Scenario: In 2010, the CDC reported 35.7% of American adults are obese¹. Some believe obese individuals face discrimination; being viewed as having physical, moral, and emotional impairments.

Doctors, who are trained to treat all patients warmly and who have access to research suggesting uncontrollable and hereditary aspects of obesity, may also believe obese individuals are undisciplined and suffer from self-control issues.

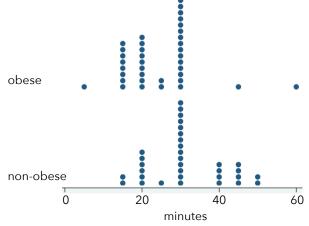
A 2001 study examined physicians' behavioral intentions towards average-weight and obese patients. 71 primary care physicians in Houston were sent a packet containing a medical chart similar to the one they view upon seeing a new patient. This chart portrayed a patient who was displaying symptoms of a migraine headache but was otherwise healthy. The weight of the patient was manipulated so that:

- 38 doctors received a chart from an <u>obese</u> patient (body mass index = 36)
- 33 doctors received a chart from a non-obese patient (body mass index = 23)

After reviewing the chart, the doctors were asked to indicate how much time they would spend with the patient. **Do doctors indicate they would spend less time with obese patients?**

Here's a summary of the data from this study:

weight		mean	median	sd
non-obese	33 38	31.36364 24.73684	30 25	9.864134 9.652571
•		27.8169		10.23762



1 National Obesity Trends, CDC NCHS, 2010, retrieved 2012-03-26: http://www.cdc.gov/obesity/data/adult.html Hebl, M., & Xu, J. (2001). Weighing the care: Physicians' reactions to the size of a patient. International Journal of Obesity, 25, 1246-1252.

In this scenario, we may want to investigate a couple different questions using a variety of analysis methods:

General question: By how much do the treatment groups differ?

In this scenario: How much less time do doctors spend with obese patients?

Method: Effect size

Options: Cohen's d (effect size based on difference between two means)

D-statistic (effect size based on discrimination of individual objects from two groups)

Method: Confidence interval

Options: Bootstrap methods (perhaps for $\mu_1 - \mu_2$ or median₁ - median₂)

Theory-based (perhaps using t-distribution with/without equal variances assumption)

Question: Do the treatment groups differ?

In this scenario: Do doctors spend less time with obese patients?

Method: Null hypothesis significance test

Options: Randomization-based test (perhaps for μ_1 - μ_2 or median₁ - median₂)

t-test to test H_0 : $\mu_1 - \mu_2 = 0$ with equal variances assumption

Welch-Sattertwaite method to test H₀: $\mu_1 - \mu_2 = 0$ without equal variances assumption

Calculate and interpret this effect size (Cohen's d):

weight			sd
non-obese obese	33 38	31.36364 24.73684	9.864134 9.652571
•	71	27.81690	10.237620
Diff		6.62680	

While interpreting the magnitude of Cohen's d depends on its substantive context, Cohen did provide some widely used rules-of-thumb: Small effect: $0.20 \le d \le 0.30$ Medium effect: $d \approx 0.50$ Large effect: d > 0.80

Source: Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (second ed.). Lawrence Erlbaum Associates.

2) Instead of estimating the differences between group means, we may want to estimate the difference between individual observations in each group. One way to do this would be to estimate the probability that an individual observation in one group scores higher than an observation in the other group: $P(x_1 > x_2) = P(x_1 - x_2 > 0)$

To estimate this probability, we need to derive some characteristics of the distribution of $x_1 - x_2$.

• The expected value of $x_1 - x_2$ would be:

$$E[x_1 - x_2] =$$

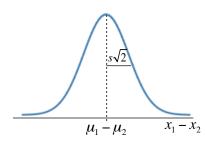
• If we assume the groups are independent and have equal population variances, then:

$$\operatorname{var}[x_1 - x_2] =$$

and

$$SD[x_1 - x_2] =$$

• Assuming the observations from both groups come from populations with normal distributions, calculate D:



$$D = P\left(x_1 - x_2 > 0\right) = P\left(z > \frac{0 - \left(\overline{X}_1 - \overline{X}_2\right)}{s\sqrt{2}}\right) = P\left(z > \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_1 - \overline{X}_2}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_1 - \overline{X}_2}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_1 - \overline{X}_2}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_1 - \overline{X}_2}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_2 - \overline{X}_1}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}_1 - \overline{X}_2}{s\sqrt{2}}\right) = P\left(z < \frac{\overline{X}$$

$$\sum_{x_1 - x_2} P\left(z < \frac{6.6268}{9.75\sqrt{2}}\right) = P\left(z < 0.481\right) =$$

