

Exposure to Common Forms of Early Life Adversity is Associated with Sensory Over-Responsivity in Adulthood

Adriana Méndez Leal

Background: Exposure to early life adversity (e.g. trauma, maltreatment, or neglect) is implicated in a third of adult mental illness (1). As a result, much of the neurobehavioral research on early life adversity has focused on the development of high-level cognitive and socioemotional processes that, if disrupted, are thought to increase the risk of psychopathology (2–4). However, an emerging body of evidence suggests that early life adversity may also confer increased childhood risk for sensory over-responsivity (SOR), a pattern of impairing and extreme sensitivity to environmental stimuli (5–8). These sensory processing differences are over-represented in individuals with varied forms of psychopathology, and have been prospectively linked to later anxiety and behavioral problems in otherwise typically developing children, suggesting these sensory challenges may contribute to the later mental health difficulties (8–17).

Goal: In a separate dataset, we showed that youth who had experienced either previous institutional (e.g. orphanage) or foster caregiving had highly elevated SOR in adolescence, and SOR mediated the relationship between institutional/foster caregiving and elevated internalizing and externalizing symptoms in these youth (18). This study examines whether reported associations between early life adversity and SOR (which has primarily been studied in previously institutionalized youth) extend to less extreme, more common forms of early adversity like childhood neglect, trauma, or poverty. We also hope to evaluate if early adversity-linked sensory symptoms persist into adulthood, since previous research (including our recent study) has focused on childhood and adolescence.

Dataset Description: Data was collected from 275 adults 18-35 living in the United States, using surveys on Amazon's Mechanical Turk. 257 responses passed quality control checks. Sample items from each questionnaire can be found in **Figure 1**. Additionally, summaries for each measure and a scatterplot matrix for all variables are in **Table 1** and **Figure 2**.

Outcome (Sensory Over-Responsivity): The outcome for this analysis is the Glasgow Sensory Questionnaire Hypersensitivity Subscale Score (hereafter the GSQ), a self-report measure of SOR that has been validated in the general adult population (19). This measure assesses SOR on 21 items that use a 0 (never) to 4 (always) Likert scale across seven sensory modalities (visual, auditory, gustatory, olfactory, tactile, vestibular, and proprioceptive). Scores on the subscale range from 0 (lowest SOR) to 84 (highest SOR).

Predictors: Our primary predictor is a continuous measure of early life adversity, with age, assigned sex at birth, and concurrent perceived stress included as covariates.

Early Life Adversity: Early life adversity exposure was measured using the Childhood Trauma Questionnaire Short Form (20), a validated 28-item measure of childhood abuse (physical, sexual, or emotional) and neglect (physical or emotional). Sample items are provided in **Figure 1**. Responses range from 1 (never true) to 5 (very often true), and scores range from 28 (low early adversity) to 140 (high adversity). To aid interpretation, scores were mean centered at 21.13.

Female: Given inconsistent sex differences in SOR reported in children with histories of ELA (8), we included assigned sex at birth as a covariate, with males coded as zero and females coded as one.

Age: Given age-related reductions in adversity-related SOR that have been observed in children (8), we included age (18-35 years) as a covariate, mean-centered at 31.27 years.

Concurrent Perceived Stress: We included the Perceived Stress Scale (PSS) as a covariate to control for the possible influence of perceived stress on self-reports of early adversity. The PSS is a well-validated 10-item (0-4 Likert) measure. Scores range from 0-40, with higher scores indicating greater perceived stress. Scores were mean centered at 19.5.

Model: The proposed model for this analysis is a multiple linear regression, such that y (GSQ score) is

$$y_i = \beta_0 + \beta_1 * CTQ_i + \beta_2 * FEMALE_i + \beta_3 * AGE_i + \beta_4 * PSS_i + \epsilon_i$$

where i indexes the participant (row), ranging from 1 to 257, and the error terms $\epsilon_i | \sigma^2 \sim N(0, \sigma^2)$ are a priori independent and identically distributed given σ^2 . This model was run using JAGS (code in Appendix 1), with 11,000 iterations, 5 chains, a thinning interval of one, and a total burn-in of 1000, resulting in a total of 50,000 samples.

Model Priors:

| | |
|-----------|---|
| Intercept | $\beta_0 \sim N(12, 19.98)$ |
| CTQ | $\beta_1 \sim N(2.19, 9)$ |
| Female | $\beta_2 \sim N(0, 25)$ |
| Age | $\beta_3 \sim N(0, 25)$ |
| PSS | $\beta_4 \sim N(2.5, 9)$ |
| Sigma | $\sigma \sim \text{Gamma}(5.23, 0.572)$ |

No work directly compares the GSQ hypersensitivity subscale to our predictors, so priors were set by converting reported effects from analyses that used analogue measures. We selected the prior distribution for the intercept (CTQ = 21.13, PSS = 19.5, male, 31.27 years old) in our population sample of adults by taking the mean and standard deviation of reported means for GSQ hypersensitivity across several population samples (19,21–24). Using this information, we chose a prior

mean of 12 and prior SD of 4.47, with the expectation that the 95% of values would fall between 3.06 and 20.94. The prior distribution for β_1 , the early adversity/CTQ coefficient, was selected by converting a reported relationship between the CTQ and the Adolescent/Adult Sensory Profile Sensitivity Score (an SOR measure that is correlated at .91 with GSQ hypersensitivity) in bipolar adults to a GSQ compatible scale (25). Based on this, the prior mean for β_1 was set to 2.190 and prior SD to 3, to reflect a small but positive expected effect with 95% of values falling between -4.19 and 8.19. While previously institutionalized child samples have sometimes shown sex differences in SOR (8), we did not expect significant sex differences in adult GSQ scores given reported data (19,21–24). We therefore set the prior distribution for β_2 to have a mean of 0, with SD of 5, to reflect an expectation that β_2 fall between -10 and 10. Although studies of previously institutionalized youth suggest early life adversity-associated SOR may decrease with age, again, given no evidence of age effects in adult populations and our previous adolescent sample (19,21–24), we did not expect any age effects in this adult sample. Since no SOR age effects have been reported in adults and our previous data cannot be analyzed in conjunction with this data (different measures, populations, and reporters), we set the β_3 prior mean to 0, and converted age effect estimates from the Adolescent/Adult Sensory Profile in our adolescent sample to the GSQ to set a prior SD of 5, with an expectation of 95% of values falling between -10 and 10. Though no studies have examined PSS-GSQ relationships, we converted a reported relationship between PSS and another sensory sensitivity measure, the Highly Sensitive Person Scale, and set the β_4 prior distribution with mean 2.5 and SD of 3 to reflect an expected small but positive effect in the range of -4.5 to 8.5,. Lastly, we used the mean GSQ SD across populations (9.15), and the standard deviation of the SDs (4.47) to set the prior for σ as a gamma distribution with $a = 5.23$ and $b = 0.572$ (19,21–24).

Results: Our primary model has good convergence – the autocorrelation plots for the fixed effects quickly approach 0 (**Figure 3**), and all time-series plots are stable (**Figure 4**). No problems were encountered in running this model or in conducting the sensitivity analyses (see below). Our findings (reported in **Table 2**; plotted in **Figure 5**) suggest that increased reported early life adversity (CTQ) is positively associated with elevated SOR symptoms (GSQ), such that a one unit increase in CTQ is associated with a 0.403 unit increase in GSQ ($\beta_1 = 0.403$, $SD = 0.046$, 95% CI: 0.329-0.479). Likewise, perceived stress positively predicted SOR ($\beta_4 = 0.975$, $SD = 0.243$, 95% CI: 0.577 – 1.377), such that a one unit higher perceived stress was associated with 0.975 higher SOR score. Sex/Female ($\beta_2 = 1.241$, $SD = 1.339$, 95% CI: -0.954

– 3.462) and age ($\beta_3 = 0.109$, $SD = 0.213$, 95% CI: -0.24 - 0.457) did not significantly predict GSQ scores.

