Multiple-Group Research Designs & ANOVA

- Limitations of 2-group designs
- "Kinds" of Treatment & Control conditions
- Kinds of Causal Hypotheses
- k-group ANOVA & Pairwise Comparisons
- Alpha Inflation & Alpha Correction

Limitations of 2-cond Designs

- 2-cond designs work well to conduct basic treatment evaluations
 - they allow us to investigate whether or not a specific treatment has "an effect"
 - usually by comparing it to a "no treatment" control
 - e.g., does a new treatment program work to help socially anxious clients (compared to no treatment)?
- However as research questions/hypotheses become more sophisticated and specific, we often require designs that have multiple IV conditions

"Kinds" of Conditions to Include in Research Designs Tx Conditions

- · Ways treatment conditions differ
 - amount of treatment
 - receiving therapy once vs. twice each week
 - getting 0, 1, 5 or 10 practice trials before testing

- kind of treatment

- · receiving Cognitive vs. Gestalt clinical therapy
- whether or not there is feedback on practice trials
- combinations of treatment components
 - receiving both "talk" therapy vs. "combined drug & talk" therapy
 - receiving "10 practices without feedback" vs. "2 practices with feedback"

The "Secret" is to be sure the selection of conditions matches the research hypotheses you started with !!!

 Different Kinds of "Control" Conditions "No Treatment" control Asks if the Tx works "better than nothing" "Standard Tx" control Asks if the Tx works "better than usual" "Best Practice" Control Asks if the Tx works "better than the best known" "Pseudo Tx" Control Asks if TX works "without a specific component" 	An important point to remember Not every design needs a "no treatment control" group !!!! Remember, a design needs to provide "an comparison of ap- propriate conditions" to provide a test of the research hypothesis !!! What would be the appropriate "control group" to answer each of the following ? My new Tx works better than the currently used behavioral therapy technique My new Tx works better than "no treatment" My new Tx works better than "no treatment" My new Tx works because of the combo of the usual and new behavioral components My new TX works better when given by a Ph.D. than by a Masters-level clinician The "Secret" is to be sure the selection of conditions matches the research hypotheses you started with !!!
 Causal Hypotheses for Multiple Condition Designs Sometimes there is more than one component to a "treatment," and so, there are multiple differences between the IV conditions. When this happens, you must distinguish Causal Hypotheses about "treatment comparisons" hypothesis that the difference between the DV means of the IV conditions is caused by the combination of treatment component differences Causal Hypotheses about "identification of causal elements" hypothesis that the difference between the DV means of the IV conditions is caused by the combination of treatment component differences Causal Hypotheses about "identification of causal elements" hypothesis that the difference between the DV means of the IV conditions is caused by a specific (out of two or more) treatment component difference (good use of pseudo-Tx controls) The "Secret" is to be sure the condition comparison matches the specific type of causal research hypotheses !!!! 	

For example... I created a new treatment for social anxiety that uses a combination of group therapy (requiring clients to get used to talking with other folks) and cognitive self-appraisal (getting clients to notice when they are and are not socially anxious). Volunteer participants were randomly assigned to the treatment condition or a no-treatment control. I personally conducted all the treatment conditions to assure treatment integrity. Here are my results using a DV that measures "social context tolerance" (larger scores are better).

F(1,38) = 9.28,	p = .001,	Mse = 17.3

(&	Group therapy self-appraisa	/ al Cx
	52	25

Which of the following statements will these results support?

"Here is evidence that the combination of group therapy & cognitive selfappraisal increases social context tolerance." ???

Yep -- treatment comparison causal statement

" You can see that the treatment works because of the cognitive self-appraisal; the group therapy doesn't really contribute anything."

Nope -- identification of causal element statement & we can't separate the role of group therapy & self-appraisal

Same story... I created a new treatment for social anxiety that uses a combination of group therapy (requiring clients to get used to talking with other folks) and cognitive self-appraisal (getting clients to notice when they are and are not socially anxious). Volunteer participants were randomly assigned to the treatment condition or a no-treatment control. I personally conducted all the treatment conditions to assure treatment integrity.

What conditions would we need to add to the design to directly test the second of these causal hypotheses...

	The t self-a contr	treatment works appraisal; the gro ibute anything."	because of the cognitive oup therapy doesn't really
Group therapy & self-appraisal	Group therapy	Self- appraisal	No-treatment control

Let's keep going ...

