear faces > baseline, as measured by (gPPI) *FSL preproc & GLM, high-pass filter, 24 motion regressors, 2G HRF, bilateral amygdala ROI in MNI space*	Deconvolution step	Yes, **No**
	mPFC ROI (all MNI space)	**3 different 5mm spheres**, large vmPFC mask
	Outlier treatment	**Exclude +/-3SD from mean**, Exclude +/-3SD from mean + robust regression
	Inclusion of 45 previously analyzed scans	**Include**, Exclude
	Group-level model covariates	**Mean FD**, Mean FD + run, Mean FD + scanner, Mean FD + run + scanner
	Group-level model quadratic term	Yes, **No**
	Group-level model random slopes	**Yes,** No
2b. Age-related change in amygdala–mPFC functional connectivity to fear faces > baseline, as measured by (BSC) *FSL preproc & GLM, high-pass filter, 24 motion regressors, 2G HRF, beta estimates, robust group-level regression, included previously analyzed scans*	Amygdala ROI (all MNI space)	Bilateral, Left, Right
	mPFC ROI (all MNI space)	3 different 5mm spheres, large vmPFC mask
	Global Signal Subtraction	Yes, No
	Group-level model covariates	Mean FD, Mean FD + run, Mean FD + scanner, Mean FD + run + scanner
	Group-level model quadratic term	Yes, No
	Group-level model random slopes	Yes, No
3. Associations of amygdala reactivity, change in amygdala reactivity across trials, or amygdala–mPFC FC with separation anxiety *See supplemental methods p. 29 for details on included pipelines.*	Brain measure	Amygdala reactivity, amygdala reactivity slopes, amygdala–mPFC gPPI, amygdala–mPFC BSC
	Global Signal Subtraction (amygdala reactivity slopes & BSC only)	Yes, No
	Deconvolution step (gPPI only)	Yes, No
	mPFC ROI (all MNI space, gPPI & BSC only)	3 different 5mm spheres, large vmPFC mask
	Separation anxiety outcome variable	RCADS, SCARED raw scores, SCARED t-scores

1375 [1]**Bolded** choices indicate those most closely matching preregistered pipelines.

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1378 **Figure 1. A.** Schematic showing study inclusion criteria. **B.** Included scans at each study wave,
1379 with each dot representing one scan, and horizontal lines connecting participants across study
1380 waves.

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Figure 2. Multiverse analyses of age-related change in amygdala reactivity. **A.** Specification curve of age-related change in fear > baseline amygdala reactivity. Points represent estimated linear age-related change and lines are corresponding 95% posterior intervals (PIs). Models are ordered by age-related change estimates, with the dotted line representing the median estimate across all specifications. Color indicates sign of beta estimates and whether respective posterior intervals include 0 (red = negative excluding 0; blue = negative including 0, green = positive including 0, black = median across all specifications). **B.** Model specification information corresponding to each model in A. Variables on the y-axis represent analysis choices, corresponding color-coded marks indicate that a choice was made, and blank space indicates that the choice was not made in a given analysis. Within each category panel (amygdala ROI, Group-Level Model, and Participant-Level Model), decision points are ordered from top to bottom by the median model rank when the corresponding choice is made (i.e. choices at the top of each panel tend to have more negative age-related change estimates). Black points with error bars represent the median and IQR ranks of specifications making the choice indicated on the corresponding line. **C.** Example participant-level data and model predictions for age-related related change in amygdala reactivity for both the fear > baseline (green) and neutral-baseline (orange) contrasts. Data are shown for a preregistered pipeline using a native space bilateral amygdala mask, 24 motion regressors, t-statistics, high-pass filtering, and participant-level GLMs in FSL. Points represent participant-level estimates, light lines connect estimates from participants with multiple study visits, and dark lines with shaded area represent model predictions and 95% posterior intervals. **D.** Specification curves for a subset of models separately parametrizing within-participant (right) vs. between-participant (left) age-related change for both the fear > baseline (green) and neutral > baseline (orange) contrasts, as well as the median across specifications (black). See https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/ for interactive visualizations.

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Figure 3. Age-related change in amygdala reactivity across trials. **A.** An example model of
estimated age-related change in slopes of beta estimates across both fear (green) and neutral
(orange) trials. Negative slopes represent higher amygdala activity in earlier trials relative to
later trials. **B.** Example models of estimated age-related change in amygdala reactivity for the
fear > baseline (left) and neutral > baseline (right) contrasts for both the first (red) and second
(blue) halves of trials. In both A and B, points represent participant-level estimates, light lines
connect estimates from participants with multiple study visits, and dark lines with shaded area
represent model predictions and 95% posterior intervals. **C.** Example single-trial model
predictions of estimated amygdala reactivity for fear (left) and neutral (right) faces as a function
of age and trial number. Age was modeled as a continuous variable, and average predictions for
participants of age 6 (red), 12 (green) and 18 (blue) years are shown for visualization purposes.
All estimates in A-C shown are from an example analysis pipeline using bilateral amygdala
estimates and without global signal correction. **D.** Specification curve for age-related change in
slopes across fear trials (i.e., many parallel analyses for the fear trials in subplot B). **E.**
Specification curve for age-related change in slopes across neutral trials (i.e., neutral trials in
plot B). GSS = global signal correction using post-hoc mean centering. For both D and E, color
indicates sign of beta estimates and whether respective posterior intervals include 0 (green =
positive including 0, purple = positive excluding 0, black = median across all specifications), and
horizontal dotted lines represent median estimates across all analysis decisions. Variables on
the y-axis represent analysis choices, corresponding color-coded marks indicate that a choice
was made, and blank space indicates that the choice was not made in a given analysis.