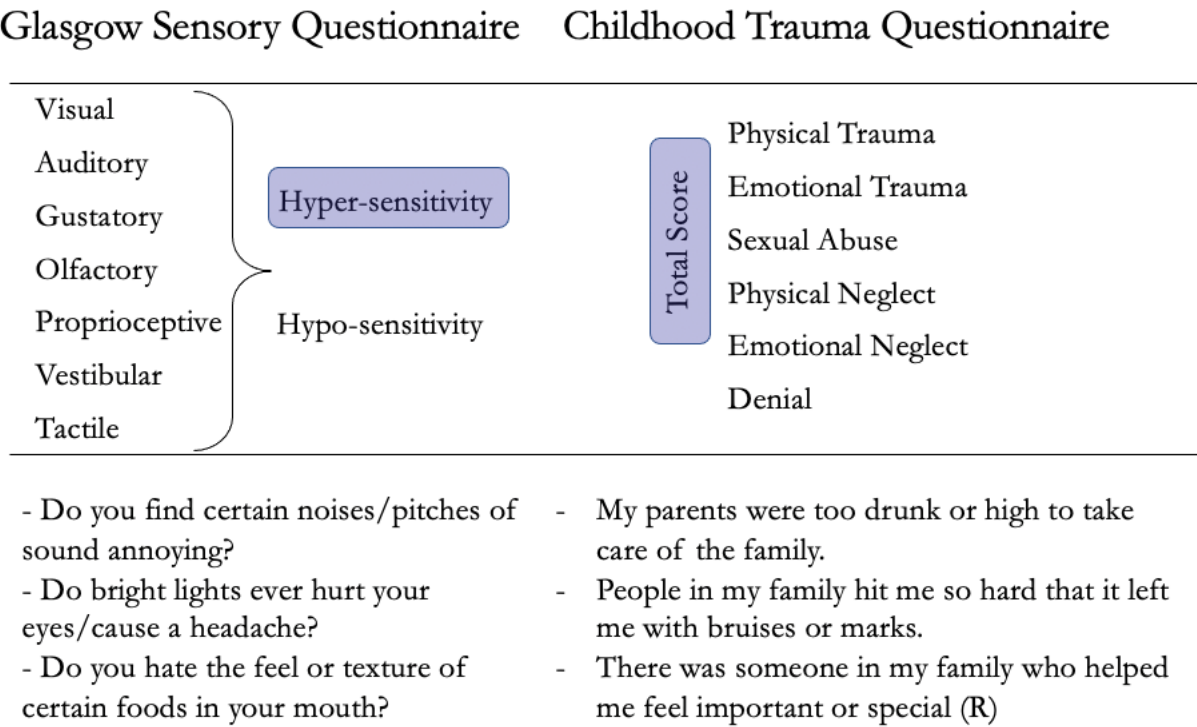
Unsurprisingly, posterior distributions for CTQ and PSS were moderately correlated (see **Figure 6** for scatterplot matrix).

Sensitivity Analyses: We conducted various analyses to test model sensitivity to various priors and model specifications, which we report in **Tables 3-10**. For these, we used a) the original prior means and two or three levels of (decreased) precision for all four predictors (CTQ : **Table 3**; Female: **Table 5**; Age: **Table 7**; PSS: **Table 9**), b) a t model ($df = 3$) in place of a normal distribution model c) null priors (mean = 0) with the original precision for all four predictors, which used the original intercept prior (CTQ: **Table 4**; Female: **Table 6**; Age: **Table 8**; PSS: **Table 10**), and d) alternate priors for the CTQ and PSS based on our adolescent data -- again, different measures, reporters, and populations -- (CTQ : **Table 4**, PSS : **Table 10**– specifications in appendix). CTQ positively predicted GSQ across every prior tested, with a mean β_1 estimate of approximately .4 for all models (**Table 3-4**). Likewise, PSS effects were positive, significant, and fairly stable (approximately .96) for all models (**Table 9-10**), with a slightly larger point estimate for the t model (perhaps because this model de-weights data points that are far from the mean). The t model also resulted in relatively large decreases in the estimates for the intercept and for sigma. Age and sex effects were null across all models tested (**Table 4-7**). Given the distribution of our data, we'd like to explore applying a log link model in the future, but for now, our sensitivity analyses give us confidence in the observed small but positive effects of CTQ and PSS on GSQ scores.

Conclusion: We find that increased retrospectively reported early life adversity (CTQ) is associated with elevated sensory over-responsivity symptoms (GSQ), controlling for age, sex, and current perceived stress (PSS). These findings were stable across a wide range of sensitivity analyses. This suggests that common forms of early life adversity may confer risk for sensory processing challenges that persist into adulthood. Future work should evaluate prospective links between early adversity, SOR, and adult mental health, and investigate possible neurobehavioral mechanisms for this pattern of findings.

Additional Measure Information

Figure 1: Description and Sample Items for Primary Variables GSQ (Sensory Over-Responsivity) and CTQ (Early Adversity)



Data Summary

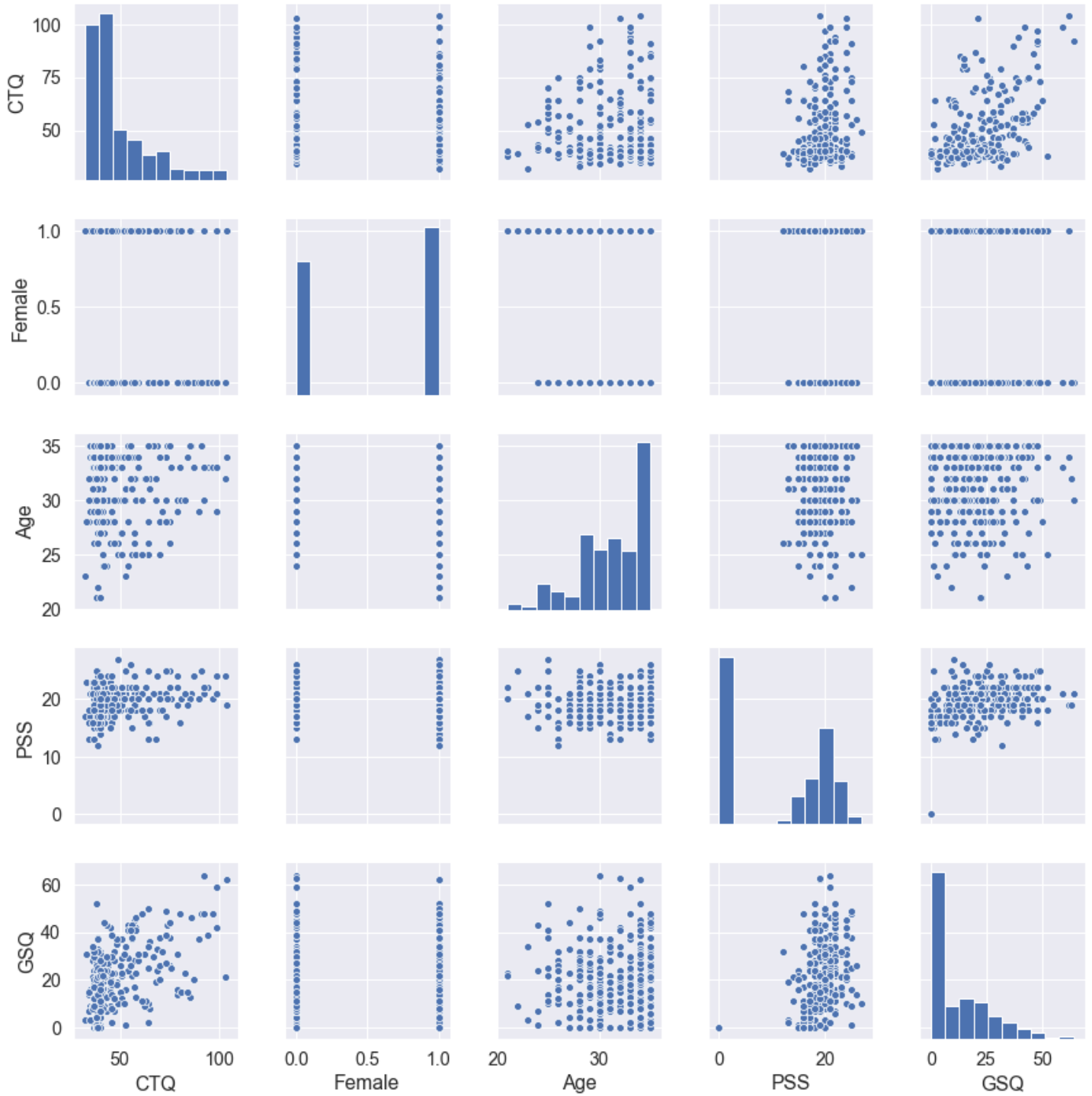
Table 1: Summary statistics for predictors (CTQ, Assigned Sex at Birth, Age, and PSS) and the outcome variable (GSQ).

