

# A Systematic Appraisal of Individual Effect Size Estimates in Aphasia Single-Case Designs via Simulation

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# Introduction

Single-case designs are common in aphasia research (SCD; small-N; single-subject)

Effect sizes are central to evaluating treatment response in SCDs

Testing behavioral & neuro predictors requires accurate and precise effect sizes

A Range of effect sizes have been employed in aphasia single-case design studies

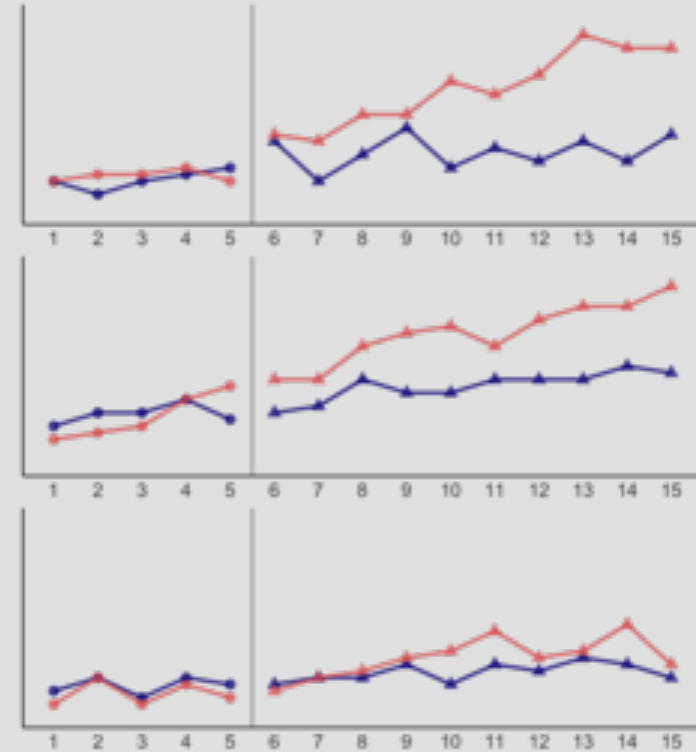
Not all are equivalent nor equally rigorous

Few empirical comparisons & limited guidance for aphasia researchers

*Purpose: systematically compare effect sizes used in contemporary aphasia single case design research*

# Methods

1. Simulate (Manolov & Solonas, 2008)
  - $N = 100$ , Multiple-baseline (AB) design
  - 5 baseline and 10 treatment probes
  - 30 treated & 30 untreated words
- intercept:  $N(\mu = -1.75, \sigma^2 = .25)$
- participant:  $unif(0, 2)$
- item:  $N(\mu = 0, \sigma^2 = 0.6)$
- condition: treated = 1; untreated = 0
- logistic link function probability of correct response
- probabilistic simulation: autocorrelated data ( $\rho = 0.5$ )



$$\begin{aligned} response = & intercept + 0.06 * baselineSlope + 0.3 * levelChange * participant * condition \\ & + 0.15 * slopeChange * participant * condition + itemDifficulty \end{aligned}$$

Visual Inspection; Recover parameters Beeson & Robey quantiles: 3.2 (4.0), 6.8 (7.0), 10.6 (10.1)

# Methods

## 2. Calculate Effect Sizes:\*

- Standardized mean difference (**SMD**; Busk & Serlin 1992, Beeson & Robey, 2006)
- Non-overlap of all pairs (**NAP**; Parker & Vannest, 2009)
- **Tau-U** (Parker et al., 2011; Lee & Cherney, 2018)
- Proportion of potential maximal gain (**PMG**; Lambon Ralph et al., 2010)
- Generalized linear mixed-effects models (**GLMM**; Wiley & Rapp, 2018; Meier et al., 2019)
- Bayesian mixed-effects models (**BMEM** Hutema & McKean, 2000; Evans et al., 2020)

## 3. Compare agreement between effect sizes:

- Standardized (z-scored) effect sizes within method & condition
- Agreement estimated using concordance correlation coefficients (Lin, 1989)
  - Estimated via non-parametric U-statistics & bootstrapped 95% CIs (King, 2001)

