

# Computational modelling of developmental disorders

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# Emergence of Gaze following

Triesch et al. (2006)

# Build a model

Learn to fixate rewarding objects (make use of where mummy is looking?)

# Reinforcement learning: State-action tables (networks)

Estimate the reward for each action in each situation

**Table 1** A state-action table for the When module

Actions		States (time slices)									
		T1	T2	T3	T4	T5	T6	T7	T8	T9	T10
Maintain fixation		90	80	55	40	30	18	10	5	3	1
Shift fixation		10	20	45	60	70	82	90	95	97	99

*Note:* Values show the system's reward estimates for each action in each state. Values are illustrative and depict the idea that habituation conditions the system to change fixation after some point in time. Note, the action that is selected is determined probabilistically, depending on the system's bias for exploring the environment versus its bias for exploiting its existing knowledge (see Triesch et al., equation 7).

**Table 2** A state-action table for the Where module

Actions		States								
		Where caregiver is looking					Caregiver looking at infant			No info. (not looking at caregiver)
		Region 1	Region 2	Region 3	Region 4	Region 5				
Fixate 1		80	5	5	5	5	20		10	
Fixate 2		5	80	5	5	5	20		10	
Fixate 3		5	5	80	5	5	20		10	
Fixate 4		5	5	5	80	5	20		10	
Fixate 5		5	5	5	5	80	20		10	
Fixate caregiver		0	0	0	0	0	0		9	

*Note:* Values are illustrative and depict a system that has successfully learned gaze following. Therefore the system gets most reward from looking to the region where the caregiver is looking. Other regions still have reward estimates because the caregiver may be unreliable, the infant may have misperceived direction of gaze, or may chance upon rewarding events by ignoring the caregiver. For states where the infant is already looking at the caregiver, 'Fixate caregiver' reward is zero, since the When module has already requested a change in fixation. The right hand column ('No info.') corresponds to the system's 'sociality', i.e. its tendency to spontaneously look at the caregiver rather than search for an object.

Richardson & Thomas (2006)

# Developmental trajectory of the model

**Figure 2.** Emergence of gaze following in simple environment with just one interesting target present at any time. The solid curve plots the caregiver index (CGI), the solid curve with circles plots the gaze following index (GFI), and the dotted curve plots average reward per time step, as functions of the number of learning iterations. Error bars indicate standard deviations across 15 simulations.

CGI = Do you look at the caregiver?  
GFI = Do you look at the caregiver and then an object?  
Reward = Are you happy? You know, deep down?

Triesch et al. (2006)

# Sample sequences of actions

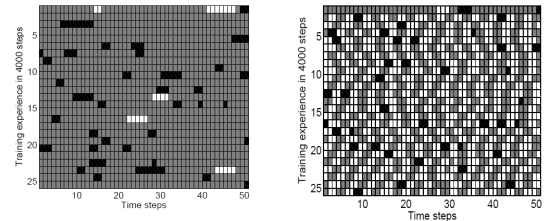
Each row of pixels shows the target of the infant's gaze as a function of time (for 50 steps). The gaze target is color coded, with white corresponding to the caregiver, black corresponding to the target, and grey corresponding to other regions of space. In particular, an instance of gaze following is represented by a black pixel lying to the right of a white pixel. Different rows show the behavior at different times during the learning process (every 4000 steps).