44% of participants in this sample are female, and 56% are male.

| | mean | std | min | max |
|------------------------------------|--------|--------|-----|-----|
| CTQ <i>Range: 28-140</i> | 48.879 | 15.377 | 32 | 104 |
| Age <i>Range: 18-35</i> | 31.206 | 3.279 | 21 | 35 |
| PSS <i>Range: 0-40</i> | 19.529 | 2.671 | 12 | 27 |
| GSQ <i>Range: 0-84</i> | 20.985 | 13.361 | 0 | 64 |

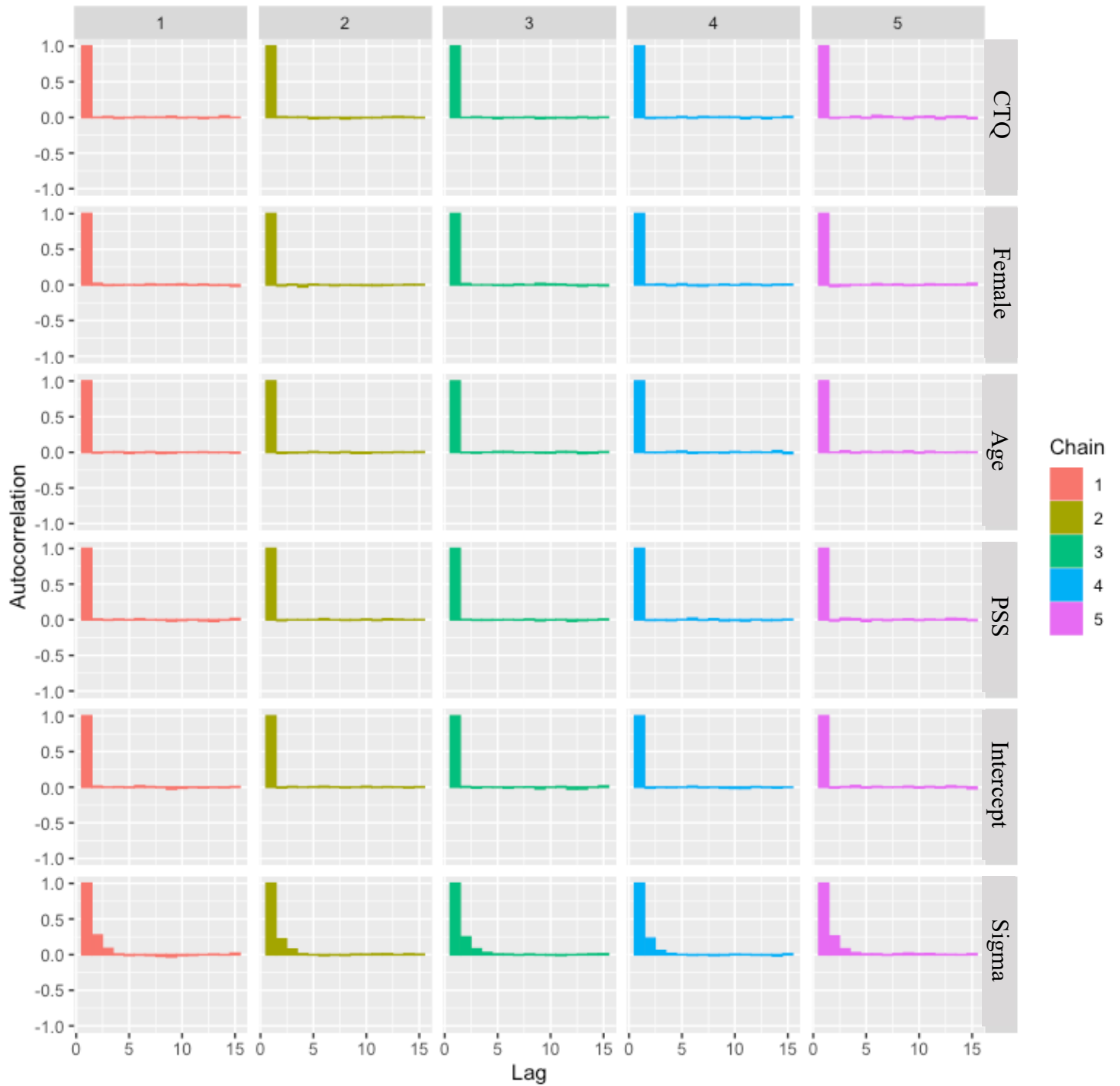
Scatterplot Matrix of Raw Data

Figure 2: Scatterplot matrices for predictors and outcome.