[\*] for a primer on each measure, see link at end of slides

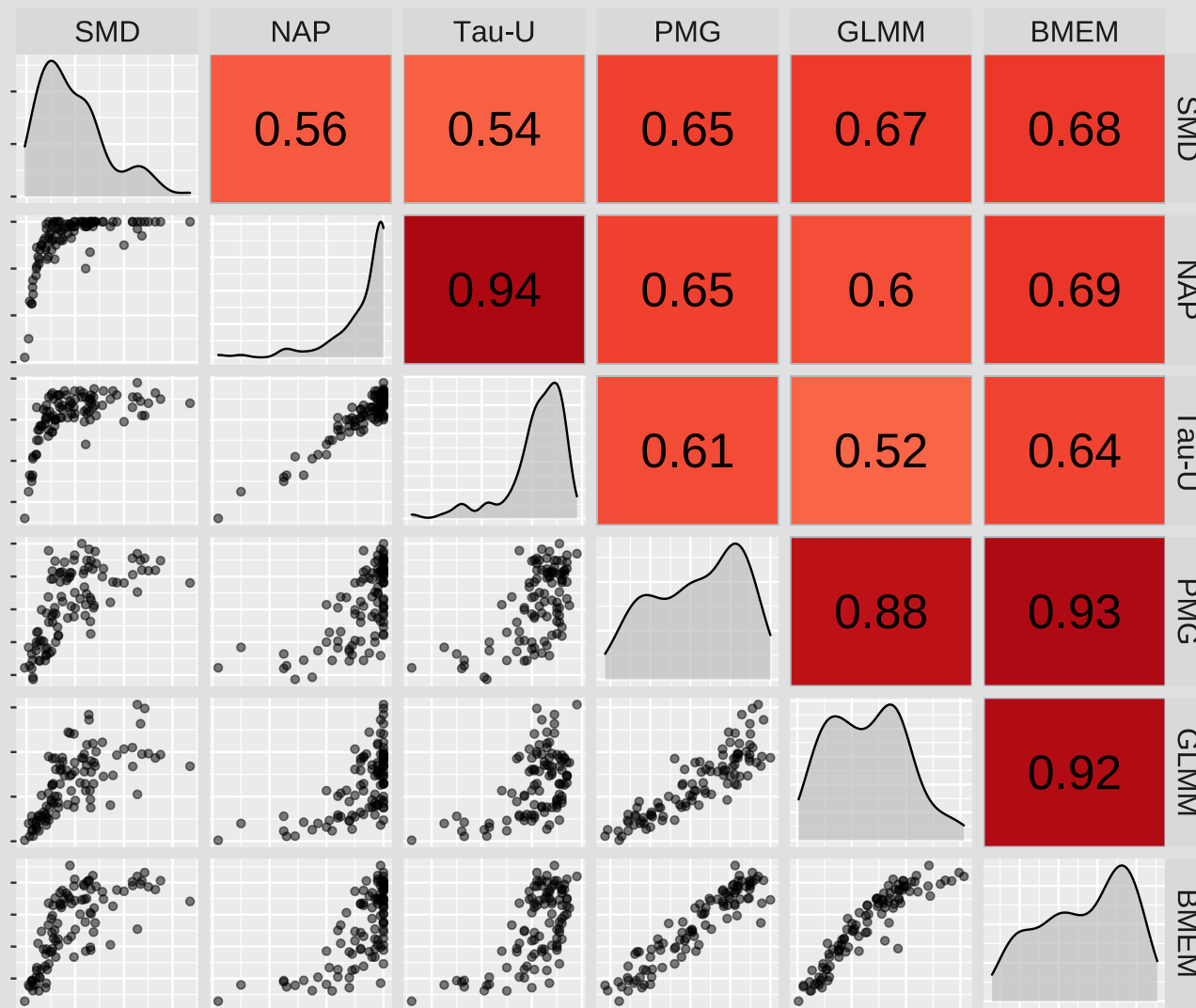
# Results

## Summary - Treated

1. Excellent agreement: mixed effect measures & PMG
2. Excellent agreement: Tau-U & NAP
3. Ceiling effects: NAP; Tau-U
4. SMD: disagreement increasing with effect size magnitude

Coefficients: < 0.40 = poor; 0.40 - 0.75 = fair to good; > 0.75 = good to excellent;

