

# Huttenlocher Award Lecture for the International Flux Society Annual Meeting



**Adele Diamond, PhD, FRSC**

Canada Research Chair Tier 1 Professor of  
Developmental Cognitive Neuroscience

University of British Columbia (UBC)

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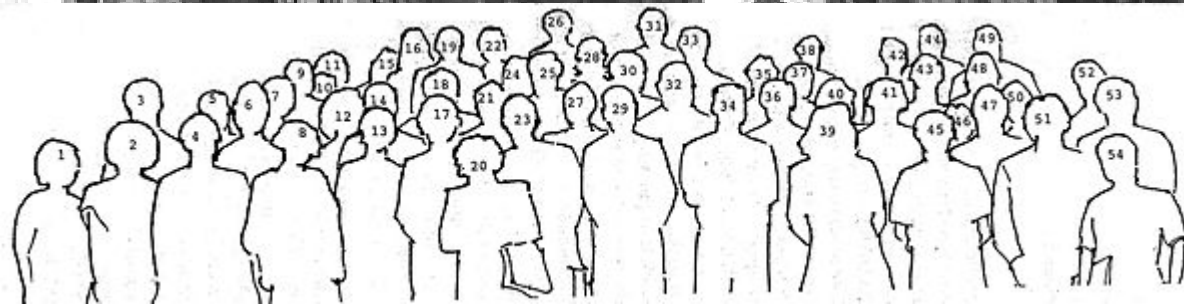
Sept. 2022

I would like express my gratitude  
for the award & my regret for not being  
able to be there with you  
and to acknowledge with gratitude and  
respect that where I work is ancestral,  
unceded territory of the wonderful  
Coast Salish peoples (x<sup>w</sup>məθk<sup>w</sup>əyəm  
[Musqueam], sk<sub>w</sub>x<sub>w</sub>ú7mesh [Squamish]  
& selí'witulh [Tsleil-Waututh]).

**Since I'll be speaking quite quickly,  
the text of much of what I'll be say  
is on the slides,  
to make it a little easier for  
non-native English speakers  
to follow along.**



Birth of the field  
of Dev Cog  
Neuro

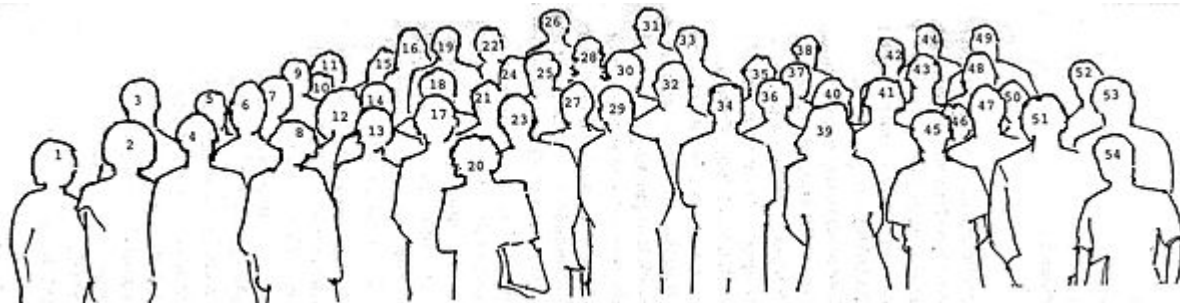


Conference  
in  
May 1989

1. Susan Rose, 2. Judy DeLoache, 3. William Overman, 4. Nathan Fox, 5. Kathryn Boyer, 6. Gerry Stefanatos, 7. Arthur Shimamura, 8. Nora Newcombe, 9. Stuart Zola-Morgan, 10. Judy Chasin, 11. Teresa Pantzer, 12. Barbara Malamut, 13. Adele Diamond, 14. Norman Krasnegor, 15. Marie Perri, 16. Jim Cummings, 17. Linda Acredolo, 18. Keith Nelson, 19. Barry Stein, 20. Rachel Clifton, 21. Richard Nakaniura, 22. Jackson Beatty, 23. Joseph Fagan, 24. Suzanne Craft, 25. Lewis Lipsitt, 26. Eric Knudsen, 27. Wendell Jeffrey, 28. Jonathan Cohen, 29. Joaquin Fuster, 30. Andrew Meltzoff, 31. Daniel Schacter, 32. Phillip Best, 33. Mark Stanton, 34. Douglas Frost, 35. Carolyn Rovee-Collier, 36. Paul Solomon, 37. Claire Kopp, 38. Lynn Nadel, 39. Helen Neville, 40. Emilie Marcus, 41. Richard Thompson, 42. Paula Tallal, 43. Robbie Case, 44. Henry Roediger III, 45. James Ranck Jr., 46. Ruth Colwill, 47. H. G. J. M. Kuypers, 48. Jocelyne Bachevalier, 49. Michael Noetzel, 50. Janet Werker, 51. Mike Richardson, 52. W. Stuart Millar, 53. Steven Keele, 54. Jean Mandler



Conference:  
The Development  
& Neural Basis of  
Higher Cognitive  
Function

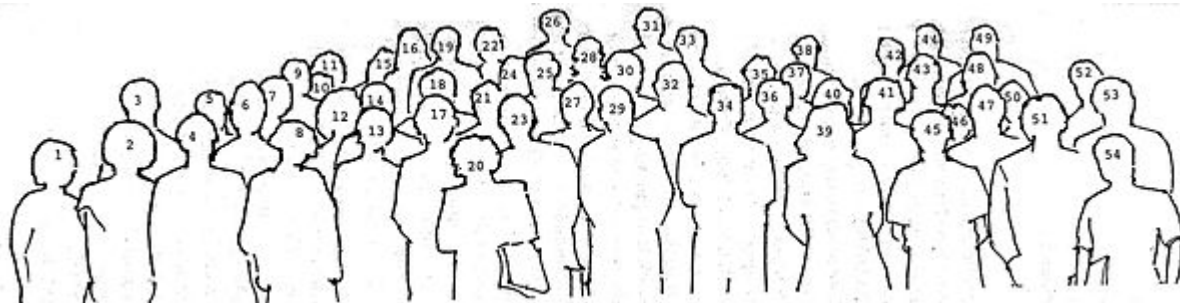


Conference  
Organizer:  
Adele  
Diamond

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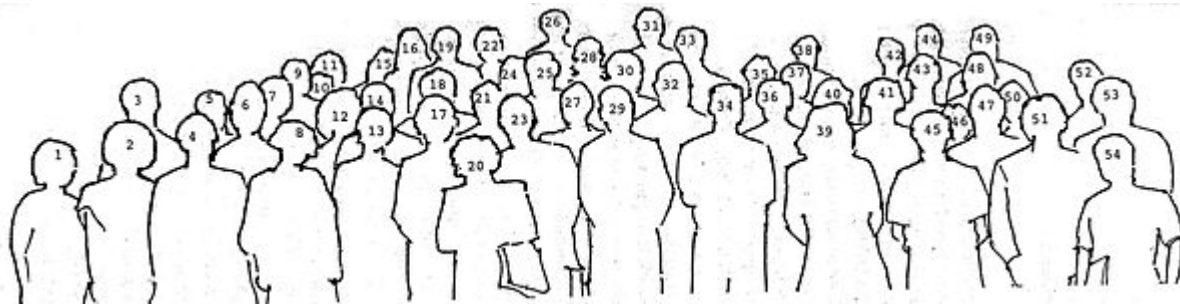


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To bridge the communication gaps, I invited researchers who were either using the same experimental paradigms to study the same behaviors or were investigating related scientific questions in complementary ways—though they were unaware of one another’s work.

They used different words to talk about their work and had different ways of thinking about it, but the concrete, observable behaviors, and the precise experimental conditions under which those behaviors occurred, served to make translation possible.

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Saturday evening, May 20, 8:00 - 9:30

**SPATIAL ORIENTATION, REPRESENTATION, & MAPPING**

**LINDA ACREDOLO:** Behavioral Approaches to Spatial Orientation in Infancy

**LYNN NADEL:** Varieties of Spatial Cognition: Psychobiological Considerations

Sunday morning, May 21, 8:30 - 12:15

**SENSORY INTEGRATION AND CROSS-MODAL MATCHING**

**ANDREW MELTZOFF:** Cross-modal Perception, Memory, and the Control of Action:  
Infants' Reactions to Faces and Speech-Sounds

**SUSAN ROSE:** Cross-Modal Transfer in Human Infants: What is Being Transferred?

**BARRY STEIN & M. ALEX MEREDITH:** Multisensory Integration: Neural and Behavioral  
with Stimuli from Different Sensory Modalities

**HELEN NEVILLE:** Intermodal Competition and Compensation in Development:  
Evidence from Studies of the Visual System in Congenitally Deaf Adults

**DOUGLAS FROST:** Exuberant Cross-Modal Projections Very Early in Life

Tuesday morning, May 23, 8:45 - ~~12:30~~ 1:00

**IMPLICIT & EXPLICIT MEMORY, I: VISUAL PAIRED  
COMPARISONS & DELAYED NON-MATCH TO SAMPLE**

**JOSEPH FAGAN:** The Paired-Comparison Paradigm and Infant Intelligence

**WILLIAM OVERMAN:** Performance on Traditional Match-to-Sample, Non-Match-to-Sample, and  
and Object Discrimination Tasks by 12 to 32 Month-Old Children:  
A Developmental Progression

**ADELE DIAMOND:** Infants' and Young Children's Performance on Delayed Non-Match to Sample  
(direct and indirect) and Visual Paired Comparisons

**STUART ZOLA-MORGAN:** Performance of Amnesic Patients and Hippocampal Monkeys on  
Delayed Non-Match to Sample

**JOCELYN BACHEVALIER:** Ontogenetic Development of Habit and Memory Formation in Primates

Tuesday afternoon, May 23, <sup>3</sup>~~2:30~~ - 5:00

**IMPLICIT & EXPLICIT MEMORY, II: PRIMING & REACTIVATION**

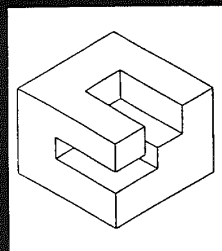
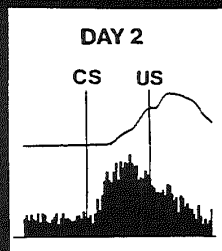
**CAROLYN ROVEE-COLLIER:** The "Memory System" of Prelinguistic Infants

**DANIEL SCHACTER:** Perceptual Representation Systems and Implicit Memory: Toward a Resolution of  
the Multiple Memory Systems Debate

**HENRY ROEDIGER:** Different Neural Systems May Not Underly Implicit Memory and Explicit Memory in  
Normal Adults, and Perhaps Not Even in Amnesic Patients

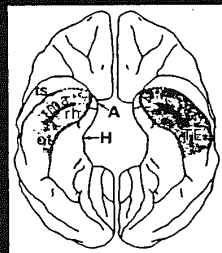
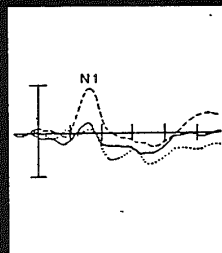
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Acredolo Bachevalier Bell Best Carew Fagan Fox Frost Fuster  
Ivry Keele Lipsitt Mandler Marcus Meltzoff Meredith Millar



## The Development and Neural Bases of Higher Cognitive Functions

Editor  
Adele Diamond



Nadel Neville Overman Roediger Rose Rovee-Collier Schacter  
Solomon Squire Stein Thompson Woodruff-Pak Zola-Morgan

Annals of the New York Academy of Sciences • Volume 608

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Volume 608

## THE DEVELOPMENT AND NEURAL BASES OF HIGHER COGNITIVE FUNCTIONS

*Edited by Adele Diamond*



*The New York Academy of Sciences  
New York, New York  
1990*

**At Harvard, was a member of the Whiting-LeVine training group in cross-cultural research, and thus got 3 years of dissertation funding:**

**1 year to prepare to go into the field**

**1 year to go anywhere in the world I wanted to go (was going to go to the S. Pacific because that seemed the most idyllic)**

**1 year to write it up**

**I GAVE THE MONEY BACK**

So, I needed to come up with a dissertation topic.

Jerry Kagan: See the same cognitive changes in infants all over the world at roughly the same time in the 2nd half of the 1st year of life. Their experiences are so very different, can't just be learning; must be a maturational component. [Jumping up & down.]

Investigating that question is how I came to neuroscience.

## **MY HYPOTHESIS:**

**Maybe some of the cognitive advances in the 2nd half of the 1st year of life are made possible by maturational changes in prefrontal cortex.**

One clue came from how similar a classic test for infants in the first year

**(A-not-B)**

and a classic test for studying PFC in monkeys **(delayed response)** were

and that babies and monkeys fail these tasks in similar ways and under similar conditions.

**Piaget, J. (1937). *The Construction of Reality in the Child*. Original French Edition.**

**Jacobsen, C.F. (1935). Functions of the Frontal Association Areas in Primates. *Archives of Neurology & Psychiatry*, 33.**



For almost 50 years,

**DEVELOPMENTAL PSYCHOLOGISTS**  
studying the **A-not-B TASK** with babies

and **NEUROSCIENTISTS** studying the  
**DELAYED RESPONSE** task with monkeys

**DID NOT KNOW** they were studying the  
essentially **SAME** task

# “A” Trial











# “B” Trial



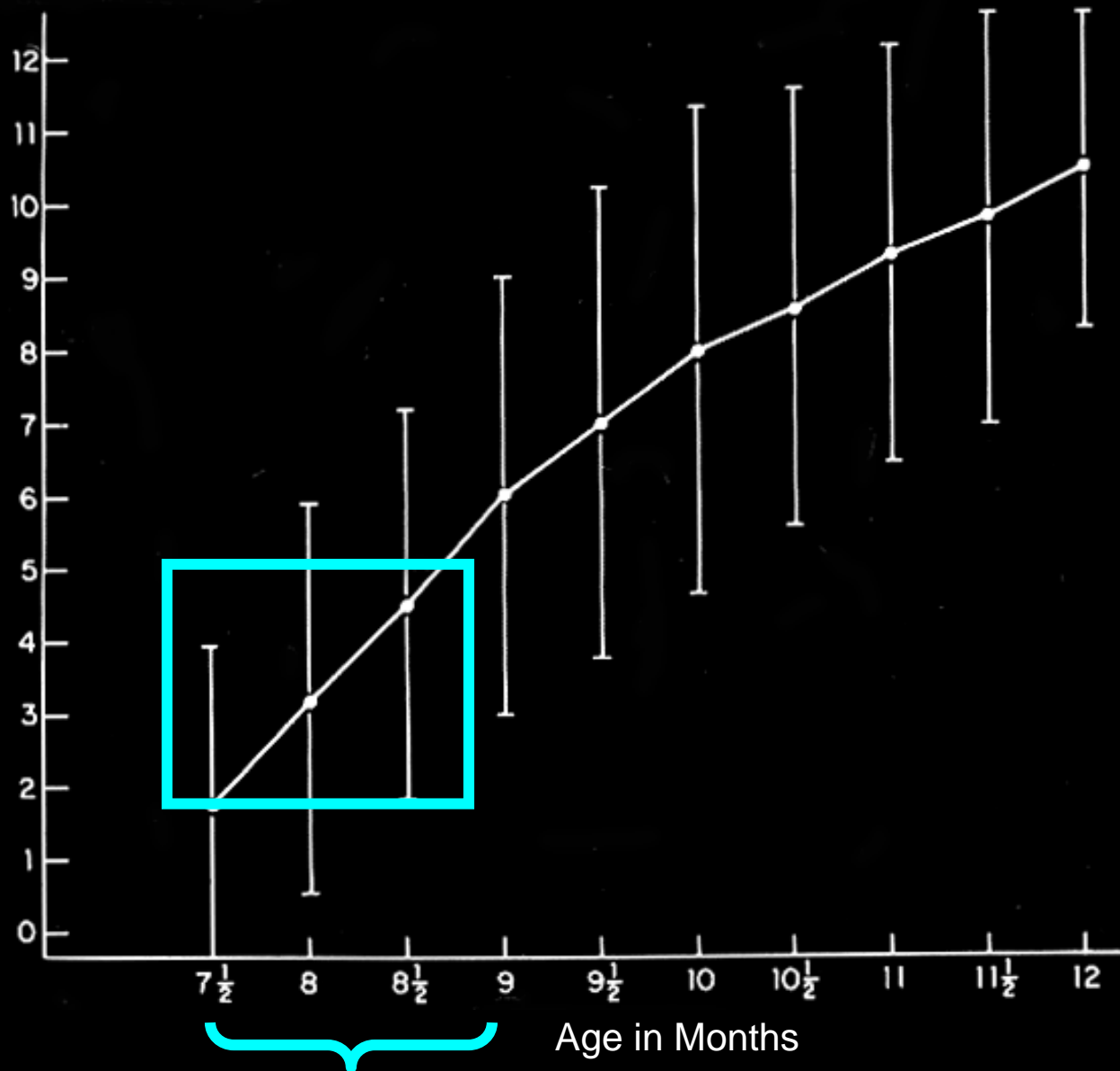




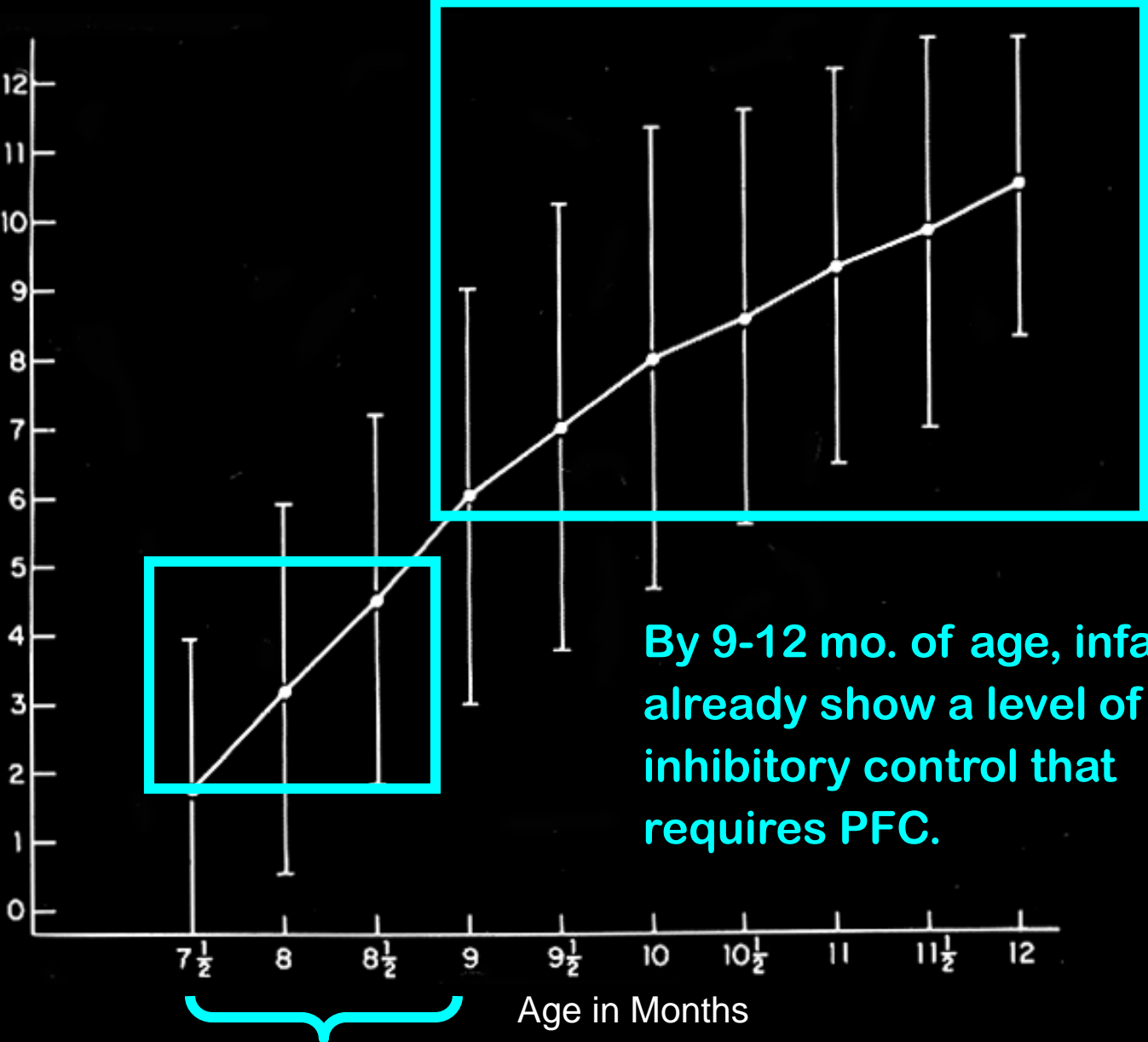




Delay in Seconds

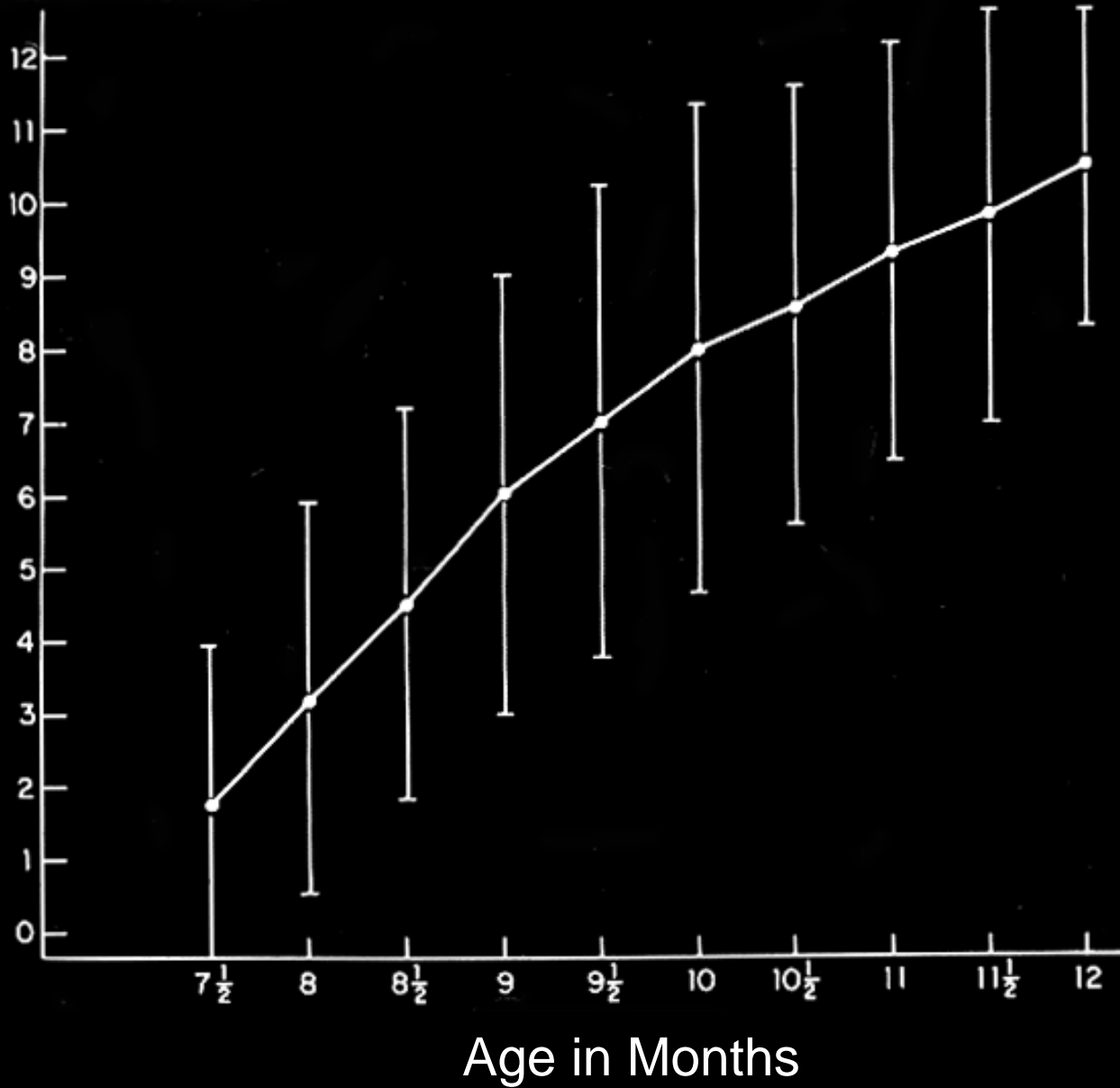


Delay in Seconds



By 9-12 mo. of age, infants already show a level of WM & inhibitory control that requires PFC.

# Delay in Seconds at which A-not-B error occurs







0:01:45:3

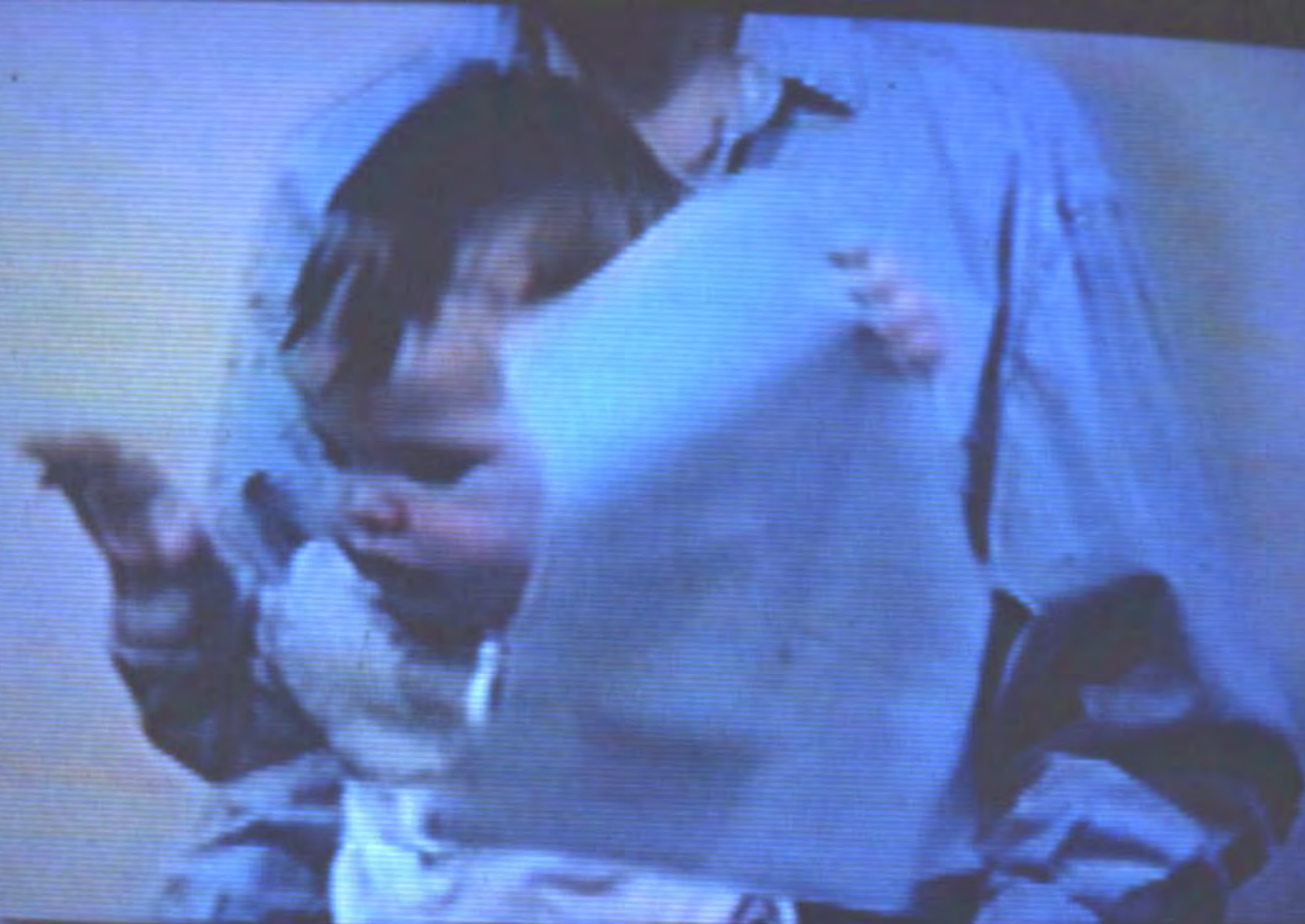


0:01:46:6





0:01:46:7



0:01:47:0

**One Theme throughout my work:**

Development proceeds not only by the **acquisition** of new knowledge, but also by the increasing ability to **inhibit** habitual or reflexive reactions that get in the way of demonstrating what is already known.

A child may know  
what he or she should do,  
**and want to do that, but still not  
be able** to act accordingly.

**Moll, L., & Kuypers, H. G. J. M.**

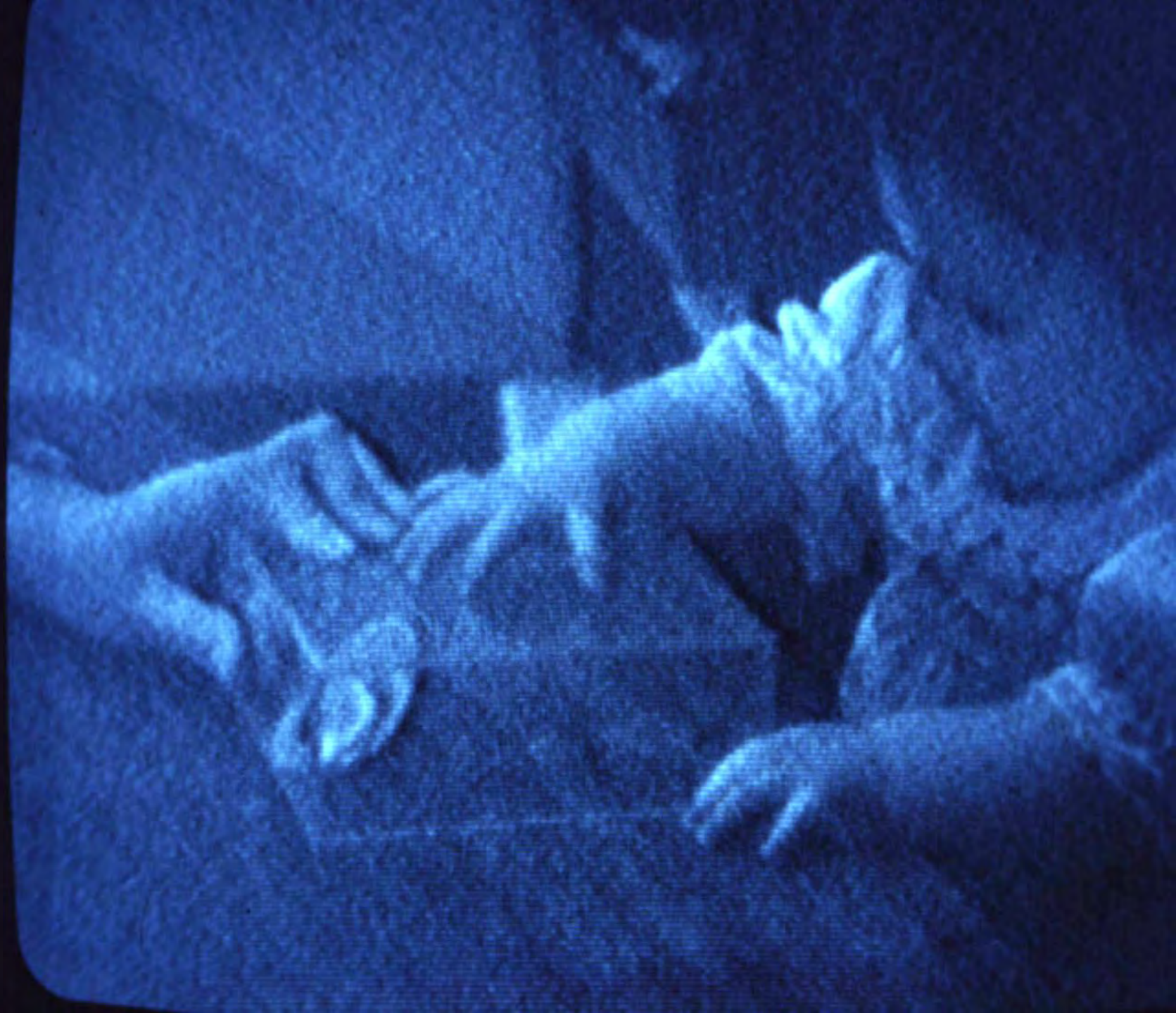
**(1977)**

***Science, 198, 317-319***





Object Retrieval Task (6½-month-old)













# Mean Trial Duration for Same Size Transparent and Opaque Boxes on Left-Open Trials with Toy Deep in Box

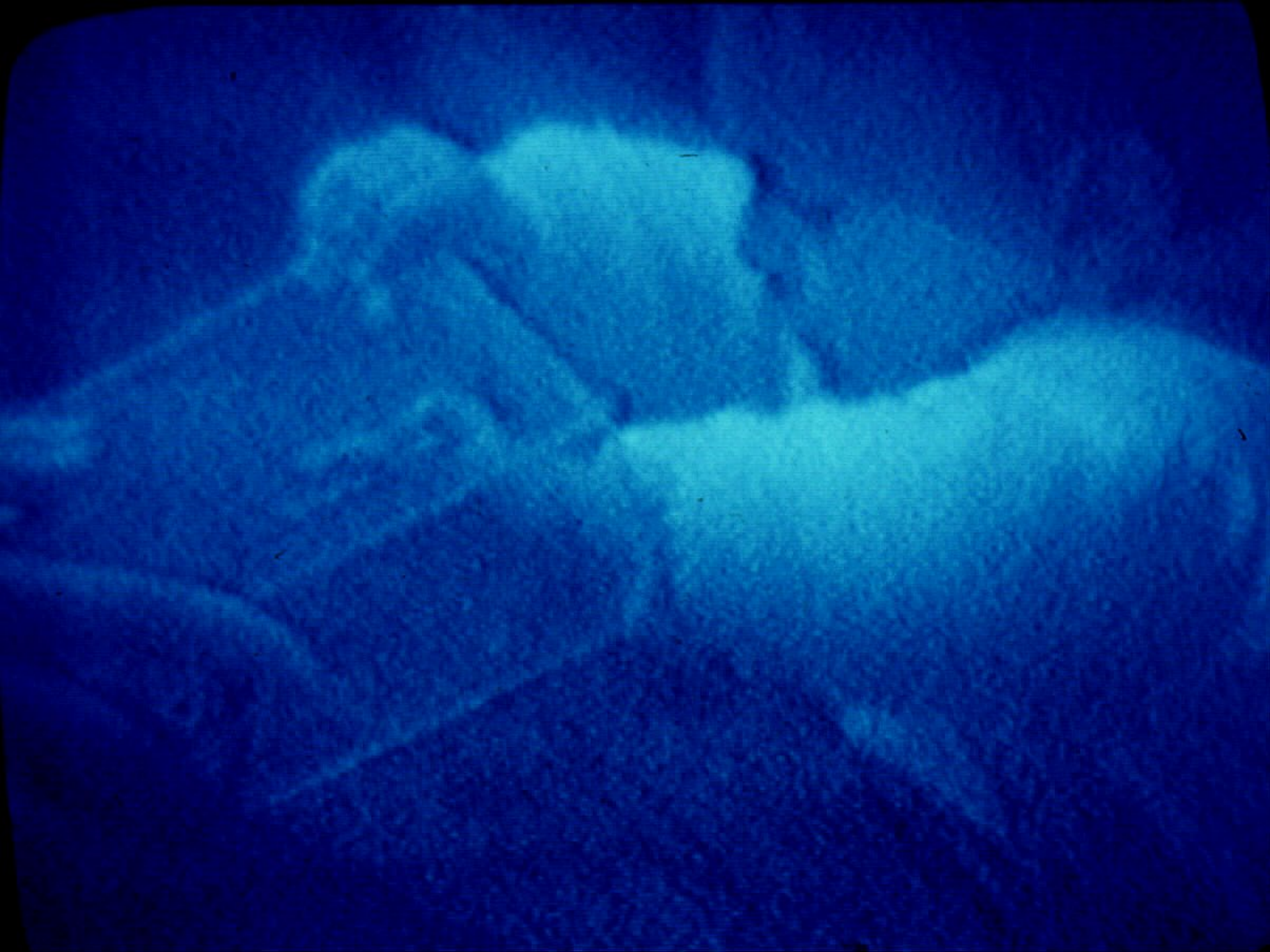
Age in Months	Transparent Box	Opaque Box
7 ½	28.6	15.7
8	29.4	16.5
8 ½	24.9	14.0
9	16.7	11.3
9 ½	15.4	10.4
10	13.8	10.3
10 ½	13.3	9.8
11	11.4	11.2
11 ½	5.2	5.8
12	4.7	3.3

Object Retrieval Task  
(7½-month-old)



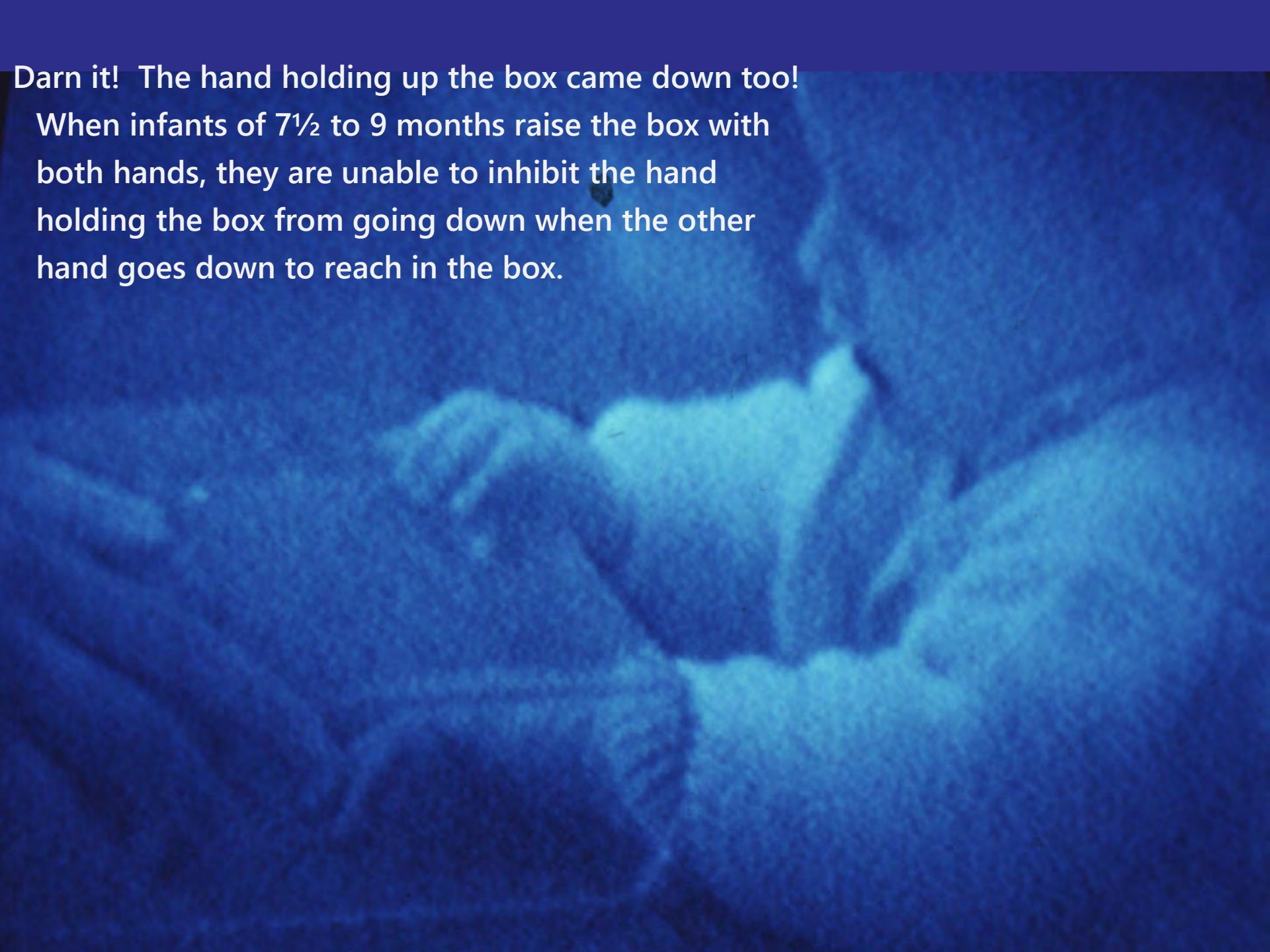
Her pacifier is under the box





Darn it! The hand holding up the box came down too!