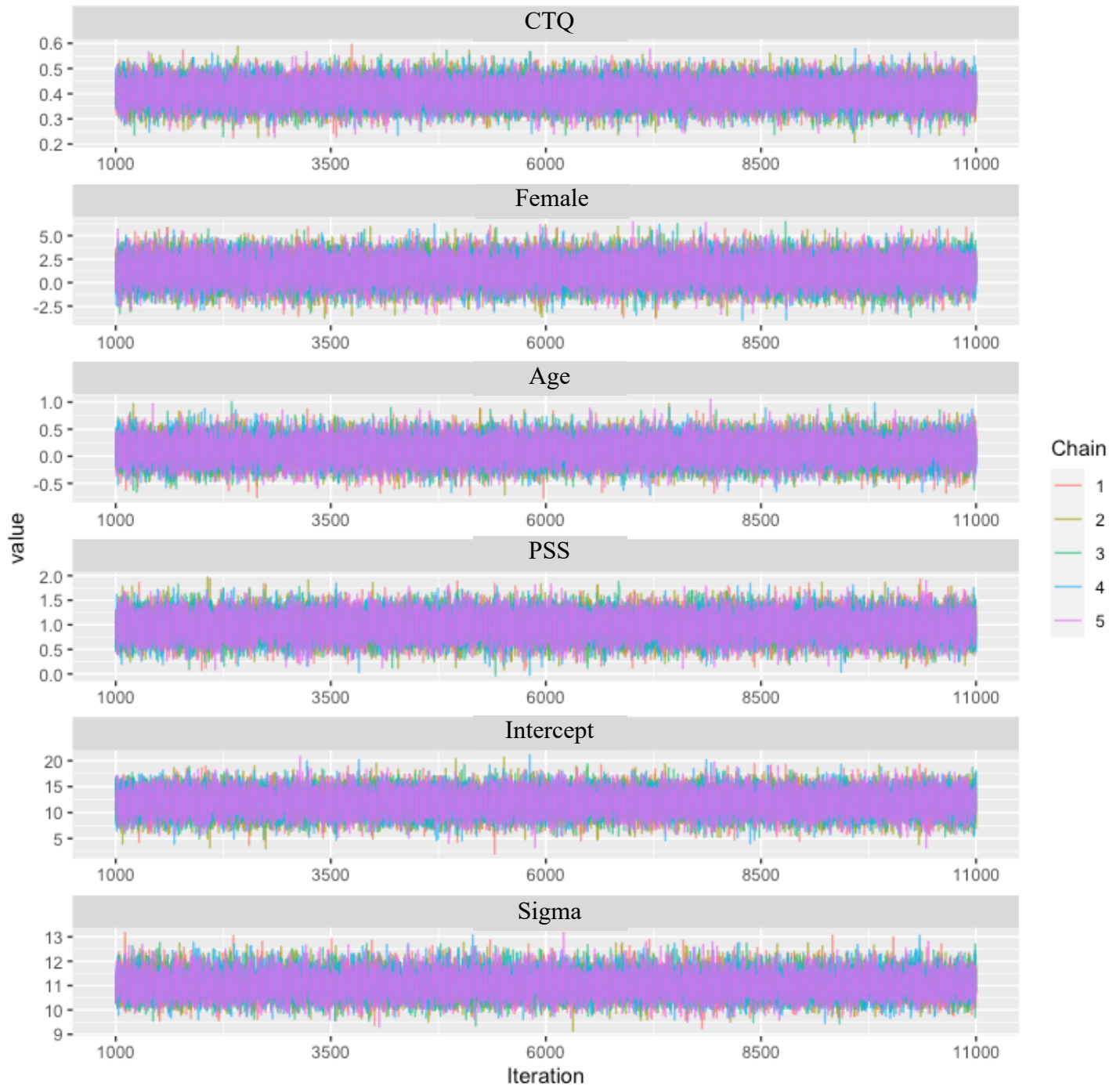
Model Convergence: Parameter Autocorrelation

Figure 3: This model has good convergence – the autocorrelation plots for all parameters of interest rapidly approach 0



Model Convergence: Time Series Plots

Figure 4: Time series plots for all coefficients of interest appear to be stable across iterations



Original Model Results – Parameter Estimates

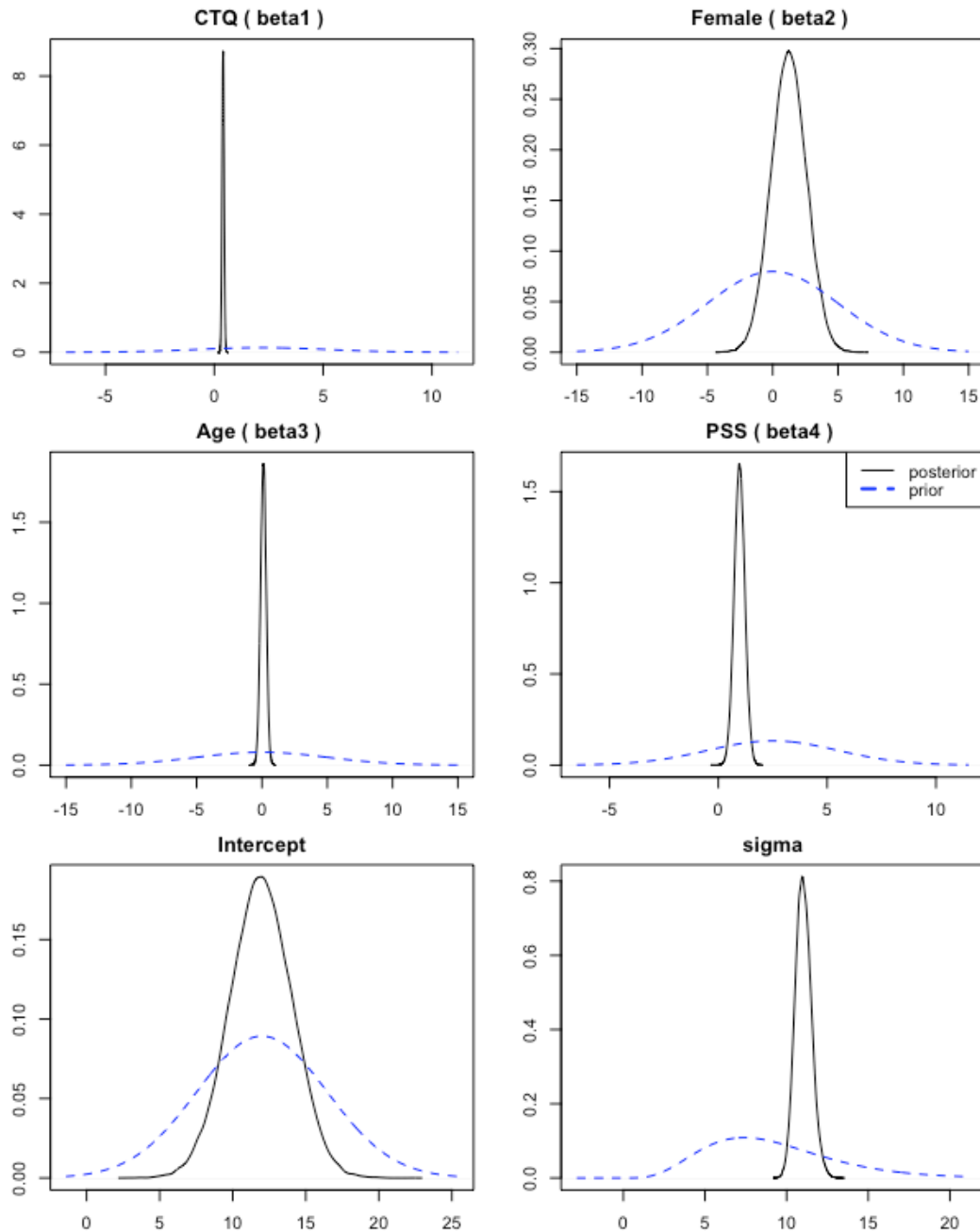
Table 2: Higher levels of early life adversity (CTQ) and of perceived stress (PSS) are associated with small increases in self-reported sensory over-responsivity (GSQ hypersensitivity). Age and assigned sex at birth are not associated with sensory over-responsivity in this model.

| | mean | sd | 2.50% | 97.50% | P>0 |
|--------------------------|--------|-------|--------|--------|-------|
| CTQ (beta1) | 0.403 | 0.046 | 0.329 | 0.479 | 1 |
| Female (beta2) | 1.241 | 1.339 | -0.954 | 3.462 | 0.822 |
| Age (beta3) | 0.109 | 0.213 | -0.24 | 0.457 | 0.696 |
| PSS (beta4) | 0.975 | 0.243 | 0.577 | 1.377 | 1 |
| Intercept (beta0) | 11.938 | 2.121 | 8.447 | 15.407 | |
| sigma | 11.036 | 0.492 | 10.265 | 11.874 | |