Triesch et al. (2006)

## Normal vs. Atypical?

- We have a normal model of development
  - Not uncontroversial (e.g., Csibra, 2006)
- What if this systems lies within an individual with a developmental disorder?
- Autism
  - disinterest in social contact / faces
  - dyadic interactions observed to be atypical in young children with autism
- Williams syndrome
  - elevated interest in faces
  - triadic interactions observed to be atypical in toddlers with WS

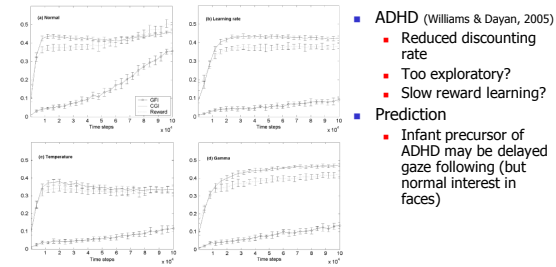
## Atypical development



Autism: Reduce reward of face

WS: Increase reward of face

## Generate predictions: ADHD



- ADHD (Williams & Dayan, 2005)
  - Reduced discounting rate
  - Too exploratory?
  - Slow reward learning?
- Prediction
  - Infant precursor of ADHD may be delayed gaze following (but normal interest in faces)

Figure 1. Emergence of (a) normal gaze-following behavior (the equivalent of Figure 2 in Treichl et al.), shown alongside three parameter manipulations. (b) Learning rate  $\alpha = 0.001$ , (c) temperature  $\tau = 0.125$ , and (d) discounting rate  $\gamma = 0.3$ , simulating a model with ADHD (altered "normal" parameter values:  $\alpha = 0.0025$ ,  $\tau = 0.0625$ ,  $\gamma = 0.6$ ). The compact index (ICI), gaze following index (GFI) and reward are shown. The error bars show standard deviations across 15 simulations.

Richardson & Thomas (2006)

## Modelling in the study of developmental disorders

- Connectionist models of cognitive development
- Another case study – Specific Language Impairment
- Theoretical issues:
  - Where do modules come from?
  - Can I really developmentally damage a single module?
- Conclusions

## Mechanisms of change

- Developmental psychology cannot simply comprise a list of behaviours that children show at each age
- It must identify **mechanisms of change**
- Use of computational modelling: implemented learning systems suggest possible mechanisms of change to drive formation of developmental theories
- Trying to "imagine" how knowledge is acquired has produced very nativist theories...

developmental neurocognition lab

"Build it, and they will come."

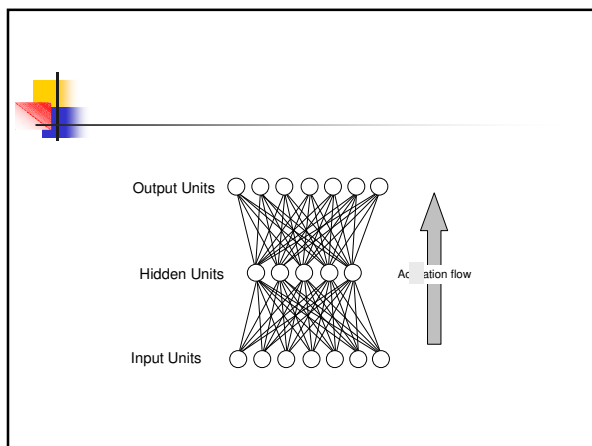
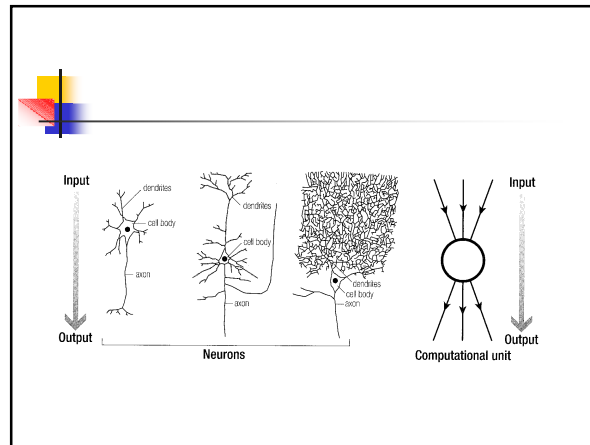
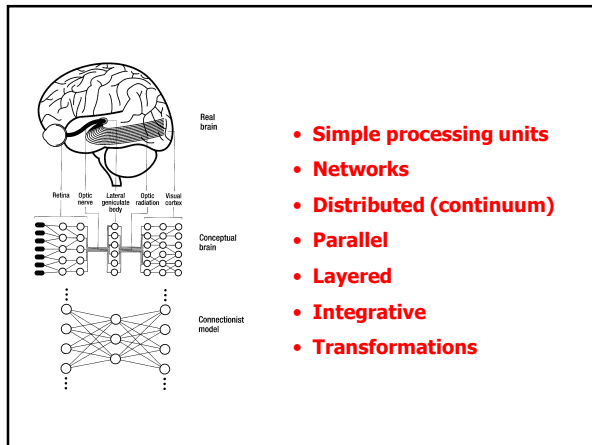
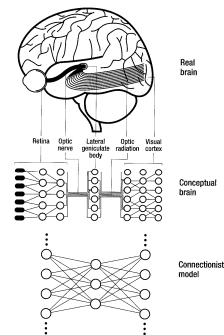