When infants of 7½ to 9 months raise the box with both hands, they are unable to inhibit the hand holding the box from going down when the other hand goes down to reach in the box.









# Percent of Trials on which Infants in Phase 1B Succeed

## Front of the Box is Open

Sees toy thru  
closed side  
throughout trial

“Show & Return”  
Sees toy thru  
opening & then  
closed side

Sees toy  
thru  
opening

Age in Months

7 ½

2

15

100

8

2

20

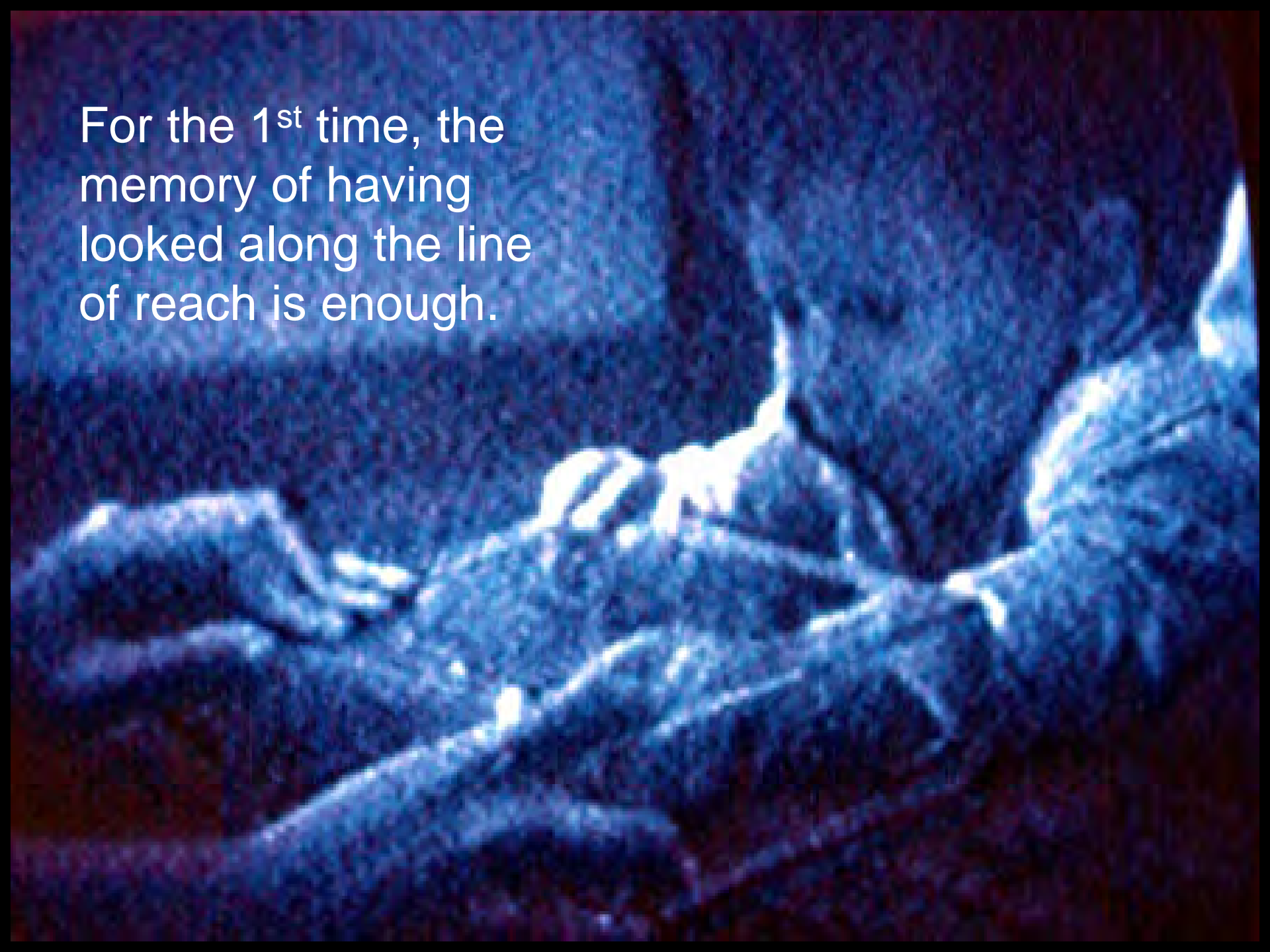
100

Simultaneous integration of the movements of the 2 hands requires involvement of the **Supplementary Motor Area (SMA)** and inhibitory projections via the **corpus callosum** so that the tendency of one hand to do the same thing as the other hand can be suppressed.

# Object Retrieval Task (9-month-old)



For the 1<sup>st</sup> time, the  
memory of having  
looked along the line  
of reach is enough.



**Working memory is needed to remember what they saw when they looked into the box opening when they sit back up and for integrating line of sight and line of reach.**

# Percent of Trials on which Infants in Phase 2 Succeed

## Front of the Box is Open

Sees toy thru  
closed side  
throughout trial

“Show & Return”  
Sees toy thru  
opening & then  
closed side

Sees toy  
thru  
opening

Age in Months

8 ½	4	92	100
9	18	96	100



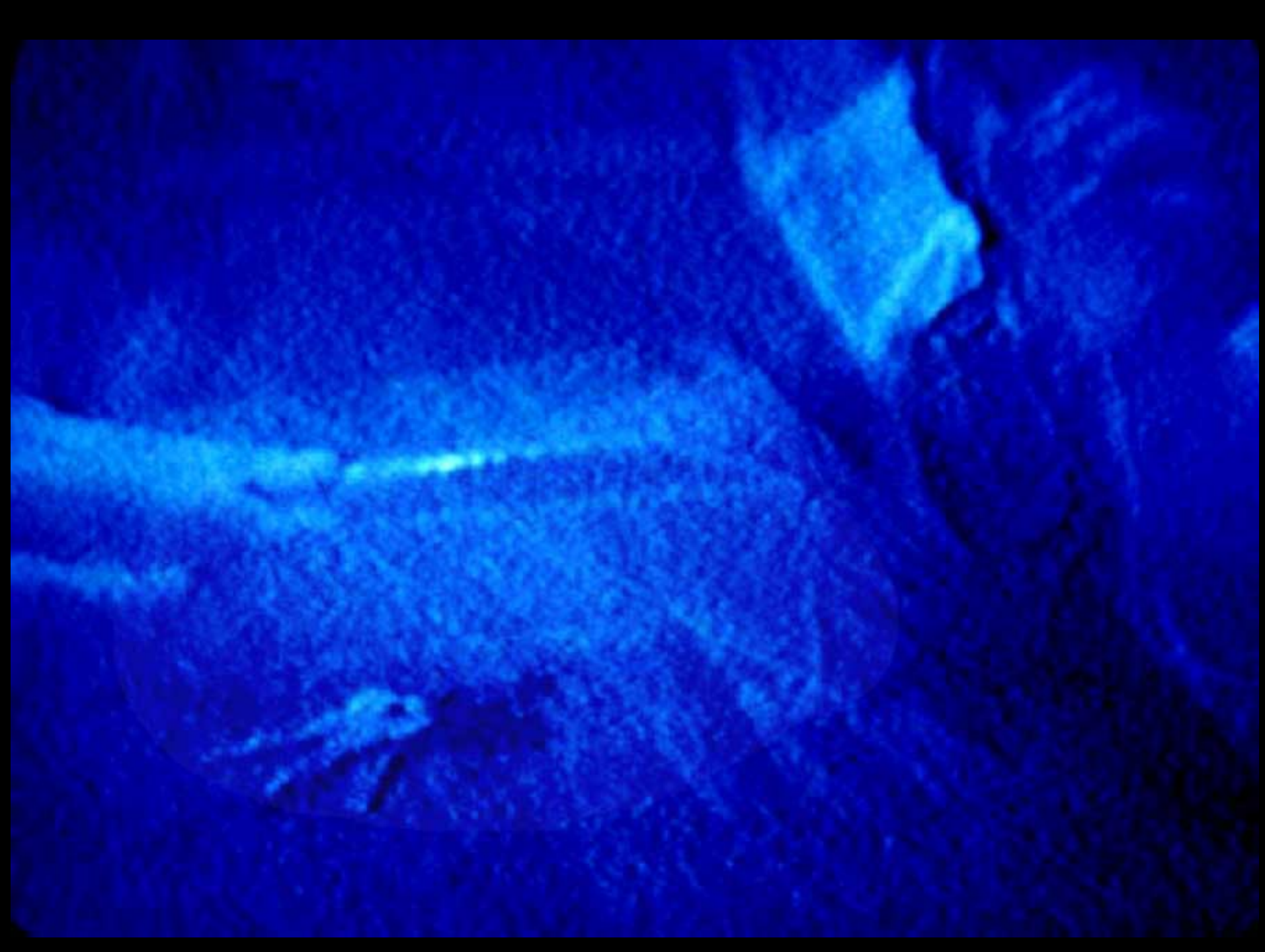


10-month-old infant











Remember

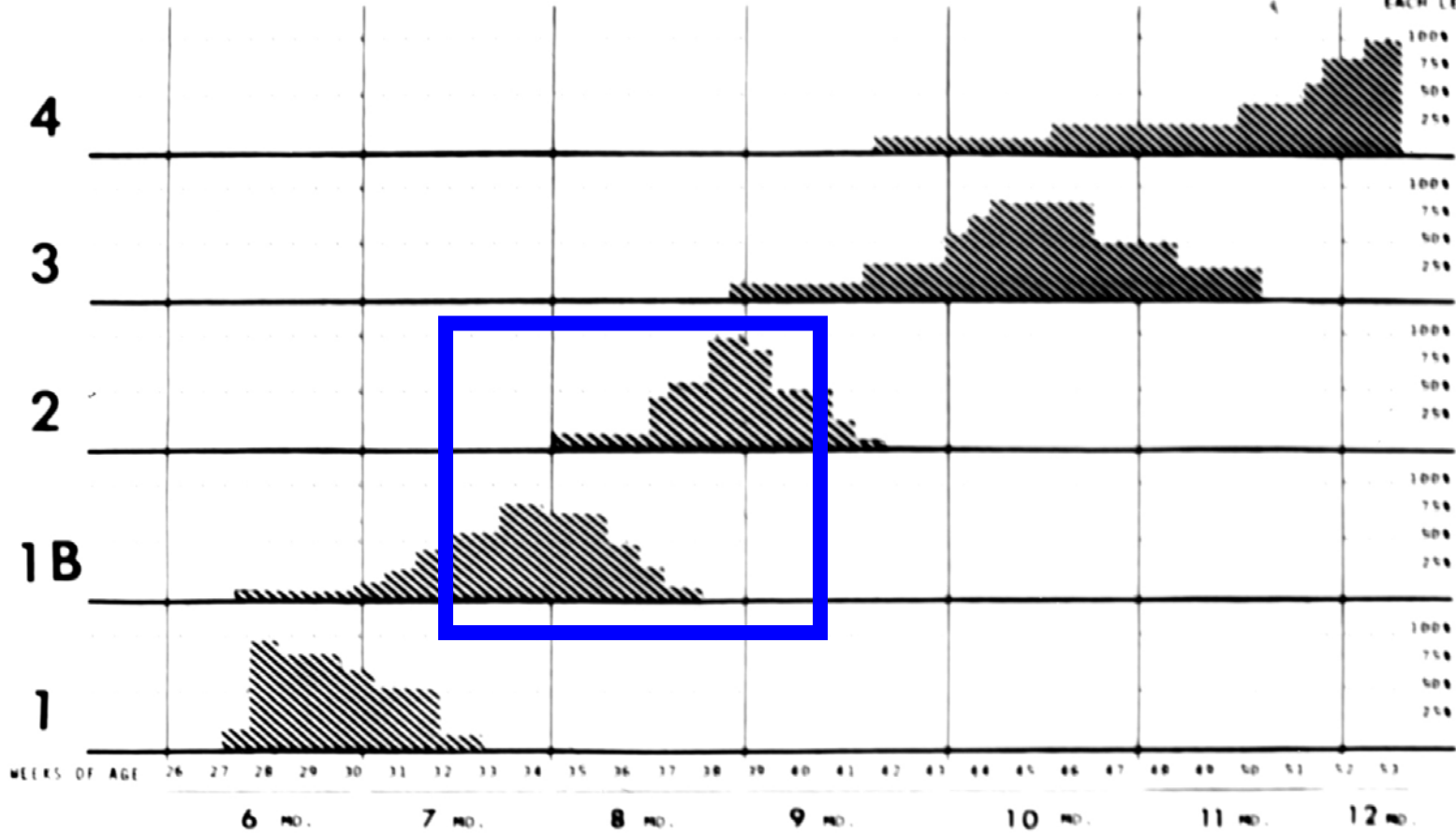
One Theme throughout my work:

Development proceeds not only by the **acquisition** of new knowledge, but also by the increasing ability to **inhibit** habitual or reflexive reactions that get in the way of demonstrating what is already known.

# HISTOGRAMS OF AGE DISTRIBUTIONS FOR THE PHASES

PERCENTAGE OF  
INFANTS AT  
EACH LEVEL

PHASES



based solely on transparent boxes only. ages for all levels are younger for the opaque box, except for Phase 1  
 not include control subjects (N=28)



Diamond, A. (1990). Developmental time course in human infants and infant monkeys, and the neural bases, of inhibitory control in reaching. In A. Diamond (Ed.), *The development and neural bases of higher cognitive functions* (pp. 637-676). *Annals of the New York Academy of Sciences*, vol 608.

Diamond, A. (1991). Neuropsychological insights into the meaning of object concept development. In S. Carey & R. Gelman (Eds.), *The epigenesis of mind: Essays on biology and knowledge* (pp. 67-110). Hillsdale, NJ: Lawrence Erlbaum Assoc.

Diamond, A. (1991). Frontal lobe involvement in cognitive changes during the first year of life. In K. R. Gibson & A. C. Petersen (Eds.), *Brain maturation and cognitive development: Comparative and cross-cultural perspectives* (pp. 127–180). NYC , NY: Aldine de Gruyter.

Diamond, A., Zola-Morgan, S., & Squire, L. R. (1989). Successful performance by monkeys with lesions of the hippocampal formation on A-not-B and object retrieval, two tasks that mark developmental changes in human infants. *Behavioral Neuroscience*, 103, 526–537.

Dorsolateral prefrontal cortex is required for tasks such as object retrieval, A-not-B, and delayed response, where subjects must **integrate information that is separated in space or time** and **must inhibit a predominant response.**

A-not-B

Delayed Response

Object Retrieval

Human infants show a clear developmental progression from 7½ -12 months.

Diamond, 1985

Diamond & Doar, 1988

Diamond, 1988

Adult monkeys with lesions of prefrontal cortex fail.

Diamond & Goldman-Rakic, 1989

Diamond & Goldman-Rakic, 1989

Diamond & Goldman-Rakic, 1985

Adult monkeys with lesions of parietal cortex succeed.

Diamond & Goldman-Rakic, 1989

Diamond & Goldman-Rakic, 1989

Diamond & Goldman-Rakic, 1985

Adult monkeys with lesions of the hippocampal formation succeed.

Diamond, Zola-Morgan, & Squire, 1989

Squire & Zola-Morgan, 1983

Diamond, Zola Morgan, & Squire, 1989

Infant monkeys show a clear developmental progression from 1½ - 4 months.

Diamond & Goldman-Rakic, 1986

Diamond & Goldman-Rakic, 1986

Diamond & Goldman-Rakic, 1986

5-month-old infant monkeys, who received lesions of prefrontal cortex at 4 months, fail.

Diamond & Goldman-Rakic, 1986

Diamond & Goldman-Rakic, 1986

Having demonstrated that maturational changes in PFC might underlie some of the cognitive advances early in life, one of the next questions was,

**“What was changing in PFC?”**

One possibility was that the level of dopamine (DA) in PFC was increasing.

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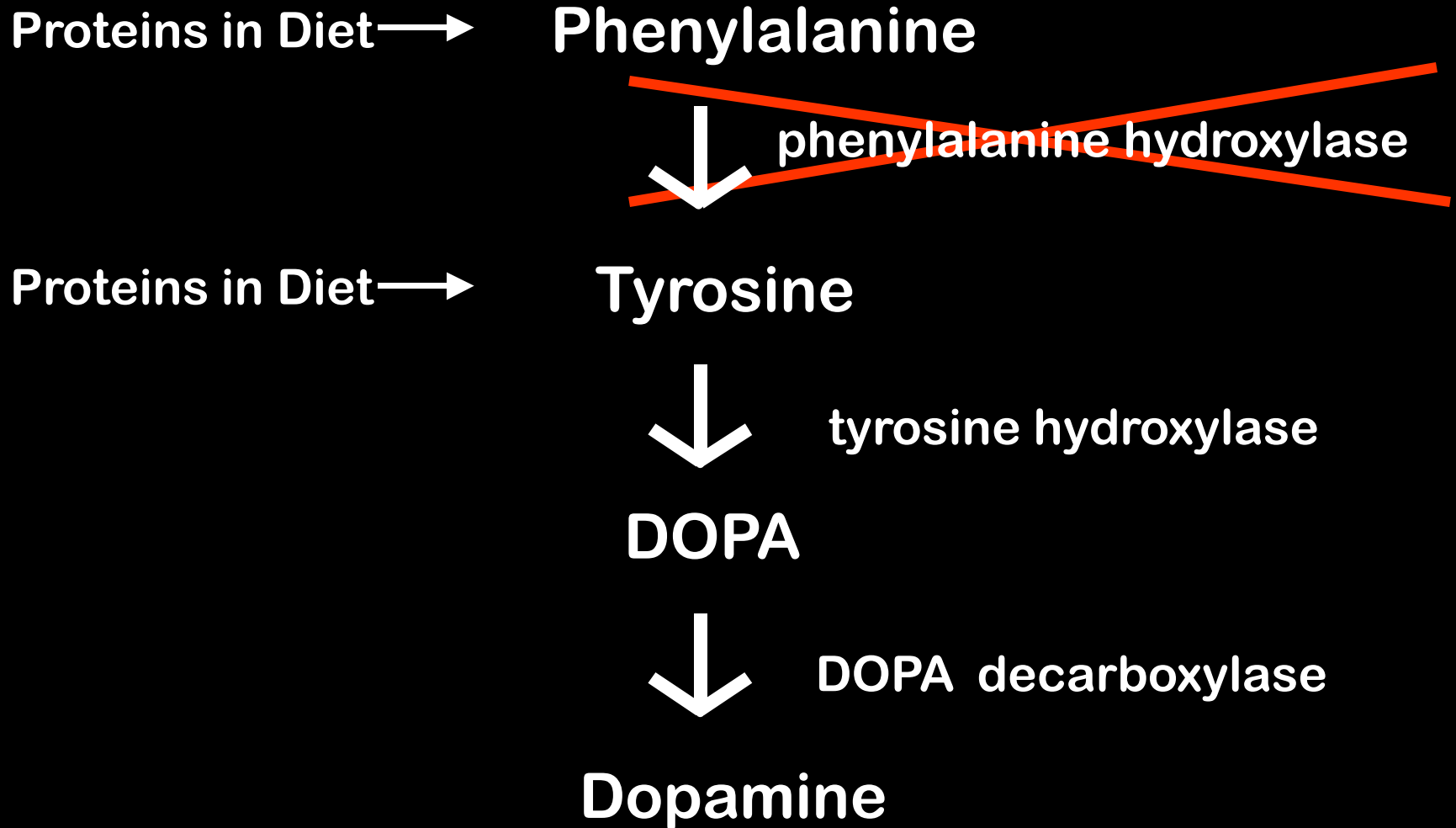
As a first pass way of looking at the role of dopamine in modulating cognitive functions dependent on PFC early in life in humans,

I decided to look at a group of children, who there was reason to believe, had lower levels of dopamine in PFC but otherwise basically normal brains:

Children treated early & continuously for PKU

---

Phenylketonuria (PKU) is a genetic disorder in the ability to metabolize one amino acid, phenylalanine (Phe), into another, tyrosine (Tyr).



---

Because of the problem in converting Phe to tyrosine,

- blood levels of Phe skyrocket, and
- the relative, and usually the absolute, levels of tyrosine fall.

**The upshot is** widespread brain damage and severe mental retardation – if untreated.

---

The treatment for PKU is to remove as much Phe from the diet as possible.

When that is begun early and consistently maintained, children with PKU are not mentally retarded and do not have gross brain damage.



However, there were reports of selective cognitive impairments in well-treated PKU children, reminiscent of deficits seen with PFC damage or dysfunction.

Those went largely ignored by physicians because no one could imagine a mechanism capable of producing that effect.

Phe and tyrosine compete to cross the blood-brain barrier.

If the bloodstream has mildly elevated levels of Phe & mildly reduced levels of Tyr,

the result is a mild reduction in the amount of tyrosine reaching the brain (the entire brain).

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**Most regions of the brain could care less if the amount of Tyr is slightly reduced.**

**For example, the striatum is insensitive to reductions in Tyr of even 50-60%.**

---

But neuropharmacologists studying diabetic rats<sup>1</sup> had recently shown that if tyrosine is mildly reduced, PFC alone is affected.

I realized that this might provide a mechanism for selective EF deficits in treated PKU.

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Bradberry, C. W., Karasic, D. H., Deutsch, A. Y., & Roth, R. H. (1989). Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: Associations with precursor tyrosine. *Journal of Neural Transmission*, 78, 221-229.

The dopamine neurons that project to prefrontal cortex **differ** from most other dopamine neurons in the brain in that...

- they fire faster, and
- turn over dopamine faster

This makes prefrontal cortex acutely sensitive to even a small reduction in tyrosine, while other brain areas are not.

Thierry, A.M., Tassin, J.P., Blanc, A., Stinus, L., Scatton, B., & Glowinski, J. (1977). Discovery of the mesocortical dopaminergic system: Some pharmacological and functional characteristics. *Advanced Biomedical Psychopharmacology*, 16, 5-12.

Bannon, M.J., Bunney, E.B., & Roth, R.H. (1981). Mesocortical dopamine neurons: Rapid transmitter turnover compared to other brain systems. *Brain Research*, 218, 376-382.

Tam, S.Y., Elsworth, J.D., Bradberry, C.W., & Roth, R.H. (1991). Mesocortical dopamine neurons: High basal firing frequency predicts tyrosine dependence of dopamine synthesis. *Journal of Neural Transmission*, 81, 97-110.

**Another recurring Theme in my work:**

**Unusual properties of the  
dopamine (DA) system in  
prefrontal cortex (PFC)**

**contribute to PFC's vulnerability  
to environmental and genetic  
variations that have little effect  
elsewhere.**

**The special properties of the dopamine neurons that project to PFC provided a mechanism by which children treated for PKU might show effects limited to PFC.**



**To test that, I combined  
longitudinal testing of infants and children  
on an extensive battery of neurocognitive  
tasks  
with neurochemical and behavioral work in  
animals (creating the first animal model of  
treated PKU).**

**We found that children with PKU whose plasma Phe levels were 3-5 times normal (360-600  $\mu\text{mol/L}$ ) were impaired on all 6 tasks that required both...**

**working memory**

**and**

**inhibitory control**

This deficit in the cognitive abilities dependent on DL-PFC was evident in all age ranges...

...infants (6-12 months old)

...toddlers (15-30 months old)

...young children (3½-7 years old).

The deficit was clear whether the children were compared to...

...other PKU children with lower Phe levels,

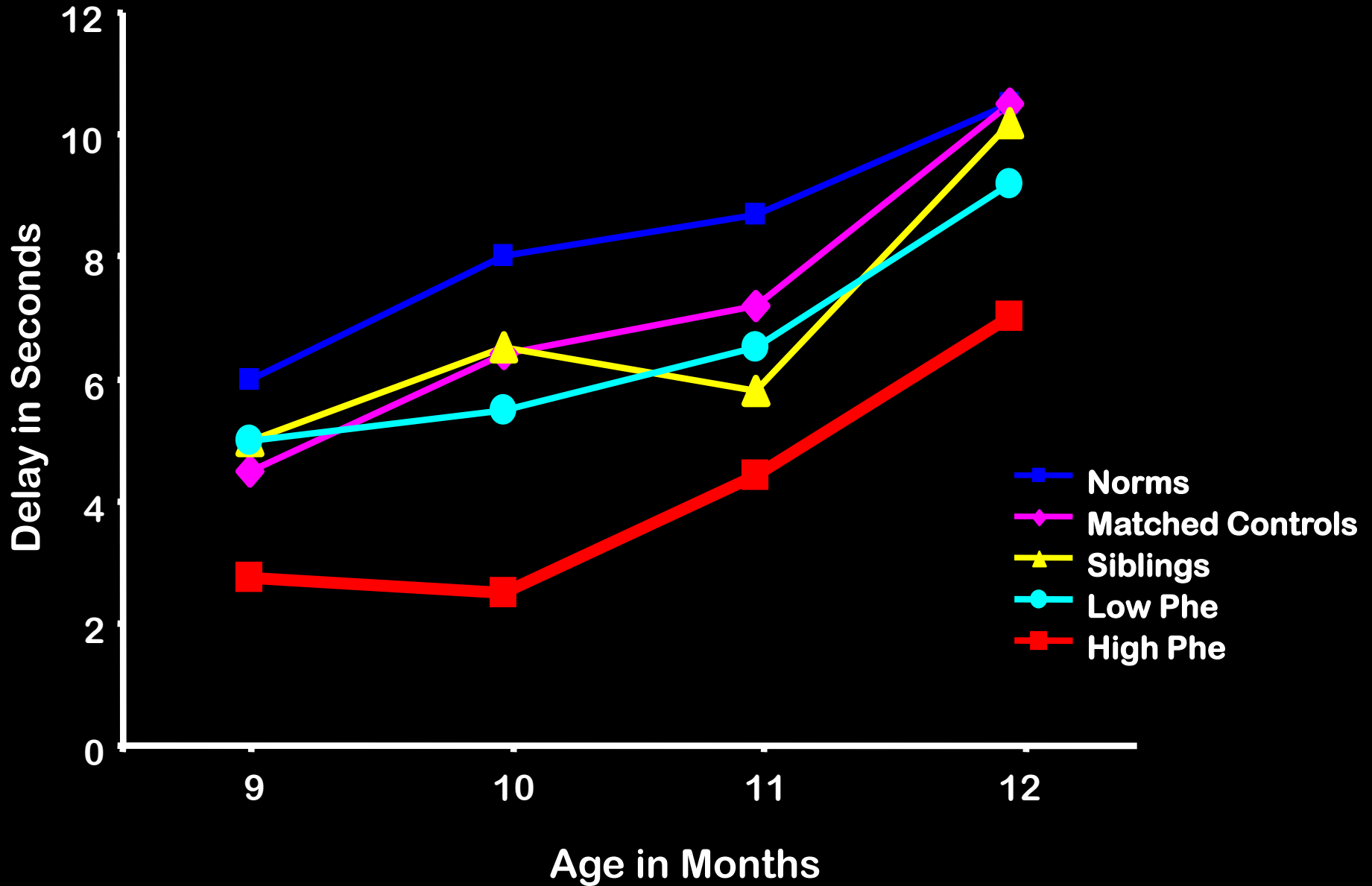
...their own siblings,

...matched controls, or

...children from the general population.



# The A-not-B task

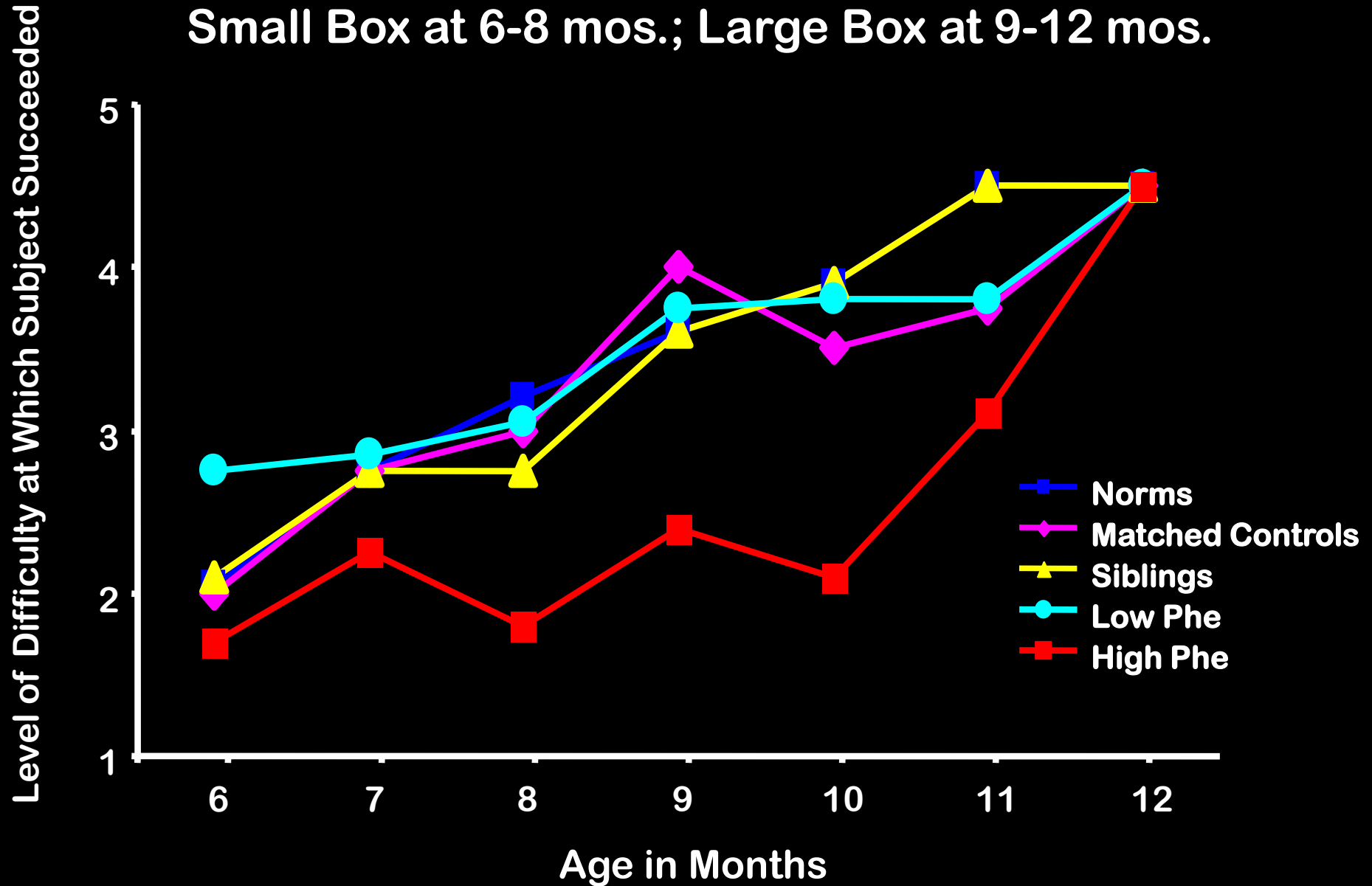




# Object Retrieval Task

## Front-Open Trials, Toy Deep in Box

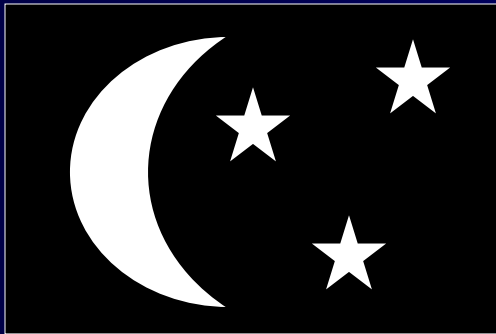
Small Box at 6-8 mos.; Large Box at 9-12 mos.



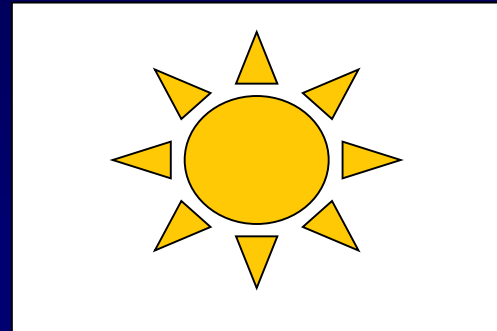
# THE DAY-NIGHT TASK

(Gerstadt , Hong, & Diamond, 1994)

Semantically conflicting labels



“Day”

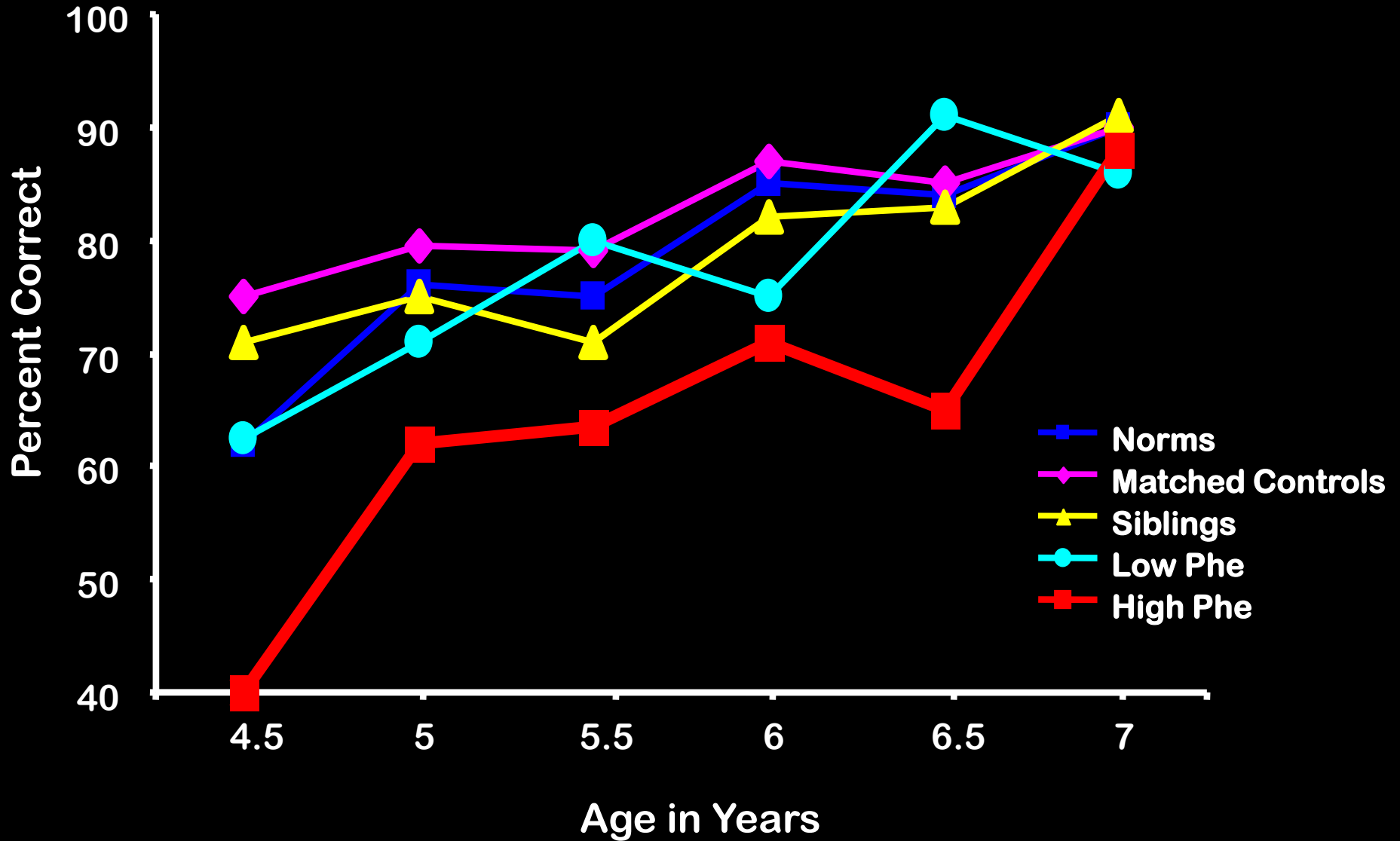


“Night”

Requires holding 2 rules in mind, and inhibiting saying what the images really represent, saying the opposite instead.