Here's the design we decided upon. Assuming the results from the earlier study replicate, we'd expect to get the means shown below.

(Group therapy	Group	Self-	No-treatment control
8	self-appraisal	therapy	appraisal	
	52	25	52	25

What means for the other two conditions would provide support for the RH:

The treatment works because of the cognitive self-appraisal; the group therapy doesn't really contribute anything."

Another example... The new on-line homework I've been using provides immediate feedback for a set of 20 problems. To assess this new homework I compared it with the online homework I used last semester which 10 problems but no feedback. I randomly assigned who received which homework and made sure each did the correct type. The DV was the % score on a quiz given the day the homework was due. Here are the results ...

F(1,42) = 6.54, p	= .001, Mse = 11.12
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91

72

Which of the following statements will these results support?

"Here is evidence that the new homework is more effective because it provides immediate feedback!"

Nope -- identification of causal element statement -- with this design we can't separate the role of feedback and number of problems

"The new homework seems to produce better learning!"

Yep -- treatment comparison causal statement

Same story... The new on-line homework I've been using provides immediate feedback for a set of 20 problems. To assess this new homework I compared it with the online homework I used last semester which 10 problems but no feedback. I randomly assigned who received which homework and made sure each did the correct type.

What conditions would we need to add to the design to directly test the second of these causal hypotheses... "Here is evidence that the new homework is more effective because it provides immediate feedback!"

Hint: Start by asking what are the "differences" between the "new" and "old" homeworks -- what are the "components" of each treatment???

"New Hw" 20 problems w/ feedback	20 problems w/o feedback	10 problems w/ feedback	"Old Hw" 10 problems w/o feedback

Let's keep going ...

Here's the design we decided upon. Assuming the results from the earlier study replicate, we'd expect to get the means shown below.

"New Hw" 20 problems w/ feedback	20 problems w/o feedback	10 problems w/ feedback	"Old Hw" 10 problems w/o feedback
91	75	89	72

What means for the other two conditions would provide support for the RH:

"Here is evidence that the new homework is more effective because it provides immediate feedback!"

H0: Tested by k-grp ANOVA

- Regardless of the number of IV conditions, the H0: tested using ANOVA (F-test) is ...
 - "all the IV conditions represent populations that have the same mean on the DV"
- When you have only 2 IV conditions, the F-test of this H0: is sufficient
 - there are only three possible outcomes ...

T=C T<C T>C & only one matches the RH

 With multiple IV conditions, the H0: is still that the IV conditions have the same mean DV...

 $T_1 = T_2 = C$ but there are many possible patterns

- Only one pattern matches the Rh:

Omnibus F vs. Pairwise Comparisons

Omnibus F

- overall test of whether there are any mean DV differences among the multiple IV conditions
- Tests H0: that all the means are equal
- Pairwise Comparisons
 - specific tests of whether or not each pair of IV conditions has a mean difference on the DV
- How many Pairwise comparisons ??
 - Formula, with k = # IV conditions
 - # pairwise comparisons = [k * (k-1)] / 2
 - or just remember a few of them that are common
 - 3 groups = 3 pairwise comparisons
 - 4 groups = 6 pairwise comparisons
 - 5 groups = 10 pairwise comparisons

How many Pairwise comparisons - revisited !!

There are two questions, often with different answers...

- 1. How many pairwise comparisons can be computed for this research design?
 - Answer $\rightarrow [k * (k-1)] / 2$
 - But remember → if the design has only 2 conditions the Omnibus-F is sufficient; no pariwise comparsons needed
- 2. How many pairwise comparisons are needed to test the RH:?
 - Must look carefully at the RH: to decide how many comparisons are needed
 - E.g., The ShortTx will outperform the control, but not do as well as the LongTx
 - This requires only 2 comparisons