## Brands of model

- Symbolic models
  - Rule-based / concept learning
  - Tree-learning
- Connectionist networks
  - Associative networks
  - Self-organising networks
  - Reinforcement learning
  - Adaptive resonance theory
- Bayesian networks
- Exemplar-based models
- Dynamical systems theory
- Single cell / neural spiking models
- Hybrid models (everything and the kitchen sink)

## Connectionism

- Connectionist models use computational principles abstracted from neural computation
- Produce COGNITIVE level theories
- (a weakening of functionalism)



## Background

- “[With regard to connectionism] ... nativism, associationism, empiricism, rationalism, reductionism, genetics, computer science, neuroscience, linguistics, ethology, and the mind/body problem (and I may have forgotten a few) have all somehow involved themselves in what started as just a psychologist’s choice between theories of cognitive architecture”  
- Fodor (2000)

## Connectionist models of development

- Demonstration of implemented systems
- Simulation of data
- Viability of theoretical proposals:
  - Stages from continuous change
  - Developmental lags from graded representations
  - Rule following behaviour from associative systems
- Models don't prove these are correct explanations
- Do widen *candidate inferences* from data

## Connectionist models of typical development

- **Infancy:** categorisation, object-directed behaviour, memory
- **Childhood:** Piagetian reasoning tasks (balance scale problem, seriation, conservation), development of semantics
- **Language acquisition:** categorisation of speech sounds, segmentation of the speech stream into words, word learning and vocabulary development, inflectional morphology, syntax, metaphor, reading

## Outstanding issues

	Timescale	Reversibility	Age of onset	Rate	Passive or Active?	Domain general vs. specific	Underlying mechanisms	Type of info processed?	Inductive method
<b>Learning</b>	Quick One shot	More reversible (forgetting)	Later in life Episodic?	Can be increased through practice	Passive internalisation	Specific to task	Strengthen synapses within architectures?	Experiences of an individual	Search hypothesis space given experience
<b>Development</b>	Slow Several years	Less reversible	Earlier in life	Cannot be accelerated	Active exploration	Global across domains	Morphological changes of neural architectures?	Experiences common to all members of species	Alter / enrich hypothesis space

"Yes, I'm ringing to ask where Memory fits into your framework."



## Developmental disorders

- Selective genetic developmental deficits most theoretically interesting
  - SLI
  - Dyslexia
  - Williams syndrome
  - Autism

## Developmental disorders

- Have isolated components failed to develop?
- Is this indeed **evidence** for **Reasonable recovery** components, innately specified?
- Appropriate explanation is not in terms of focal damage to normal system but **atypical constraints on plasticity**

## Explanatory framework

- Explanations of deficits must be in terms of **learning systems**
- Learning systems in disorders have unusual **"In this disorder, language is impaired but non-verbal reasoning is intact!"**
  - **acquired deficits**