# Day-Night Stroop-like Task



The same children, who were impaired on the tasks dependent on prefrontal cortex, **performed normally on all 10 control tasks.**

That suggests that the **deficits were indeed selective (confined to one neural system).** The functions of parietal cortex and of the medial temporal lobe appear to be spared.

**Adele Diamond, Meredith Prevor,  
Glenda Callender, & Donald Druin**



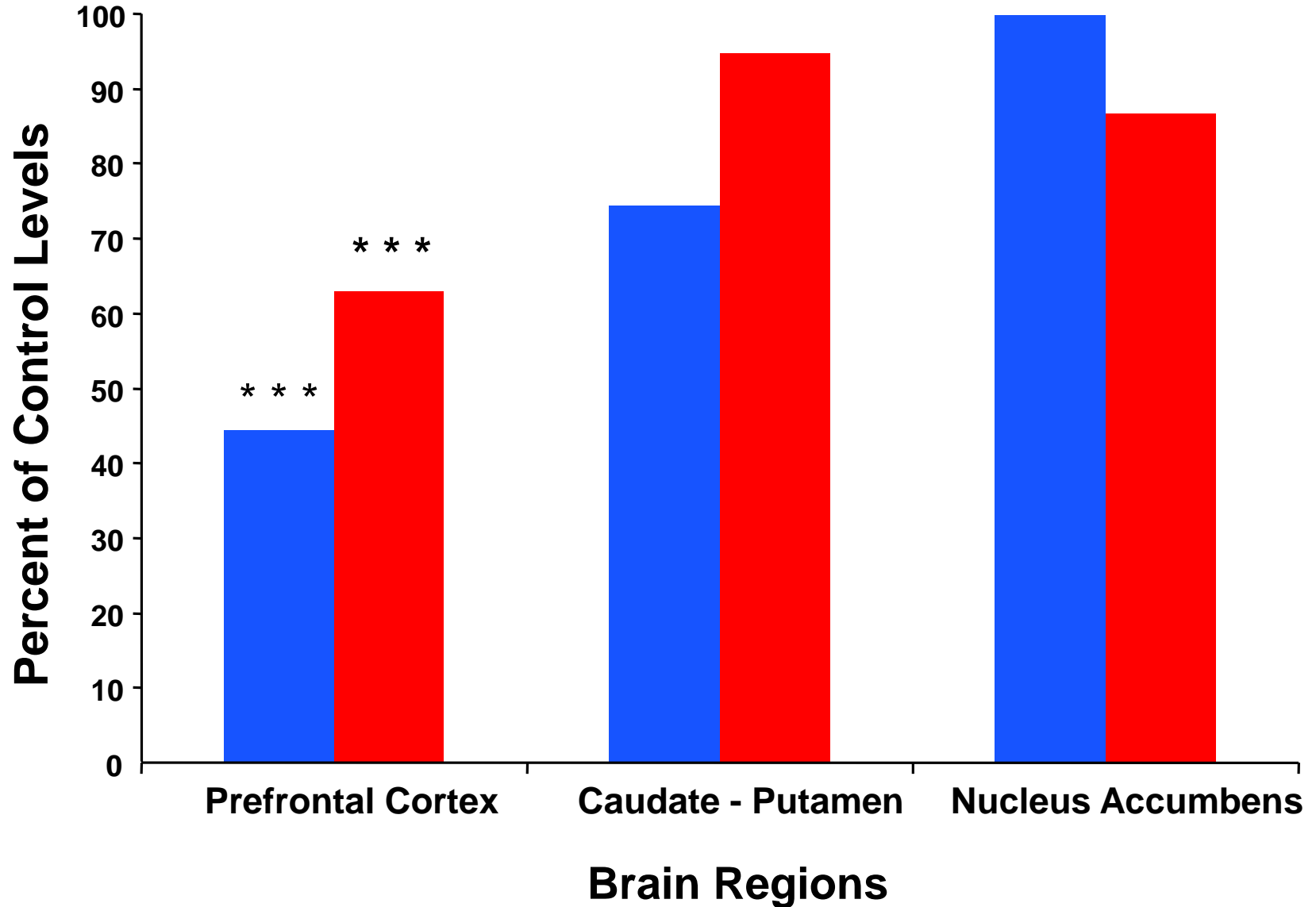
**1997**



**Prefrontal Cortex Cognitive Deficits in  
Children Treated Early and Continuously  
for PKU**

***Monographs of the Society for Research in  
Child Development (Monograph # 252), 62 (4)***

# Dopamine Levels in Various Brain Regions in 2 Groups of Early-treated PKU-Model Animals as a Percentage of DA Levels in Control Animals



There was almost no overlap between HVA levels in PFC of controls and experimental animals.

All but one control animal had higher HVA levels in PFC than *any* PKU-model animal.

**A. Diamond, V. Ciaramitaro, E. Donner,  
S. Djali & M. Robinson**

**(1994)**



**The first animal model of  
early-treated PKU**

***Journal of Neuroscience***

**14, 3072-3082**

Our work, building on that of others, led to a change in the guidelines for the treatment of PKU around the world:

the United Kingdom, Germany,  
the Netherlands, Denmark,  
France, Canada, & the United States

**New guidelines:** Phe levels should be kept between 120-360  $\mu\text{mol/L}$  (2-6 mg/dL), rather than 120-600  $\mu\text{mol/L}$  as recommended before.

Subsequent research has shown that this change has indeed improved children's lives (Stemerding *et al.*, 1999; Huijbregts *et al.*, 2002).

While doing the longitudinal study I learned that there is another set of DA neurons that share all the same properties as the DA neurons that project to PFC:

## the dopamine neurons in the retina

Retinal dopamine neurons also

- fire at a rapid rate
- have a high rate of dopamine turnover
- & are unusually sensitive to the level of available tyrosine.



Fernstrom, J. D., & Fernstrom, M. H. (1988)

Tyrosine availability and dopamine synthesis in the retina.

In I. Bodis-Wollner & M. Piccolino (Eds.), *Dopaminergic Mechanisms in Vision* (pp. 59-70). New York: Alan Liss

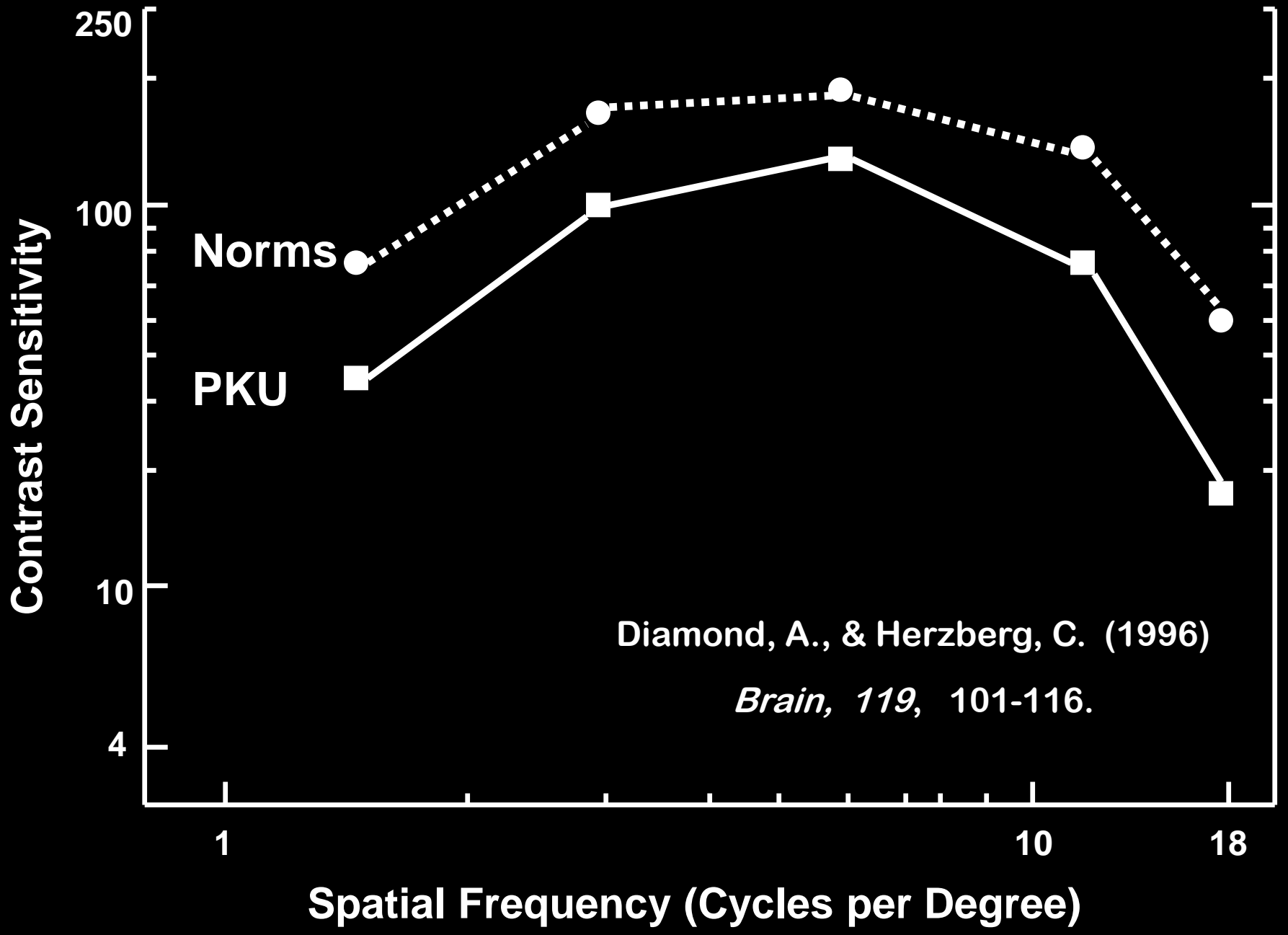
Iuvone, P. M., Tigges, M., Fernandes, A.,  
& Tigges, J. (1989)

Dopamine synthesis and metabolism in rhesus monkey retina: Development, aging, and the effects of monocular visual deprivation. *Visual Neuroscience*, 2, 465-471.

**To be consistent, I had to predict that retinal function should be affected as well in children treated PKU.**

**Dopamine in the retina is important for contrast sensitivity.**

**Patients with Parkinson's disease, who have greatly reduced levels of dopamine, show impaired sensitivity to contrast.**



**We had found 2 different, superficially unrelated behavioral effects ---**

- **a selective deficit executive functions,**

**and**

- **a selective deficit in contrast sensitivity**

**both predicted based on the same underlying hypothesis.**

**But...while we had found a direct,  
inverse relationship between  
CURRENT Phe levels and  
performance on the COGNITIVE  
tasks requiring working memory +  
inhibition....**

**Contrast sensitivity was NOT related to current Phe levels.**

**It was related to Phe levels during the first month of life.**

**Perhaps that was because of the truncated range of current Phe levels in the vision study.**

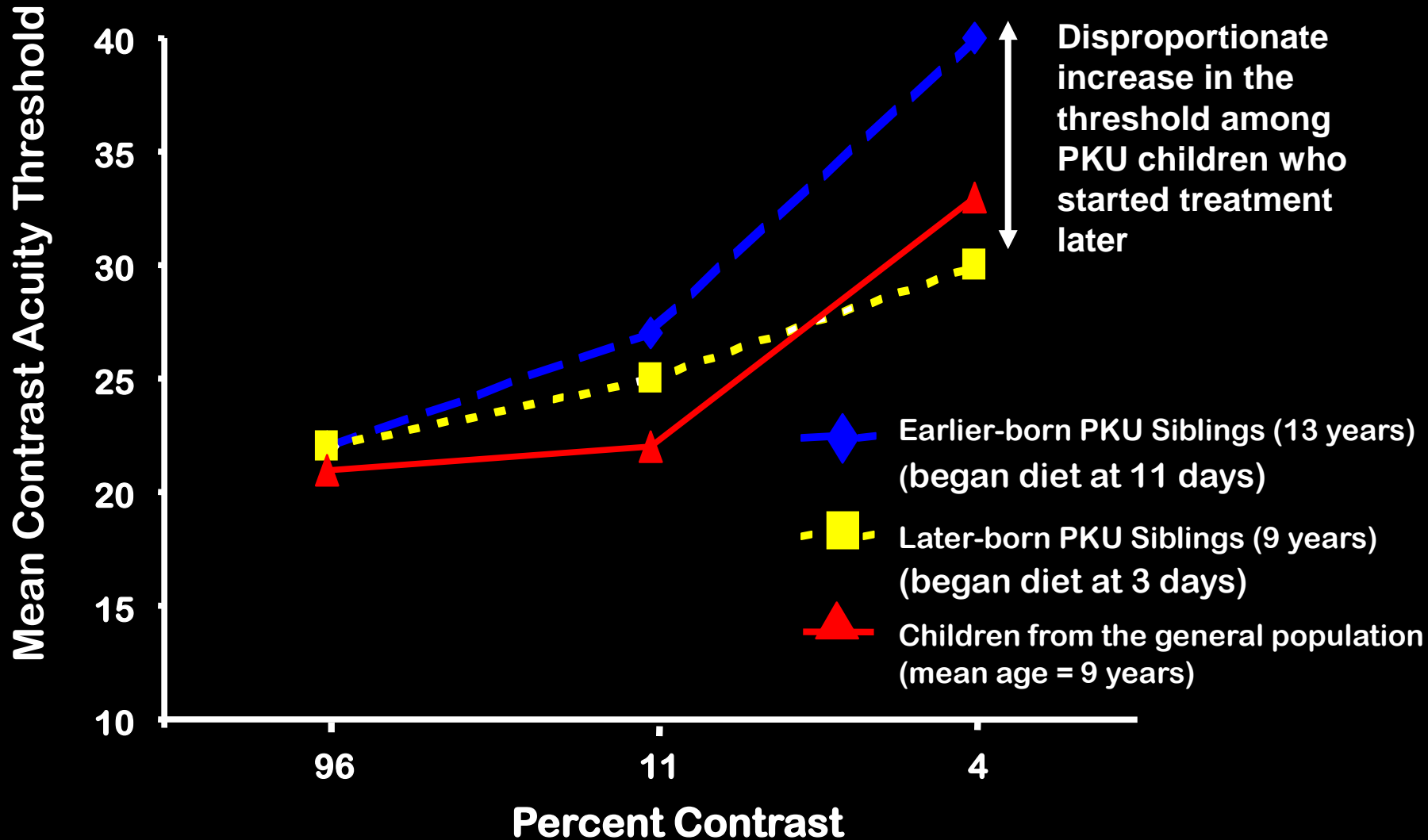
**But, perhaps grossly elevated Phe levels during the first weeks of life, even if subsequently lowered and maintained at lower levels, cause irreparable damage to the visual system.**

**In other words, although it looked like we had beautifully converging evidence for our hypothesis, maybe the contrast sensitivity deficits were present for a DIFFERENT reason.**

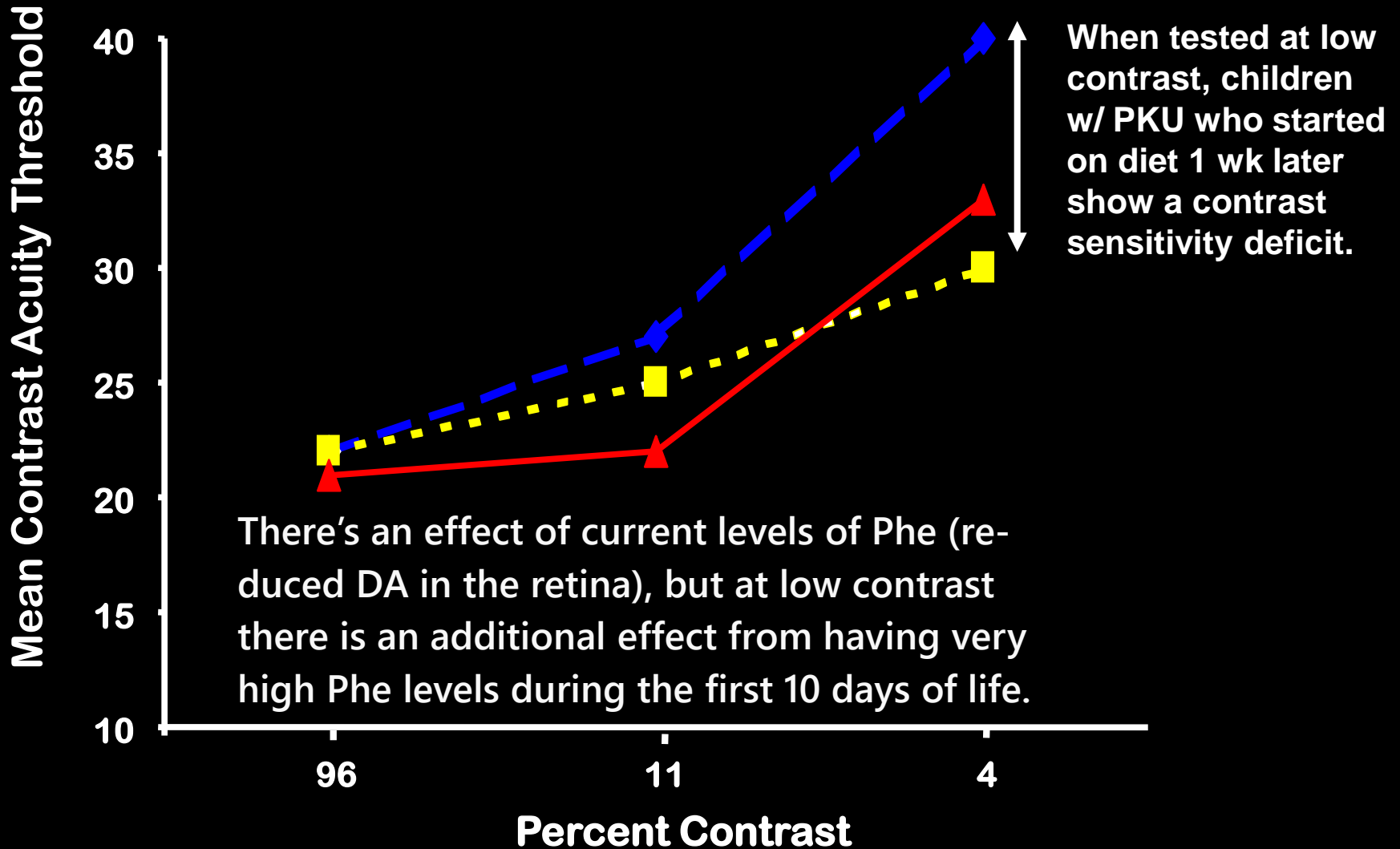


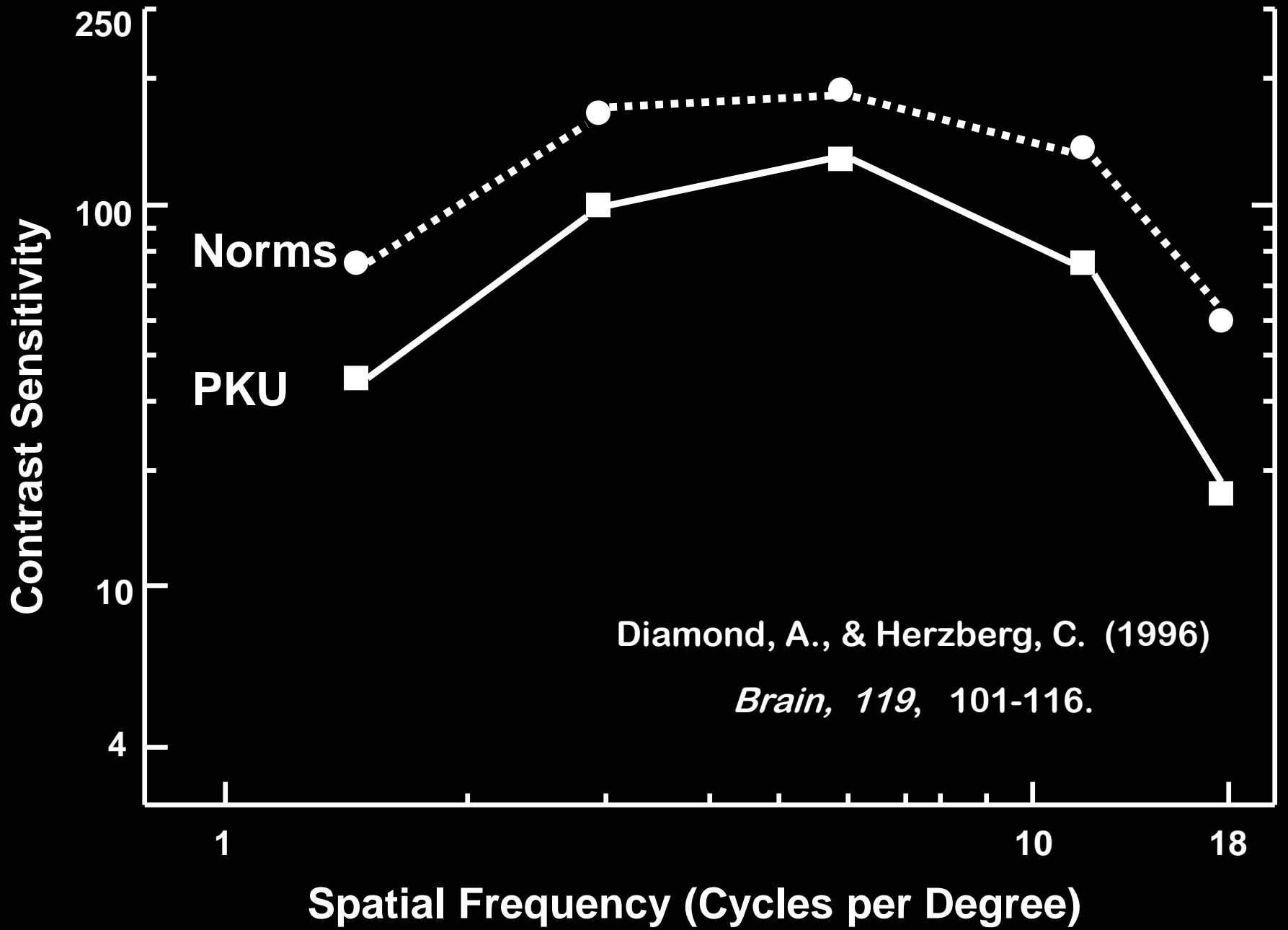
- ... PKU siblings both between 6-16 years of age  
(mean ages 9 and 11 years)
- ... one sibling started on the low-Phe diet at least 4 days earlier than the other
- ... both started on the diet before 21 days of age  
(mean start: 3 and 11 days of age)
- ... both siblings had followed the low-Phe diet continuously since infancy
- ... both siblings were healthy, with normal IQs

# Discrimination Performance of PKU children who Started Treatment Immediately After Birth or Roughly 10 Days Later & Same-Age Peers on the Regan Low Contrast Acuity Charts



# Discrimination Performance of PKU children who Started Treatment Immediately After Birth or Roughly 10 Days Later & Same-Age Peers on the Regan Low Contrast Acuity Charts





**Resulted in another change in the  
recommendations for the  
treatment guidelines for PKU:**

## **Age for Diet Initiation**

**Treatment should be initiated as  
soon as possible, and no later  
than 7 - 10 days after birth.**

**National Institutes of Health**

**PKU Consensus Conference Statement, Oct. 2000**

Maurer, D., & Lewis, T.L. (2001)

Visual acuity: The role of visual input in inducing postnatal change. *Clinical Neuroscience Research*, 1, 239-247.

Similarly report subtle deficits in CS evident many years later from visual deprivation (cataracts) right after birth.

**It's true that....**

**PKU children, whose Phe  
levels were 3-5 times  
normal, were impaired on  
all 6 prefrontal tasks  
requiring working memory  
+ inhibition.**

**But the same children  
were NOT impaired on  
self-ordered pointing,  
which also relies on  
dorsolateral PFC.**



**I was wrong.**

**I had predicted that on all cognitive tasks dependent on DL-PFC would be impaired in children with PKU whose Phe levels were 2-5x normal.**

**Performance on Self-Ordered Pointing  
has been linked specifically to  
dorsolateral PFC by work with....**

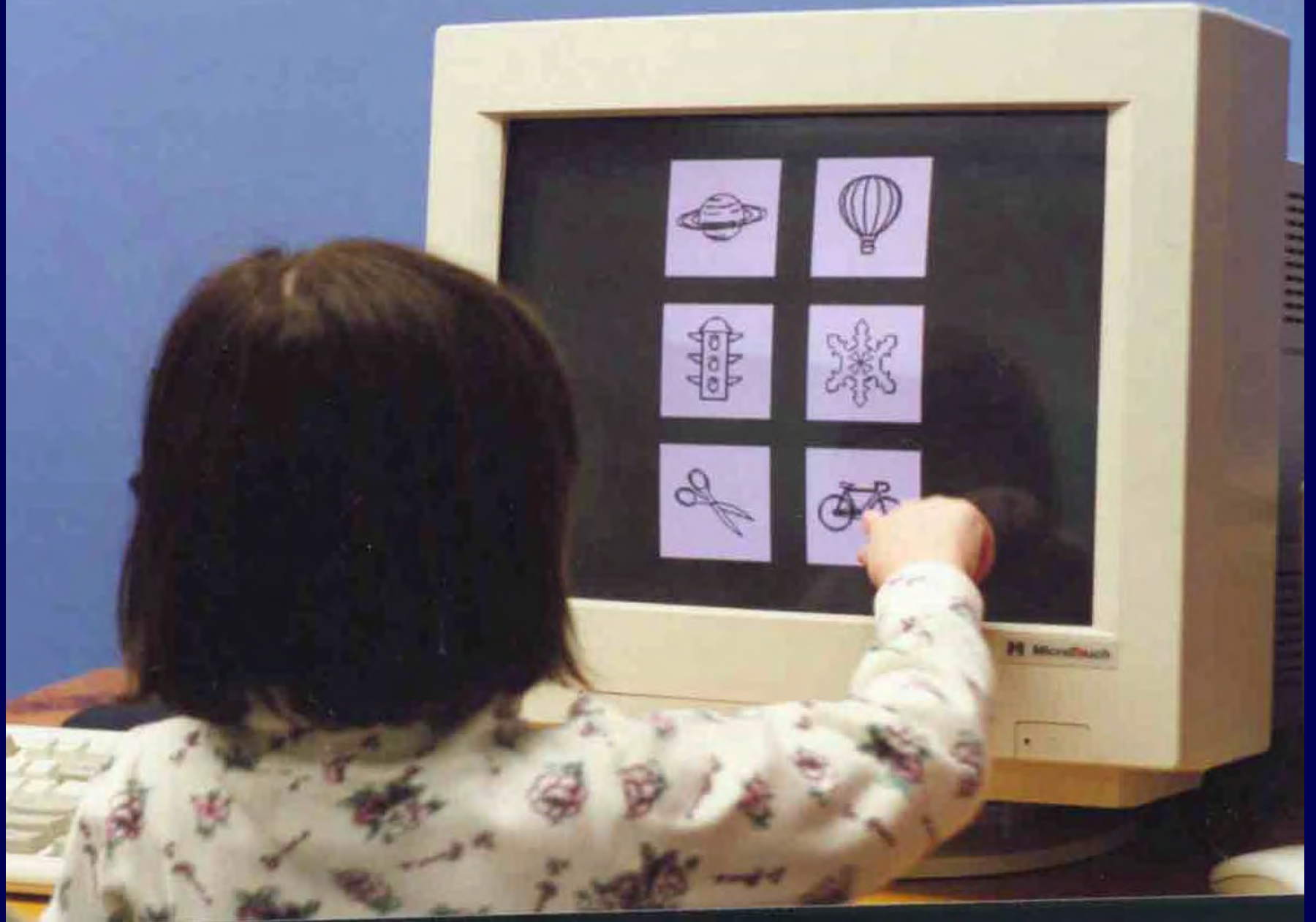
**... lesioned monkeys**

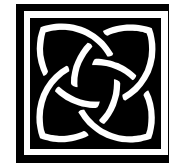
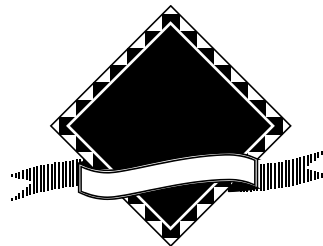
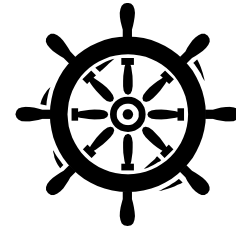
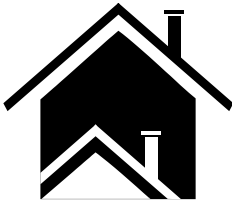
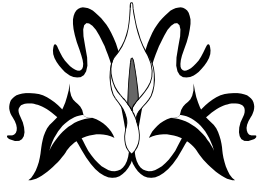
**... brain-damaged patients**

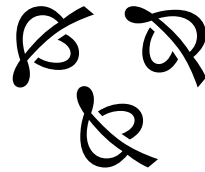
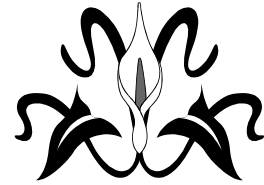
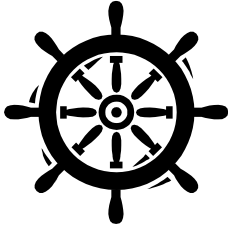
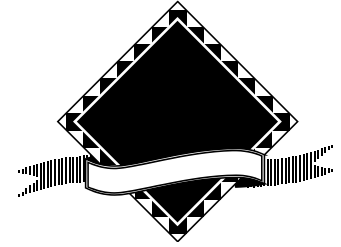
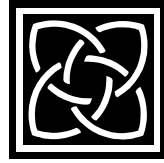
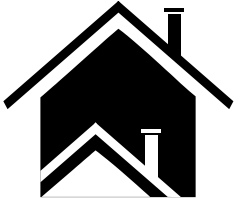
**... functional neuroimaging in normal  
adults**











**Why on earth** didn't we get  
deficits on Self-Ordered  
Pointing?



**I didn't have a clue.**

**Students in my lab,  
and in most labs,  
are always terribly disappointed  
when they don't find  
the effect they predicted.**

**But I tell them that they should  
rejoice!**

**“Now you have the opportunity  
to learn something  
you didn't know before and  
perhaps no one knew before!”**

## Behavioral Task

### Delayed Response

working memory + inhibition

### Self-Ordered Pointing

requires working memory

## Type of Lesion to Frontal Cortex

### Excitotoxic

(cell bodies destroyed)

Performance  
**IMPAIRED**

Performance  
**IMPAIRED**

### 6-OHDA

(dopamine depleted)

Performance  
**IMPAIRED**

Performance  
**SPARED**

## Behavioral Task

### Delayed Response

working memory + inhibition

### Self-Ordered Pointing

requires working memory

### Type of Lesion to Frontal Cortex

#### Excitotoxic

(cell bodies destroyed)

#### 6-OHDA

(dopamine depleted)



<b>Performance IMPAIRED</b>	<b>Performance IMPAIRED</b>
<b>Performance IMPAIRED</b>	<b>Performance <i>SPARED</i></b>

This is the pattern we saw in treated PKU children:  
Diamond, Prevor, Callender, & Druin (1997)

**Then I learned there's a  
polymorphism of a gene that  
selectively affects DA levels in PFC.**

**That would let me test the  
hypothesis that Self-Ordered  
Pointing is insensitive  
to DA levels in PFC.**

I predicted that polymorphisms of this gene

should affect performance on any of the 6 tasks that children treated for PKU were impaired on, or very similar ones,

but should not affect performance on self-ordered pointing.

**Another unusual property  
of the dopamine system  
in PFC is**

**a relative dearth of  
dopamine transporter.**



**The best mechanism for  
clearing away released  
dopamine is by  
dopamine transporter.**

**Dopamine transporter is  
abundant in the striatum  
& in most dopamine-  
containing brain regions  
but sparse in PFC.**

So **PFC** is more dependent on  
**secondary mechanisms**  
for clearing away DA,  
like the COMT [catechol-O-  
methyltransferase] enzyme.

The COMT enzyme accounts for  
> 60% of the DA clearance in PFC,  
but < 15% in the striatum

Karoum et al. 1994; Männistö &  
Kaakkola 1999

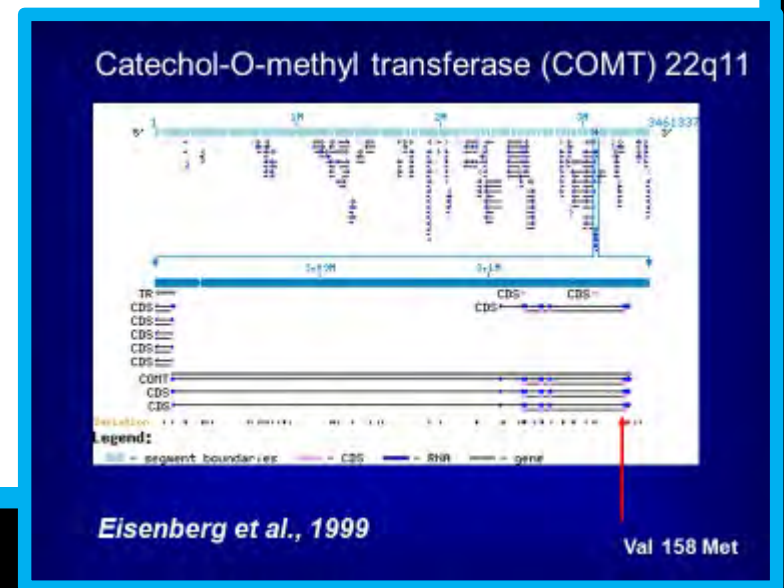
**The gene that codes for the**

**COMT enzyme**

**is called the**

**COMT Gene**

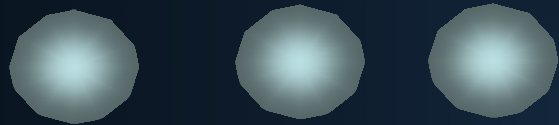
A common polymorphism of the  
COMT gene  
consists of a simple substitution of  
one amino acid, **Methionine (Met)**, for  
another, **Valine (Val)**,  
at codon 158



The **Met** variant of the  
COMT gene codes for a  
**slower** COMT enzyme,  
which **leaves more DA**  
around longer in PFC.

Boudikova et al. 1990; Chen et al. 2004;  
Lachman et al. 1996

# Catechol-O-methyltransferase (COMT) Val158 Met

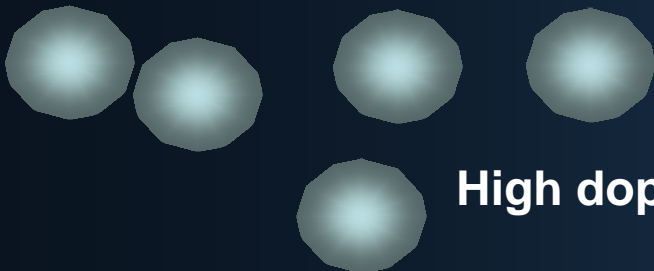


Low dopamine



High activity enzyme

**SYNAPSE**



High dopamine



Low activity enzyme



The COMT enzyme is  
**25-33%** less active in COMT-  
Met<sup>158</sup> homozygotes than in  
COMT-Val<sup>158</sup> homozygotes.

Boudikova et al. 1990; Chen et al., 2004

The **Met** variant of the COMT gene is also generally associated with **better PFC function** and **better EFs**.