Interpretation:

To calculate a confidence interval, we can use bootstrap methods or theory-based (parametric) formulas.
Let's first construct a 90% confidence interval for $\mu_{ m obese}$ – $\mu_{ m non-obese}$ using bootstrap methods. To do this:
a) Copy the data from: http://www.bradthiessen.com/html5/data/doctors.csv b) Paste it into: http://lock5stat.com/statkey/bootstrap_1_quant_1_cat.html
Construct a 90% confidence interval based on at least 10,000 bootstrap samples. Record this interval, interpret it, and explain the bootstrap method.
90% confidence interval:
Interpretation:
Explanation of bootstrap method:
4) Now, let's construct a 90% confidence interval for $\mu_{ m obese}$ – $\mu_{ m non-obese}$ using theory-based methods.
Remember that the general form of our confidence intervals has been: Estimate \pm (a number of)(standard error in the previous activity, we derived: $SE_{pooled} = \sqrt{\frac{1}{n_1} + \frac{1}{n_2}} \sqrt{\frac{(n_1 - 1)s_1^2 + (n_2 - 1)s_2^2}{n_1 + n_2 - 2}}$
Construct the 90% confidence interval, indicating the degrees-of-freedom for your t-statistic.
90% confidence interval:
5) Think about the assumptions you need to make (or what conditions were necessary) to construct each interval.
Assumptions for theory-based interval:
Assumptions for bootstrap interval:

3) This time, let's calculate confidence intervals – intervals that will frequently include the value of $\mu_{
m obese}$ – $\mu_{
m non-obese}$.

7)	One advantage of bootstrap methods is they can easily be extended to construct intervals for other parameters.
	Using the same data and applet, let's use bootstrap methods to construct a 90% confidence interval for the difference between the group <u>medians</u> .
	a) Copy the data from: http://www.bradthiessen.com/html5/data/doctors.csv b) Paste it into: http://lock5stat.com/statkey/bootstrap_1_quant_1_cat/bootstrap_1_quant_1_cat.html
	90% confidence interval:
8)	Now let's turn our attention to addressing the question: <u>Do doctors spend less time with obese patients?</u>
	To address this question, we're going to compare the means of the obese and non-obese groups. Fill-in-the-blanks
	Null hypothesis:
	Alternate hypothesis:
	Type I error consequence:
	Type II error consequence:
9)	Looking at our sample data, the 71 doctors indicated they would spend 6.6268 fewer minutes with obese patients. Explain why we can't simply look at our data, reject our null hypothesis, and conclude that doctors spend less time with obese patients?
10) Consider the assumptions necessary for us to conduct an independent samples t-test.
	Assumption Why do we need this assumption? Is it a reasonable assumption in this scenario?

6) Do your confidence intervals provide evidence to suggest doctors do spend less time with obese patients? Explain.

11) Suppose we do <u>not</u> think the normality and equal variances assumptions are reasonable in this scenario. Instead of running an independent samples t-test, we might employ randomization-based methods.

If you remember the first day of class (the dolphin study), we wrote out hypotheses, conducted a test, estimated a p-value, and stated a conclusion all without knowing anything about probability distributions or t-tests. To do that, we used the concept of randomization.

Even though our sample data indicate doctors spend less time with obese patients, it's possible we could have obtained those results in our sample even if (the population of) doctors really spend equal time with all patients.

Our key question, therefore, is: <u>How likely were we to observe our sample data (or something more extreme) if, in</u> fact, the weight of patients has no effect on the time doctors spend with them?