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Figure 4. Multiverse analyses of age-related change in amygdala–mPFC connectivity using
gPPI methods. **A.** MNI space mPFC ROIs used in connectivity analyses. **B.** Example
participant-level data and model predictions for age-related related change in amygdala–mPFC
gPPI for analysis pipelines with a deconvolution step (red), or without (blue) for each of the four
regions shown in A. Although deconvolution changed the sign of age-related change estimates,
the estimates are not 'statistically significant' for each pipeline alone, except for mPFC ROIs 1 &
2 without deconvolution. **C.** Specification curve of age-related change in fear > baseline
amygdala–mPFC gPPI. Points represent estimated linear age-related change and lines are
corresponding 95% posterior intervals. Models are ordered by age-related change estimates,
and the dotted line represents the median estimate across all specifications. Color indicates
sign of beta estimates and whether respective posterior intervals include 0 (blue = negative
including 0, green = positive including 0, purple = positive excluding 0, black = median across all
specifications). Black points with error bars represent the median and IQR ranks of
specifications making the choice indicated on the corresponding line. **D.** Model specification
information corresponding to each model in C. Variables on the y-axis represent analysis
choices, corresponding color-coded marks indicate that a choice was made, and blank space
indicates that the choice was not made in a given analysis. Within each category (Group-Level
Model, mPFC ROI, and Participant-Level Model) respectively, decision points are ordered from
top to bottom by the median model rank when the corresponding choice is made (i.e., choices at
the top of each panel tend to have more negative age-related change estimates). See
https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/ for interactive visualizations.
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Figure 5. Multiverse analyses of age-related change in amygdala–mPFC connectivity using
beta-series correlation (BSC) methods. **A.** Specification curve of age-related change in
amygdala–mPFC BSC for fear trials. Points represent estimated linear age-related change and
lines are corresponding 95% posterior intervals. Models are ordered by age-related change
estimates, and the dotted line represents the median estimate across all specifications. Color
indicates sign of beta estimates and whether respective posterior intervals include 0 (blue =
negative including 0, green = positive including 0, purple = positive excluding 0, black = median
across all specifications). **B.** Model specification information corresponding to each model in A.
Variables on the y-axis represent analysis choices, corresponding color-coded marks indicate
that a choice was made, and blank space indicates that the choice was not made in a given
analysis. Within each category (amygdala ROI, group-level model, global signal subtraction, and
mPFC ROI) respectively, decision points are ordered from top to bottom by the median model
rank when the corresponding choice is made (i.e., choices at the top of each panel tend to have
more negative age-related change estimates). Black points with error bars represent the median
and IQR ranks of specifications making the choice indicated on the corresponding line. GSS =
global signal correction using post-hoc mean centering. **C.** Example model predictions for age-
related change in amygdala–mPFC BSC for fear trials for analysis pipelines with a global signal
subtraction (GSS, post-hoc mean centering) step (red), or without (blue) for each of the four
mPFC regions (see Figure 4A) with the left and right amygdala. Pipelines shown have random
slopes, no covariates for task block or scanner, and no quadratic age term. **D.** Between-scan
rank-order correlations between amygdala–mPFC connectivity measures. All gPPI measures
are for the fear > baseline contrast, and BSC measures are for fear trials. See
https://pbloom.shinyapps.io/amygdala_mpfc_multiverse/ for interactive visualizations.
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Figure 6. Multiverse analyses of associations between amygdala–mPFC circuitry and
separation anxiety. **A.** Age-related change in SCARED and RCADS raw and t-scores for parent-
reported separation anxiety subscales. The red dotted line in the middle panel represents the
clinical threshold for the standardized RCADS measure (because this T-score measure is
standardized based on age and gender, no age-related change is expected). **B.** Separate
specification curves for associations of amygdala reactivity (left), amygdala–mPFC connectivity
(both gPPI and BSC; center two panels), and amygdala reactivity slopes across trials (right) with
the three separation anxiety outcomes shown in A. Points represent estimated associations
between brain measures and separation anxiety (controlling for mean framewise displacement
and age) and lines are corresponding 95% posterior intervals. Models are ordered by beta
estimates, and the dotted line represents the median estimate across all specifications. Color
indicates sign of beta estimates and whether respective posterior intervals include 0 (red =
negative excluding 0, blue = negative including 0, green = positive including 0). Scores on each
separation anxiety outcome were z-scored for comparison. **C.** Example model predictions for
associations between fear > baseline amygdala–mPFC gPPI and each separation anxiety
measure. Predictions and 95% posterior intervals are plotted for each separation anxiety
measure separately for each mPFC region, and for gPPI pipelines with and without a
deconvolution step. Pipelines shown use robust regression, have random slopes, no covariates
for task block or scanner, and no quadratic age term.
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Figure 7. Longitudinal test-retest Bayesian ICC estimates. ICC values are shown for amygdala
reactivity (A), slopes of amygdala reactivity betas across trials (B), amygdala—mPFC functional
connectivity using both gPPI and BSC methods (C), and separation anxiety and in-scanner
head motion measurements (D). Shaded background colors depict whether ICC estimates are
categorized as poor (< 0.4), fair (0.4 - 0.6), or good (0.6 – 0.75) reliability. No ICC estimates met
the threshold for excellent reliability (>0.75). Bayesian ICC estimates were calculated through a
variance decomposition based on posterior predictive distributions. Negative values indicate
higher posterior predictive variances not conditioned on random effect terms than conditioned
on random effects terms.
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