Bruder et al. 2005; Diamond et al. 2004;  
Egan et al. 2001

**Prediction:** Those homozygous for the COMT-Met<sup>158</sup> genotype, which leaves a little more DA in PFC,

- *should NOT differ* from COMT-Vals **on Self-ordered Pointing**,  
(i.e., no difference by COMT genotype on self-ordered pointing)

Mean Age-Corrected Score

2.0  
1.5  
1.0  
0.5  
0.0  
0.5

Diamond et al.  
(2004)  
*American  
Journal of  
Psychiatry*

- Met-Met children
- Heterozygous children
- Val-Val children

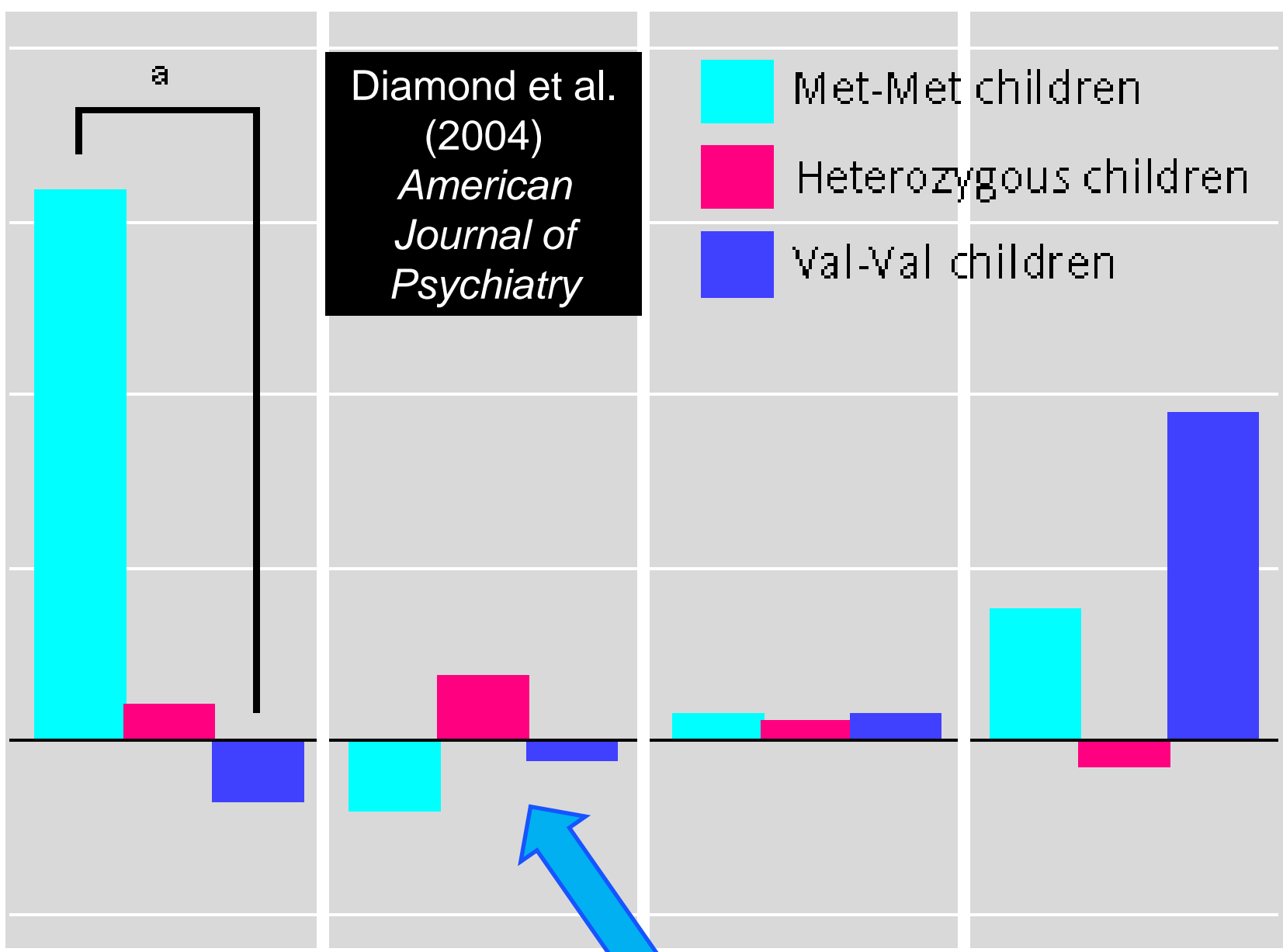
Dots Mixed

Self-Ordered  
Pointing

Recall  
Memory

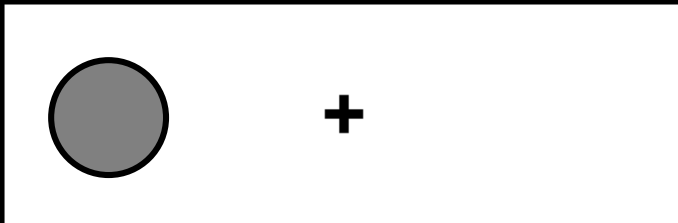
Mental  
Rotation

Task

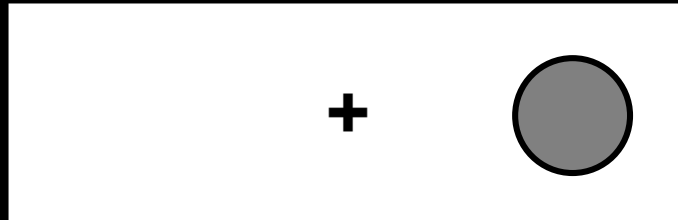


**But on a task dependent on WM &  
inhibitory control,  
we predicted that  
COMT-Mets would perform  
better than COMT-Vals**

# Dots - Congruent

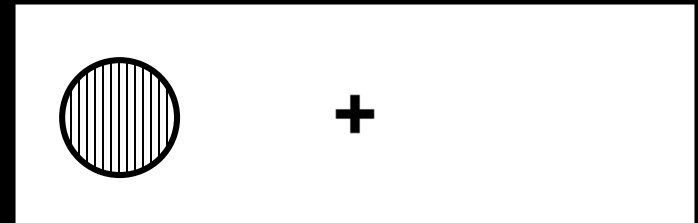


Push Left

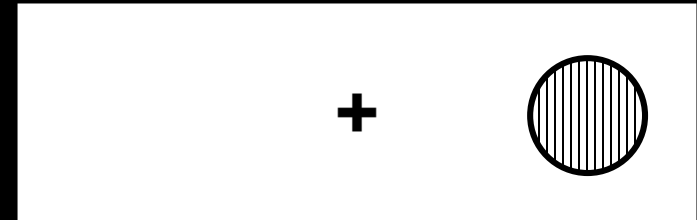


Push Right

# Dots - Incongruent



Push Right

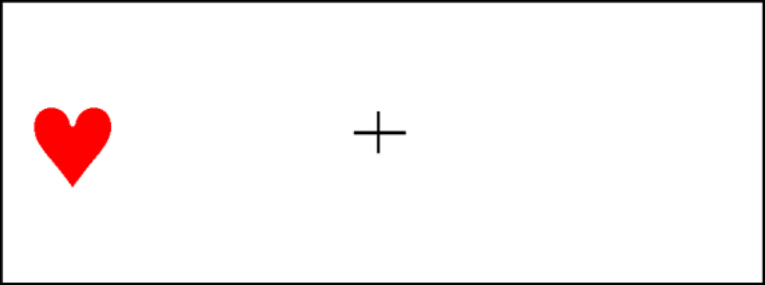


Push Left

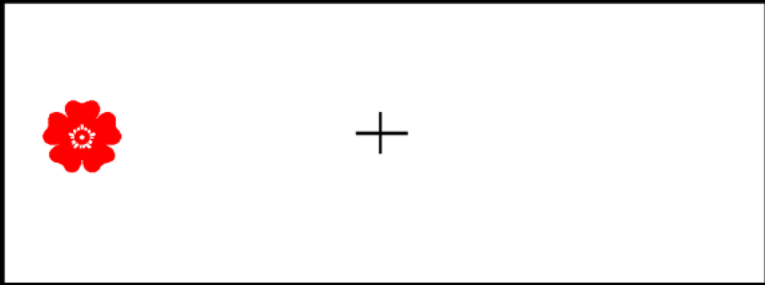
# HEARTS & FLOWERS

## Congruent

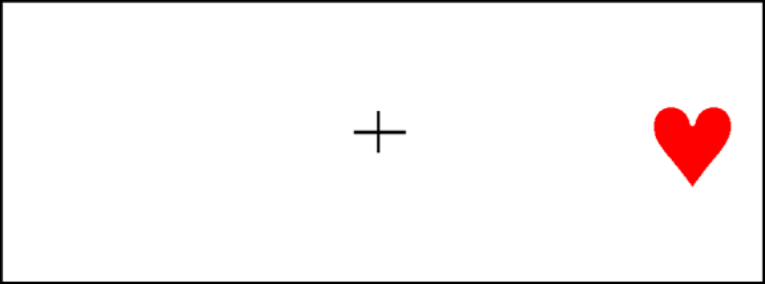
## Incongruent



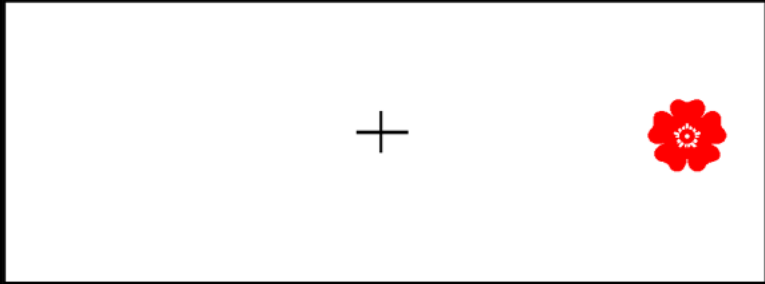
Push Left



Push Right

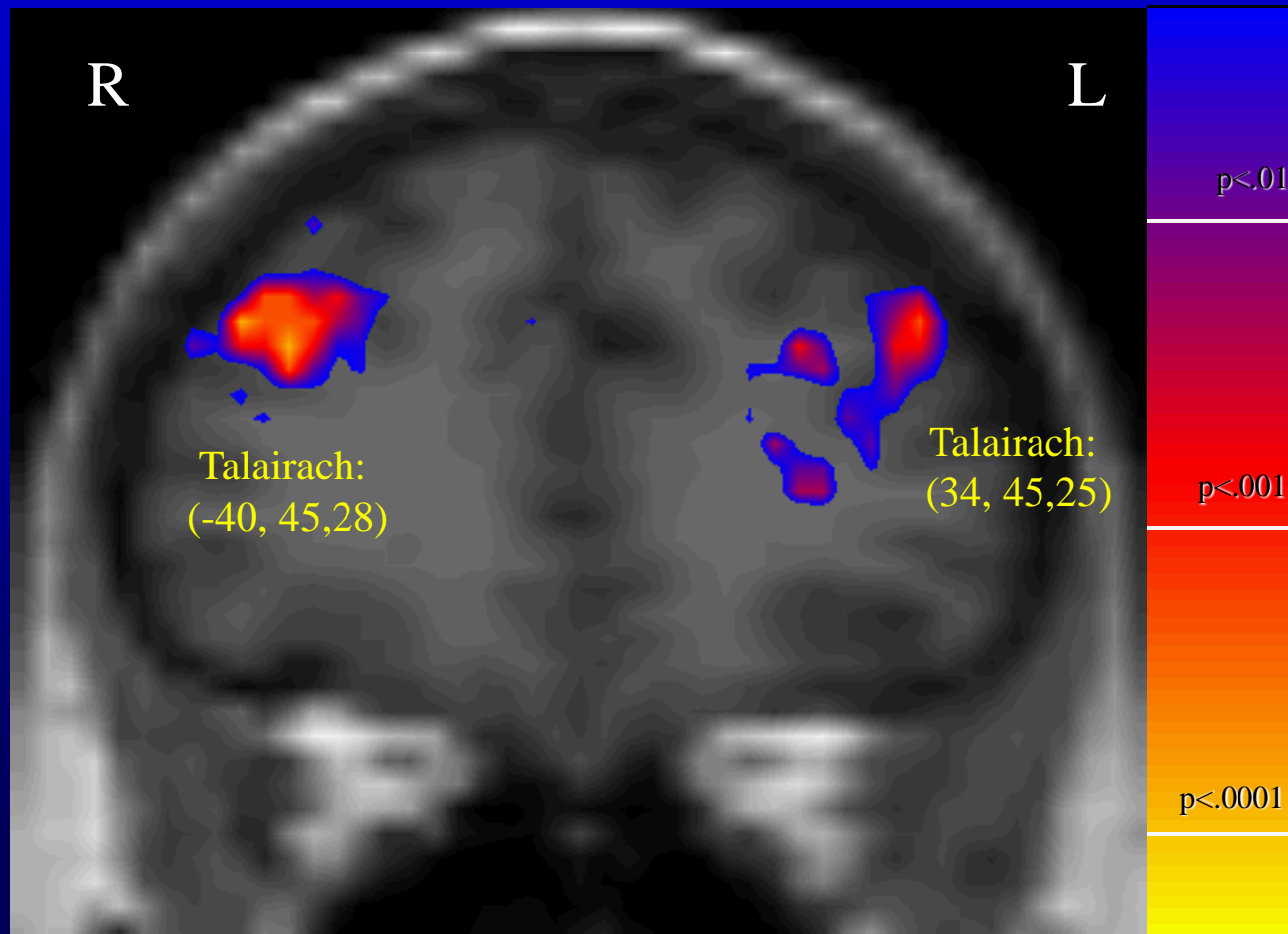


Push Right



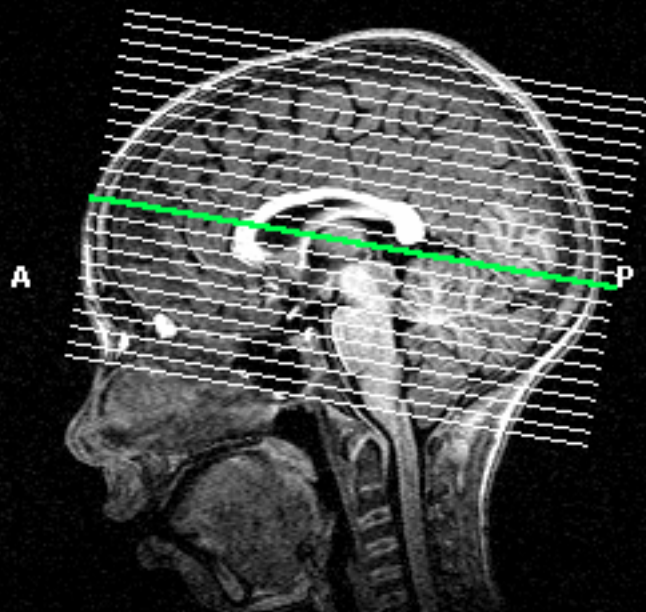
Push Left

# Increased Activation of Dorsolateral PFC (Area 46/9) Dots-Mixed minus Dots-Congruent



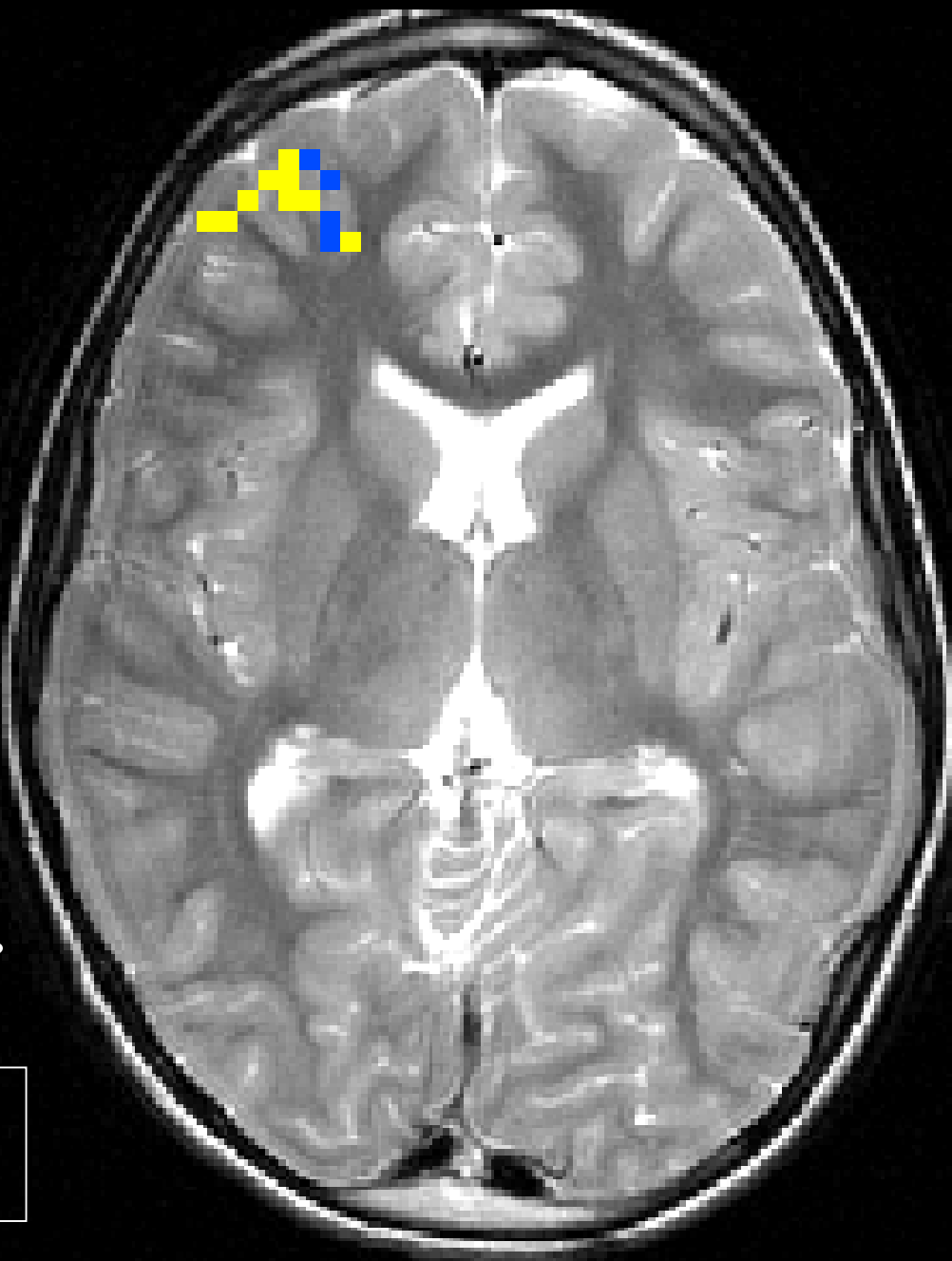


SAG



**Dots-Mixed  
minus  
Dots-Congruent**

**10-year-olds**



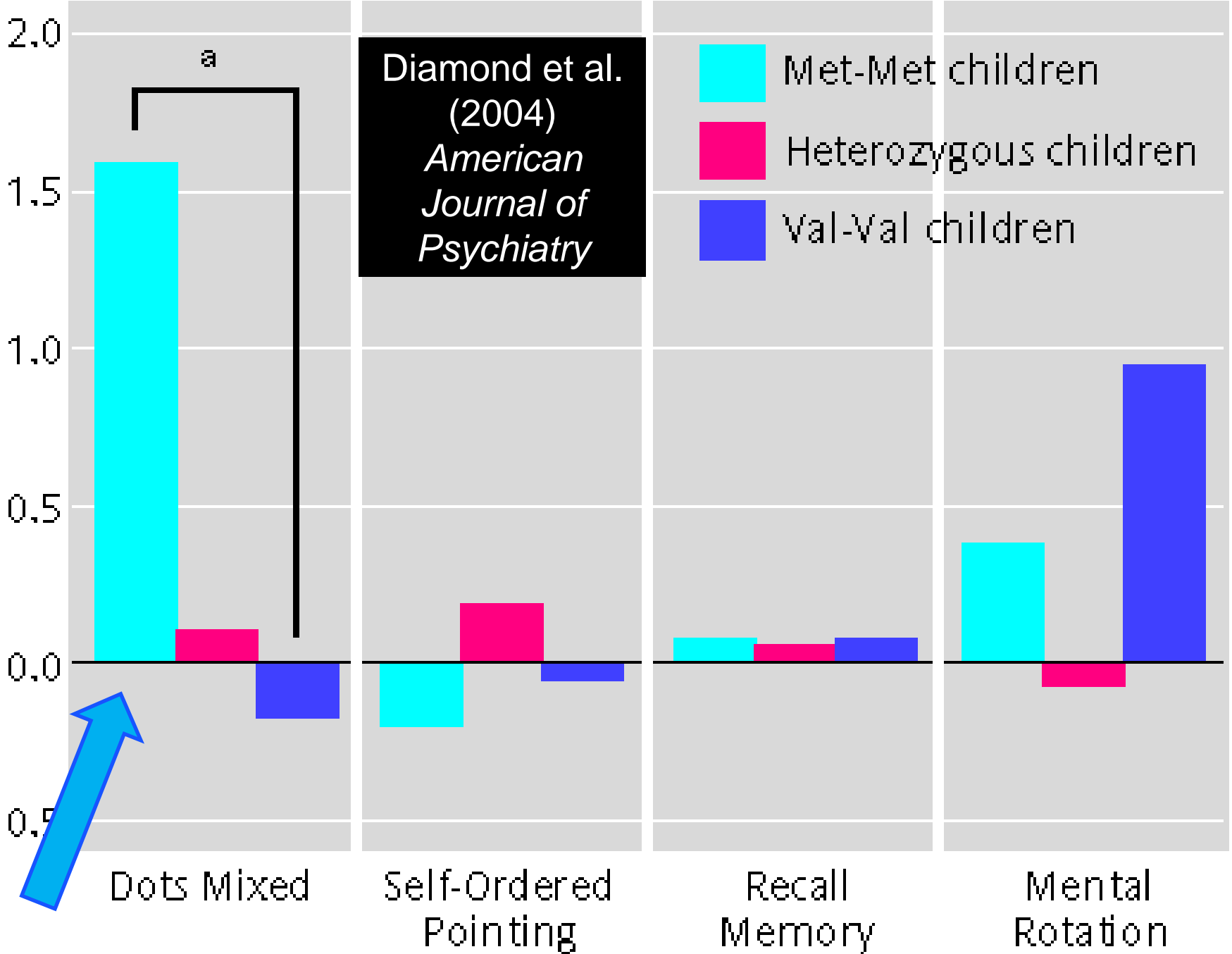
13

<+>



R > 0.12

Mean Age-Corrected Score



Task

**This effect was specific to  
PFC function:**

**There was no relation  
between COMT genotype  
and non-PFC functions.**

Mean Age-Corrected Score

2.0  
1.5  
1.0  
0.5  
0.0  
0.5

Diamond et al.  
(2004)  
*American  
Journal of  
Psychiatry*

Met-Met children  
Heterozygous children  
Val-Val children

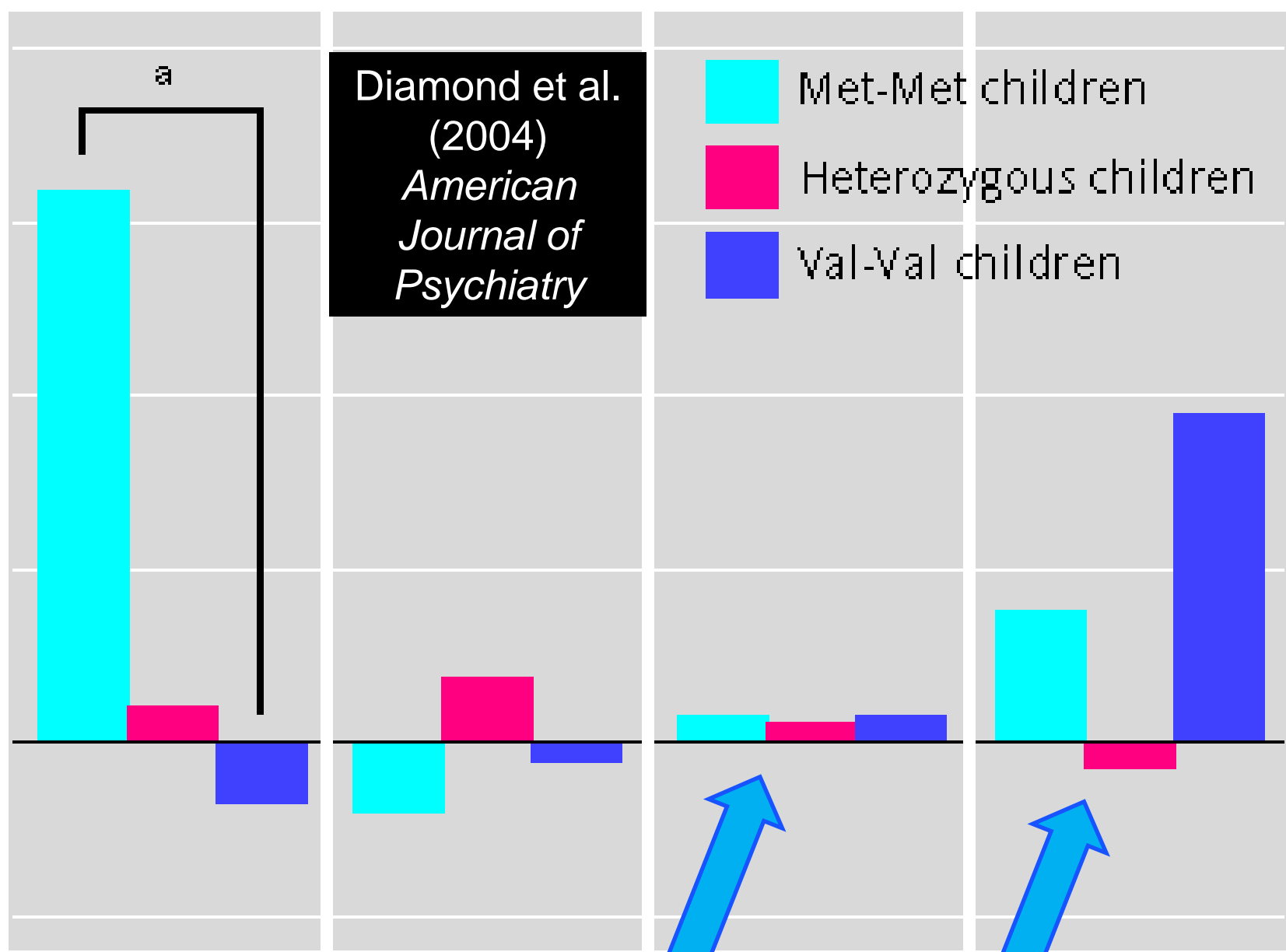
Dots Mixed

Self-Ordered  
Pointing

Recall  
Memory

Mental  
Rotation

Task

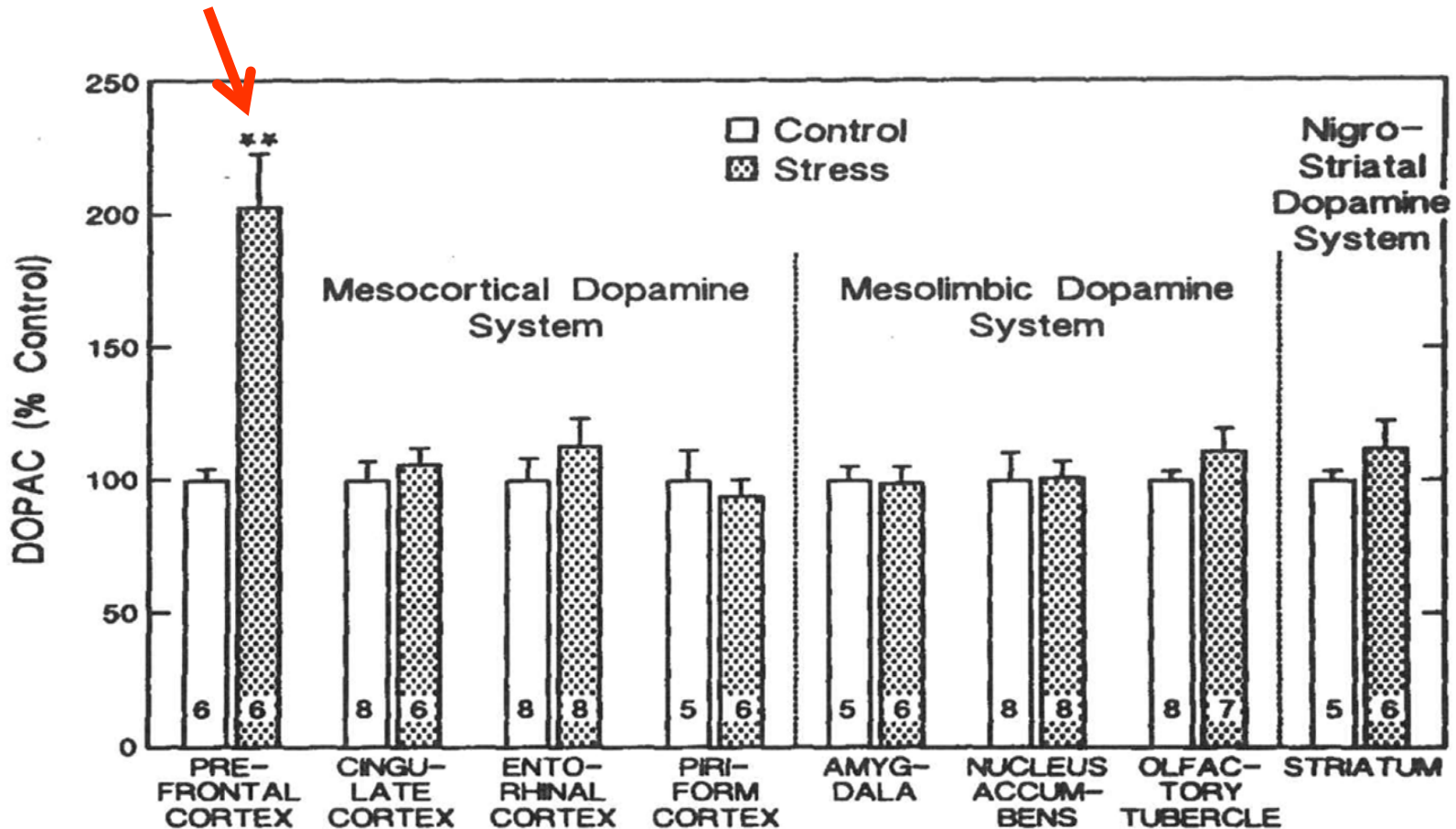


**Yet another unusual  
property of the dopamine  
(DA) system in PFC is that  
even mild stress  
increases the level of  
DA in PFC.**

Cerqueira et al. 2007; Lataster et al. 2011; Nagano-  
Saito et al. 2013; Roth et al. 1988

# Stress and Prefrontal Cortex

Even mild stress increases DA release in PFC - but not elsewhere in the brain



(Roth et al., 1988)

Stress impairs **EFs**,  
& **prefrontal cortex** on  
which they depend,  
**sooner**  
and more **severely**  
than any other brain region.

**Many of us were taught  
that people perform better  
on challenging cognitive  
tasks when they are slightly  
stressed / a bit on edge,  
rather than when calm.**

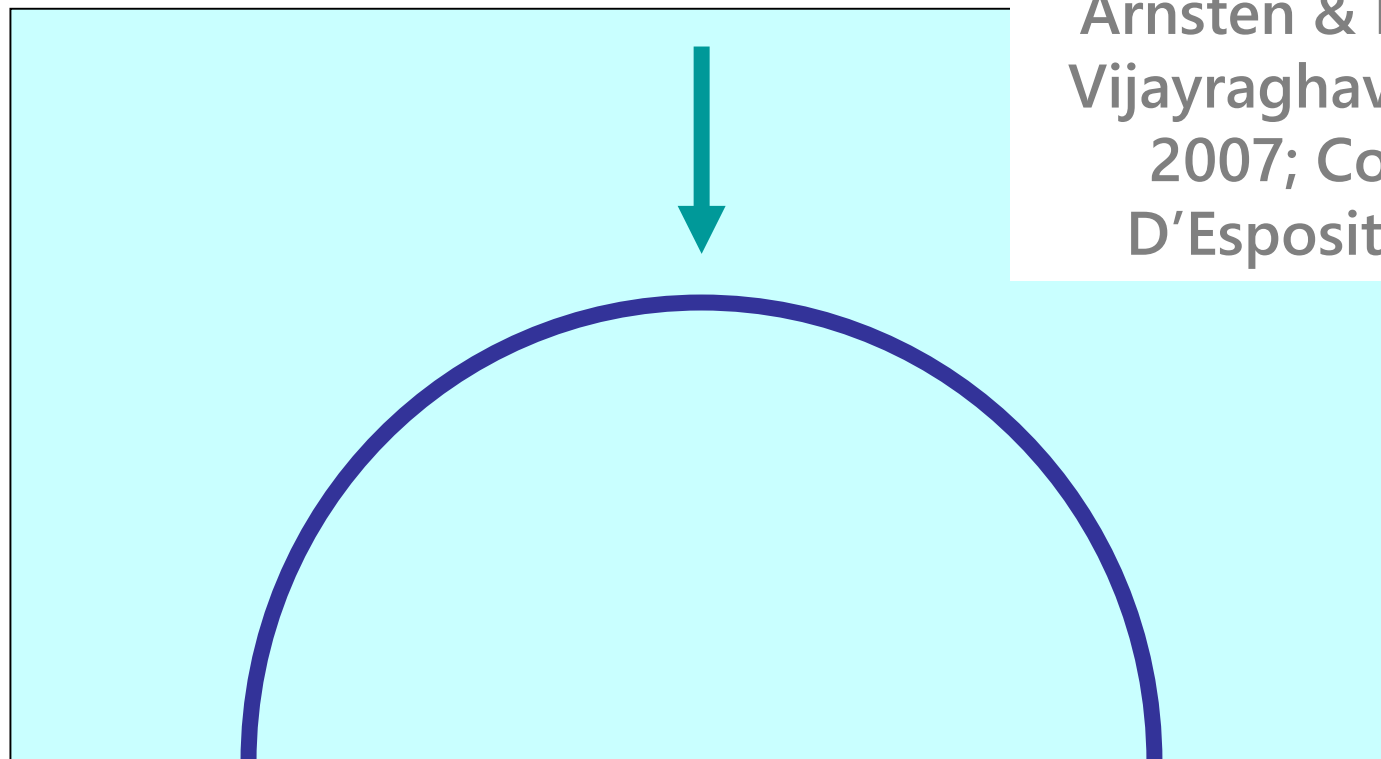




**Is stress, even if mild,  
ever really good for  
higher cognitive functions?**



# The Optimum Level of Dopamine in PFC is an Intermediate Level



Arnsten & Li 2005;  
Vijayraghavan et al.  
2007; Cools &  
D'Esposito 2011

too little

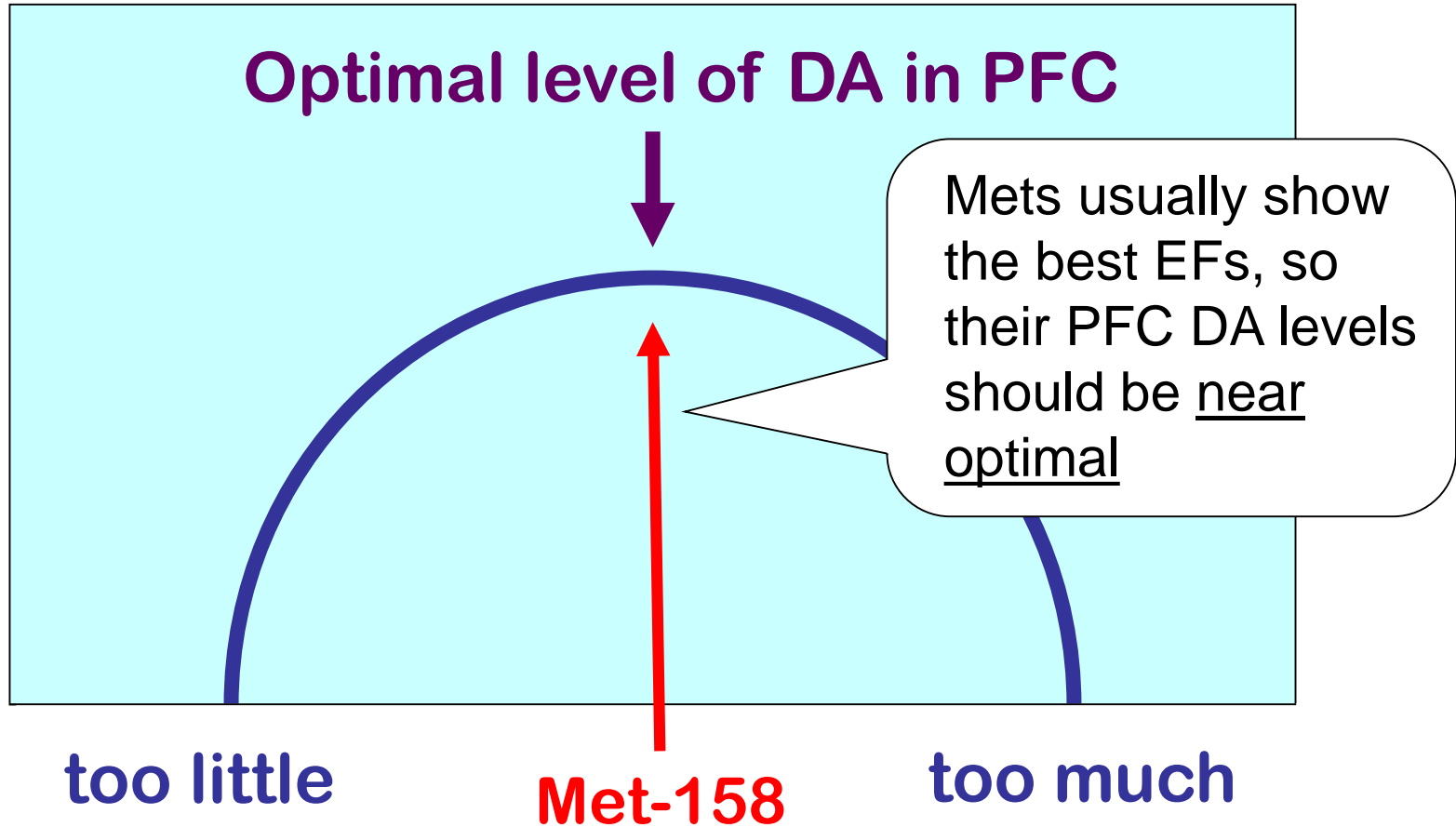
too much

Remember

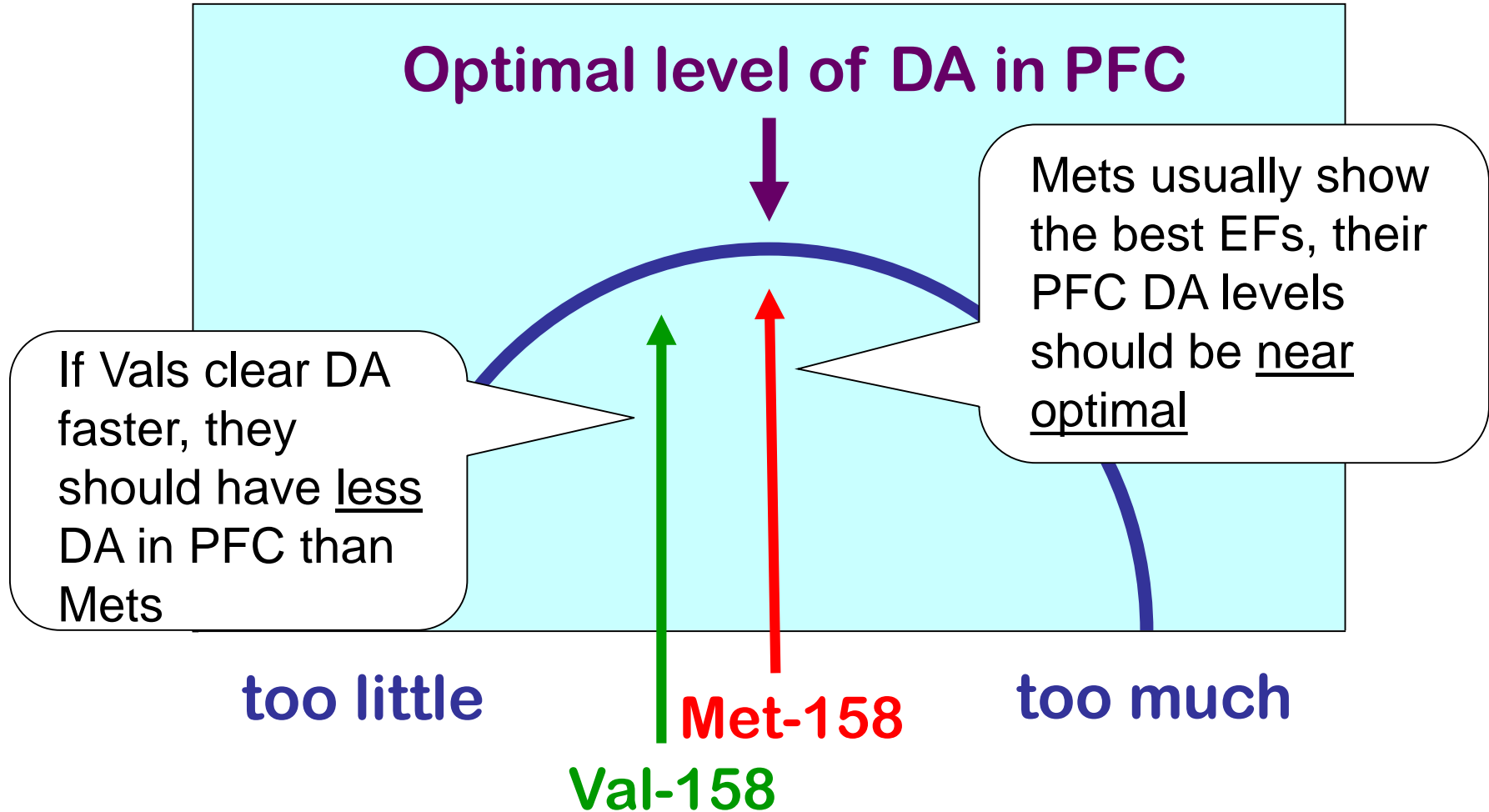
The **Met** variant of the COMT gene is also generally associated with **better PFC function** and **better EFs**.