To address this question, we'll randomize our data and estimate a p-value:

- a) Randomize: Assuming obesity has no effect (the null model), we'll replicate the random assignment of 71 doctors into the obese and non-obese groups. We will randomly assign 33 doctors to the *non-obese* group and 38 doctors to the *obese* group. Then, we'll calculate our statistic of interest: $\overline{X}_{\text{non-obese}} \overline{X}_{\text{obese}}$ Note that we could choose another statistic to compare the two groups.
- b) **Repeat**: We'll repeat this randomization process many times. Note that there are a huge number of possible randomizations (ways of splitting 71 doctors into groups of size 33 and 38):

$$\begin{pmatrix} 71 \\ 33 \end{pmatrix} = \frac{71!}{(71-33)!33!} = 187,265,264,199,657,100,730$$

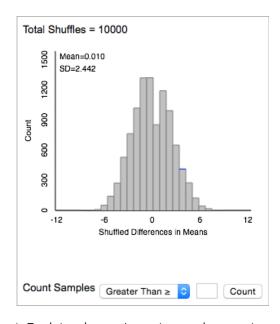
That would take too long, so we'll get a representative sample of at least 10,000 randomizations. For each replication, we'll calculate $\overline{X}_{\text{non-obese}} - \overline{X}_{\text{obese}}$ to get a sense of what values are <u>typical</u> if obesity does not matter.

c) **Reject?** The 10,000 randomizations represent typical results if our null hypothesis were true. From these randomizations, we can determine how unusual our actual results from the study were. If the actual results from the study look unusual, we can reject the null hypothesis

The following table attempts to explain this randomization process for our scenario. As you can see, the first doctor was randomly assigned to the <u>non-obese</u> group and reported spending <u>15 minutes</u> with that patient. If we could go back in time and, once again, randomly assign this doctor a patient's chart, this doctor might be assigned an obese patient. How would this change the amount of time the doctor would spend with the patient?

Subject	Actual Data		Randomization #1		Randomization #2		Randomization #3	
1	Non-obese	15	Obese		Non-obese	15	Obese	15
2	Average	45	Non-obese		Obese	45	Obese	45
3	Non-obese	30	Non-obese		Obese	30	Non-obese	30
71	Obese	60	Non-obese		Obese	60	Non-obese	60
Means	Average = 31.36 Obese = 24.74		Average = 27.58 Obese = 28.03		Average = Obese =		Average = 2 Obese = 2	
Difference	Avg - Obese = +6.62		Avg - Obese	= -0.45	Avg - Obese	= +0.96	Avg - Obese	= +2.10

- 12) Let's conduct this randomization-based test:
 - a) Copy the data from: http://www.bradthiessen.com/html5/data/doctors.csv
 - b) Open the applet: http://www.rossmanchance.com/applets/AnovaShuffle.htm?hideExtras=2
 - c) Paste the data into the box on the top-left and click the USE DATA button
 - d) We want to calculate the difference between means: Statistic: Difference in means Observed diff=6.627
 - e) At the bottom, you could check a box to get a 95% confidence interval for this difference.
 - ✓ 95% CI(s) for difference in means average, obese,: (1.99, 11.26)*
 - f) Check the SHOW SHUFFLE OPTIONS box on the top-right and click SHUFFLE RESPONSES
 - g) Change the number of shuffles to 9999, click SHUFFLE RESPONSES, and run all 10,000 randomizations
 - h) You now see the randomization distribution (similar to what's pasted below).



i) Look at the center of this distribution. Is the center where you'd expect it to be? Explain.

ii) Is the shape of this distribution what you'd expect? Explain.

g) Explain what we're going to do to estimate a p-value. Remember, a p-value tells us the likelihood of observing results as or more extreme than what we observed if, in fact, the null hypothesis were true.

p-value = _____

- 13) If you prefer, you can use a different applet to run this randomization-based test.
 - a) Copy the data from: http://www.bradthiessen.com/html5/data/doctors.csv
 - b) Applet: http://lock5stat.com/statkey/randomization_1_quant_1_cat.html
 - h) Click the EDIT DATA button, paste the data into the box, and click OK
 - i) The randomization method we're using is **REALLOCATE GROUPS**
 - j) Click the GENERATE 1000 SAMPLES button 10 times to get 10,000 randomizations
 - k) To estimate a p-value, check the RIGHT-TAIL box, click the number on the x-axis, and change it to 6.627
 - I) Record the p-value below. Should it match the p-value from the previous applet? Explain.

14) Based on our estimated p-value(s), what conclusions can we make from this stu	14)	Based on our estimated	p-value(s), what	conclusions can w	ve make from	this stud	v?
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15) Now, let's finally conduct an independent samples t-test to compare our group means.

