1. Big take-aways:
   1. On average, internalizing disorders are more strongly associated with deprivation than threat – all accept PTSD
   2. Externalizing disorders and PTSD are more strongly associated with threat than deprivation
   3. The relationships of threat and deprivation with PTSD resemble those with externalizing disorders rather than internalizing disorders, and this is the case for both girls and boys.
   4. Among boys, there is a more pronounced discrepancy in how much more strongly deprivation predicts internalizing disorders (depression and anxiety), with threat showing no significant association with depression and anxiety. Among boys, threat and deprivation have similar associations with externalizing disorders.
   5. Among girls, the opposite is observed. The impact of threat and deprivation is similar in magnitude on internalizing disorders, but threat is more strongly associated with externalizing disorders. This is particularly notable for rule-breaking – the lower bound of the 95% confidence interval for the standardized beta for deprivation is above the upper bound of the 95% confidence interval for the standardized beta coefficient for deprivation.
   6. HIMA
      1. Doesn’t identify mediators for internalizing disorders as a whole – potentially because PTSD does not behave the same as the other two (depression & anxiety) in response to deprivation and threat
      2. HIMA does pick up mediation paths from threat and deprivation to depression, externalizing psychopathology as a whole and attention & rule-breaking behaviors as two specific externalizing disorders.
      3. The relationship between threat and depression is shown to be mediated by working memory, inhibitory control and fear conditioning. In this population, greater working memory is shown to exacerbate depression symptoms. Threat is associated with a decrease in working memory, as measured by the hit rate on high-load tasks. This offers a protective pathway from threat to depressive symptoms. The paths through inhibitory control and fear conditioning explain 10% each of the harmful impact of threat on depression.
      4. The relationship between deprivation and depression is shown to be mediated by inhibitory control, reward processing and fear conditioning. As for threat, the path through inhibitory control explains part of deprivation’s harmful impact on depression. Deprivation decreases reaction time on no-reward Pinata tasks, resulting in a harmful path, seeing as a decrease in reaction time to no-reward stimuli exacerbates depression. Though fear conditioning was selected a likely mediator for both deprivation and threat, the impact of deprivation on fear conditioning was shown to be opposite that of threat, resulting in a protective path suppressing roughly 7% of the harmful effect of deprivation on depression.
      5. For externalizing psychopathology as a whole, inhibitory control was selected consistently in association with both deprivation and threat, although in opposing ways. Deprivation decreased accuracy on “Go” trials, while threat improved it. Greater accuracy on “Go” trials is associated with decreased externalizing psychopathology. Increased inhibitory control resulting from greater threat exposure was shown to suppress 25% of the total estimated effect of threat on externalizing symptomatology, while detriments in inhibitory control associated with deprivation