Bruder et al. 2005; Diamond et al. 2004;  
Egan et al. 2001

# Differences in COMT Genotype lead to Differences in PFC DA Levels



# Differences in COMT Genotype lead to Differences in PFC DA Levels



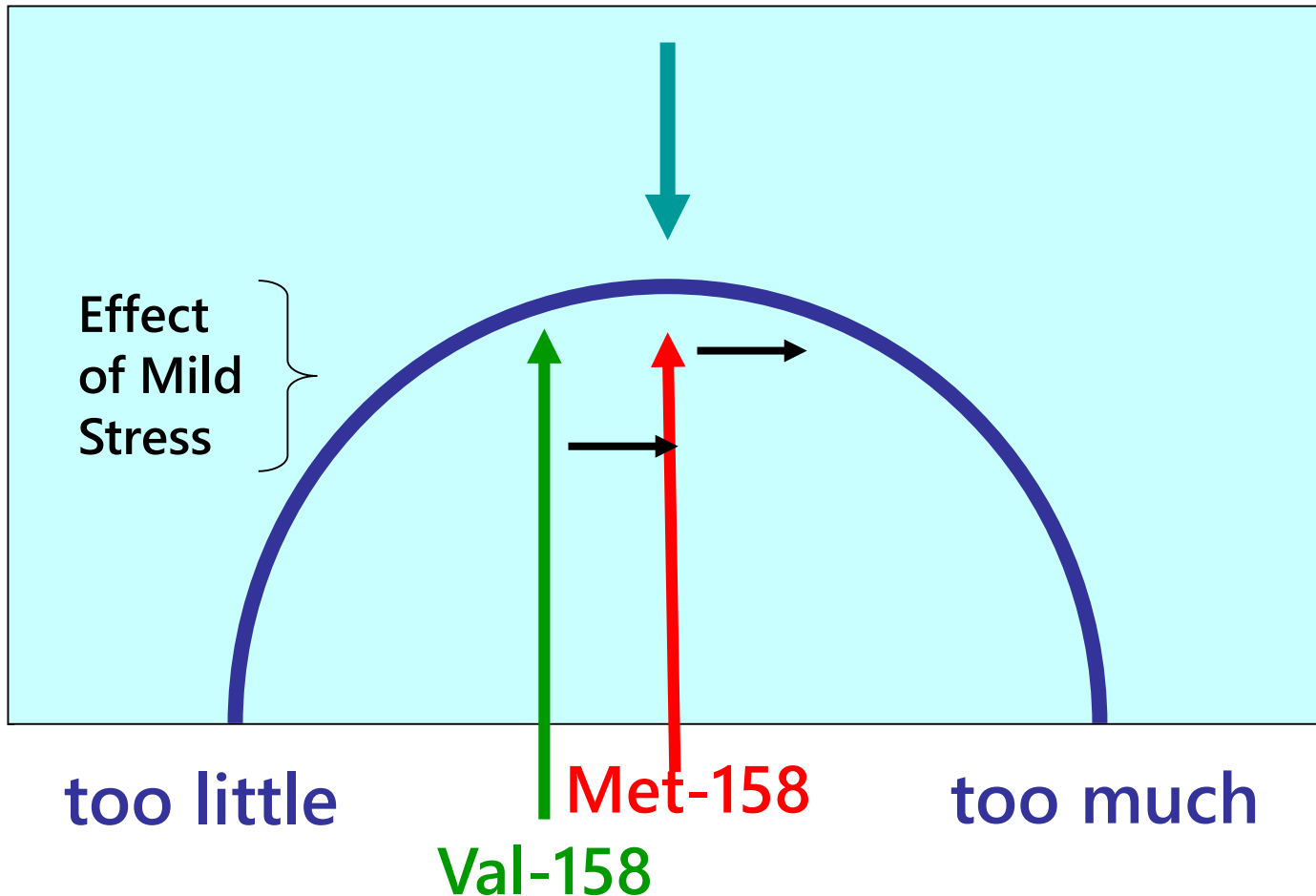
**Remember:**

**Stress** (even if mild)

**Increases** the level of

**Dopamine** in PFC

# Genotypic Difference in PFC DA Levels can lead to Genotypic Differences in Stress Reactivity



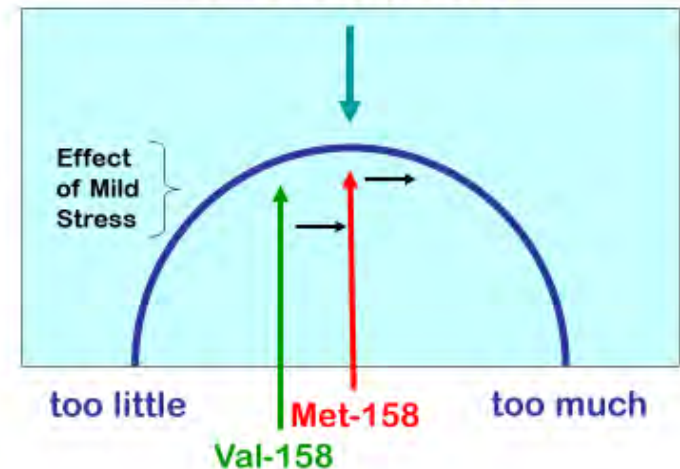


3 labs independently predicted that

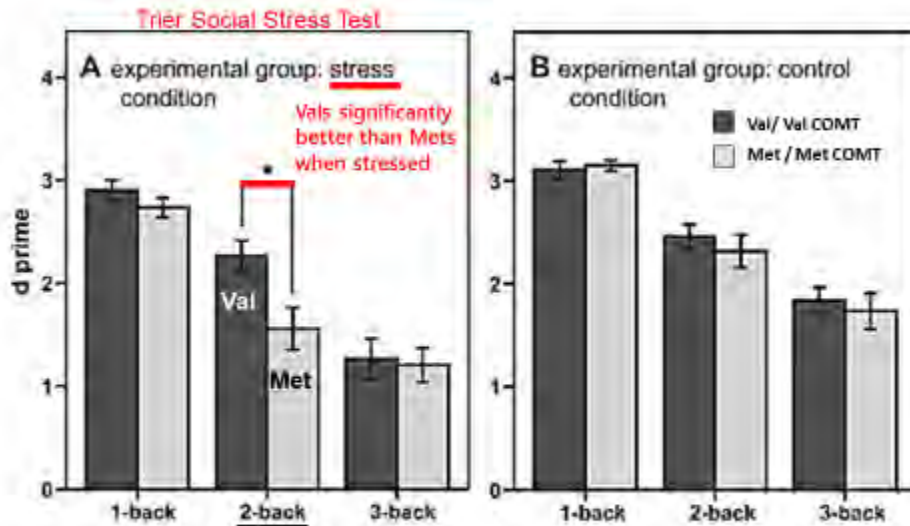
1. COMT-Mets would show worse EFs when mildly stressed

2. COMT-Vals would show better EFs when mildly stressed

Genotypic Difference in PFC DA Levels could lead to Genotypic Differences in Stress Reactivity

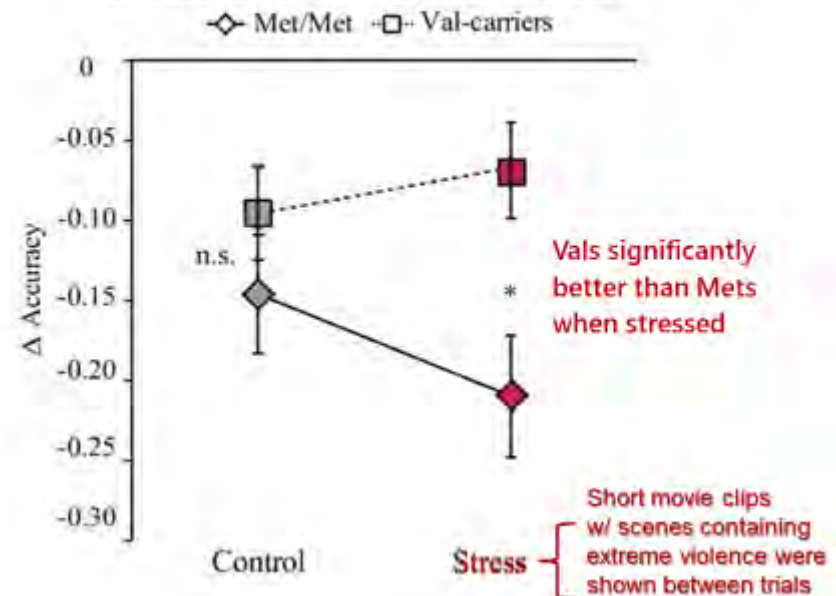


## Vals performed significantly better than Mets when stressed



Buckert et al. (2012): Under stress, young adults homozygous for COMT-Val<sup>158</sup> showed **better** EF performance than young adults homozygous for COMT-Met<sup>158</sup>

Stress x COMT Genotype Interaction on N-Back Task Performance (accuracy difference on 2-back vs. 0-back)



**In my lab, we used a very, very mild psychosocial stressor (two research assistants looking over a participant's shoulder while that person was taking an EF test).**

Zareyan, Zhang, Wang, Song, Hampson, Abbott, & Diamond (2020)  
First demonstration of double dissociation between COMT-Met158 and COMT-Val158 cognitive performance when stressed and when calmer.

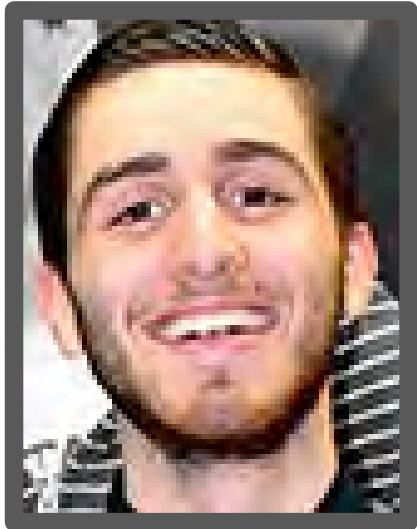
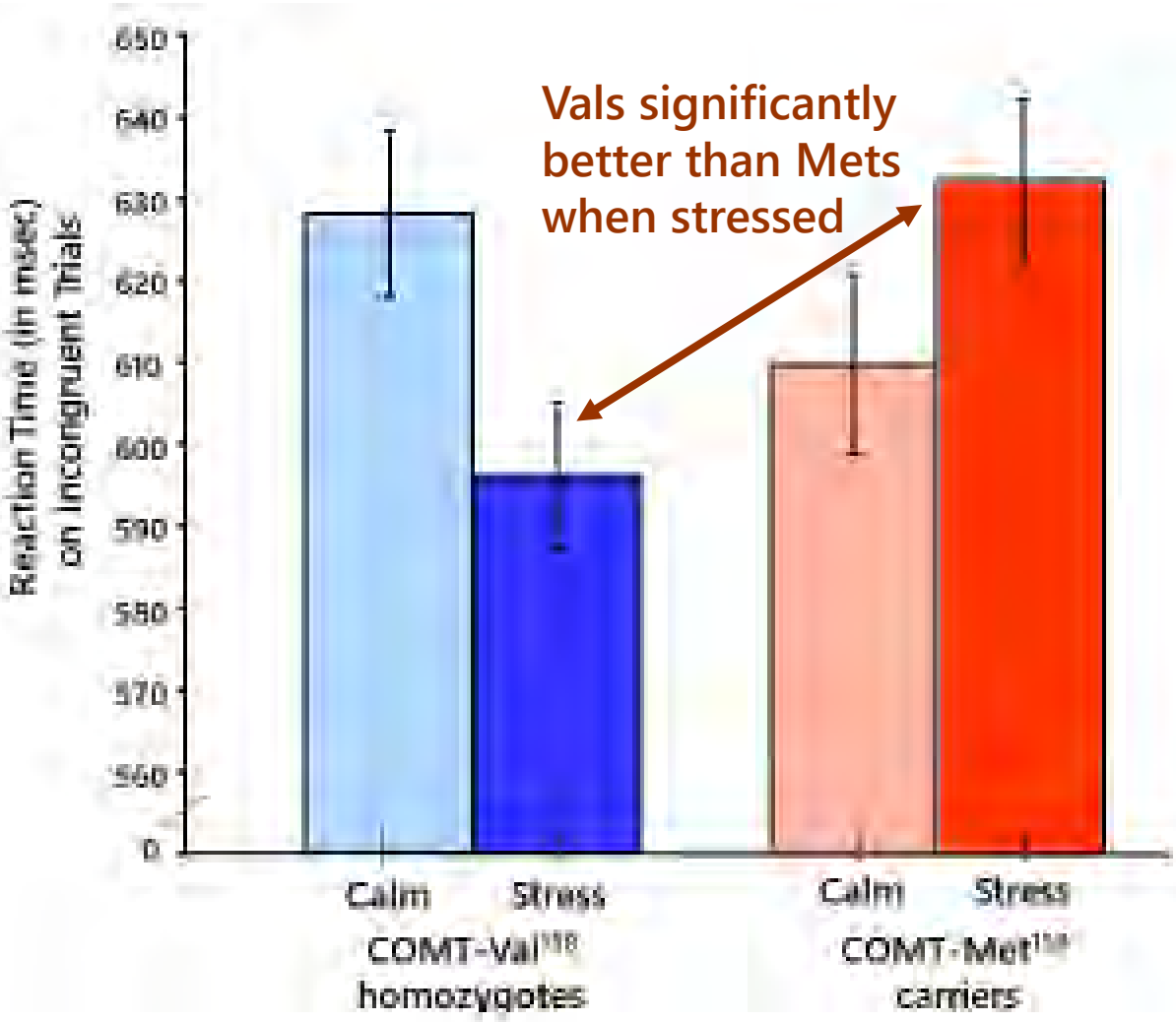
*Cerebral Cortex*, xx, 1-16.

doi:10.1093/cercor/bhaa276 [Epub 30 Oct. 2020 ahead of print.]

[http://www.devcogneuro.com/Publications/zareyan\\_2020\\_first\\_demonstration\\_of\\_double.pdf](http://www.devcogneuro.com/Publications/zareyan_2020_first_demonstration_of_double.pdf)

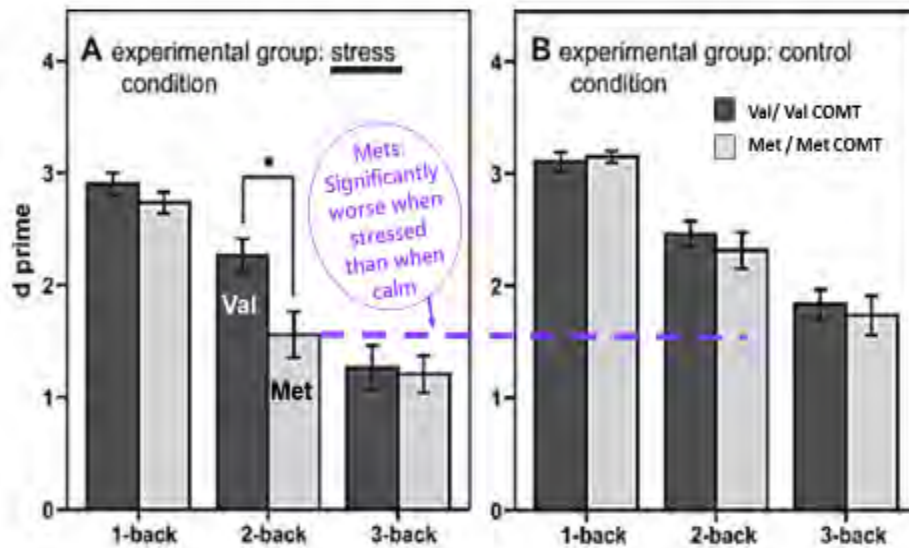
 [Free download](#)

# Speed on Incongruent Trials in the Flanker/Reverse Flanker Task

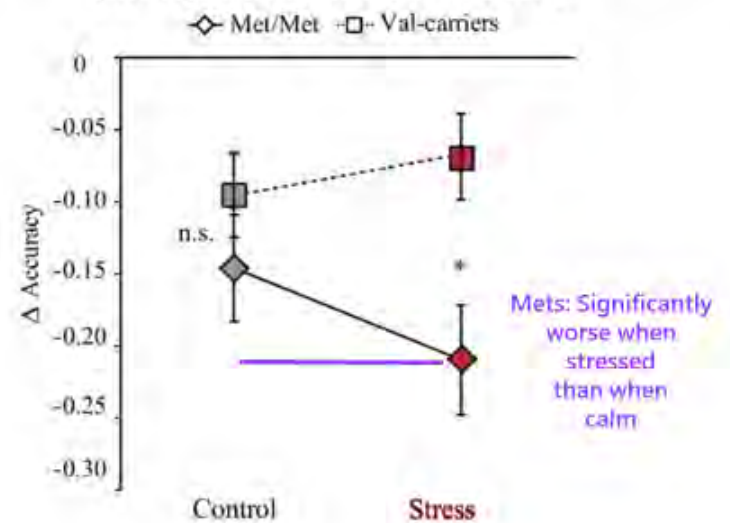


Shahab Zareyan

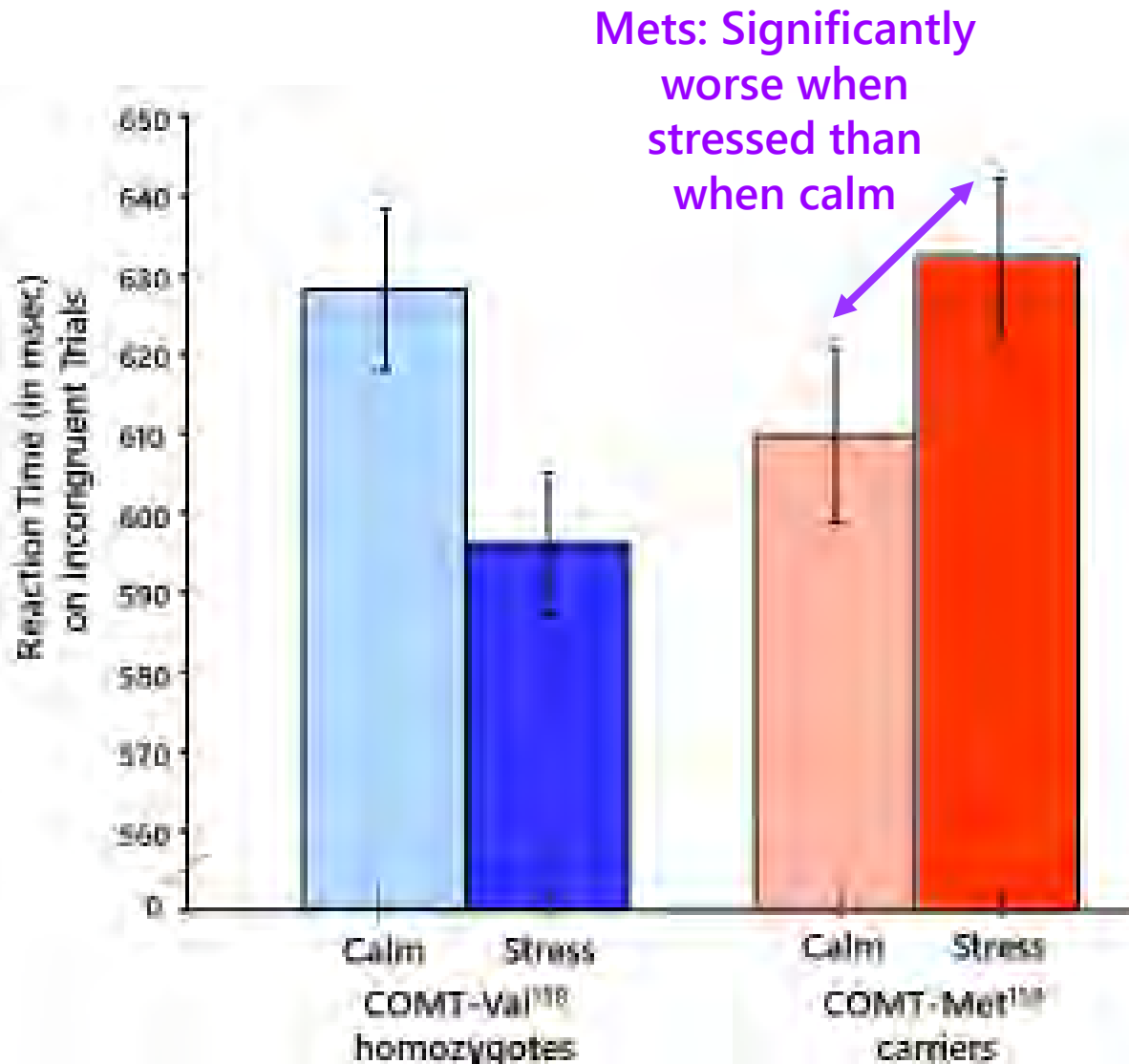
# Mets performed significantly worse when stressed than when calm



Stress x COMT Genotype Interaction on N-Back Task Performance (accuracy difference on 2-back vs. 0-back)

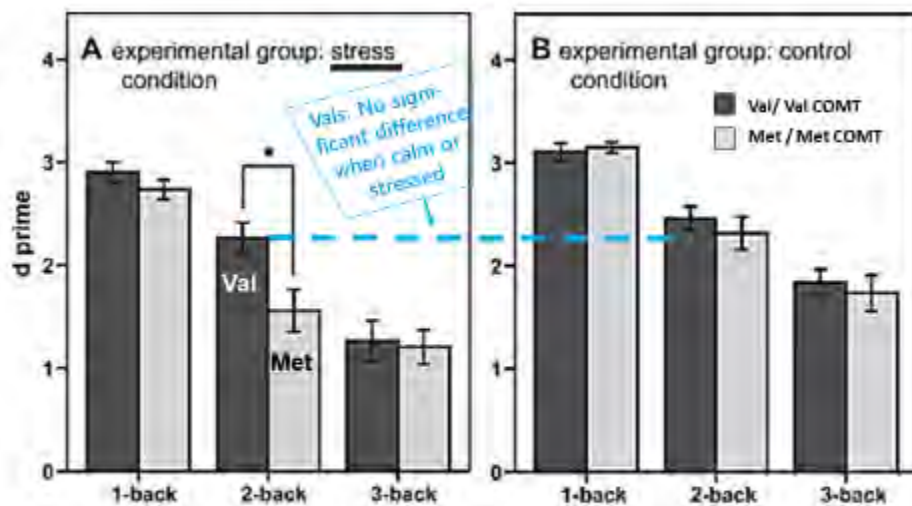


# Speed on Incongruent Trials in the Flanker/Reverse Flanker Task



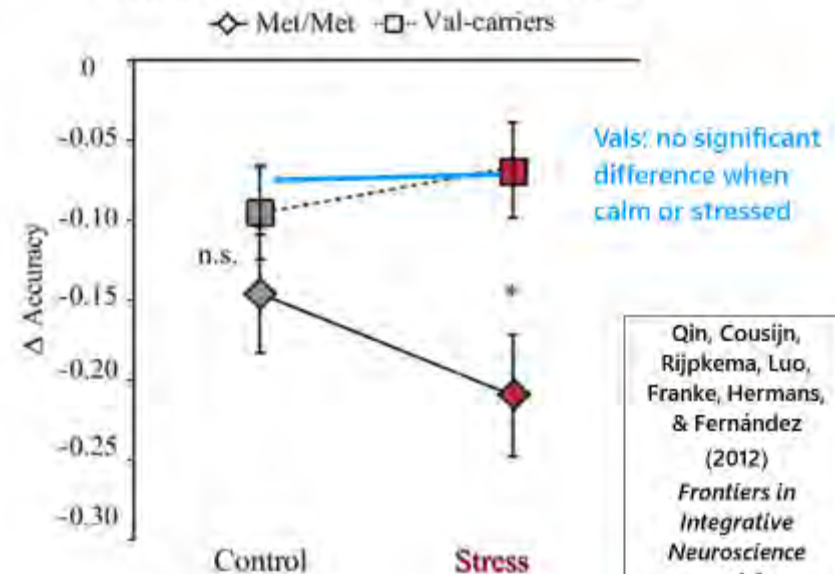
Zareyan, Zhang, Wang, Song, Hampson, Abbott, & Diamond (2020). *Cerebral Cortex* doi:10.1093/cercor/bhaa276 [Epub 30 Oct. 2020 ahead of print.]

# BUT, Vals did NOT perform significantly better when stressed than when calm



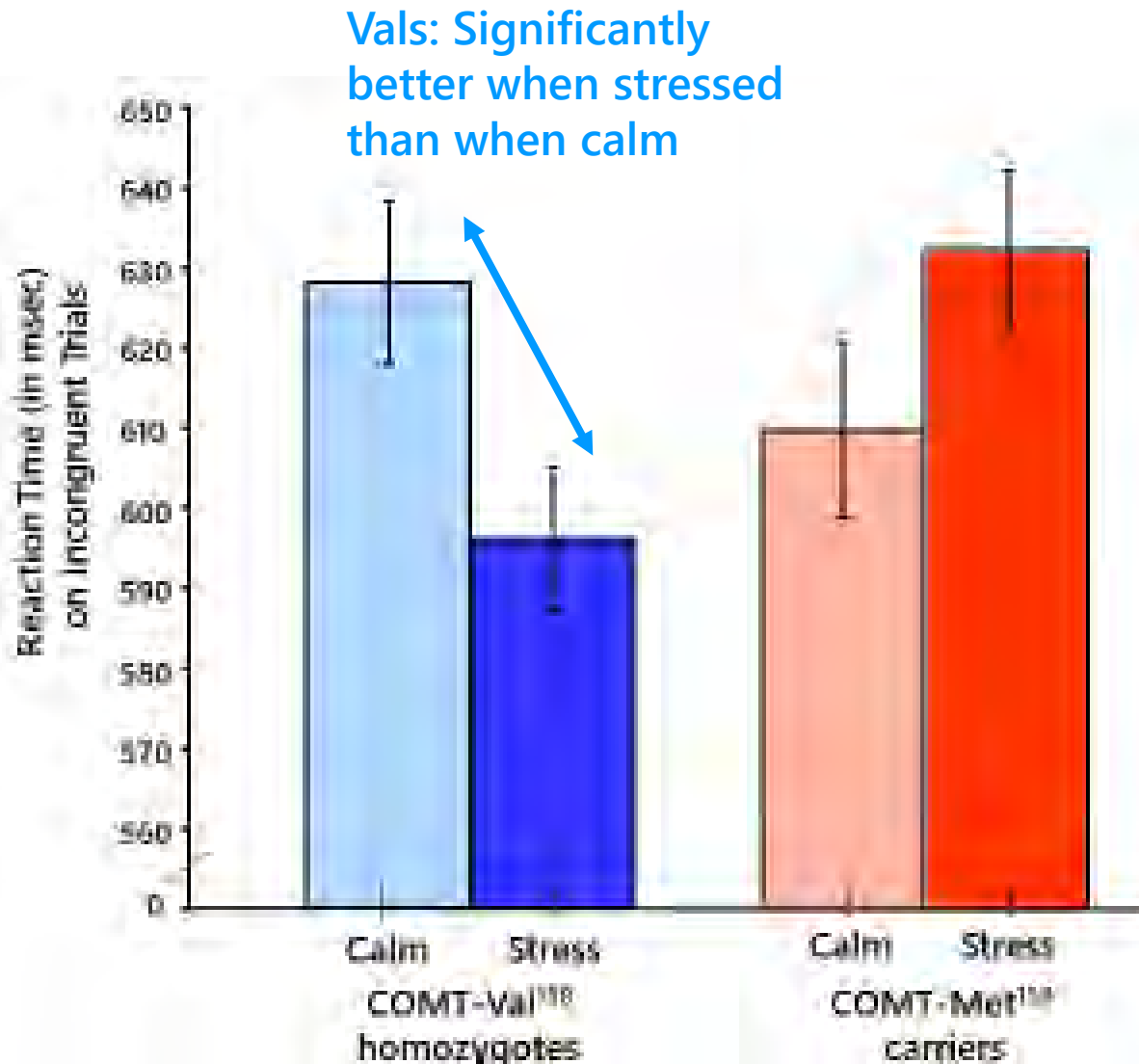
Buckert, M., Kudielka, B. M., Reuter, M., & Fiebach, C. J. (2012). The COMT Val158Met polymorphism modulates working memory performance under acute stress. *Psychoneuroendocrinology*, 37, 1810-1821. doi:10.1016/j.psyneuen.2012.03.014

Stress x COMT Genotype Interaction on N-Back Task Performance (accuracy difference on 2-back vs. 0-back)



Qin, Cousijn, Rijpkema, Luo, Franke, Hermans, & Fernández (2012) *Frontiers in Integrative Neuroscience* vol 6

# Speed on Incongruent Trials in the Flanker/Reverse Flanker Task



Zareyan, Zhang, Wang, Song, Hampson, Abbott, & Diamond (2020). *Cerebral Cortex* doi:10.1093/cercor/bhaa276 [Epub 30 Oct. 2020 ahead of print.]



**Take home message from the  
3 studies of the effect of  
stress on EFs:**

**Stress and anxiety,  
even if quite mild,  
only help a few  
and impair the  
performance of many**

Even stress that is quite mild  
hurts the EFs of most people  
(COMT-Mets & heterozygotes – i.e., any  
COMT-Met carrier)

Some (COMT-Val) are better able to  
tolerate it, but they are  
not helped by it unless it is  
VERY mild

**By the way,**

**estrogen** down-regulates COMT  
gene transcription (Ho, 2008)

**COMT enzyme activity is 30%**  
**lower in women than men**

**(Chen et al., 2004)**

Thus **estrogen** acts to  
**increase** the level of  
**dopamine** in PFC.

So during the portion of the menstrual  
cycle when E2 are most elevated,  
**women are more sensitive to stress,**  
esp. if they have a COMT-Met allele.



**Jeanette Evans**

Evans, J. W., Fossella, J., Hampson, E., Kirschbaum, C., & Diamond, A. (2009). *Gender differences in the cognitive functions sensitive to the level of dopamine in prefrontal cortex*. Presented at the Assoc. for Psychological Science (APS) Annual Meeting, San Francisco, CA



**Haolu Zhang**

Zhang, H. (2017). *Estrogen-mediated sex differences in the effects of social evaluative stress on executive functions*. Master's Thesis in Neuroscience, University of British Columbia.

## **CAVEAT:**

**Our results may be specific to  
social evaluative stress.**

**There are many different kinds of  
stress; the effects & time courses  
might well differ by type of stress.**

**But certainly, feeling stressed  
because you're worried about  
what others might think of you  
or might think of your performance  
(social evaluative stress)**

**is not beneficial  
for Executive Functions.**



**Performance**

**Anxiety**

**is not beneficial**

**Arousal  $\neq$  Stress**

**There's a difference between the excitement and exhilaration of being challenged, and the anxiety of feeling stressed.**

**Joy &  
the Challenge of  
Pushing One's Limits  
are better motivators  
than Fear or Anxiety**

**Indeed, there's a  
downside of the  
Met variant  
of the COMT gene**

# Persons homozygous for COMT-Met<sup>158</sup> tend to

- be more sensitive to **stress**  
Armbuster et al. 2012
- have higher **anxiety**  
Olsson et al. 2005
- and have heightened **pain stress responses**  
Zubieta et al., 2003  
Diatchenko et al.,  
2005

**It has long been known that some of the brightest people also have the most fragile personalities and are highly reactive to stress.**

**Here is a possible mechanism for why the two might go together.**

**re: dandelion & orchid children**

**'Dandelions'** are children who do okay  
wherever they are planted.

They are often seen as models of resilience.

Perhaps children homozygous for COMT-  
Val<sup>158</sup> are the dandelions; they do okay  
even in a stressful environment.



**The COMT Met-158 genotype, which confers risk on individuals when they are in adverse, stressful circumstances, holds out promise of extraordinary potential if only the right fit of circumstances can be found.**

**Someone who is not doing well in one environment, or with a particular instructional style, might shine in another environment or with a different instructional approach.**

Indeed, the EF performance of those with better WM capacity is more adversely affected by social presence or social evaluation than is the EF performance of those with not as good WM ability.

E.g., social presence more negatively affects performance on the Simon task (Belletier et al. 2015) and on a visual search task (Wühr and Huestegge 2010) for those with better WM capacity.

And, those with better WM capacity are more likely to fail under pressure (Beilock & Carr, 2005).

This means that it is exactly those with presumably the greatest potential for success (those with the best WM capacity) whose performance on demanding cognitive tasks is most adversely affected by stress.

On the other hand, a professor might think a particular student is amazing, but a student who had not looked particularly impressive might be the one better able to function under pressure or in emergency situations; that COMT-Val student might end up being the real hero or heroine.

Exactly those who perhaps didn't look so  
impressive in the regular day-to-day  
(e.g., COMT-Val homozygotes)

**might be indispensable**

**exactly when needed most –**

when a sudden emergency requires quick,  
clear, creative thinking.

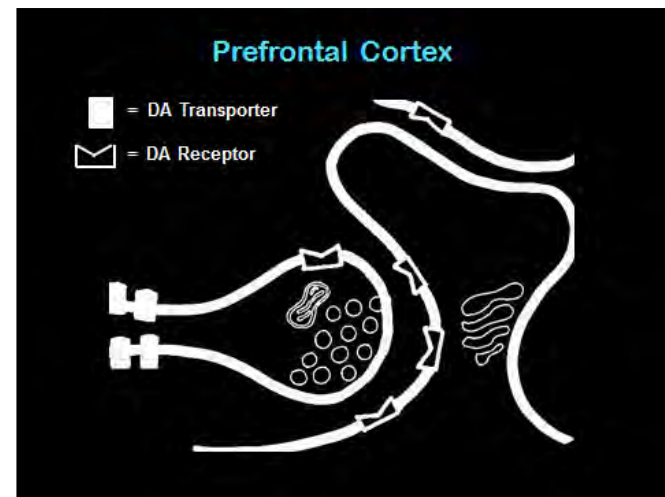
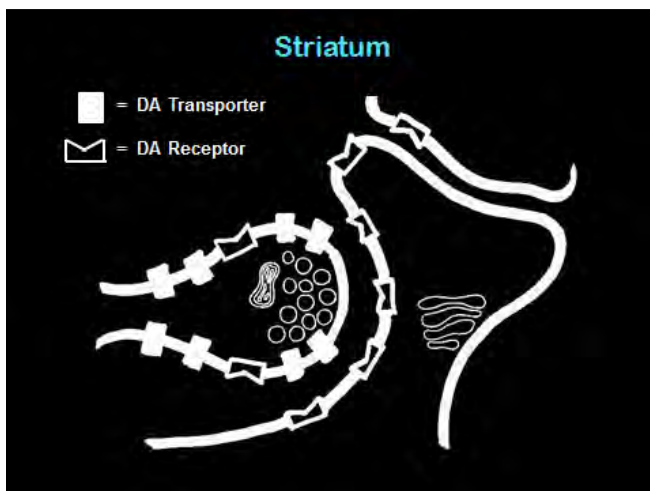
**Turning now to one way that  
an unusual property of the  
DA system in PFC  
is important re: ADHD**

**Remember:**

**The best mechanism for  
clearing away released  
dopamine is by dopamine  
transporter.**

# Remember:

Dopamine transporter is abundant in the striatum but sparse in prefrontal cortex.





Since there's lots of DAT in the striatum, polymorphisms of the dopamine transporter (DAT1) gene should be important for the striatum.

**The striatum is implicated most in the impulsive and hyperactive aspects of ADHD.**

**PFC is implicated most in the cognitive deficits.**

Indeed, levels of hyperactive-impulsive symptoms are correlated with the number of DAT1 high-risk alleles, but levels of inattentive symptoms are not.

Waldman *et al.*, 1998

DAT binding has been found  
to be related to motor  
hyperactivity **but not to**  
**inattentive symptoms.**

Jucaite *et al.*, 2005

**Medications** that affect the dopamine transporter should be important for **the striatum** and for **the ADHD symptoms most closely linked to the striatum** (hyperactivity and impulsivity).