Concordance Correlation Coefficients: Treated Condition



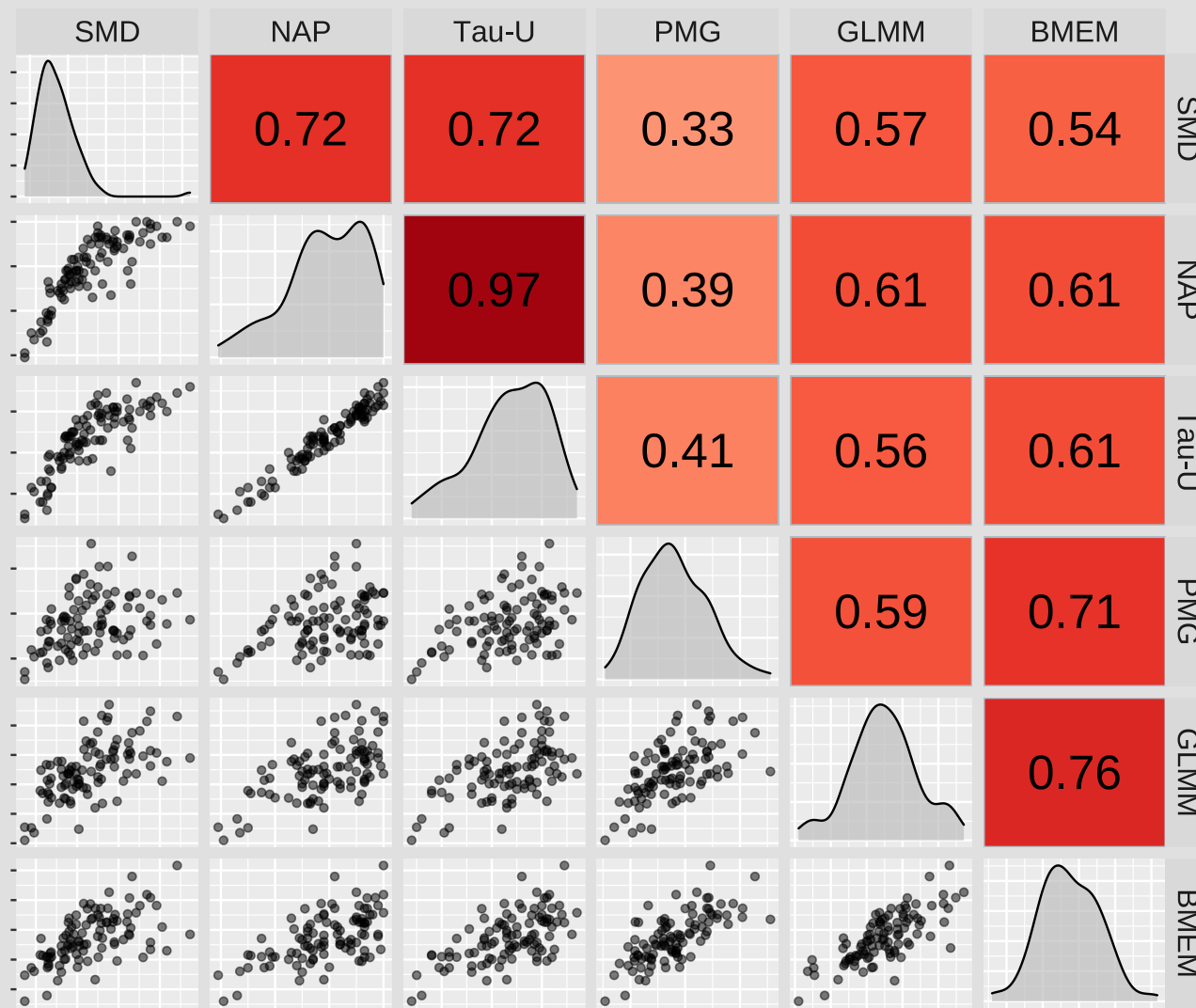
# Results

## Summary - Untreated

1. Excellent agreement: Tau-U & NAP
2. No ceiling effects
3. Poor agreement between PMG & SMD/NAP/Tau-U
4. SMD: heteroscedasticity remains

Coefficients:  $< 0.40$  = poor;  $0.40 - 0.75$  = fair to good;  $> 0.75$  = good to excellent;

Concordance Correlation Coefficients: Untreated Condition



# Findings

1. Careful (a priori) selection & use of effect size measures matters
  - measures are far from interchangeable
  - Effect size selection likely to affect study findings
2. Ceiling effects and rising baselines remain core unresolved issues
  - should be addressed with careful experimental design.
3. Continue to evaluate new methods:
  - Revised Baseline-corrected Tau (Tarlow, 2017:  
<https://doi.org/10.1177/0145445516676750>)
  - Log Response Ratio or Log Odds Ratio (Pustejovsky, 2015:  
<https://doi.org/10.1037/met0000019>)

Selection = dependent variable + experimental design + expected treatment pattern

# Specific Recommendations

1. Given criticisms + available alternatives, recommend against future use of SMD.
  - no meaningful changes substituting Beeson & Robey's  $d$  for SMD
2. GLMMs and their Bayesian extensions satisfy most criteria for effect sizes:
  - accounting for baseline trends (within reason) & minimizing ceiling effects
  - providing relatively clear estimates of effect *magnitude and uncertainty*.
3. PMG approximates mixed effects approaches but lacks certainty/significance.
  - need to combine with an approach such as weighted statistics
4. NAP & Tau-U provide similar results when treatments effects are gradual and/or small but lose sensitivity when effect sizes are medium to large.



# Selected References

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# Thank You -

## More Resources:

- Effect Size Primer:  
[rb-cavanaugh.shinyapps.io/aphasia-effect-sizes/](http://rb-cavanaugh.shinyapps.io/aphasia-effect-sizes/)
- R code & data: <https://osf.io/6x5pd/>

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