Remember our null hypothesis is: H_0 : $\mu_{average} = \mu_{obese}$.

Assuming this null hypothesis is true (and our assumptions of normality, equal variances, and independence hold), sketch the sampling distribution we would get if we repeatedly took samples of size 33 and 38 and calculated the difference between the means of those samples. Label the mean and standard error of this distribution. Then, identify the critical value and shade-in the rejection region. Finally, estimate the p-value.

To get the p-value, you may wish to use: http://lock5stat.com/statkey/theoretical_distribution.html#t

weight			sd
+ non-obese obese	33 38	31.36364 24.73684	9.864134 9.652571
Total	71		10.237620
Diff		6.62680	

16) Assuming doctors actually spend 5 minutes less with obese patients, estimate the power of our t-test.

17) I conducted this independent samples t-test on a computer (using a program called *Stata*). Interpret this output. Does it match your calculations from the previous question?

Two-sample t test with equal variances

Group	'		Std. Err.		•	•
average obese	33	31.36364 24.73684	1.717125 1.565854	9.864134	27.86597	34.86131
combined	71	27.8169	1.214982			
diff			2.320283		1.997955	11.25563
diff =	= mean(1) -	- mean(2)		degrees	t of freedom	= 2.8560 = 69
	iff < 0) = 0.9972	Pr(Ha: diff !=			iff > 0) = 0.0028

- 18) Try conducting an independent samples t-test on the following applet. Why do we get different results?
 - a) Copy the data from: http://www.bradthiessen.com/html5/data/doctors.csv
 - b) Open the applet: http://www.rossmanchance.com/applets/TBIA.html

Will a smiling person accused of a crime be treated more leniently than one who is not smiling? If so, does the type of smile make a difference?

A 1995 study asked 136 students to serve as members of a college disciplinary panel and judge a student accused of cheating. Each subject received a file that contained

- a letter from the chair of the Committee on Discipline
- a summary of the evidence against the suspected cheater
- background information on the suspect, including prior academic performance

• a cold









a "felt" smile

a false smile

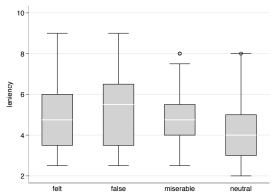
a miserable smile

a neutral expression

The subjects were then asked to indicate their judgments. They did this by answering 5 questions about the likelihood of the suspect's guilt and how severe the punishment should be. These questions were combined to form a single "leniency score" (where higher scores = less severe punishment)

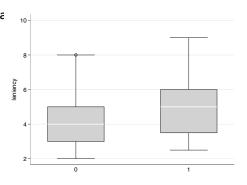
The following data were obtained:

	N	mean	sd
felt	34	4.911765	1.680866
false		5.367647	1.827023
miserable	34	4.911765	1.453682
neutral		4.117647	1.522850
Total	136	4.827206	1.671525



If we combine the first three groups into a "smile" group, our data

smile	l N	mean	sd
0 (no) 1 (yes)	102	4.117647 5.063725	1.52285 1.658568
Total		4.827206	



· ·	nile group to the neutral expression. State the null and alternate hypotheses. Type I and Type II errors in this study.
Null:	Alternate:
Type Lerror consequence:	
Type renor consequence.	
Type II error consequence:	
20) Consider the assumptions necessareasonable in this situation? How o	y for us to conduct an independent samples t-test. Are these assumptions an we check these assumptions?
	up methods, construct a 99% confidence interval for the difference in means ups. What conclusions can you make?
Data: http://www.bradthiesser Bootstrap applet: http://lock5s	.com/html5/data/smiles.csv tat.com/statkey/bootstrap_1_quant_1_cat/bootstrap_1_quant_1_cat.html
Parametric CI:	
rarametric Ci:	
Bootstrap CI:	

- 22) Use one of the following applets to conduct a randomization-based test for the difference in means. Record the p-value and write out any conclusions you can make.
 - Applet 1: http://www.rossmanchance.com/applets/AnovaShuffle.htm?hideExtras=2
 - Applet 2: http://lock5stat.com/statkey/randomization_1_quant_1_cat/randomization_1_quant_1_cat.html

p-value = _____ Conclusions:

23) Sketch the sampling distribution of mean differences under your null hypothesis. Label the mean and standard error, identify the critical value, and shade-in the rejection region. Calculate your observed test statistic and make a conclusion.