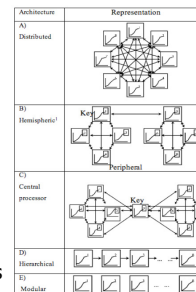


## Understanding the developmental process

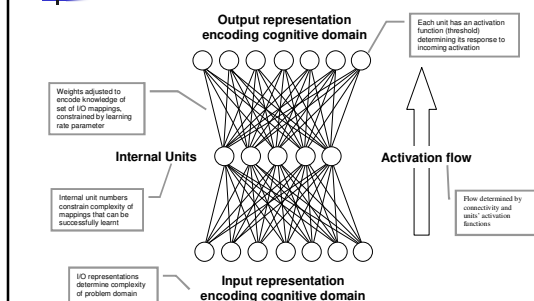
- The developmental process must be central to understanding of developmental disorders (Karmiloff-Smith, 1998)
- How can we explore the “developmental process”?

## The developmental process

- Will include concepts such as **plasticity, interactivity, redundancy, compensation**
- Will specify relationships between components of cognitive system
- Most modelling work has focused on development within a single component or two linked components

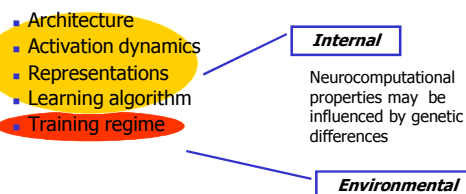


## 3-layer feedforward network



## Network parameters

- Models contain CONSTRAINTS which affect their ability to learn



## Modelling disorders

- Assume a normal model
- Explore which parameter changes to the **STARTSTATE** lead to atypical trajectories and endstate deficits
- Use to assess viability of empirically driven hypotheses

## The modelling enterprise

- Specific models
  - Test hypotheses in a particular domain using as many empirically driven constraints as possible
- Abstract models
  - Expand the range of candidate inferences from behaviour to structure
    - E.g., models used to assess the claim that double dissociations must arise from damaging modular systems
  - “This kind of behaviour can only be produced by these kinds of system”

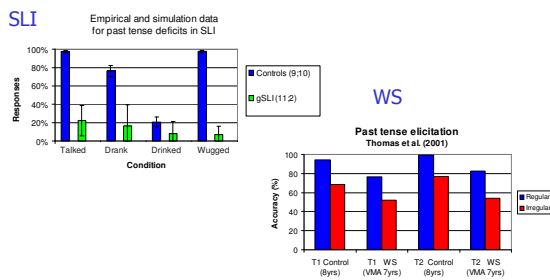
## A specific model

- English past tense
  - Talk-talked } "Rule"
  - Wug-wugged } "Rule"
  - Hit-hit } "Rule"
  - Sing-sang } Exceptions
  - Go-went } Exceptions
  - Over-regularisation errors ('I thought it')
  - Omission errors ('yesterday, I talk to John')

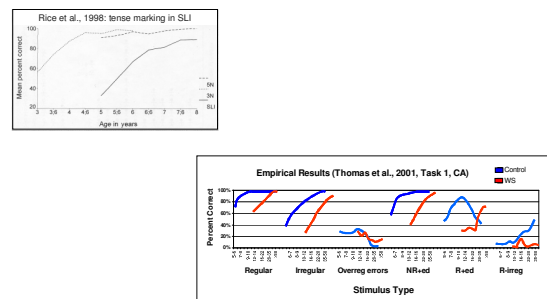
## Early excitement (sells books)

- Pinker (1999)
  - SLI = 'loss of certain genes [interferes] with the development of ... the ability to inflect new and uncommon regular verbs' => Regular Deficit
  - WS = memory mechanism for storing exception verbs is specifically impaired => Exception Deficit
  - WS + SLI = 'a genetic double dissociation ... the first group of children rarely generalise the regular pattern; the second group of children generalise it freely'