ShortTx vs. control ShortTx vs. LongTx

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Example analysis of a multiple IV conditions design	What to do when you have a RH:
Tx1 $Tx2$ Cx For this design, F(2,27)=6.54,504035p =.005 was obtained.	The RH: was, "The treatments will be equivalent to each other, and both will lead to higher scores than the control."
We would then compute the pairwise mean differences. Tx1 vs. Tx2 10 Tx1 vs. C 15 Tx2 vs. C 5 Say for this analysis the minimum mean difference is 7 Determine which pairs have significantly different means Tx1 vs. Tx2 Tx1 vs. C Tx2 vs. C Sig Diff Sig Diff Not Diff	Determine the pairwise comparisons, how the RH applied to each $Tx1 = Tx2 \qquad Tx1 > C \qquad Tx2 > C$ $\frac{Tx1}{85} \qquad Tx2 \qquad Cx}{70 \qquad 55} \qquad For this design, F(2,42)=4.54, p = .012 was obtained.$ Compute the pairwise mean differences. $Tx1 vs. Tx2 \qquad Tx1 vs. C \qquad Tx2 vs. C \qquad $
Cont.Compute the pairwise mean differences. $Tx1$ vs. $Tx2$ 15 $Tx1$ vs. C 30 $Tx2$ vs. C 15For this analysis the minimum mean difference is 18Determine which pairs have significantly different means $Tx1$ vs. $Tx2$ $Tx1$ vs. C $Tx2$ vs. C No Diff ! $Sig Diff !!$ No Diff !!Determine what part(s) of the RH were supported by the pairwise comparisonsRH: $Tx1 = Tx2$ $Tx1 > C$ $Tx2 > C$ results $Tx1 = Tx2$ $Tx1 > C$ $Tx2 = C$ well ?supportedsupportednot supported	

"The Problem" with making multiple pairwise comparisons -- "Alpha Inflation"

- As you know, whenever we reject H0:, there is a chance of committing a Type I error (thinking there is a mean difference when there really isn't one in the population)

 The chance of a Type I error = the p-value
 If we reject H0: because p < .05, then there's about a 5% chance we have made a Type I error

 When we make multiple pairwise comparisons, the Type I error rate for each is about 5%, but that error rate

 accumulates" across each comparison -- called "alpha inflation"
 - So, if we have 3 IV conditions and make 3 the pairwise comparisons possible, we have about ...

3 * .05 = .15 or about a 15% chance of making at least one Type I error

Alpha Inflation

 Increasing chance of making a Type I error as more pairwise comparisons are conducted

Alpha correction

- adjusting the set of tests of pairwise differences to "correct for" alpha inflation
- so that the overall chance of committing a Type I error is held at 5%, no matter how many pairwise comparisons are made

Here are the pairwise comparisons most commonly used -- but there are several others

Fisher's LSD (least significance difference)

- no Omnibus-F do a separate F- or t-test for each pair of conditions
- no alpha correction -- use α = .05 for each comparison

Fisher's "Protected tests"

- "protected" by the omnibus-F -- only perform the pairwise comparisons IF there is an overall significant difference
- no alpha correction -- uses α = .05 for each comparison

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Scheffe's test	Bonferroni (Dunn's) correction
 emphasized importance of correction for Alpha Inflation 	 pointed out that we don't always look at all possible comparisons
 pointed out there are "complex comparisons" as well as "pairwise" comparisons that might be examined 	 developed a formula to control alpha inflation by "correcting for"the actual number of comparisons that are conducted
	 the p-value for each comparison is set = .05 / #comparisons
 E.g., for 3 conditions you have 	
• 3 simple comparisons Tx1 v. Tx2 Tx1 v. C Tx2 v. C	Tukey's HSD (honestly significant difference)
 3 complex comparisons – by combining conditions and comparing their average mean to the mean of other condition 	 pointed out the most common analysis was to look at all the simple comparisons – most RH: are directly tested this way developed a formula to control alpha inflation by "correcting for"
Tx1+Tx2 v. C Tx1+C v. Tx2 Tx2+C v. Tx1	the number of pairwise comparisons available for the number of IV conditions
 developed formulas to control alpha for the total number of 	Dura attes to at
comparisons (simple and complex) available for the number of IV conditions	 used to compare one IV condition to all the others
	 alpha correction considers non-independence of comparisons
The "tradeoff" or "continuum" among pairwise comparisons	
Type II errors ↓ Type I errors	
Type I errors Type II errors	
more "sensitive" more "conservative"	
•	
Fisher's Protected	
Fisher's LSD Bonferroni HSD Scheffe's	
Bonferroni has a "range" on the continuum, depending upon the number of comparisons being "corrected for"	
Bonferroni is slightly more conservative than HSD when	
correcting for all possible comparisons	

So, now that we know about all these different types of pairwise comparisons, which is the "right one" ???