**At moderate to high doses**  
**stimulants (like methylphenidate [MPH])**  
**act on the dopamine transporter,**  
**inhibiting re-uptake of dopamine.**

Indeed, at moderate to high doses

**MPH successfully treats**

**hyperactive & impulsive symptoms**

**(which are linked to the striatum).**

Barkley et al. 1991; Barkley 2001;  
Milich et al. 2001; Weiss et al. 2003

**But those doses**

**yield much less benefit**

**for PFC**

**because PFC has little DAT.**



On the other hand, a significant percentage of children with **ADHD-IA** are **not helped** by methylphenidate and those who are helped **often do best at low doses.**

Barkley et al., 1991; Barkley, 2001; Milich et al., 2001; Weiss et al., 2003

**The mode of action of  
stimulants (like MPH)  
is different at low doses.**

Berridge et al. 2006;

Devilbiss & Berridge 2008;

Schmeichel & Berridge 2013;

Spencer et al. 2012, 2015

At **low doses**, stimulants  
preferentially **increase dopamine**  
**release in PFC** and preferentially  
**enhance signal processing in PFC.**

We hypothesized that, by basing the decision about dose on children's behavior (rather than their cognition), many children with ADHD might be receiving **too high a dose of stimulant for optimal performance in school.**

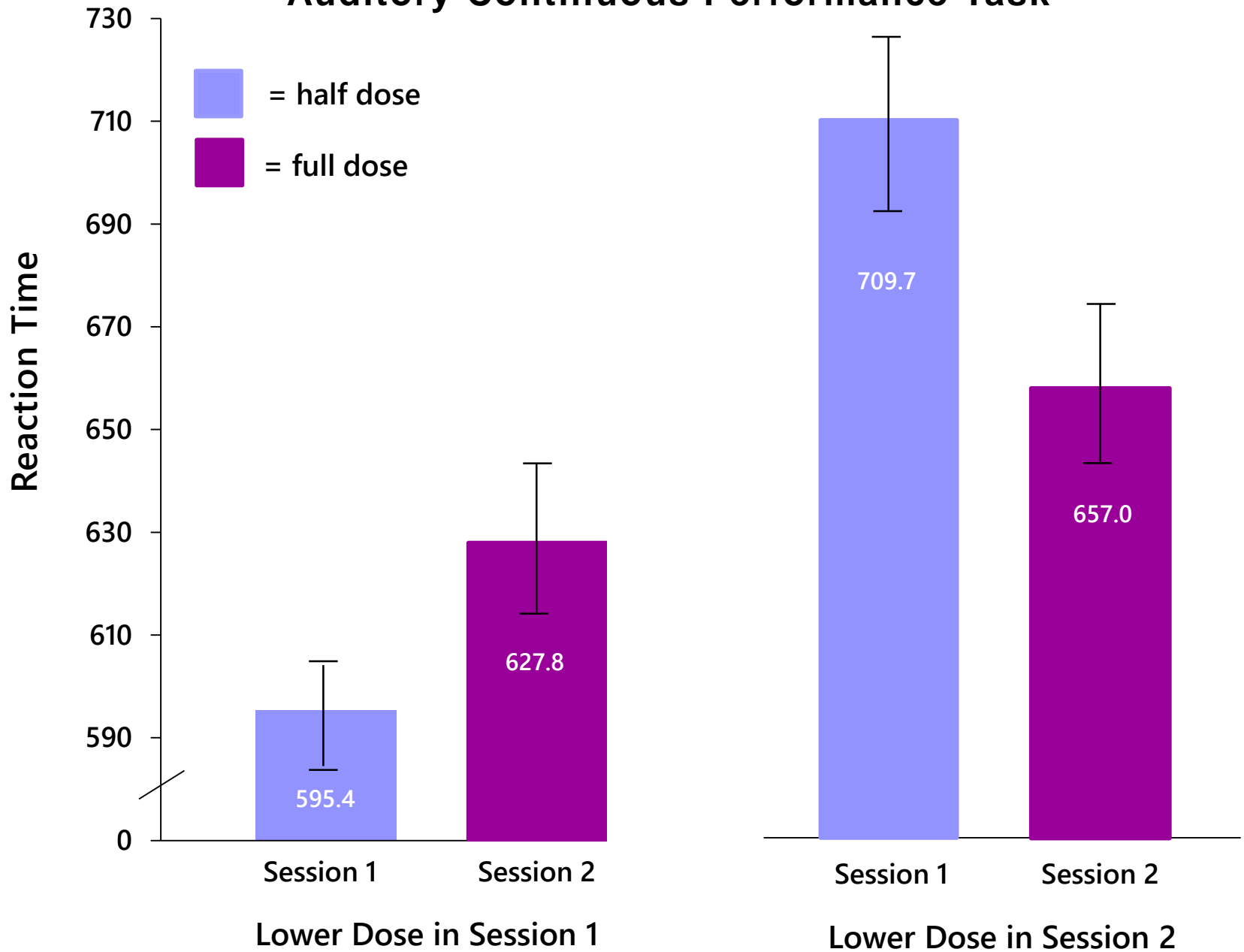
# Our ADHD Study

## Double-blind, Crossover Design

	Session 1	Session 2
Half:	$\frac{1}{2}$ their usual dose of meds	their regular dose of meds
Half:	their regular dose of meds	$\frac{1}{2}$ their usual dose of meds

**We found**  
**auditory sustained**  
**attention**  
**was better on 1/2 the**  
**prescribed dose:**

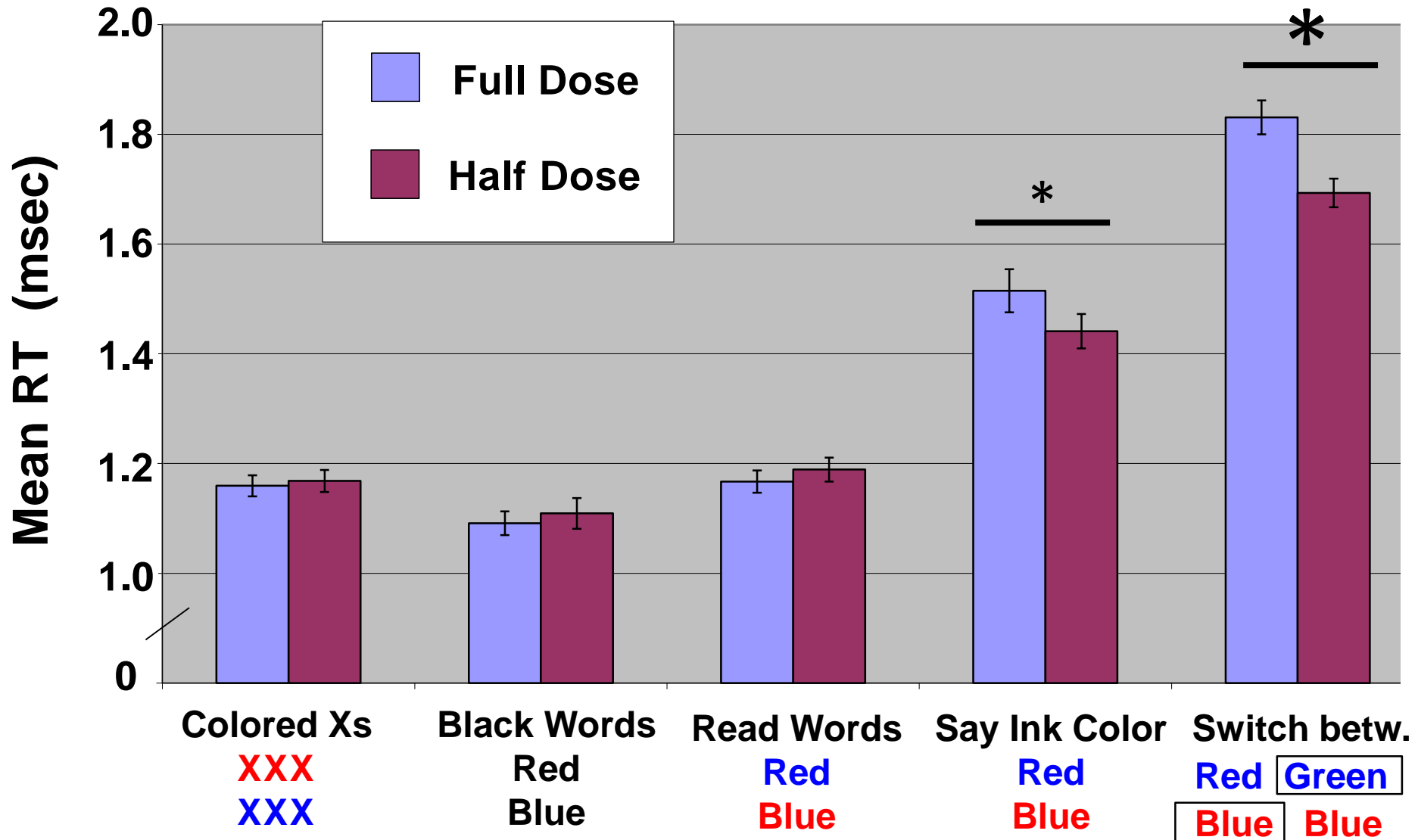
# Auditory Continuous Performance Task



**We also found that  
inhibitory control and  
cognitive flexibility  
were better on  $\frac{1}{2}$  the  
prescribed dose:**



# Stroop Task (reaction time)



**Thus, the best doses of MPH for  
controlling behavioral problems**

**are probably too high for  
providing the best aid for  
cognitive problems.**

It is likely that many children with ADHD are being prescribed **too high** a dose of psychostimulant for optimal performance in school.

The higher dose of stimulant might actually be *impairing* children's ability to get as much out of class as they could without medication.

Indeed, the higher dose might make children less able to concentrate & attend (more in a daze).

**When cognitive development is  
perturbed,  
as in a neurodevelopmental  
disorder,  
motor development is often  
adversely affected as well.**

**At least half of all children with ADHD have**  
**poor motor coordination**  
**& fit the diagnosis for**  
**developmental coordination disorder.**

Children with ADHD show **more sway** when tested for balance than control children.

Either with eyes closed (no visual input), or when on a foam pad (reduced proprioceptive input).

**They have problems particularly when they need to rely on vestibular input.**

Zang et al. (2002)

*Chinese J of Clinical Rehabilitation*

## **Bittmann et al. (2005)**

On the Functional Relationship between Postural Motor  
Balance and Performance at School

*Deutsche Zeitschrift Für Sportmedizin, 56 (10)*

found highly significant differences in  
balance regulation between **better and  
worse students.**

They were able to discriminate good  
students from poor ones **with 80% accuracy**  
based on their **balance skills.**



**Research shows that much of balance**  
(especially when there's reduced sensory input  
[e.g., eyes closed] or a reduced base of support  
[e.g., feet together or one leg raised])  
**requires PFC**

Bauby & Kuo, 2000; Karim et al., 2014; Kwag & Zijlstra, 2022;  
Mihara et al., 2008; Rydalch et al., 2019; St George et al., 2021

**It's well-established that the cerebellum is  
critical for motor learning and balance**

**(Glickstein & Yeo, 1990; Morton & Bastian, 2004).**

**Less well known is that cerebellum also plays  
an important role in EFs**

**(Diamond, 2000; Koziol et al., 2014; Schmahmann, 2004, 2019;  
Stoodley, 2014; Stoodley et al., 2012; Strick et al., 2009).**

**Given that balance appears to tax EFs  
and require PFC**

**and given that the cerebellum (which is  
imp. for balance) is also imp. for EFs,**

**we are now testing the hypothesis that  
training balance will improve not only  
balance, but also EFs.**

**Another recurring Theme in my work:**

**Motor development and  
cognitive development appear to  
be fundamentally intertwined.**

**Diamond, A. (2000)**

**Close Interrelation of  
Motor Development and Cognitive Development and  
of the Cerebellum and Prefrontal Cortex**

***Child Development, 71, 44-56***



*thanks for listening*  
*adele.diamond@ubc.ca*





My thanks to the **NIH** (NIMH, NICHD, & NIDA), which has continuously funded our work since 1986, & also to the **Bezos Family Fdn**, **Spencer Fdn**, **CFI**, **CRC**, **NSERC**, & **IES** for supporting our work - & especially to all the members of my lab.

**Motor development and  
cognitive development appear to  
be fundamentally intertwined.**

**Diamond, A. (2000)**

**Close Interrelation of  
Motor Development and Cognitive Development and  
of the Cerebellum and Prefrontal Cortex**

***Child Development, 71, 44-56***

**To some extent the cognitive competencies are there early, but the control of action comes in late.**

**Young children understand some things quite early, but cannot demonstrate this until much later because imprecise execution of motor actions (reaching) and because of their inability to inhibit reflexive or habitual reactions.**

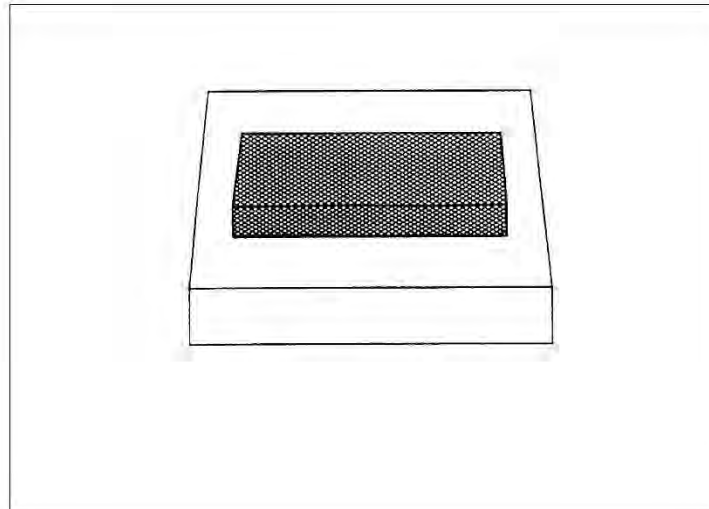


Piaget theorized that infants 5 to 6 months old **do not understand the concept of contiguity**, i.e., they do not realize “that two objects can be independent of each other when the first is placed upon the second” (Piaget, 1937/1954, p. 177).

The behavioral observation on which this was based was that although infants can retrieve a small free-standing object, they fail to retrieve that same object if it is placed on top of a slightly larger object.

**At first we couldn't replicate Piaget's observation that infants of 5-6 months can't retrieve a matchbox placed on top of a book.**

**We used a smaller rectangular block placed on top of a larger rectangular block.**



Whatever one may think of Piaget's theorizing,  
he was an excellent and accurate observer of  
children's behavior.

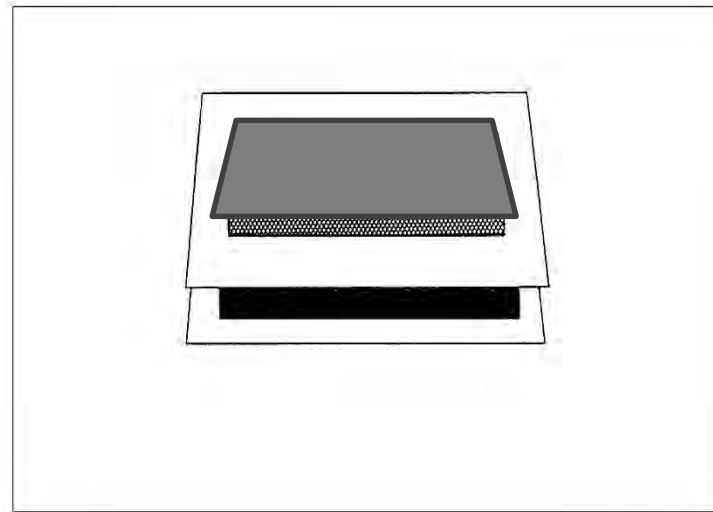
If we couldn't replicate what Piaget had  
observed, we were doing something wrong.

It dawned on me,  
we were simulating presenting a matchbox on  
a book **with the binding side of the book facing  
the child.**

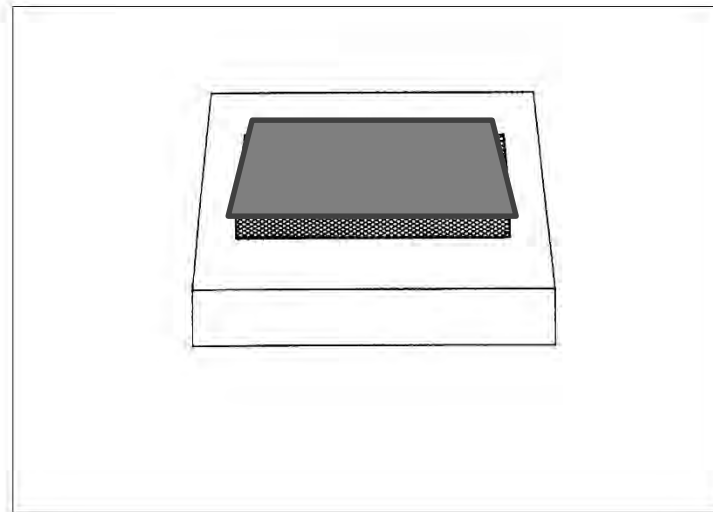
Maybe Piaget had presented the matchbox on  
a book, **with the pages facing the child.**

(Piaget never mentioned the  
orientation of the book).

Sure enough. We replicated Piaget's observation with the larger block shaped like this (the 'pages side' facing the child):



But not when it was shaped like this (the 'binding side' facing the child):

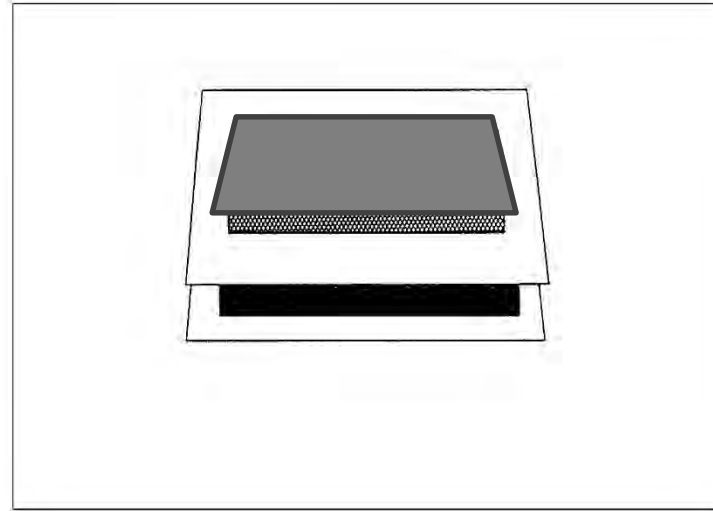


**Why would the orientation of  
the book matter?**



The bottom block here presents an easily graspable edge for an infant.

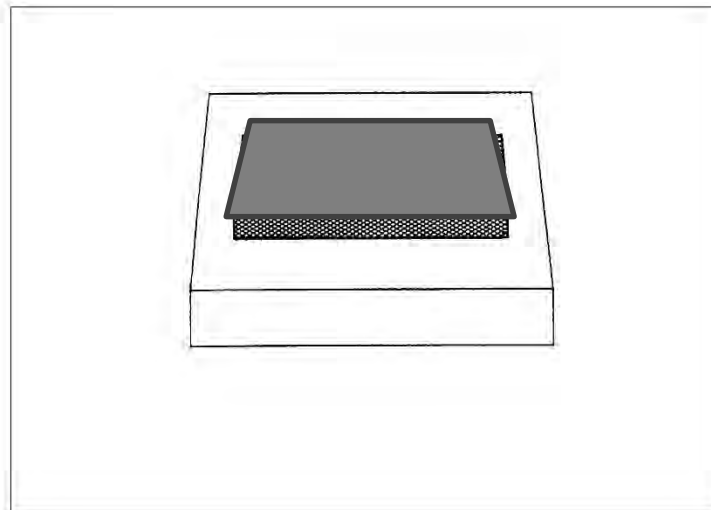
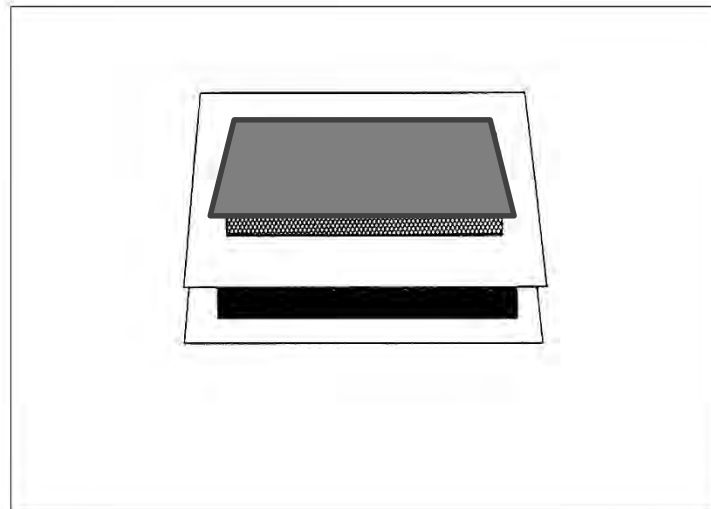
If you combine imperfect precision in reaching with the grasp reflex, you are likely to find infants grasping the bottom block (i.e., the book)

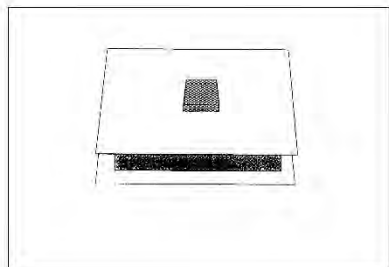
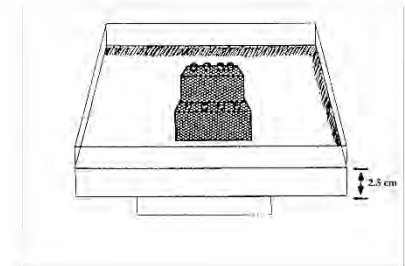
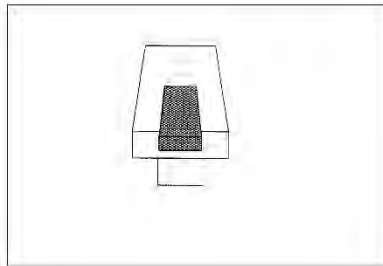
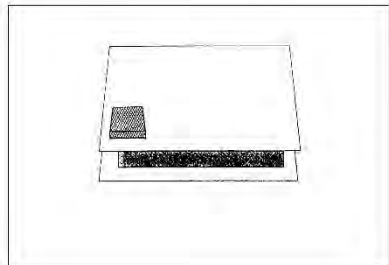
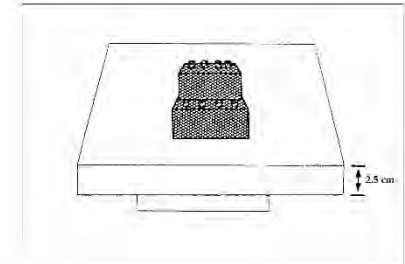
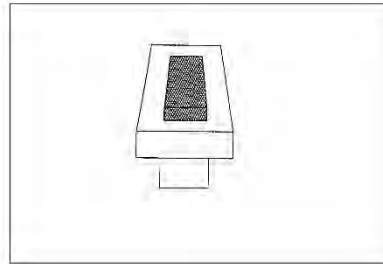
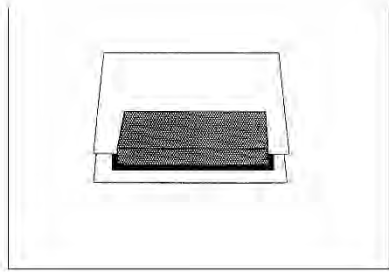


The bottom block here presents an easily graspable edge for an infant.

If you combine imperfect precision in reaching with the grasp reflex, you are likely to find infants grasping the bottom block (i.e., the book)

Here, even if infants accidentally graze the edge of the bottom block en route to the top block, they can't grasp it.





Diamond, A. & Lee, E.-Y. (2000)  
Inability of 5-month-old infants to  
retrieve a contiguous object: A failure of  
conceptual understanding or of control of  
action? *Child Development*, 71, 1477-1494.

So, Piaget's observations were absolutely correct, but his conclusion was not.

The problem is not conceptual, as Piaget thought. Babies understand perfectly well that 2 objects continue to exist independently when they share a border with one another.

Babies' problem here is motor – with precision reaching and inhibiting the grasp reflex.

Infants' problem consists of lack of precision in visually guided reaching and lack of ability to inhibit reflexive reactions to touch.

More 5-month-olds succeeded, in less time, and with fewer touches to an edge of the base, on trials more forgiving of an imprecise reach than on less forgiving trials.

Success in retrieving objects close in size and fully contiguous with their bases was seen even at 5 months when the demands on skill in reaching were reduced.

Bower (1974) demonstrated that infants fail to retrieve an object if it is placed directly behind a slightly larger object.

For example, **infants will retrieve a small object if it is several inches behind a screen,**  
**but not if it is directly behind the screen.**

Bower (1977) concluded: "It seems that what the baby doesn't understand is that two objects can be in a spatial relationship to one another, so that they share a common boundary. Evidently it is the common boundary that is critical" (pp. 116-117).



7-month-old reaching for a Lego inside our box

DDDDDDDDDD

0-04:28:6

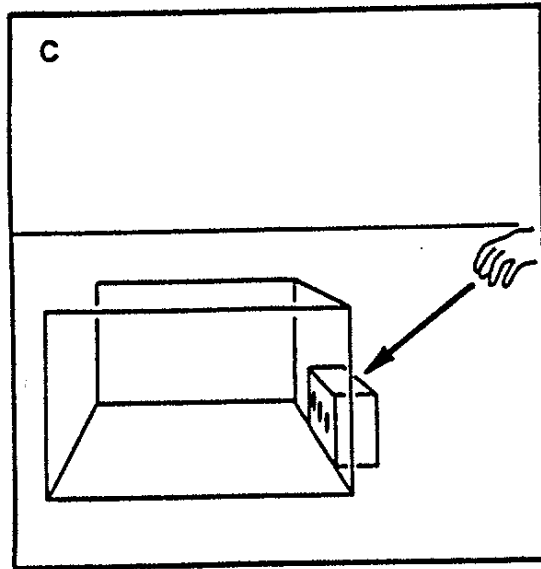
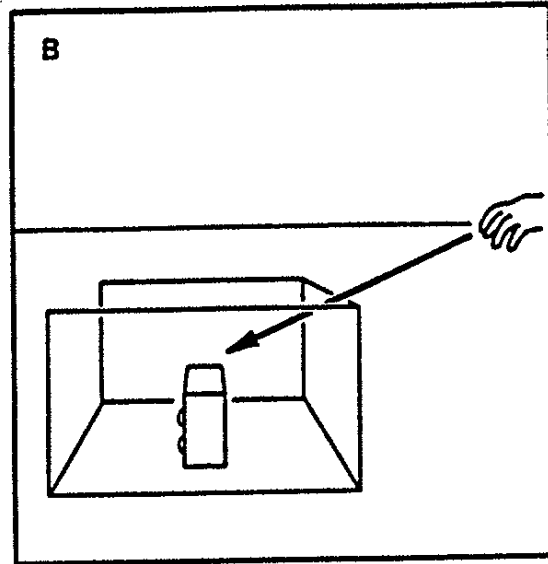
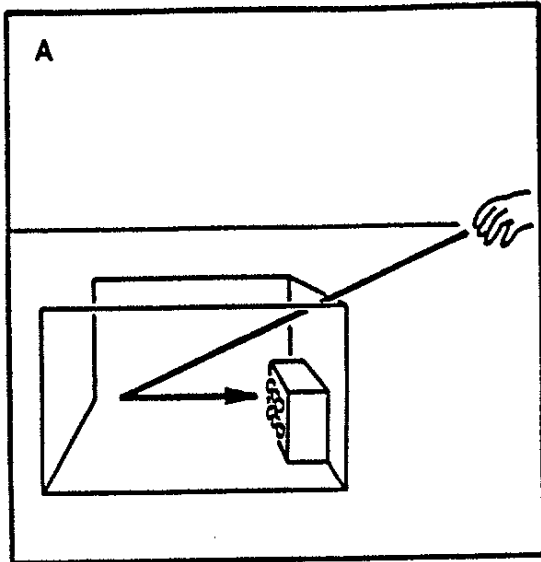




Same infant, same session, different camera angle



7-month-old fails to retrieve Lego inside our box when it is against the front wall

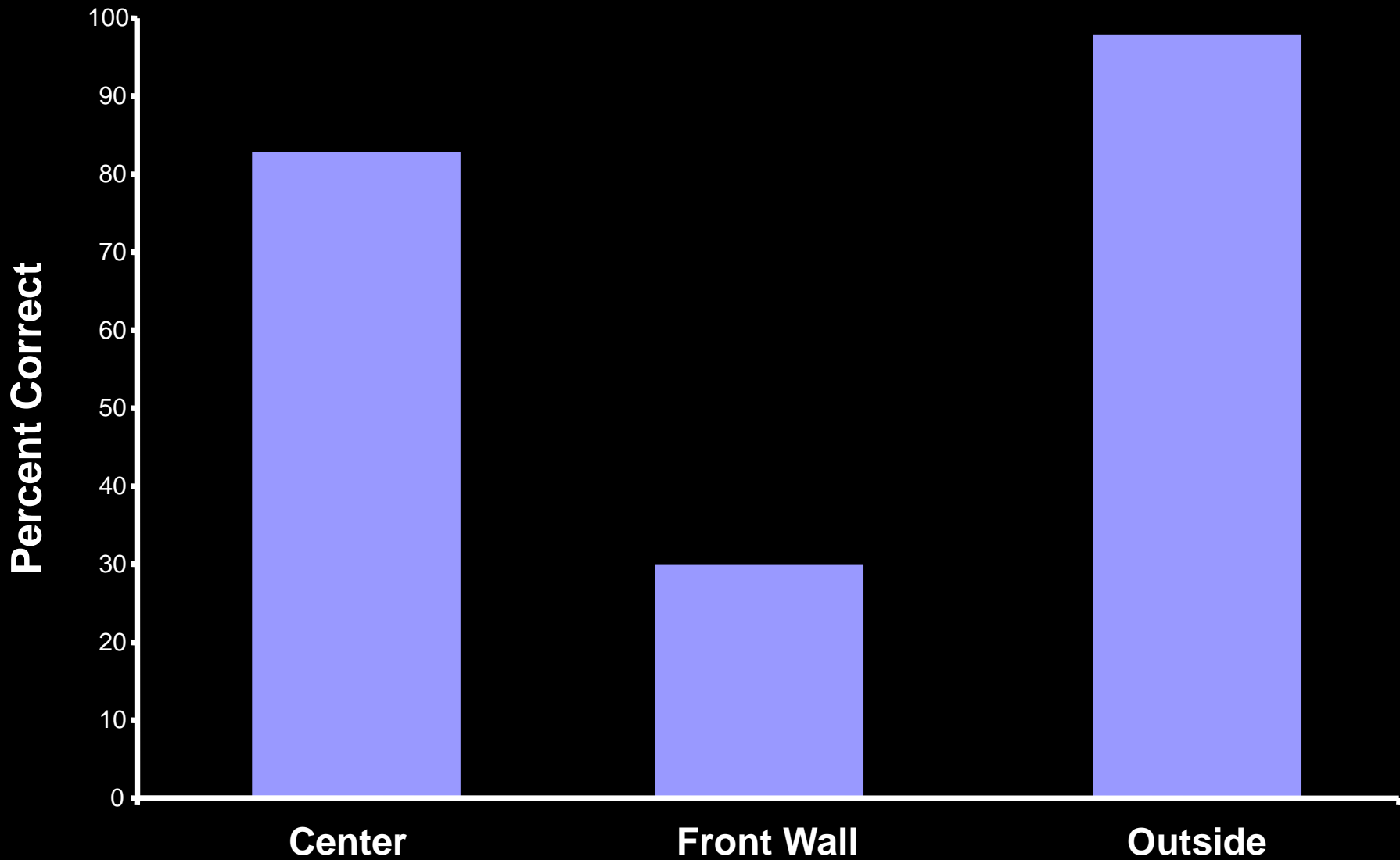


A photograph of a baby with light hair, wearing a blue and white striped shirt, being held by an adult whose face is partially visible on the right. The baby is looking down at a red object on a table. A digital timestamp is overlaid at the bottom of the image.

0:05:01:2



0:05:05:6





0:06:09:9





DDDDDDDDDD



0-03:39:5

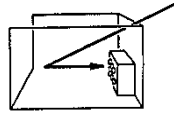
DDDDDDDDDD



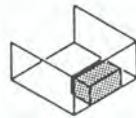
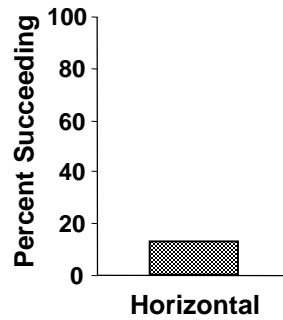
0:03:43:5

# Infants of 7 Months **Fail**

need a bi-directional reach

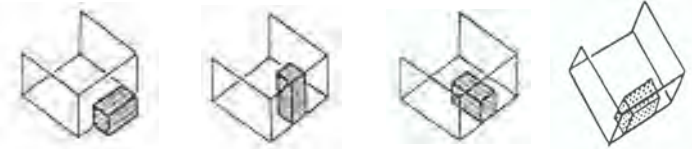
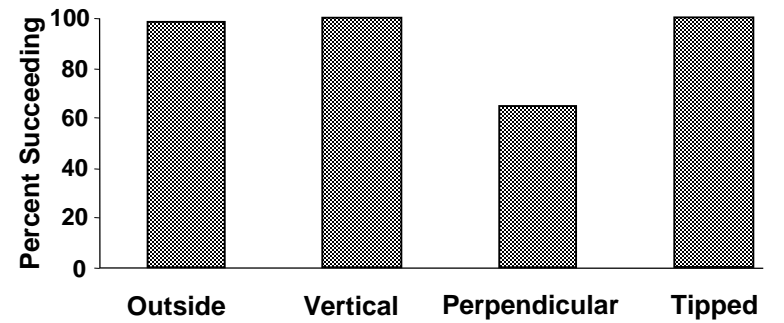
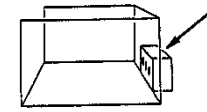


Toy Contiguous  
with Front Wall  
of Box

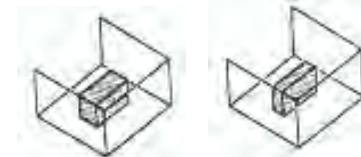
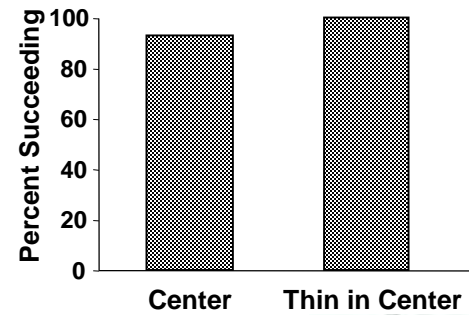
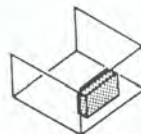
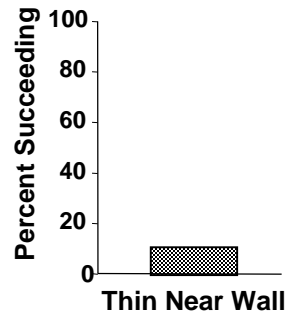
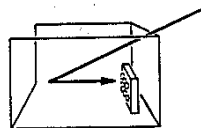