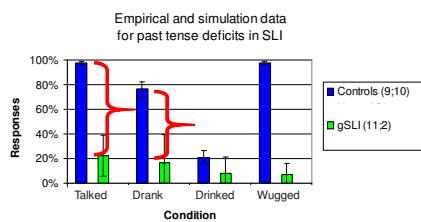
## Some data



## Study development...

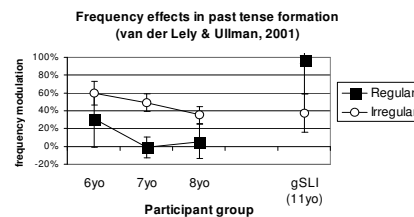


## SLI=deficit in rule formation?

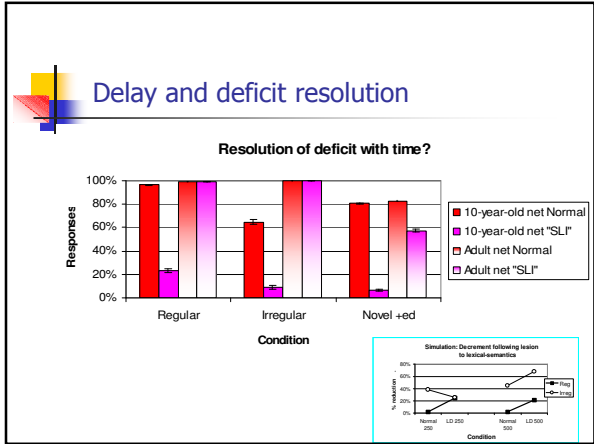
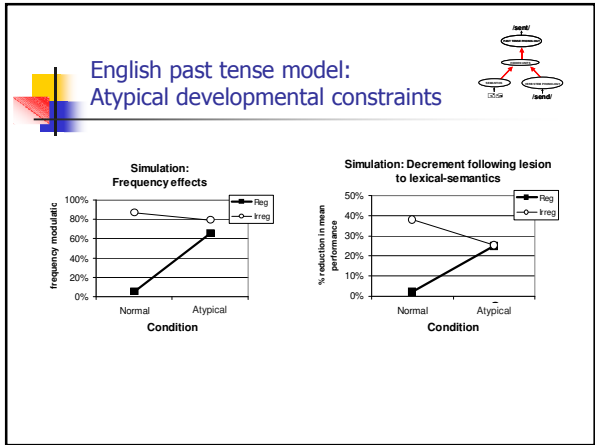
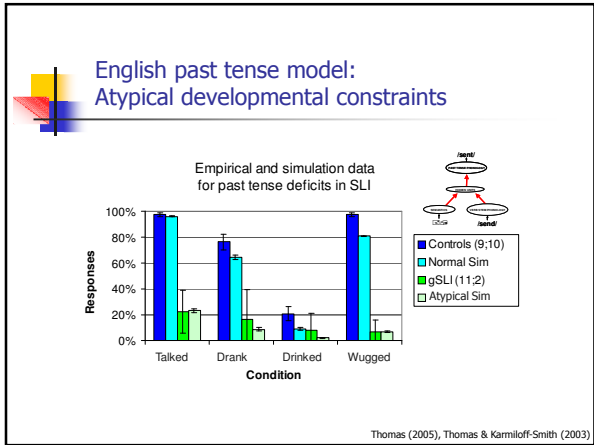
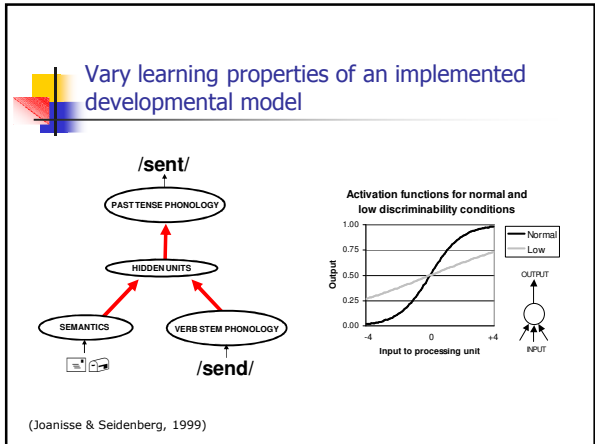
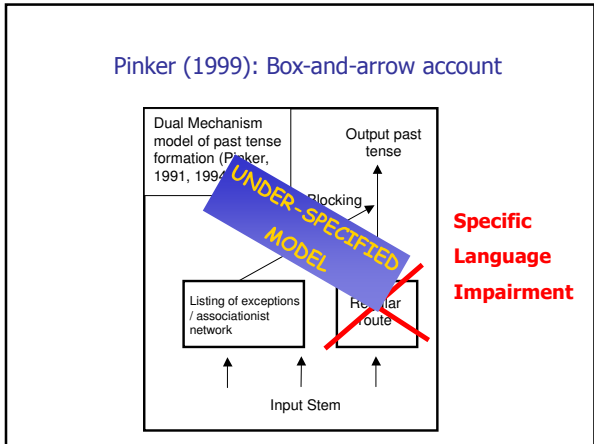