Consider that each test has a build-in BIAS \ldots

- "sensitive tests" (e.g., Fisher's Protected Test & LSD)
 - have smaller mmd values (for a given n & MSerror)
 - are more likely to reject H0: (more power less demanding)
 - are more likely to make a Type I error (false alarm)
 - are less likely to make a Type II error (miss a "real" effect)
- "conservative tests" (e.g., Scheffe' & HSD)
 - have larger mmd values (for a given n & MSerror)
 - are less likely reject H0: (less power more demanding)
 - are less likely to make a Type I error (false alarm)
 - are more likely to make a Type II error (miss a "real effect")

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Using the XLS Computator to find the mmd for BG designs



Using the xls Computator to find mmd for WG designs



Some common questions about applying the lsd/hsd formulas...

What is "n " if there is "unequal-n"?

- This is only likely with BG designs -- very rarely is there unequal n in WG designs, and most computations won't handle those data.
- Use the "average n" from the different conditions.
- Use any decimals -- "n" represents "power" not "body count"

What is "n" for a within-groups design ?

- "n" represents the number of data points that form each IV condition mean (in index of sample size/power),
- n = N (since each participant provides data in each IV condition)

But, still you ask, which post test is the "right one" ???

Rather than "decide between" the different types of bias, I will ask you to learn to "combine" the results from more conservative and more sensitive designs.

If we apply both LSD and HSD to a set of pairwise comparisons, any one of 3 outcomes is possible for each comparison

• we might retain H0: using both LSD & HSD

• if this happens, we are "confident" about retaining H0:, because we did so based not only on the more conservative HSD, but also based on the more sensitive LSD

• we might reject H0: using both LSD & HSD

• if this happens we are "confident" about rejecting H0: because we did so based not only on the more sensitive LSD, but also based on the more conservative HSD

- we might reject H0: using LSD & retain H0: using HSD
 - if this happens we are confident about neither conclusion

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Applying Bonferroni

Unlike LSD and HSD, Bonferroni is based on computing a "regular" t/F-test, but making the "significance" decision based on a p-value that is adjusted to take into account the number of comparisons being conducted.

Imagine a 4-condition study - three Tx conditions and a Cx. The RH: is that each of the TX conditions will lead to a higher DV than the Cx. Even though there are six possible pairwise comparisons, only three are required to test the researcher's hypothesis. To maintain an experiment-wise Type I error rate of .05, each comparison will be evaluated using a comparison-wise p-value computed as

If we wanted to hold out experiment-wise Type I rate to 5%, we would perform each comparison using...

 $\alpha_{\rm E}$ / # comparisons = $\alpha_{\rm C}$.05 / 3 = .0167

We can also calculate the experiment-wise for a set of comps...

With p=.05 for each of 4 coms our experiment-wise Type I error rate would be ... α_E = # comparisons * α_C = 4 * .05 = 20%

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A few moments of reflection upon "Experiment-wise error rates" the most commonly used α_{F} estimation formula is ...

 $\alpha_{\mathsf{E}} = \alpha_{\mathsf{C}} * \#$ comparisons

e.g., .05 * 6 = .30, or a 30% chance of making at least 1 Type I error among the 6 pairwise comparisons

But, what if the results were as follows (LSDmmd = 7.0)

Tx1 12.6 6 pairwise comparisons. We
Tx2 14.4 1.8 can't have made a Type I error
Tx3 16.4 3.8 2.0 for the other 4 we retained the
C 22.2 9.6* 7.8* 5.8 H0: !!!

At most our α_E is 10% -- 5% for each of 2 rejected H0:s

Here's another look at the same issue...

imagine we do the same 6 comparisons using t-tests, so we get exact p-values for each analysis...

 Tx2-Tx1
 p. = .43
 Tx3-Tx1
 p. = .26
 Tx3-Tx2
 p. = .39

 C-Tx1
 p. = .005*
 C-Tx2
 p. = .01*
 C-Tx3
 p. = .14

 We would reject H0: for two of the pairwise comparisons ...
 We could calculate α_E as Σp = .005 + .01 = .015

What is our α_E for this set of comparions? Is it05 * 6 = .30, *a priori* α_E – accept a 5% risk on each of the possible pairwise comparisons ??? .05 * 2 = .10, post hoc α_E – accept a 5% risk for each rejected H0: ??? .005 + .01 = .015, exact post hoc αE – actual risk accumulated across rejected H0:s ???

Notice that these αE values vary dramatically !!!