**Significant effects of interest are highlighted in green*

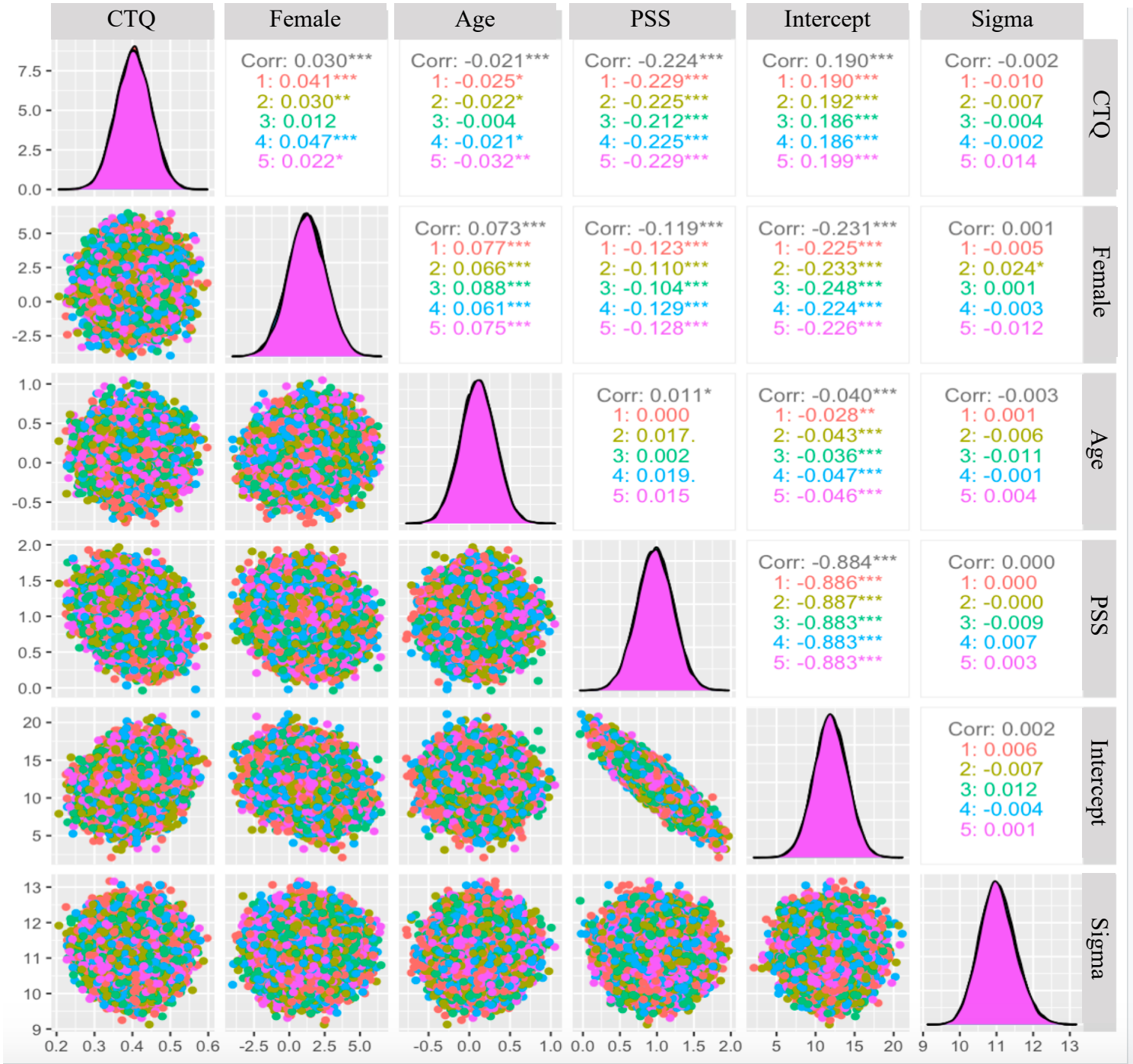
Original Model Results – Density Plots

Figure 5: Higher levels of early life adversity (CTQ total) and perceived stress (PSS total) are associated with increased SOR (GSQ total hypersensitivity). Age and sex (female) are not associated with SOR in this model.



Original Model Results – Density Plots

Figure 6: Scatterplot matrices for posterior distributions (colors = chains)



Sensitivity Analyses: CTQ

Table 3: The effect of early life adversity (CTQ total score) on sensory over-responsivity scores remains significant and very consistent across models that use several precisions for the original β_1 prior distribution

| | <u>Original Analysis</u> | | <u>Original Means, Decreasing Precisions</u> | | | | | |
|--------------------------|---|-------|---|-------|---|-------|--|-------|
| | <i>CTQ Prior Mean = 2.19 Prior SD = 3 Prior Precision = 0.111</i> | | <i>CTQ Prior Mean = 2.19 Prior SD = 6 Prior Precision = 0.012</i> | | <i>CTQ Prior Mean = 2.19 Prior SD = 9 Prior Precision = 0.004</i> | | <i>CTQ Prior Mean = 2.19 Prior SD = 15 Prior Precision = 0.001</i> | |
| | mean | sd | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.403 | 0.046 | 0.403 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.25 | 1.331 | 1.245 | 1.334 | 1.249 | 1.332 |
| Age (beta3) | 0.108 | 0.213 | 0.107 | 0.212 | 0.109 | 0.214 | 0.106 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 0.975 | 0.241 | 0.975 | 0.243 | 0.976 | 0.243 |
| Intercept (beta0) | 11.924 | 2.119 | 11.933 | 2.11 | 11.932 | 2.115 | 11.923 | 2.112 |
| sigma | 11.04 | 0.489 | 11.038 | 0.488 | 11.033 | 0.485 | 11.041 | 0.487 |

**Significant effects of interest are highlighted in green*

Sensitivity Analyses: CTQ (continued)

Table 4: The effect of early life adversity (CTQ total score) on sensory over-responsivity scores remains significant and very consistent across models using several alternate priors

| | <u>Original Analysis</u> | | <u>Original Priors, T Model</u> | | <u>Alternative Prior</u> | | <u>Null Prior</u> | |
|--------------------------|--------------------------------|-------|---------------------------------|-------|--------------------------------|-------|--------------------------------|-------|
| | <i>CTQ Prior Mean = 2.19</i> | | <i>CTQ Prior Mean = 2.19</i> | | <i>CTQ Prior Mean = 3.6</i> | | <i>CTQ Prior Mean = 0</i> | |
| | <i>Prior SD = 3</i> | | <i>Prior SD = 3</i> | | <i>Prior SD = 3</i> | | <i>Prior SD = 3</i> | |
| | <i>Prior Precision = 0.111</i> | | <i>Prior Precision = 0.111</i> | | <i>Prior Precision = 0.111</i> | | <i>Prior Precision = 0.111</i> | |
| | mean | sd | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.443 | 0.052 | 0.404 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.337 | 1.323 | 1.239 | 1.334 | 1.259 | 1.325 |
| Age (beta3) | 0.108 | 0.213 | 0.213 | 0.218 | 0.108 | 0.214 | 0.108 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 1.155 | 0.257 | 0.974 | 0.243 | 0.959 | 0.243 |
| Intercept (beta0) | 11.924 | 2.119 | 9.869 | 2.217 | 11.949 | 2.111 | 12.053 | 2.117 |
| sigma | 11.04 | 0.489 | 8.769 | 0.518 | 11.04 | 0.489 | 11.038 | 0.490 |

**Significant effects of interest are highlighted in green*

Prior Specifications:

Original model: $\beta_1 \sim N(2.19, 9)$, $\tau = 0.111$

T model: $\beta_1 \sim N(2.19, 9)$, $\tau = 0.111$

Alternative prior CTQ: $\beta_1 \sim N(3.6, 9)$, $\tau = 0.111$

Null Prior All Parameters: $\beta_1 \sim N(0, 9)$, $\tau = 0.111$

Sensitivity Analyses: Female

Table 5: There is no significant effect of sex (males = 0, females =1) on sensory over-responsivity scores across models that use several precisions for the original β_2 prior distribution. The point estimate for the female coefficient is fairly stable across models.