Van der Lely & Ullman (2001)

## Is residual performance due to lexical memory?



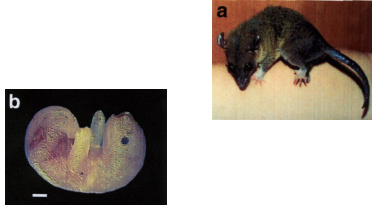
Assumption: Frequency effects are hallmark of memory systems  
Absence of frequency effects implicates a rule



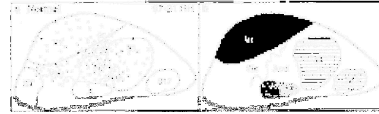
### An Abstract model

- Addressing a theoretical issue on how the cognitive system develops

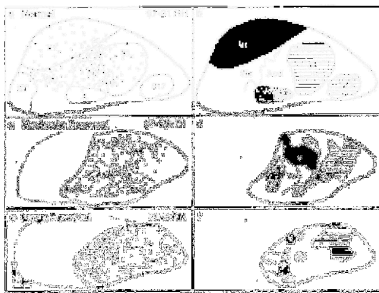
## Animal studies



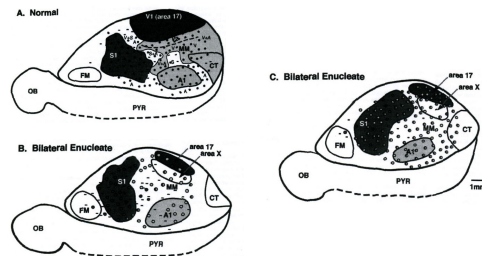
Huffman et al. (1999): reduce cortical sheet – what functional areas develop?



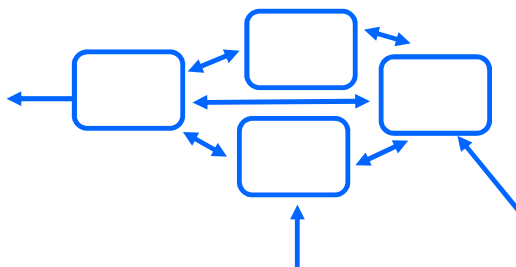
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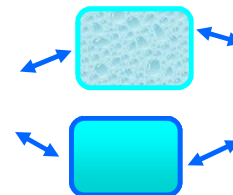
Kahn & Krubitzer (2002): change input