# Infants of 7 Months **Succeed**

can reach on a simple straight line



Toy *not* Contiguous  
with Front Wall  
of Box



DDDDDDDDDD

0:03:01:5

DDDDDDDDDD

0:03:02:0

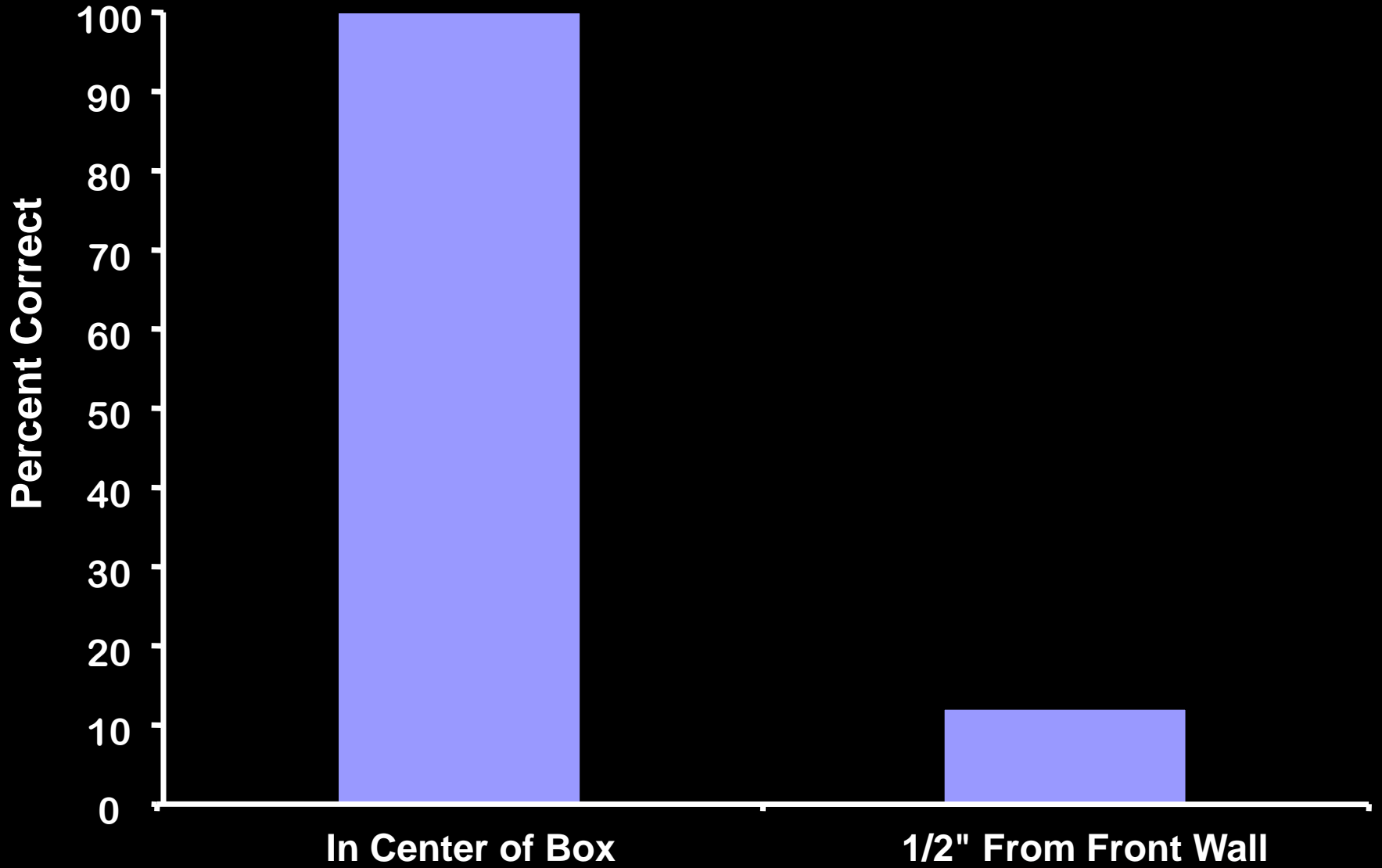
DDDDDDDDDD



0:03:21:7

DDDDDDDDDD

0-03:23:0









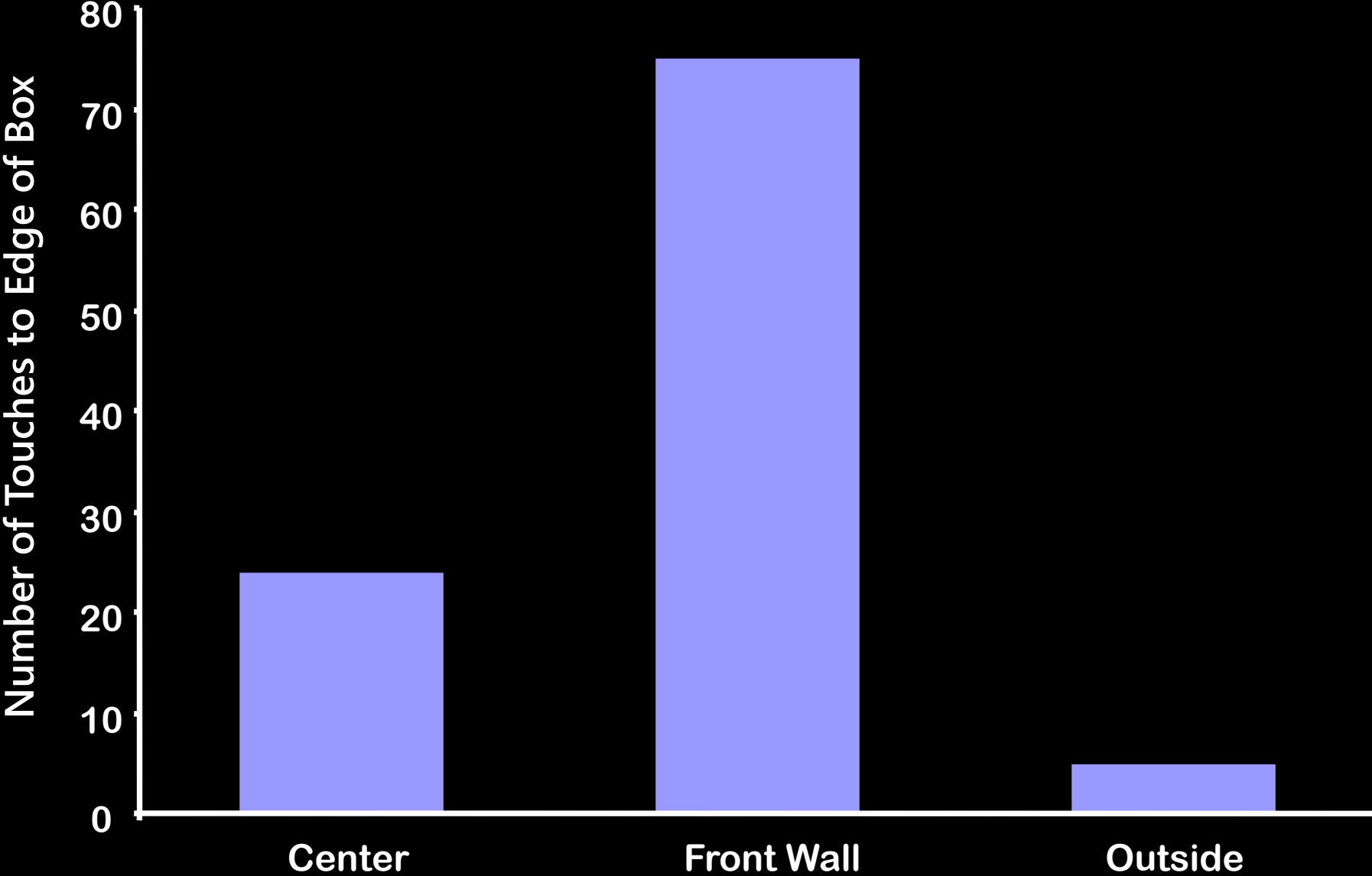
0:05:43:0



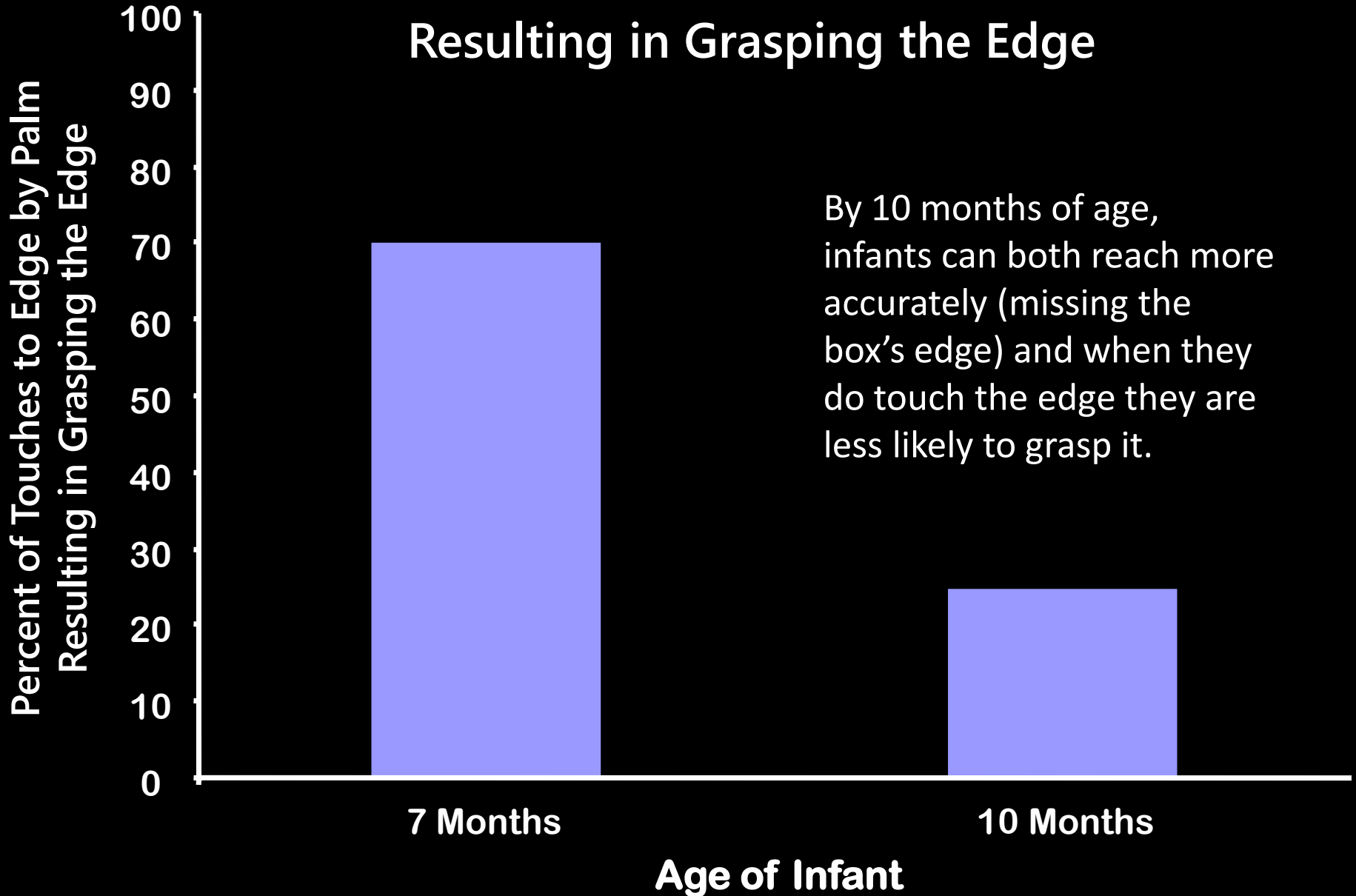
0:05:43:2



# Number of Touches to Front Edge of the Box



# Percent of Touches to Edge by Palm Resulting in Grasping the Edge



Infants of 7 months typically reacted to touching the edge of the box by reflexively grasping the box (68% of the time) or reflexively withdrawing their hand (15% of the time).

They rarely continued a reach despite grazing the edge of box and rarely continued a reach after grasping the box. Instead, they pulled their hand back and began the reach again from the starting position.

Infants of 10 months, on the other hand, were much less likely to react reflexively when they touched the box (grasping the edge only 25% of the time and almost never reflexively pulling their hand back) and were much more likely to continue their reach despite contacting the box.

Infants of 7 months thus seem to understand the concept that an object continues to exist as a separate entity when it shares a boundary with another object.

Their behavior often fails to reflect this understanding, however, because of their imperfect control of their hands.

By at least 10 months of age, and perhaps earlier, infants have sufficient control of their actions to enable them to demonstrate in their behavior the conceptual understanding that seems to be present much earlier.



Diamond, A. & Gilbert, J. (1989)

Development as progressive inhibitory control of action:

Retrieval of a contiguous object.

*Cognitive Development, 4, 223-249.*

Diamond, A. (1991)

Neuropsychological insights into the meaning of object  
concept development. In S. Carey & R. Gelman (Eds.),

*The epigenesis of mind: Essays on biology and knowledge* (pp.  
67-110). Hillsdale, NJ: Lawrence Erlbaum Assoc.

**Delayed Non-Matching to Sample is a  
classic task for studying visual  
recognition memory dependent  
on the medial temporal lobe**

**also replicated in amnesic adults  
and in infant monkeys**











# Success on Delayed Nonmatching to Sample appears very **LATE** in Development

**Humans**

Infants do not reliably choose the novel stimulus until 21 months of age with delays of only 5 sec.

**Monkeys**

Infant monkeys do not reliably choose the novel stimulus until 4 months of age at delays of 10 sec.



# **An Early and a Late Developing System for Learning and Retention in Infant Monkeys**

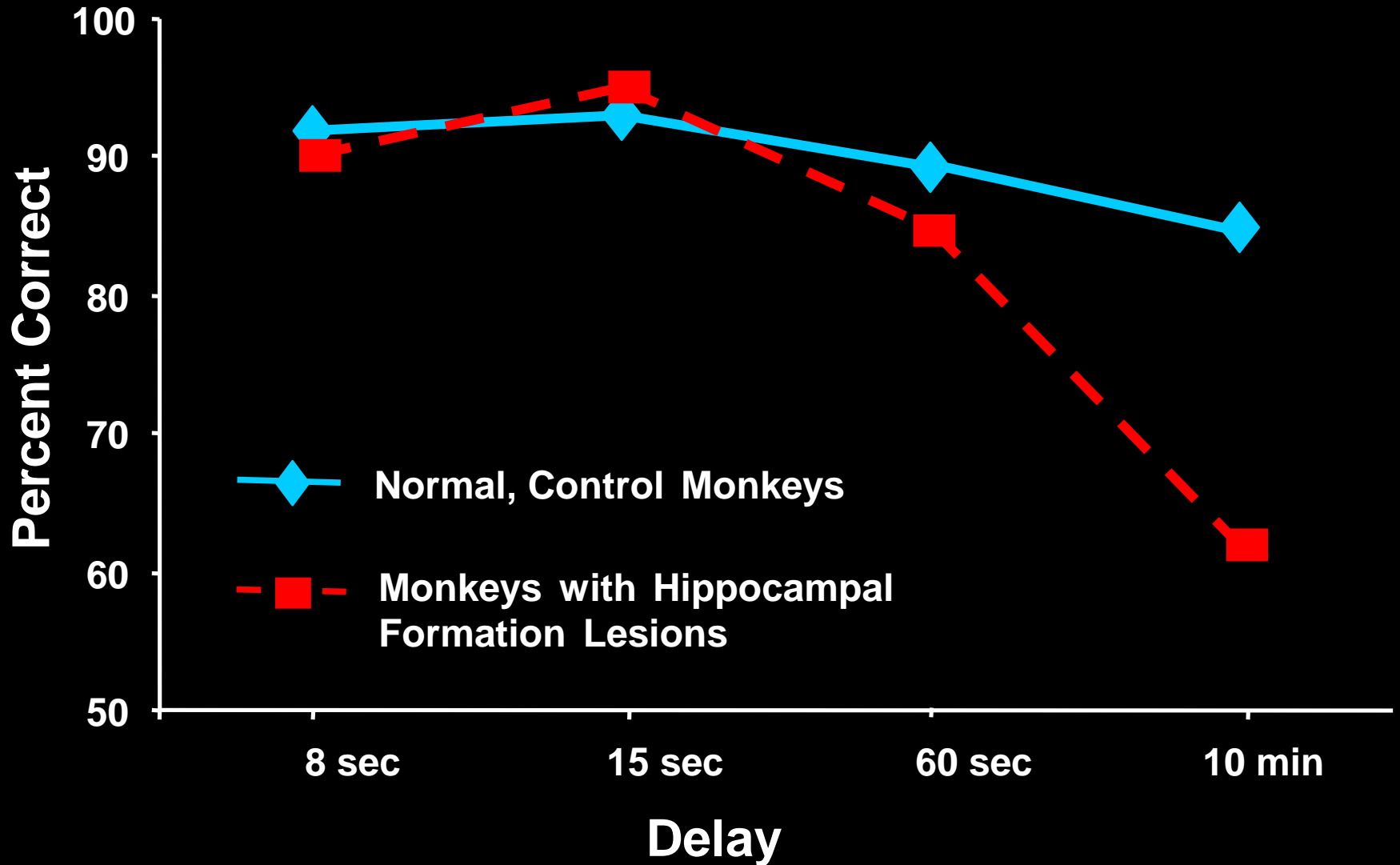


## **Behavioral Neuroscience**

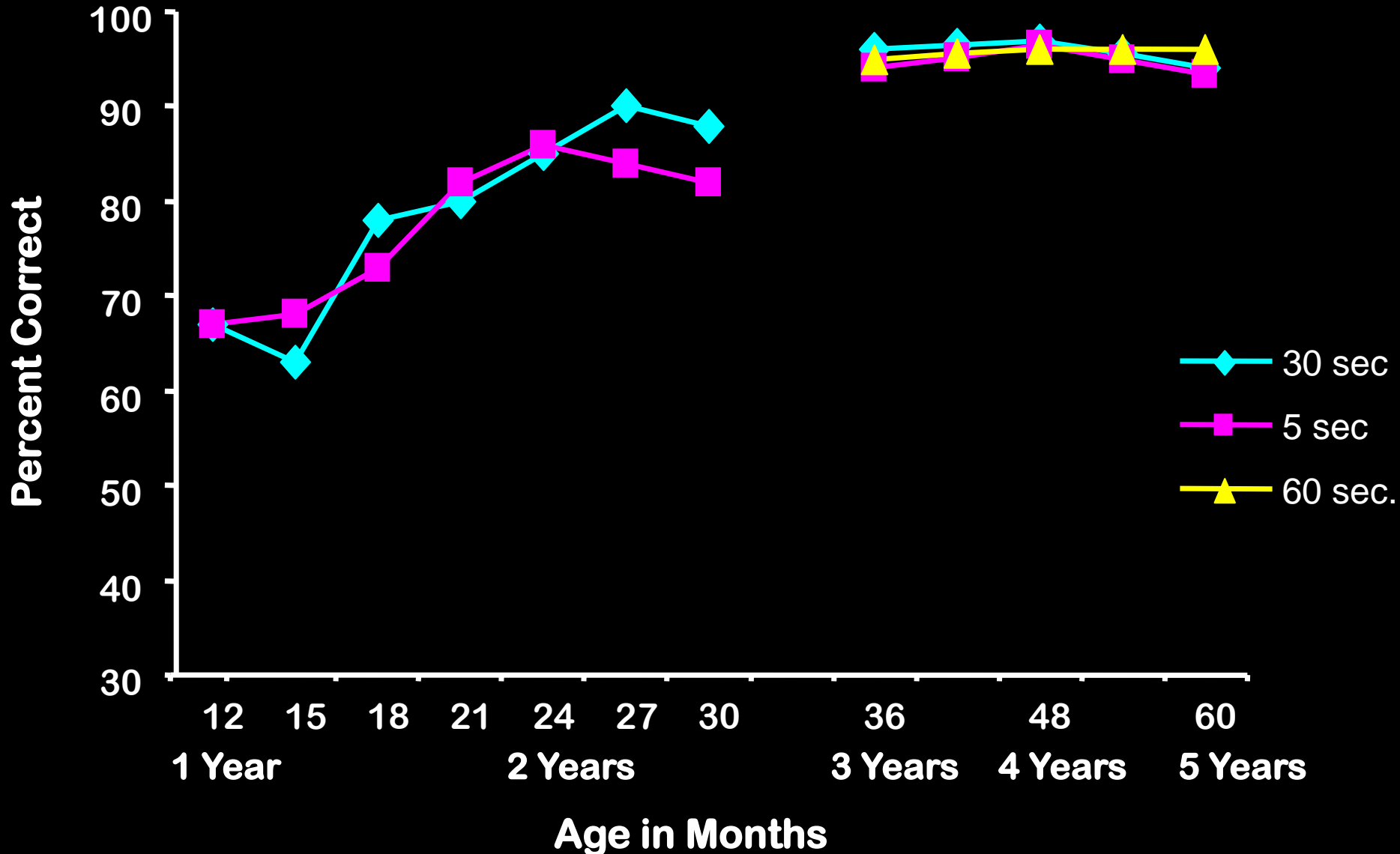
**1984**

On the evidence that memory formation and habit formation represent two qualitatively different learning processes based on separate neural mechanisms, the functional development of these two processes was followed ontogenetically. Separate groups of rhesus monkeys of different ages were tested in delayed nonmatching-to-sample and 24-hr concurrent discrimination learning, considered to be measures of recognition memory and discrimination habit formation, respectively. The youngest group of infant monkeys failed to learn the nonmatching task until they were approximately 4 months old. With further maturation, learning ability on...

# Performance on the Delayed Nonmatching to Sample Task



# Percent Correct at Delays of 5, 30, & 60 Sec



# Velcro Condition

Reward contiguous with  
& physically connected to,  
though detachable from,  
the stimulus

















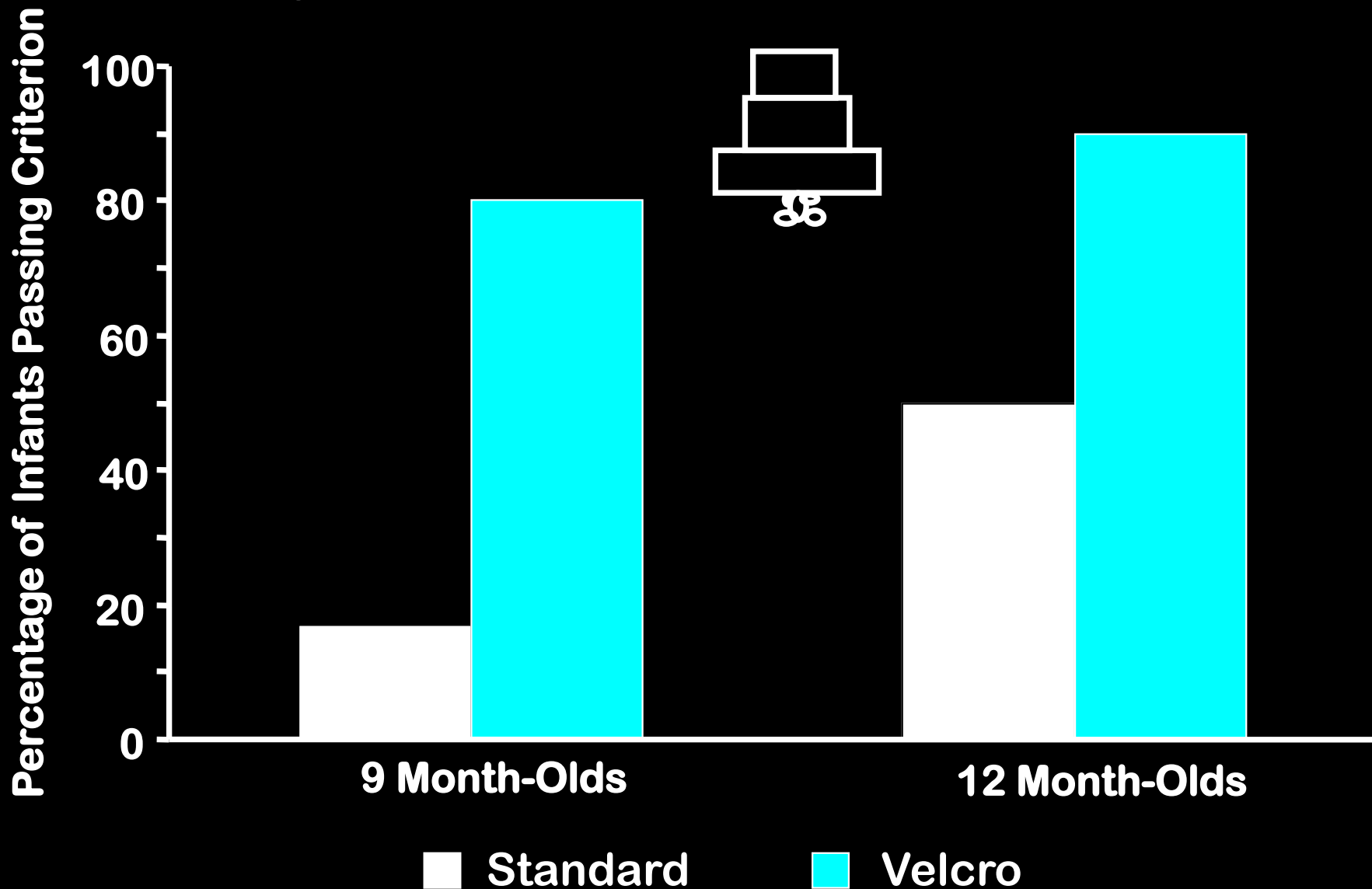








# Percentage of Infants Passing Criterion at the 5-Sec Delay in the VELCRO Condition of DNMS





When the reward and stimulus were physically connected, when the reward moved with the stimulus as the infant displaced the stimulus, the task was easy.

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The critical late-maturing competence is the ability to grasp the relation between stimulus and reward, to understand the role of the stimulus as a marker or symbol for the reward's location

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**Murray Jarvik  
(1956)**

**Simple color discrimination in chimpanzees:  
Effect of varying contiguity between cue and  
incentive.**

***Journal of Comparative and Physiological  
Psychology, 49, 492-495.***

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**Judy DeLoache**

**(1995)**

**Early understanding and use of symbols:**

**The model model.**

***Current Directions in Psychological***

***Science, 4, 109-113.***

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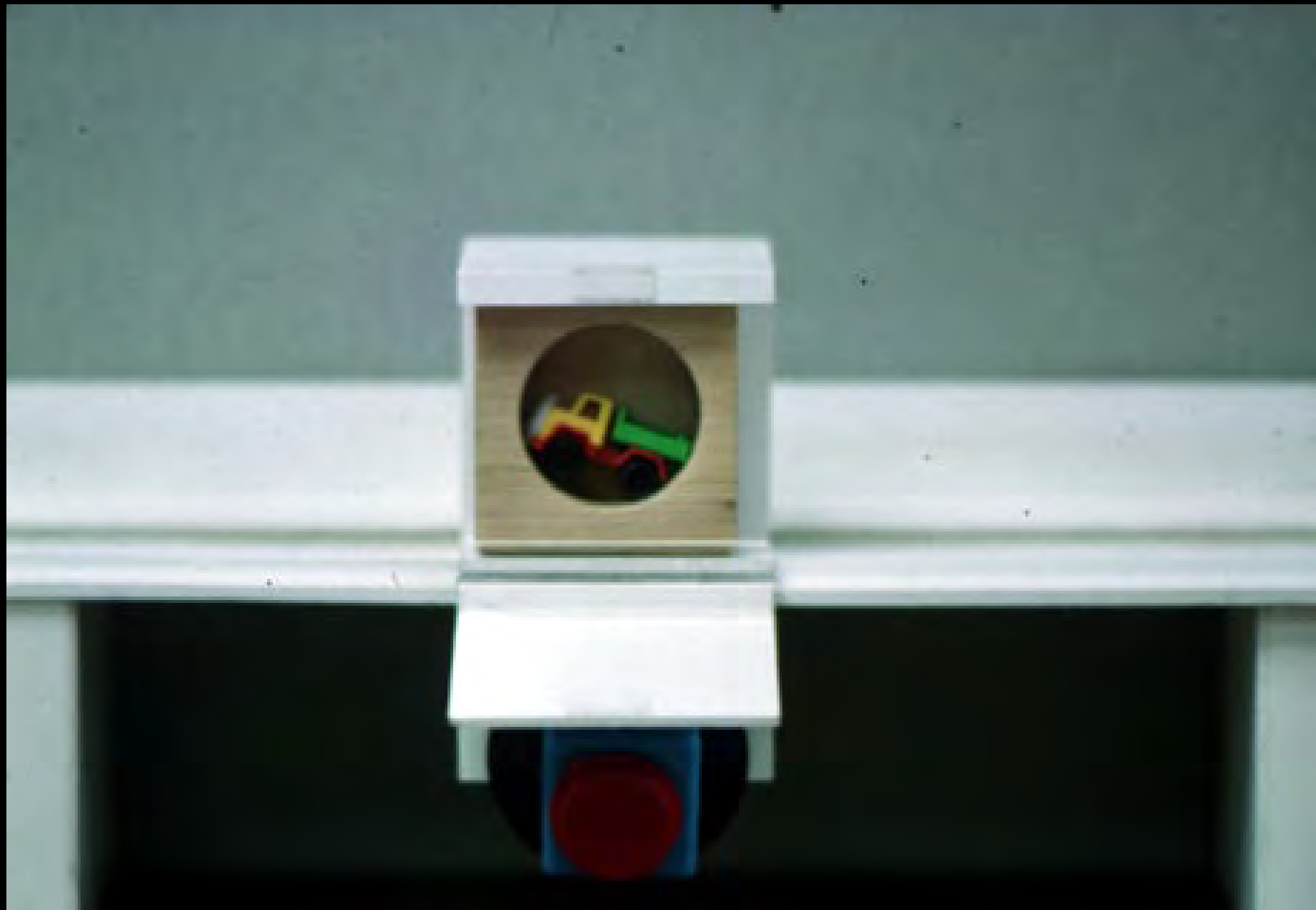
Is it SPATIAL proximity,  
TEMPORAL proximity, or  
PHYSICAL CONNECTION,  
that makes the difference in  
infants' performance?

# Behind Condition

Reward seen immediately when stimulus is moved, but stimulus and reward clearly share no physical connection.

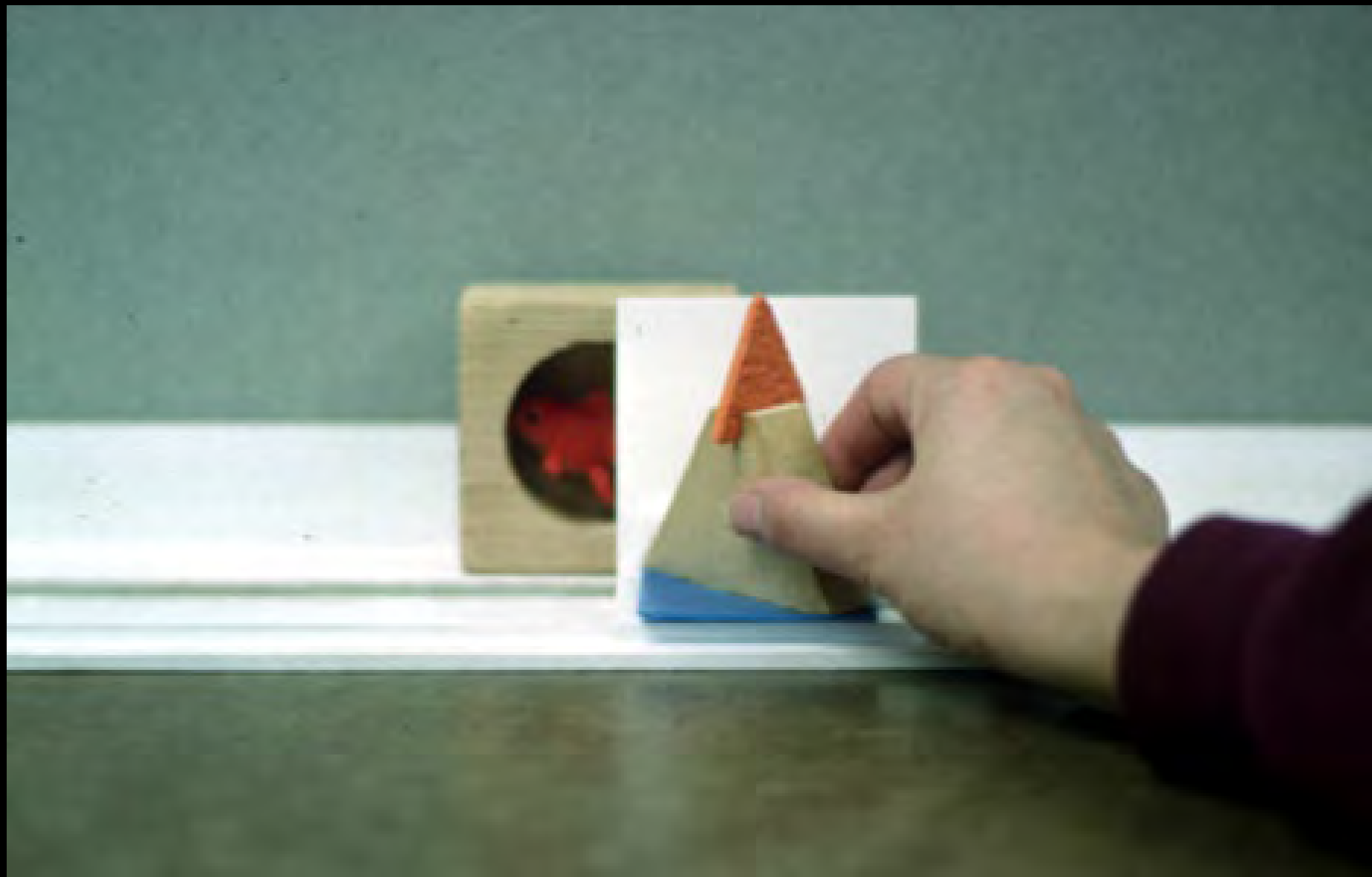














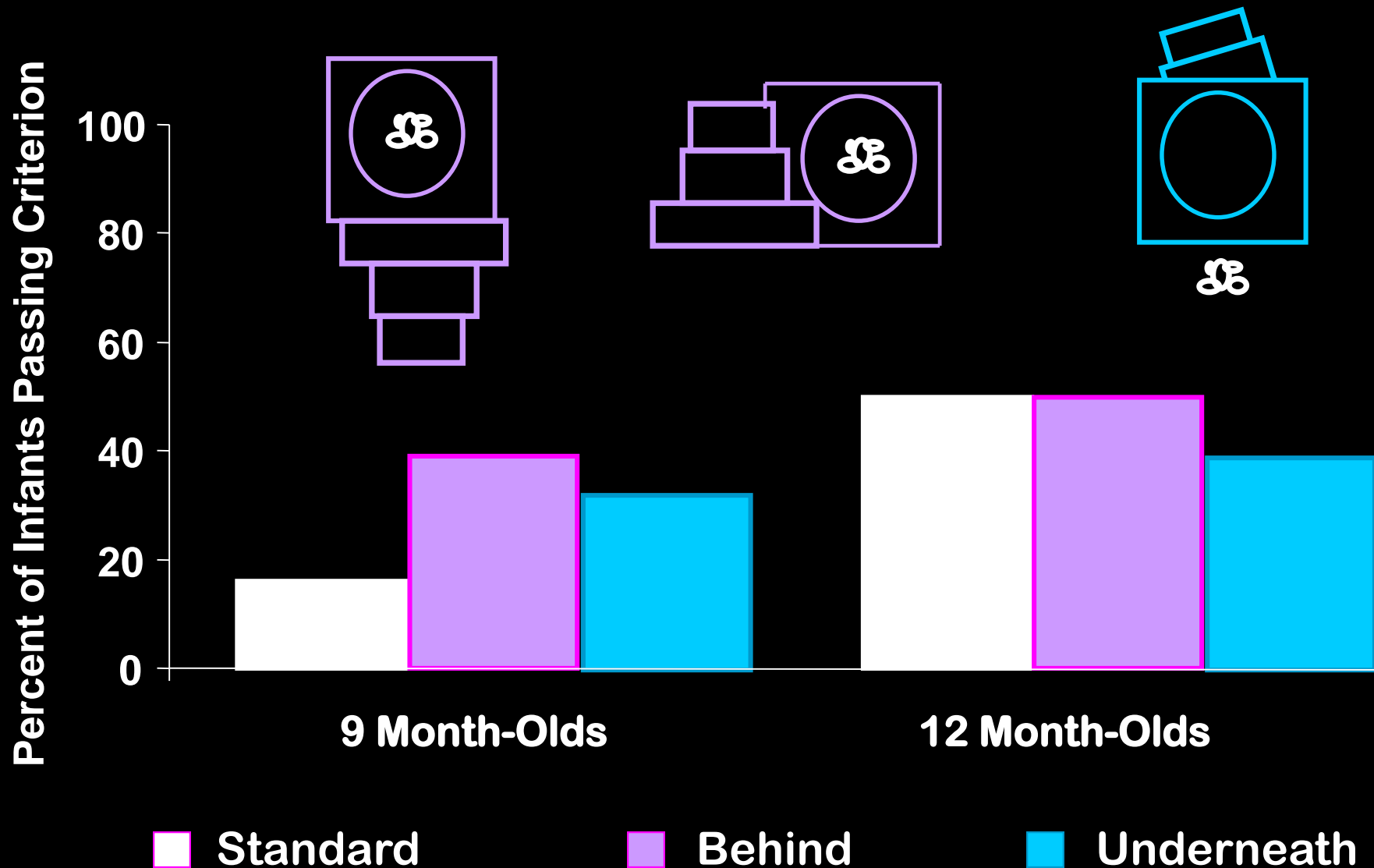
# Underneath Condition

Reward seen immediately when stimulus is moved, but stimulus and reward clearly share no physical connection.