| | <u>Original Analysis</u> | | <u>Original Means, Decreasing Precisions</u> | | | |
|--------------------------|---|-------|--|-------|---|-------|
| | <i>Female Prior Mean = 2.19 Prior SD = 5 Prior Precision = 0.04</i> | | <i>Female Prior Mean = 2.19 Prior SD = 10 Prior Precision = 0.01</i> | | <i>Female Prior Mean = 2.19 Prior SD = 15 Prior Precision = 0.004</i> | |
| | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.404 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.338 | 1.369 | 1.328 | 1.382 |
| Age (beta3) | 0.108 | 0.213 | 0.109 | 0.213 | 0.109 | 0.214 |
| PSS (beta4) | 0.975 | 0.244 | 0.974 | 0.244 | 0.975 | 0.242 |
| Intercept (beta0) | 11.924 | 2.119 | 11.889 | 2.126 | 11.891 | 2.117 |
| sigma | 11.04 | 0.489 | 11.039 | 0.491 | 11.041 | 0.489 |

*Significant effects of interest are highlighted in green

Sensitivity Analyses: Female (continued)

Table 6: There is no significant effect of sex (males = 0, females =1) on sensory over-responsivity scores across models that use several alternate priors for the β_2 prior distribution. The point estimate for the female coefficient is fairly stable across models.

| | <u>Original Analysis</u> <i>Female Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | | <u>Original Priors, T Model</u> <i>Female Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | | <u>Null Prior</u> <i>Female Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | |
|--------------------------|--|-------|---|-------|---|-------|
| | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.443 | 0.052 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.337 | 1.323 | 1.259 | 1.325 |
| Age (beta3) | 0.108 | 0.213 | 0.213 | 0.218 | 0.108 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 1.155 | 0.257 | 0.959 | 0.243 |
| Intercept (beta0) | 11.924 | 2.119 | 9.869 | 2.217 | 12.053 | 2.117 |
| sigma | 11.04 | 0.489 | 8.769 | 0.518 | 11.038 | 0.490 |

**Significant effects of interest are highlighted in green*

Prior Specifications:

Original model: $\beta_2 \sim N(0, 25)$, $\tau = 0.04$

T model: $\beta_2 \sim N(0, 25)$, $\tau = 0.04$

Null Prior All Coefficients: $\beta_2 \sim N(0, 25)$, $\tau = 0.04$

Sensitivity Analyses: Age

Table 7: There is no significant effect of age on sensory over-responsivity scores across models that use several precisions for the original β_3 prior distribution. The point estimate for the age coefficient is very stable across models.

| | <u>Original Analysis</u> | | <u>Original Means, Decreasing Precisions</u> | | | |
|--------------------------|-------------------------------|-----------|--|-----------|--------------------------------|-----------|
| | <i>Age Prior Mean = 0</i> | | <i>Age Prior Mean = 0</i> | | <i>Age Prior Mean = 0</i> | |
| | <i>Prior SD = 5</i> | | <i>Prior SD = 10</i> | | <i>Prior SD = 15</i> | |
| | <i>Prior Precision = 0.04</i> | | <i>Prior Precision = 0.004</i> | | <i>Prior Precision = 0.002</i> | |
| | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.404 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.249 | 1.335 | 1.253 | 1.337 |
| Age (beta3) | 0.108 | 0.213 | 0.109 | 0.214 | 0.109 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 0.976 | 0.244 | 0.976 | 0.244 |
| Intercept (beta0) | 11.924 | 2.119 | 11.92 | 2.117 | 11.924 | 2.124 |
| sigma | 11.04 | 0.489 | 11.044 | 0.488 | 11.044 | 0.489 |

*Significant effects of interest are highlighted in green

Sensitivity Analyses: Age

Table 8: There is no significant effect of age on sensory over-responsivity scores across models that use several alternate β_3 prior distributions. The point estimate for the age coefficient is very stable across models.

| | <u>Original Analysis</u> <i>Age Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | | <u>Original Priors, T Model</u> <i>Age Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | | <u>Null Prior</u> <i>Age Prior Mean = 0</i> <i>Prior SD = 5</i> <i>Prior Precision = 0.04</i> | |
|--------------------------|---|-------|--|-------|--|-------|
| | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.443 | 0.052 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.337 | 1.323 | 1.259 | 1.325 |
| Age (beta3) | 0.108 | 0.213 | 0.213 | 0.218 | 0.108 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 1.155 | 0.257 | 0.959 | 0.243 |
| Intercept (beta0) | 11.924 | 2.119 | 9.869 | 2.217 | 12.053 | 2.117 |
| sigma | 11.04 | 0.489 | 8.769 | 0.518 | 11.038 | 0.490 |

**Significant effects of interest are highlighted in green*

Prior Specifications:

Original model: $\beta_3 \sim N(0, 25)$, $\tau = 0.04$

T model: $\beta_3 \sim N(0, 25)$, $\tau = 0.04$

Null Prior All Coefficients: $\beta_3 \sim N(0, 25)$, $\tau = 0.04$

Sensitivity Analyses: PSS

Table 9: The effect of concurrent perceived stress (PSS total score) on sensory over-responsivity scores remains significant and quite consistent across models that use several precisions for the original β_4 prior distribution

| | <u>Original Analysis</u> | | <u>Original Means, Decreasing Precisions</u> | | | | | |
|--------------------------|--------------------------|-------|--|-------|-------------------------|-------|-------------------------|-------|
| | PSS Prior Mean = 2.5 | | PSS Prior Mean = 2.5 | | PSS Prior Mean = 2.5 | | PSS Prior Mean = 2.5 | |
| | Prior SD = 3 | | Prior SD = 6 | | Prior SD = 9 | | Prior SD = 15 | |
| | Prior Precision = 0.111 | | Prior Precision = 0.012 | | Prior Precision = 0.004 | | Prior Precision = 0.001 | |
| | mean | sd | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.404 | 0.046 | 0.404 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.257 | 1.325 | 1.257 | 1.332 | 1.248 | 1.329 |
| Age (beta3) | 0.108 | 0.213 | 0.108 | 0.214 | 0.106 | 0.213 | 0.108 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 0.968 | 0.243 | 0.966 | 0.243 | 0.965 | 0.244 |
| Intercept (beta0) | 11.924 | 2.119 | 11.986 | 2.113 | 12.006 | 2.118 | 12.018 | 2.127 |
| sigma | 11.04 | 0.489 | 11.033 | 0.485 | 11.037 | 0.489 | 11.034 | 0.493 |

**Significant effects are highlighted in green*

Sensitivity Analyses: PSS (continued)

Table 10: The effect of concurrent perceived stress (PSS total score) on sensory over-responsivity scores remains significant and is fairly consistent across models that use several alternate priors. Notably, the point estimate for the effect of PSS is much higher for the analysis that uses a t model (which has long tails and de-weights observations that are far from the mean)

| | <u>Original Analysis</u> <i>PSS Prior Mean = 2.5</i> <i>Prior SD = 3</i> <i>Prior Precision = 0.111</i> | | <u>Original Priors, T Model</u> <i>CTQ Prior Mean = 2.5</i> <i>Prior SD = 3</i> <i>Prior Precision = 0.111</i> | | <u>Alternative Prior</u> <i>PSS Prior Mean = 0.620</i> <i>Prior SD = 3</i> <i>Prior Precision = 0.111</i> | | <u>Null Prior</u> <i>CTQ Prior Mean = 0</i> <i>Prior SD = 3</i> <i>Prior Precision = 0.111</i> | |
|--------------------------|--|-------|---|-------|--|-------|---|-------|
| | mean | sd | mean | sd | mean | sd | mean | sd |
| CTQ (beta1) | 0.403 | 0.046 | 0.443 | 0.052 | 0.404 | 0.046 | 0.403 | 0.046 |
| Female (beta2) | 1.258 | 1.329 | 1.337 | 1.323 | 1.253 | 1.332 | 1.259 | 1.325 |
| Age (beta3) | 0.108 | 0.213 | 0.213 | 0.218 | 0.108 | 0.213 | 0.108 | 0.213 |
| PSS (beta4) | 0.975 | 0.244 | 1.155 | 0.257 | 0.965 | 0.243 | 0.959 | 0.243 |
| Intercept (beta0) | 11.924 | 2.119 | 9.869 | 2.217 | 12.01 | 2.115 | 12.053 | 2.117 |
| sigma | 11.04 | 0.489 | 8.769 | 0.518 | 11.035 | 0.489 | 11.038 | 0.490 |