24) The observed difference in means is 0.946078. Calculate and interpret a p-value in this scenario.

25) Here's the output when I conducted an independent samples t-test in Stata. Does this match your calculations?

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf.	<pre>Interval]</pre>
0 1	34 102	4.117647 5.063725	.2611667 .1642227	1.52285 1.658568	3.586299 4.737952	4.648995 5.389499
combined	136	4.827206	.1433321	1.671525	4.543739	5.110673
diff		9460784	.322035		-1.583007	3091494
Ha: di		Pr(Ha: diff !=			iff > 0) = 0.9981

26) Suppose we wanted to test the difference between means of the "felt" and "false" smile groups. Look at the output pasted below and state any conclusion(s) you can make.

Group	1	Mean	Std. Err.	Std. Dev.	[95% Conf.	Interval]
felt false	34		.2882662 .3133318	1.680866 1.827023	4.325283 4.730169	5.498247 6.005125
combined	68	5.139706	.2131142		4.714328	5.565084
diff		4558824			-1.305946	.3941812
Ha: diff < 0 Pr(T < t) = 0.1441		Pr(Ha: diff != 0 Pr($ T > t $) = 0.2882		Ha: diff > 0 Pr(T > t) = 0.8559	

27) Based on this p-value, can we conclude there is <u>no difference</u> in leniency between the felt and false smile groups?

28) Is there any way we could use our independent samples t-test to compare all 4 groups in this study? How many t-tests would we need to conduct to test all pairs of group means?

29) Suppose we set $\alpha = 0.05$ for each of our t-tests. If we conducted all those t-tests, what would be the overall probability that we would make at least one α -error across all our tests? How could we reduce the chances of making an α -error?

30) Let's generalize the results of our answers to the previous two questions. Suppose we have a study with G groups. If we conduct t-tests to compare all possible pairs of means, what would be our overall α-error rate? What are the implications of this?

31) How could we compare the means from 3+ groups using randomization- or theory-based methods?

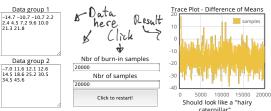
To the right, I've pasted results from a Bayesian approach to the t-test. If we have time, I'll explain what's going on and the advantages to this Bayesian approach. The website I used for this was: http://www.sumsar.net/best_online/

Bayesian Estimation Supersedes the t-test (BEST) - online

This page implements an online version of John Kruschke's <u>Bayesian estimation supersedes the test (BEST)</u>. A Bayesian model that can be used where you classically would use a two-sample t-test. BEST estimates the difference in means between two groups and yields a probability distribution over the difference. From this distribution we can take the mean credible value as our best guess of the actual difference and the 95% *Highest Density Interval* (HDI) as the range were the actual difference is with 95% credibility. It can also be useful to look at how credible it is that the difference between the two groups is < 0 or > 0.

To try it out just enter some data below or run with the data that is already entered, the heights in m of the winning team of the 2012 NBA finals (group 1) and the winning team of stanley cup 2012 (group 2). Data can be entered in almost any way, separated by spaces, commas, newlines, etc.

The MCMC method used is an adaptive Metropolis-within-Gibbs sampler described by Roberts and Rosenthal (2009). Everything is implemented in javascript and runs in the browser. If the output looks strange try to increase the number of burn-in steps and the number of sample steps.



-- Started Burn in phase --- Finished Burn in phase --- Started sampling phase --- Finished sampling phase --- Results plotted below --- For comparison, a standard two-tailed t-test -Mean group difference: -15.92 t -2.711 p: 0.01387

5000 Distribution - Difference of Means
4000 98.3% - 0 < 1.69%
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98.

More Results - The Rest of the Parameters!

Even though the difference between the means of the groups usually is the main interest, BEST also estimates other parameters. Except for the means and SDs of the groups BEST estimates a measure of to what degree there are outliers in the data that makes the distribution of the data deviate from normality. This measure is labeled "Normality" below where a normality estimate < 1.5 indicates that the data in't normally distributed. BEST is however robust to outliers to some degree while outliers are a problem for a classical t-test. More about the assumptions of BEST and the advantages of Bayesian estimation is found in Kruschke (2012).