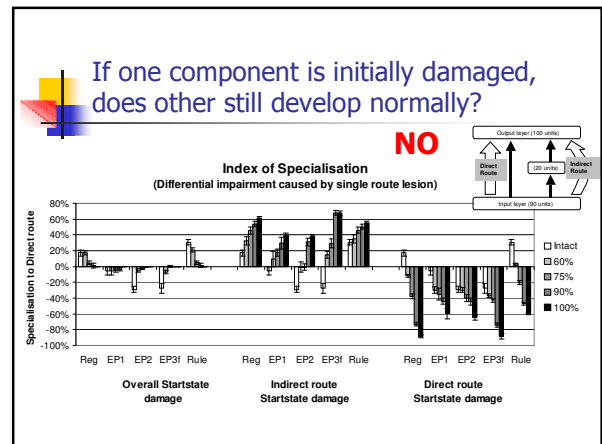
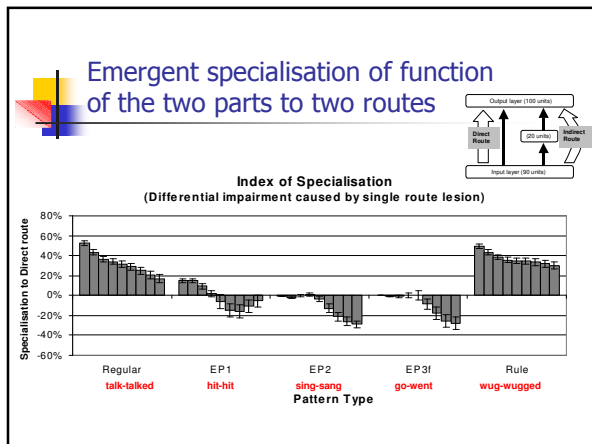
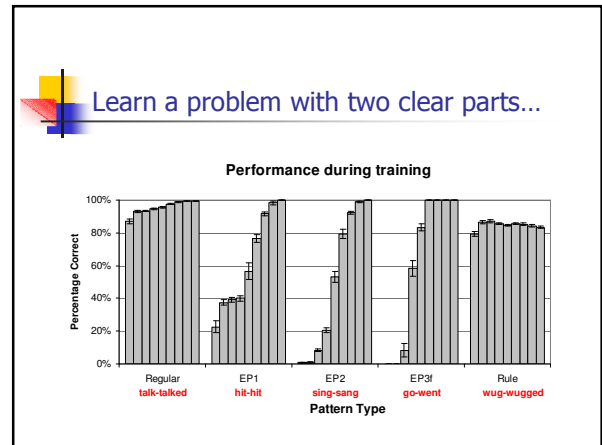
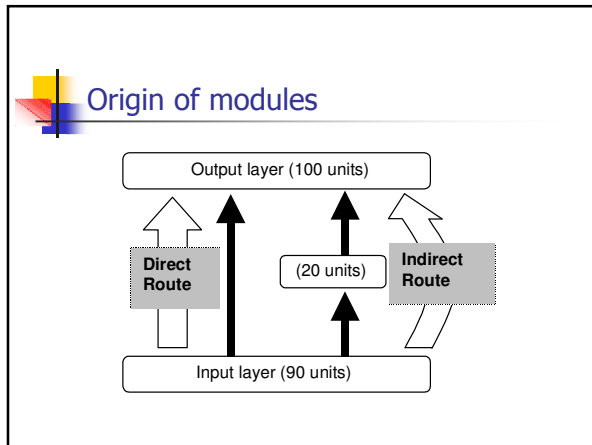
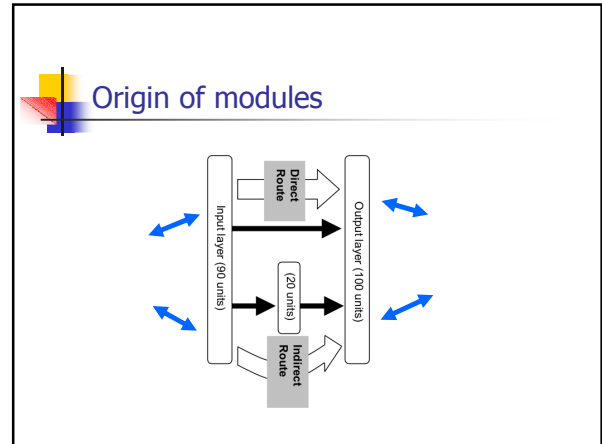
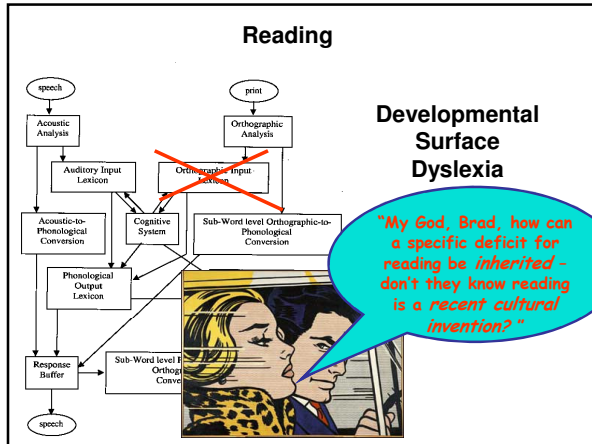