**Significant effects are highlighted in green*

Prior Specifications:

Original model: $\beta_4 \sim N(2.5, 9)$, $\tau = 0.111$

T model: $\beta_4 \sim N(2.5, 9)$, $\tau = 0.111$

Alternative prior PSS: $\beta_4 \sim N(0.620, 9)$, $\tau = 0.111$

Null Prior All Coefficients: $\beta_4 \sim N(0, 9)$, $\tau = 0.111$

Appendix 1: JAGS Model Specification and Analysis/Visualization Code

```
library(R2jags)
library(lattice)
library("bayesplot")
library("ggmcmc")

# Set working directory
setwd("/Users/adrianamendezleal/Documents/Data_Analysis/sensory_MTurk/
Final_Wave1_Data_3_1_20/")
getwd()

# summarize posterior samples
mysummary = function(invector) {
  c(mean(invector), sd(invector), quantile(invector, .05),
    quantile(invector,.95),
    length(invector[invector>0])/length(invector))
}

summarize_model<- function (fp.sim){
  Bayes_sum<- apply(fp.sim$BUGSoutput$sims.matrix, 2, mysummary)
  rownames(Bayes_sum) <- c("mean", "sd", "qbp.lower", "qbp.upper","P>0")
  Bayes_sum
}

# helper function for sensitivity analyses
add_row_names_and_store_current_sensitivity_analysis<-
function(temp_model,curr_param_name, curr_sens_param){
  temp_model_w_names<-t(temp_model)
  rownames(temp_model_w_names) <-
paste(rownames(temp_model_w_names),curr_param_name,curr_sens_param, sep = "_")
  all_model <-cbind(all_model,temp_model_w_names)
  return (all_model)
}

# helper functions for plotting
plot_norm_dist = function(mymean, mysd){
  x <- seq(mymean-(3*mysd), mymean+(3*mysd), by = .1)
  y <- dnorm(x, mean=mymean, sd=mysd)
  lines(x, y, type="l", lty=2, col = 'blue')
}

plot_gamma_dist = function(my_a, my_b){
  mysd = sqrt(my_a/(my_b^2))
  mymean = (my_a/my_b)
  x <- seq(mymean-(3*mysd), mymean+(3*mysd), by = .1)
  y <- dgamma(x, shape=my_a, rate=my_b)
  lines(x, y, type="l", lty=2, col = 'blue')
}
```

```

myplotfunction_gamma = function(temp, index_of_data, plot_title, my_a,my_b) {
  mysd = sqrt(my_a/(my_b^2))
  mymean = (my_a/my_b)
  xlim_min = min(c(min(density(temp[,index_of_data])$x),mymean - 3*mysd))
  xlim_max = max(c(max(density(temp[,index_of_data])$x),mymean + 3*mysd))
  plot(density(temp[,index_of_data]), main= plot_title,
xlim=c(xlim_min,xlim_max))
  plot_gamma_dist(my_a, my_b)
}

```

```

myplotfunction = function(temp, header_list_plots, index_of_data, coeff_type,
prior_means, prior_sds,mute_coeff) {

```

```

  xlim_min = min(c(min(density(temp[,index_of_data])
$x),prior_means[index_of_data] - 3*(1/(sqrt(prior_sds[index_of_data])))))
  xlim_max = max(c(max(density(temp[,index_of_data])
$x),prior_means[index_of_data] + 3*(1/(sqrt(prior_sds[index_of_data])))))
  if (mute_coeff ==1)
    curr_title <-header_list_plots[index_of_data]
  else{
    curr_title <-paste(header_list_plots[index_of_data], " ( ",
coeff_type,toString(index_of_data)," ) ", sep = "")
  }

```

```

  plot(density(temp[,index_of_data]), main= curr_title,xlim = c(xlim_min,
xlim_max))
  plot_norm_dist(prior_means[index_of_data],1/
(sqrt(prior_sds[index_of_data])))
  print(1/(sqrt(prior_sds[index_of_data])))
}

```

```

# function for main analysis

```

```

run_fp_model <- function(x,y, mean_list, pres_list,sigma.a,sigma.b,
mbeta0,precbeta0){

```

```

  # model definition
  sink("sens_datamodel.txt")
  cat("
model
{
  for(i in 1:N) {
    y[i] ~ dnorm( mu[i] , tau)

    mu[i] <- beta0 + inprod(x[i,] , beta[] )
  }

  beta0 ~ dnorm( mbeta0 , precbeta0)

```

```

  for (j in 1:K) {

```

```

    beta[j] ~ dnorm( m[j] , prec[j] )
  }
  sigma ~ dgamma(sigma.a , sigma.b )
  tau <- 1 / (sigma*sigma)
}
",fill = TRUE)
sink()

# store inputs for analysis
all_inputs<-list(N=length(y), K=4, m=mean_list,
prec=pres_list, sigma.a= sigma.a,
sigma.b = sigma.b, mbeta0= mbeta0, precbeta0=precbeta0, x=x, y=y)

inits<-rep(list(list(beta0=0, beta=c(1,1,1,1),sigma=1)),5)

# store coefficients and sigma
parameters <- c("beta0", "beta" ,"sigma")

#run the model
fp.sim <- jags(all_inputs, inits, parameters, "sens_datamodel.txt",
n.chains=5,
  n.iter=11000, n.burnin=1000, DIC=FALSE, n.thin = 1)

fp.sim
}

# read in data
sens_data=read.csv("/Users/adrianamendezleal/Documents/Data_Analysis/
sensory_MTurk/Final_Wave1_Data_3_1_20/M234_FP_mean_centered.csv")

# format data
y<-sens_data[,6]
x<-as.matrix(sens_data[,2:5])
header_list_plots = c("CTQ","Female","Age","PSS","Intercept")

# set priors for first analysis

# sigma mean and sd
sigma_mean<- 9.15
sigma_sd<-4

# means and sds for B1 - B4
mean_list<-c(2.19,0,0,2.5)
std_list<-c(3,5,5,3)

# intercept prior mean and sd
mbeta0<-12
stdbeta0<- 4.47

```

```

# calculate precisions, variances, and sigma shape and rate parameters for
priors
var_list <- std_list*std_list
pres_list<-1/var_list
sigma.b <- sigma_mean/(sigma_sd*sigma_sd)
sigma.a <-sigma.b*sigma_mean
precbeta0<-1/(stdbeta0*stdbeta0)

# run original analysis
fp.sim_temp<- run_fp_model (x,y, mean_list, pres_list,sigma.a,sigma.b,
mbeta0,precbeta0)
temp_model<- summarize_model(fp.sim_temp)
temp<- fp.sim_temp$BUGSoutput$sims.matrix

# restructure the data as an mcmc object and generate autocorrelation,
timeseriess, and posterior scatterplot matrices plots
run1.mcmc <- as.mcmc(fp.sim_temp)
run1.ggs <- ggs(run1.mcmc)
ggmcmc(run1.ggs,plot=c("density","traceplot","autocorrelation"))
ggs_autocorrelation(run1.ggs, nLags = 15)
ggs_traceplot(run1.ggs)

# plot original analysis priors and posteriors together
par(mfrow=c(3,2))
par(mar=c(2.1,2.1,2.1,2.1))

for (curr_plot in (1:4)){
  myplotfunction (temp, header_list_plots, curr_plot,
"beta",append(mean_list,c(mbeta0)),append(pres_list,precbeta0),0)
  if (curr_plot == 4){
    legend("topright", legend=c("posterior","prior"), col=c("black",
"blue","red"), lty=1:2 , lwd=c(1,2))
  }
}

myplotfunction (temp, header_list_plots, 5,
"",append(mean_list,c(mbeta0)),append(pres_list,precbeta0),1)
myplotfunction_gamma(temp,6,"sigma",sigma.a,sigma.b)

# run sensitivity analyses for given parameter values (index num corresponds
to beta 1-4)
curr_var_index_num <-4
curr_sens_param_name <-header_list_plots[curr_var_index_num]
curr_var_std_list<-
c(std_list[curr_var_index_num],std_list[curr_var_index_num]*2,std_list[curr_var_index_num]
current_sens_param_list<-1/(curr_var_std_list*curr_var_std_list)
all_model<-c()

for (curr_sens_param in current_sens_param_list){