# Percentage of Infants Passing Criterion at the 5-Sec Delay in the BEHIND & UNDERNEATH Conditions of DNMS



**Grasping that One Thing is Related to Another:  
Contributions of Spatial Contiguity, Temporal  
Proximity, and Physical Connection**

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**Kristin Shutts, Erin Ross, Michael Hayden,  
& Adele Diamond**

**2001**

**Presented at the Society for Research in Child  
Development Biennial Meeting**

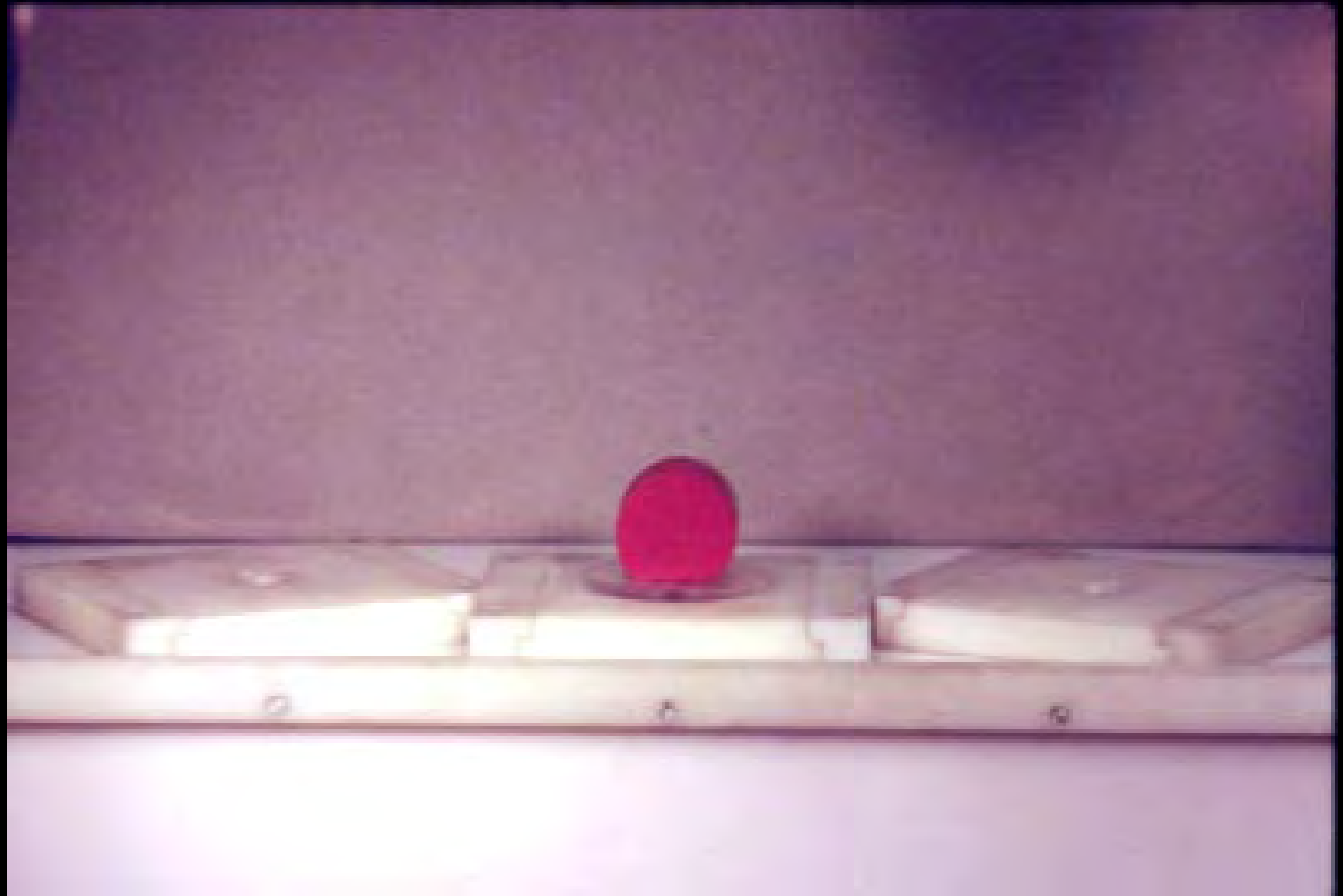


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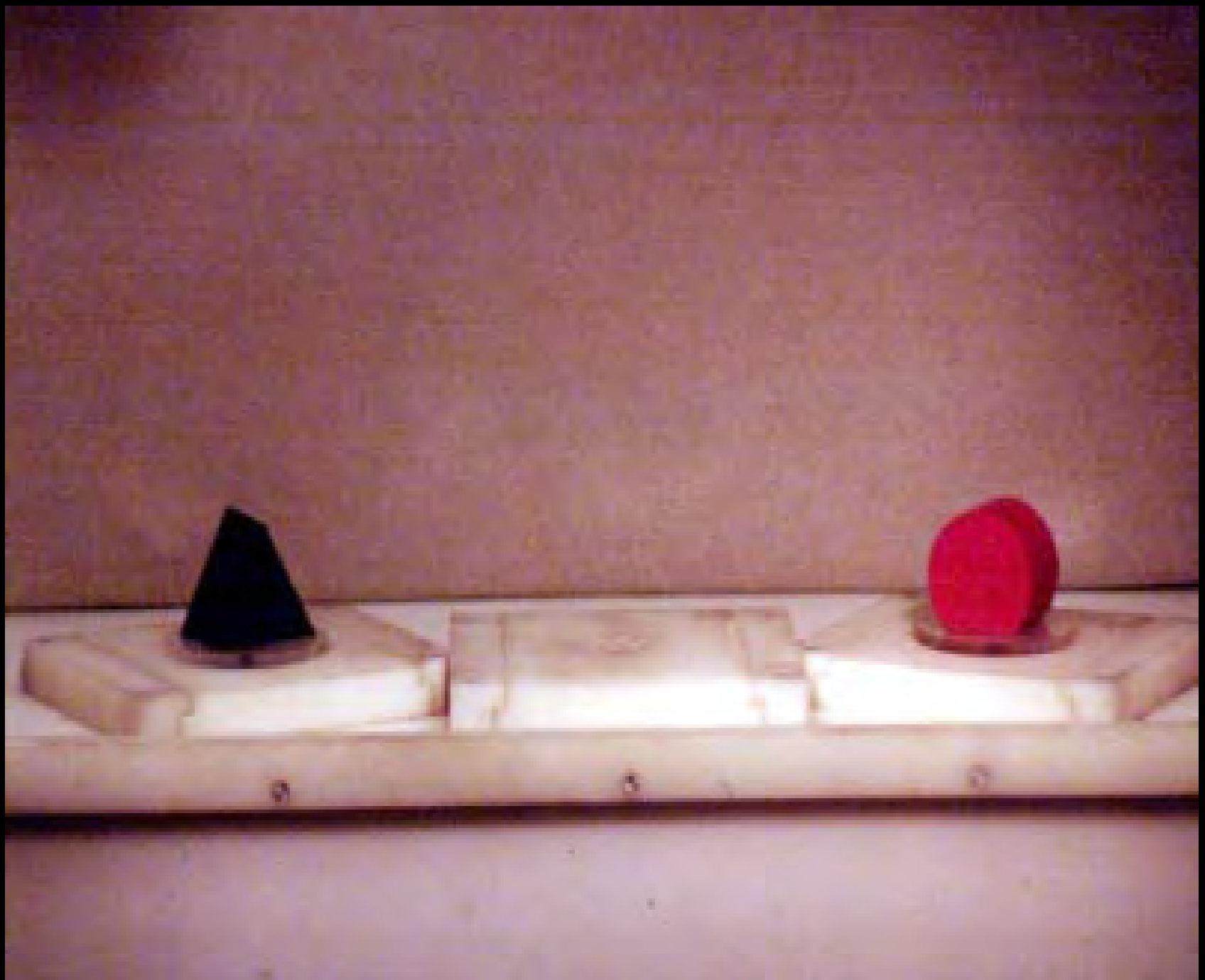
## Jack-in-the-Box Condition:

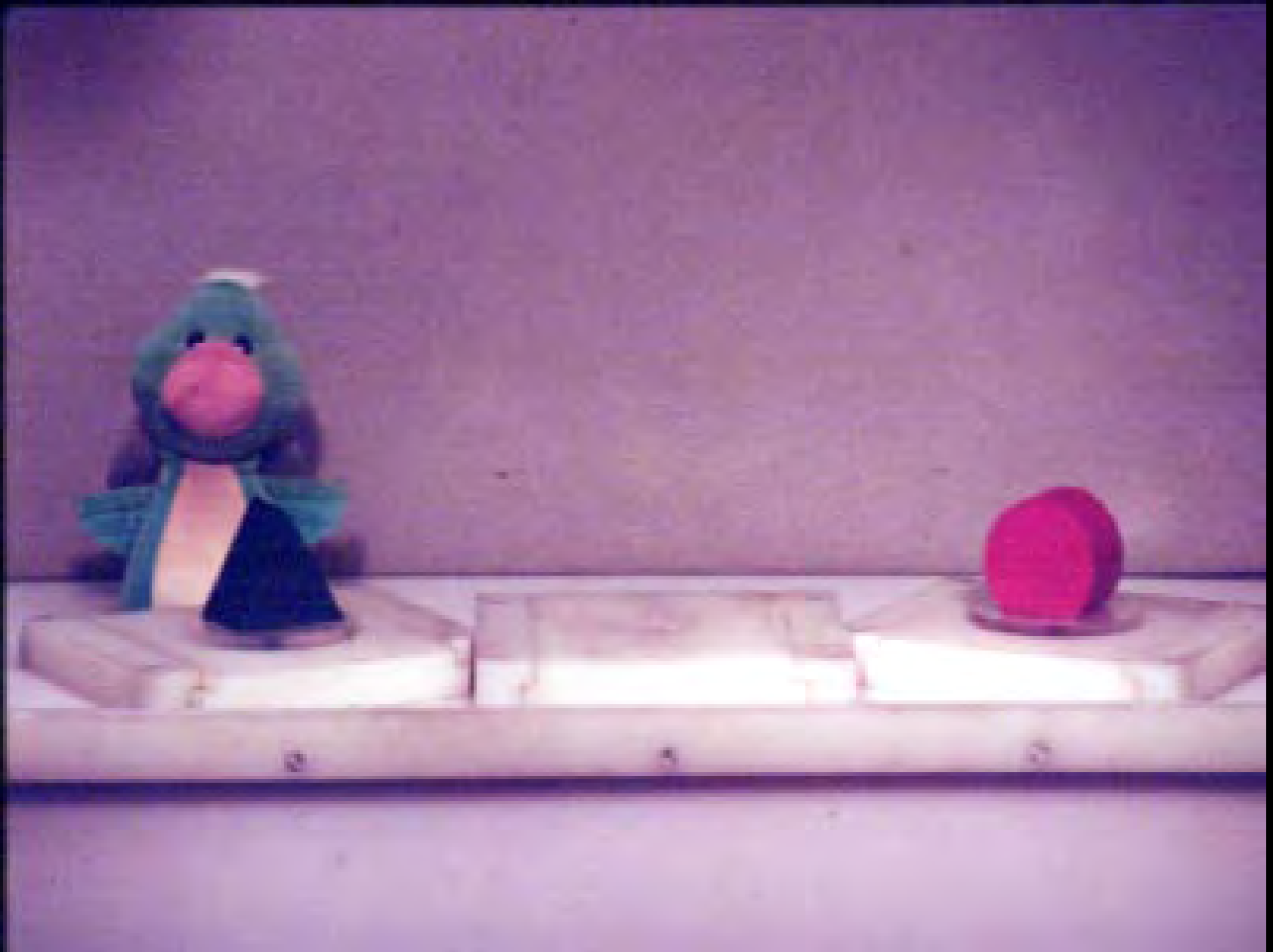
The reward is temporally close to the stimulus, but not spatially close.

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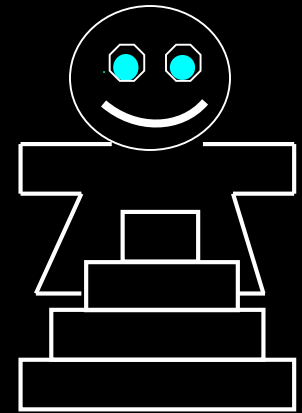
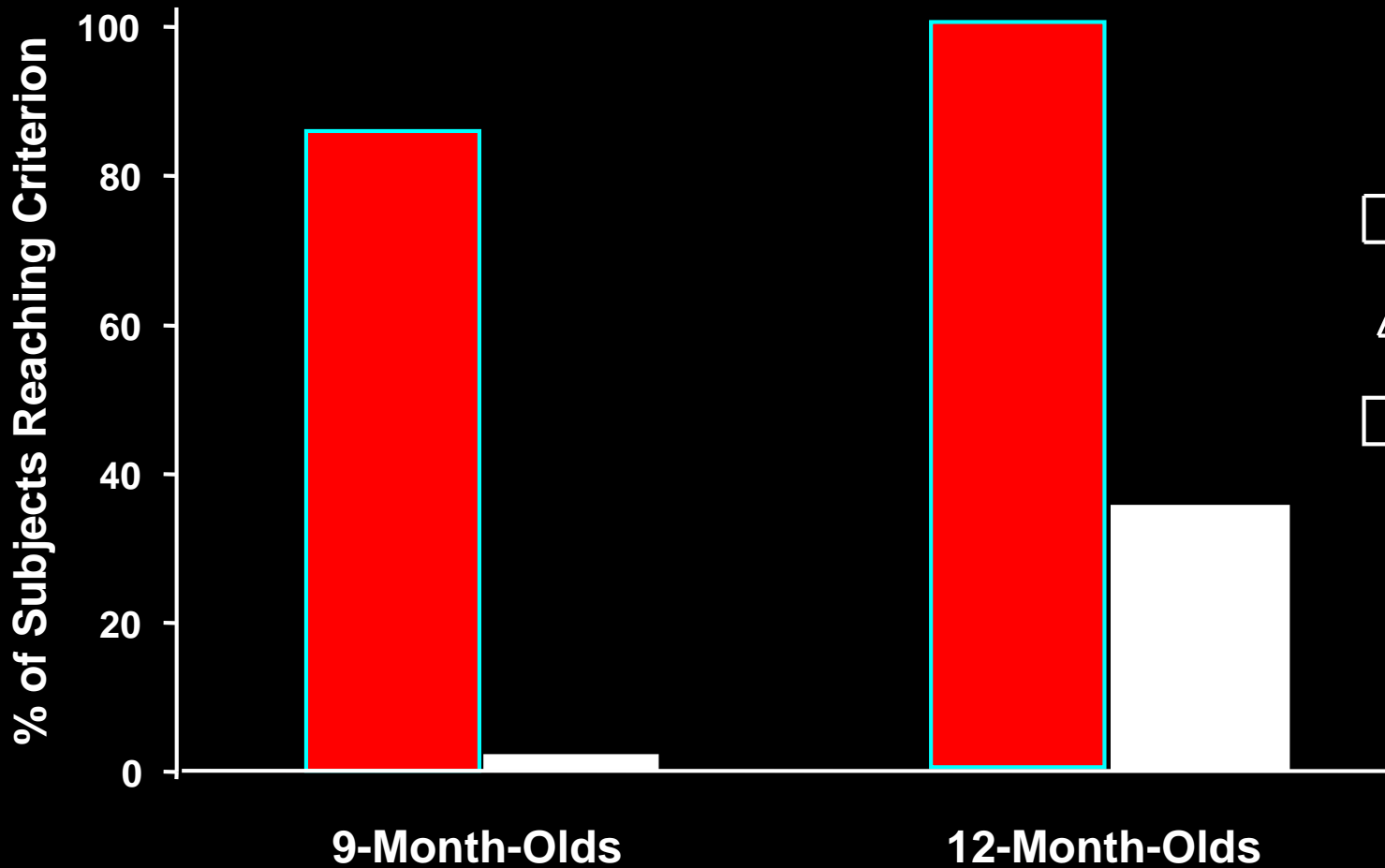








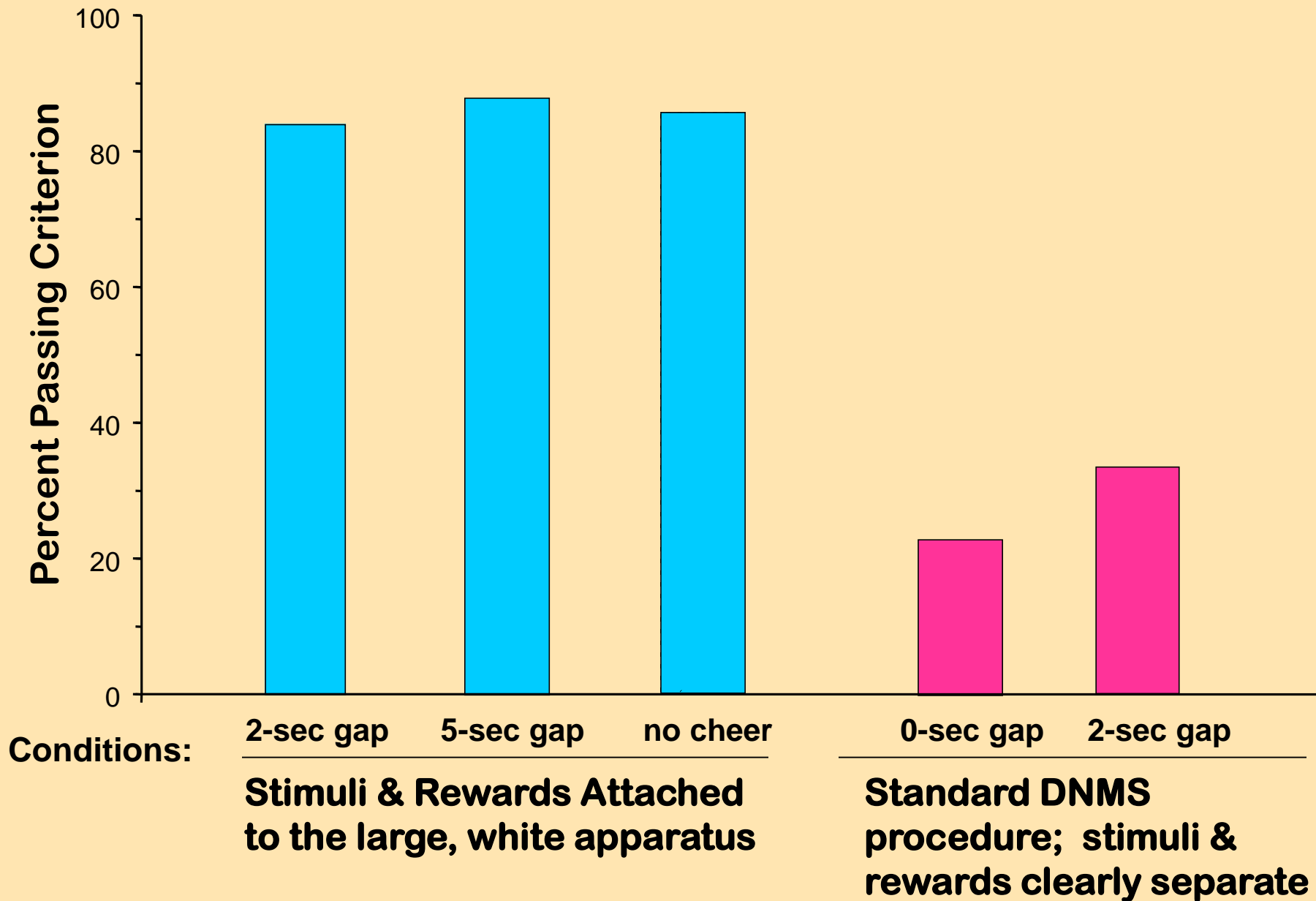
# Performance of 9- and 12-Month-Old Infants in the JACK-IN-THE-BOX and STANDARD Conditions



When infants displace the stimulus and the puppet pops up, the stimulus may appear to act as a lever causing the puppet to pop up. Perhaps infants perceive the stimulus and reward as physically connected even though they are not spatially close.

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# Percentage of Infants Passing Criterion at the 5-Sec Delay





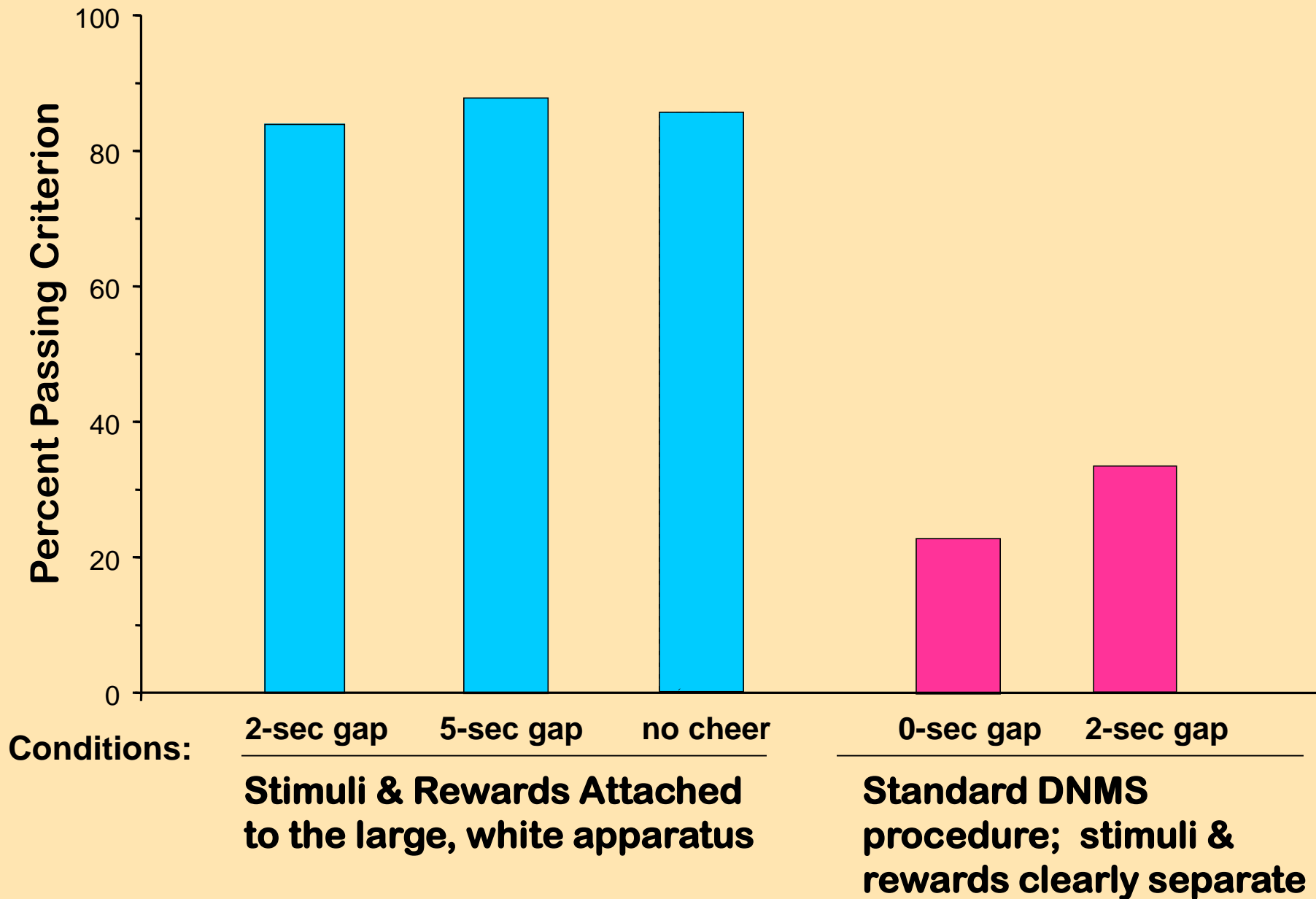








# Percentage of Infants Passing Criterion at the 5-Sec Delay



It turns out that it does NOT matter whether the 2 objects are physically close or not,

OR how soon the reward is received (or appears) after the infant acts on the stimulus.

Even if the stimulus is directly in front of the reward or directly on top of it, and the reward pops up the instant the infant grasps the stimulus, infants don't get it.

PHYSICAL CONNECTION, even if indirect, appears to be key.

Even if stimulus & reward are some DISTANCE from one another, with no direct connection to one another, and the reward doesn't appear until 5 seconds AFTER acting on the stimulus,

AS LONG AS both are connected to the same single piece of apparatus, infants succeed.

In the absence of physical connection, even close spatial AND temporal proximity are insufficient.

In the presence of physical connection, neither close spatial nor close temporal proximity is needed.



**Early Success on the Delayed  
Nonmatching to Sample task when  
Stimulus and Reward appear to be part  
of a Single Apparatus but Not when they  
are clearly Two Separate Objects.**

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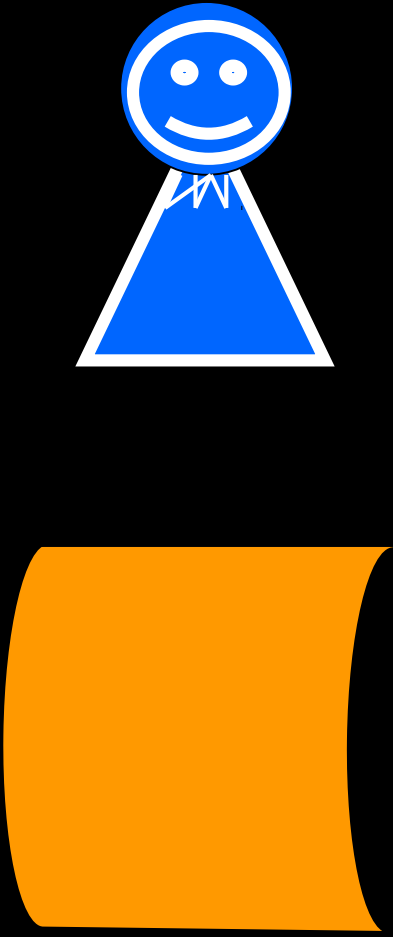
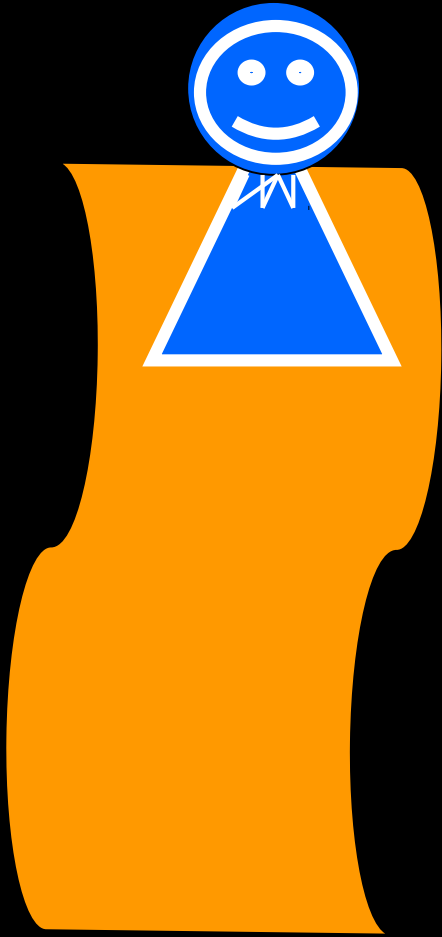
**Adele Diamond, A., Eun Young Lee,  
Michael Hayden  
(*submitted*)**

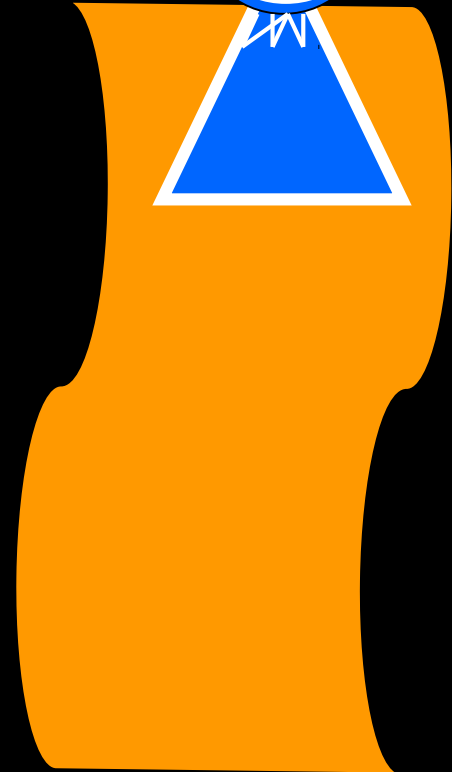
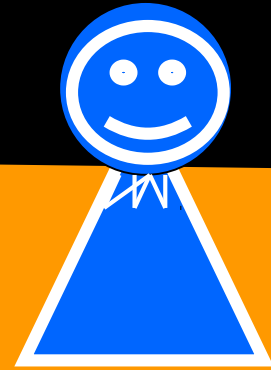
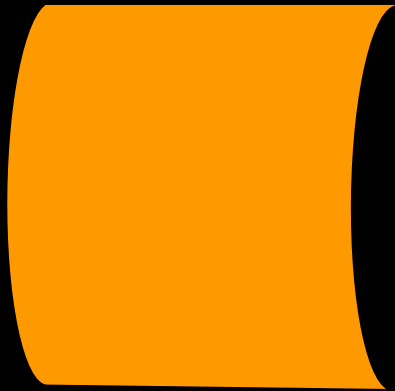
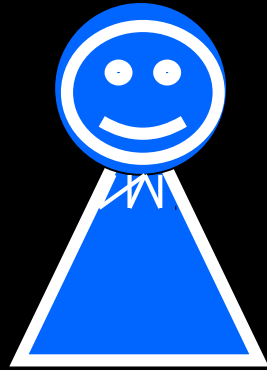
**Andrea Aguiar &  
Renee Baillargeon  
(2000)**

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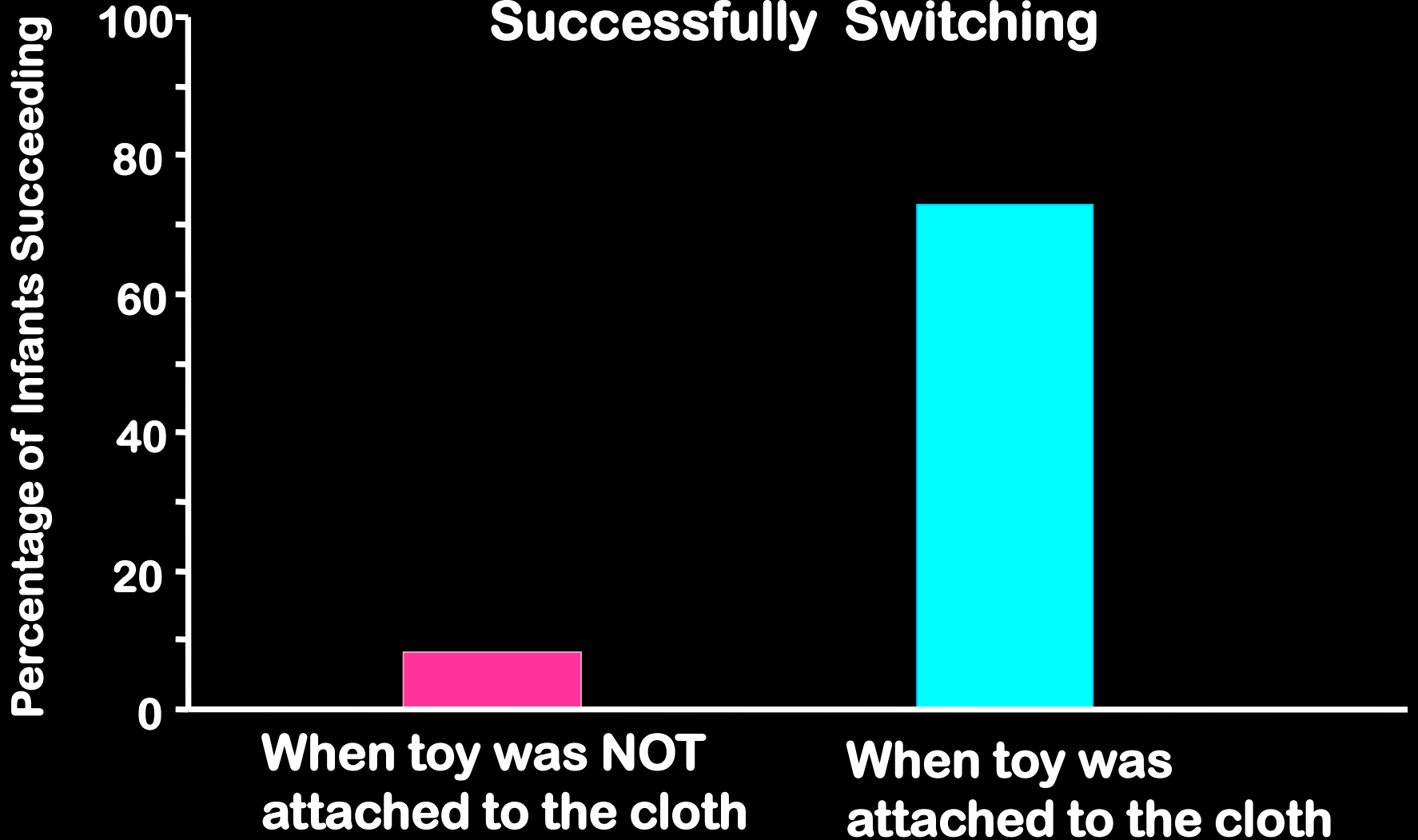
**Perseveration and Problem  
Solving in Infancy**

**In H.W. Reese (Ed). *Advances in child development and behavior, Vol. 27.* (pp. 135-180). San Diego: Academic Press**





# Percentage of 9-month-olds Successfully Switching



**In BOTH instances the toy sat on the cloth.**

**Murray Jarvik**  
**(1953)**

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**Discrimination of colored food and  
food signs by primates.**

*Journal of Comparative and  
Physiological Psychology*

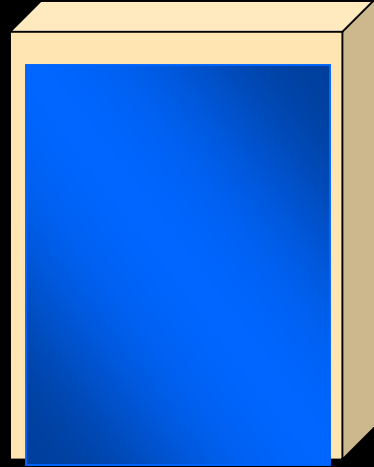
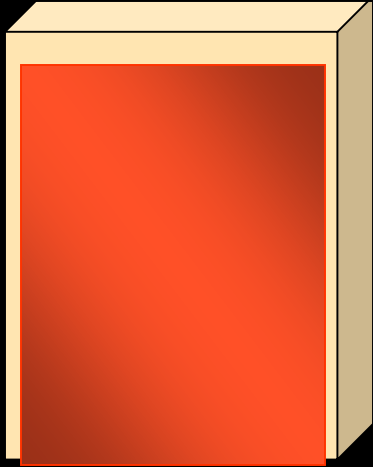
**vol 46, pages 390-392**

Jarvik -

translucent celluloid on top of bread reward

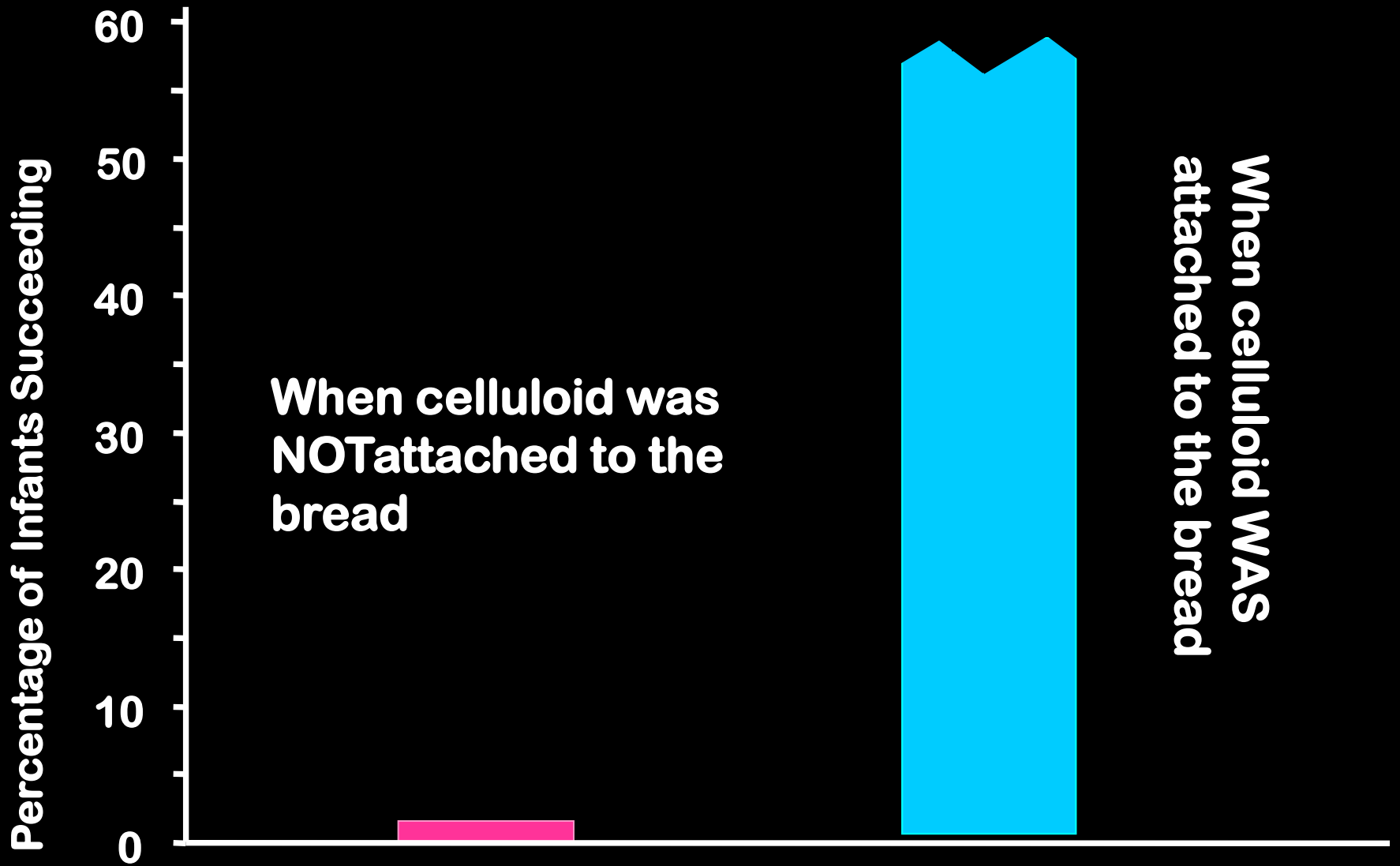
Condition 1: laid on top

Condition 2: pasted on top





# Trials to Criterion on Color Discrimination



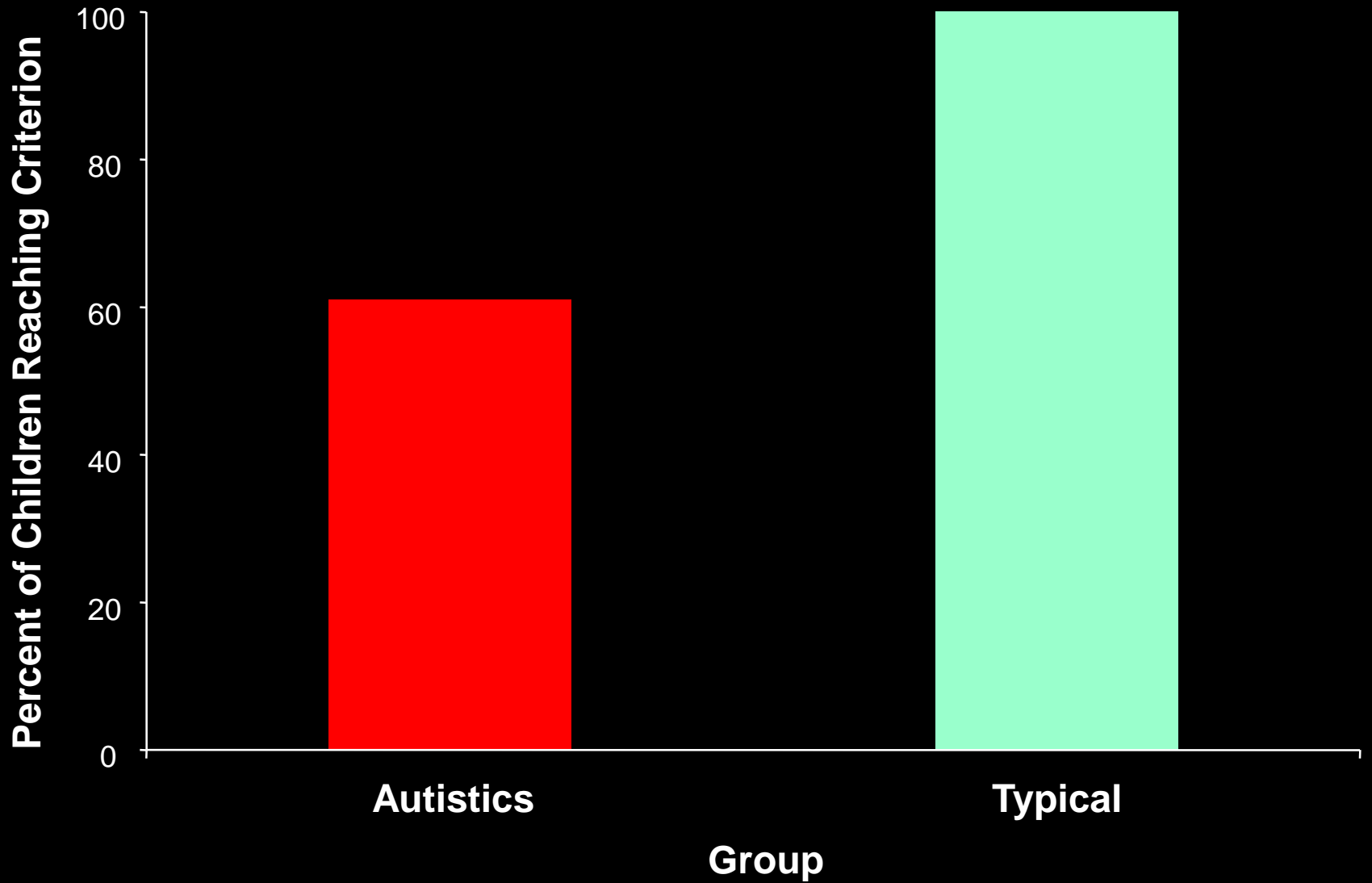
In BOTH instances the celluloid sat on top of the bread.

**Children with autism fail the DNMS task under the same conditions as do 9-12 month old infants.**

**Perhaps they are failing for the same reasons.**

**If so, then they should succeed in the Velcro condition and in the single apparatus Jack-in-the-Box condition.**

# DNMS, 5 Sec Delay



# DNMS, 30 Sec Delay