Where do modules come from?



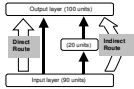
Where do modules come from?





## When would some components develop normally while others are damaged?

- Some developmental conditions for **Residual Normality**
  - Strong structure function-correspondences
  - Strong competition
  - Early commitment
  - Guided specialisation
  - Restrictions on resources



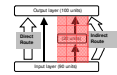
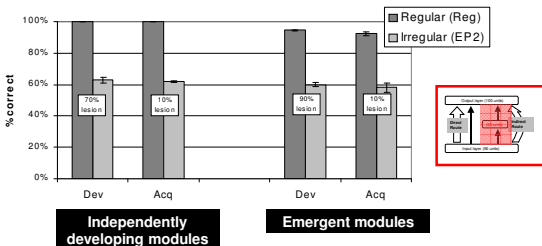
Thomas & Kamiloff-Smith (2002)

## Is this important, at all?

- "The implication is that one cannot understand what is wrong in the cognitive system of a child or adult with a developmental disorder on their basis of apparently normal vs. impaired behaviour, unless one has a developmental account of where the cognitive structures comes from"

## Inferences and disorders

The effect of Residual Normality (RN)  
Behavioural impairments after selective damage to Indirect route



## Inferences and disorders

What is producing normal (intact) behaviour? [Reg]

	Independently developing modules	Emergent modules
Acquired deficit	Normal process in Direct route	Mix of Normal process in Direct route and residual process in damaged Indirect route
Developmental deficit	Normal process in Direct route	Atypical processes in both Direct and residual Indirect route after development

## Inferences and disorders

What is producing impaired behaviour? [EP2]

	Independently developing modules	Emergent modules
Acquired deficit	Impaired process in residual damaged Indirect route	Predominantly Impaired process in residual damaged Indirect route
Developmental deficit	Impaired process in residual damaged Indirect route	Atypical processes in both Direct and residual Indirect route after development

## Inferences and disorders

Does the dissociation imply independent underlying processes?

	Independently developing modules	Emergent modules
Acquired deficit	Yes	Yes
Developmental deficit	Yes	No



## Dissociations in developmental disorders

- Inferences from impaired behaviour to underlying structure depend on having a developmental theory of the origins of the underlying structure
- Models help construct these theories



## Three conclusions

- (1) Developmental disorders must be explained in terms of the developmental process itself
  - Plasticity, interactivity, redundancy, compensation
- (2) Implemented models allow detailed consideration of computational constraints operating on development
- (3) Models are a necessary intermediate step to relate behavioural deficits to neural substrate and genetic influences on its development



## Tricky question

- If a model of a developmental disorder always assumes a model of normal development, how can such disorders change our understanding of normal development?
- Good question. If a normal model cannot in principle explain an observed developmental deficit, then maybe the normal model is wrong
- But difficult to discover this without building the model
- *Build it and they will come*