```



```

# set precision according to currrent sensitivity analysis
pres_list[curr_var_index_num]<-curr_sens_param

# inputs: loop_uneq_var_model(y1, y2,alpha1,alpha2,mu1_pres,mu2_pres)
fp.sim_temp<- run_fp_model (x,y, mean_list, pres_list,sigma.a,sigma.b,
mbeta0,precbeta0)
temp_model<- summarize_model(fp.sim_temp)

# add descriptive row names and store current sensitivity analysis in larger
table
all_model<-
add_row_names_and_store_current_sensitivity_analysis(temp_model,curr_sens_param_name,round
3))
}

# save all sensitivity analyses out together in various formats
all_model<-round(all_model,3)
sens_analysis<-all_model[,c(1:2,6:7,11:12,16:17,21:22,26:27)]
sig<-all_model[,c(5,10,15,20,25,30)]

```

References

1. Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, *et al.* (2010): Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *Br J Psychiatry* 197: 378–385.
2. Chen Y, Baram TZ (2016): Toward Understanding How Early-Life Stress Reprograms Cognitive and Emotional Brain Networks [no. 1]. *Neuropsychopharmacology* 41: 197–206.
3. McLaughlin KA, Colich NL, Rodman AM, Weissman DG (2020): Mechanisms linking childhood trauma exposure and psychopathology: a transdiagnostic model of risk and resilience. *BMC Med* 18: 96.
4. Tottenham N (2014): The Importance of Early Experiences for Neuro-Affective Development. In: Andersen SL, Pine DS, editors. *The Neurobiology of Childhood*. Berlin, Heidelberg: Springer Berlin Heidelberg, pp 109–129.
5. Joseph RY, Casteleijn D, van der Linde J, Franzsen D (2021): Sensory Modulation Dysfunction in Child Victims of Trauma: a Scoping Review. *J Child Adolesc Trauma*.
<https://doi.org/10.1007/s40653-020-00333-x>
6. Reynolds S, Lane SJ (2008): Diagnostic Validity of Sensory Over-Responsivity: A Review of the Literature and Case Reports. *J Autism Dev Disord*. <https://doi.org/10.1007/s10803-007-0418-9>
7. Tomchek SD, Dunn W (2007): Sensory Processing in Children With and Without Autism: A Comparative Study Using the Short Sensory Profile. *Am J Occup Ther* 61: 190–200.
8. Wilbarger J, Gunnar M, Schneider M, Pollak S (2010): Sensory processing in internationally adopted, post-institutionalized children. *J Child Psychol Psychiatry* 51: 1105–1114.
9. Ben-Sasson A, Hen L, Fluss R, Cermak SA, Engel-Yeger B, Gal E (2009): A Meta-Analysis of Sensory Modulation Symptoms in Individuals with Autism Spectrum Disorders. *J Autism Dev Disord*. <https://doi.org/10.1007/s10803-008-0593-3>

10. Ben-Sasson A, Soto TW, Heberle AE, Carter AS, Briggs-Gowan MJ (2017): Early and Concurrent Features of ADHD and Sensory Over-Responsivity Symptom Clusters. *J Atten Disord*.
<https://doi.org/10.1177/1087054714543495>
11. Carpenter KLH, Baranek GT, Copeland WE, Compton S, Zucker N, Dawson G, Egger HL (2019): Sensory Over-Responsivity: An Early Risk Factor for Anxiety and Behavioral Challenges in Young Children. *J Abnorm Child Psychol* 47: 1075–1088.
12. Conelea CA, Carter AC, Freeman JB (2014): Sensory over-responsivity in a sample of children seeking treatment for anxiety. *J Dev Behav Pediatr JDBP*.
<https://doi.org/10.1097/DBP.0000000000000092>
13. Engel-Yeger B, Gonda X, Muzio C, Rinosi G, Pompili M, Amore M, Serafini G (2016): Sensory processing patterns, coping strategies, and quality of life among patients with unipolar and bipolar disorders. *Rev Bras Psiquiatr*. <https://doi.org/10.1590/1516-4446-2015-1785>
14. McMahon K, Anand D, Morris-Jones M, Rosenthal MZ (2019): A Path From Childhood Sensory Processing Disorder to Anxiety Disorders: The Mediating Role of Emotion Dysregulation and Adult Sensory Processing Disorder Symptoms. *Front Integr Neurosci* 13.
<https://doi.org/10.3389/fnint.2019.00022>
15. Parham LD, Roush S, Downing DT, Michael PG, McFarlane WR (2019): Sensory characteristics of youth at clinical high risk for psychosis. *Early Interv Psychiatry* 13: 264–271.
16. Serafini G, Gonda X, Canepa G, Pompili M, Rihmer Z, Amore M, Engel-Yeger B (2017): Extreme sensory processing patterns show a complex association with depression, and impulsivity, alexithymia, and hopelessness. *J Affect Disord* 210: 249–257.
17. Green SA, Ben-Sasson A, Soto TW, Carter AS (2012): Anxiety and Sensory Over-Responsivity in Toddlers with Autism Spectrum Disorders: Bidirectional Effects Across Time. *J Autism Dev Disord* 42: 1112–1119.
18. Méndez Leal AS, Alba L, Green SA, Silvers JA (n.d.): Sensory Over-Responsivity Mediates the Relationship Between Early Caregiving Adversity and Internalizing Symptoms.

19. Robertson AE, Simmons DR (2013): The Relationship between Sensory Sensitivity and Autistic Traits in the General Population. *J Autism Dev Disord* 43: 775–784.
20. Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, *et al.* (2003): Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse Negl* 27: 169–190.
21. Takayama Y, Hashimoto R, Tani M, Kanai C, Yamada T, Watanabe H, *et al.* (2014): Standardization of the Japanese version of the Glasgow Sensory Questionnaire (GSQ). *Res Autism Spectr Disord* 8: 347–353.
22. Kuiper MW, Verhoeven EW, Geurts HM (2019): The Dutch Glasgow Sensory Questionnaire: Psychometric properties of an autism-specific sensory sensitivity measure. *Autism* 23: 922–932.
23. Ward J, Ren Z, Qiu J (2021): Autistic Traits in the Neurotypical Chinese Population: A Chinese Version of Glasgow Sensory Questionnaire and a Cross-Cultural Difference in Attention-to-Detail. *J Autism Dev Disord*. <https://doi.org/10.1007/s10803-020-04829-1>
24. Ward J, Hoadley C, Hughes JEA, Smith P, Allison C, Baron-Cohen S, Simner J (2017): Atypical sensory sensitivity as a shared feature between synaesthesia and autism [no. 1]. *Sci Rep* 7: 41155.
25. Serafini G, Gonda X, Pompili M, Rihmer Z, Amore M, Engel-Yeger B (2016): The relationship between sensory processing patterns, alexithymia, traumatic childhood experiences, and quality of life among patients with unipolar and bipolar disorders. *Child Abuse Negl* 62: 39–50.