Goodness-of-fit and Theory Corroboration Through Informative Prior Specifications

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Model Fitting, according to frequentists

new evidence (likelihood)

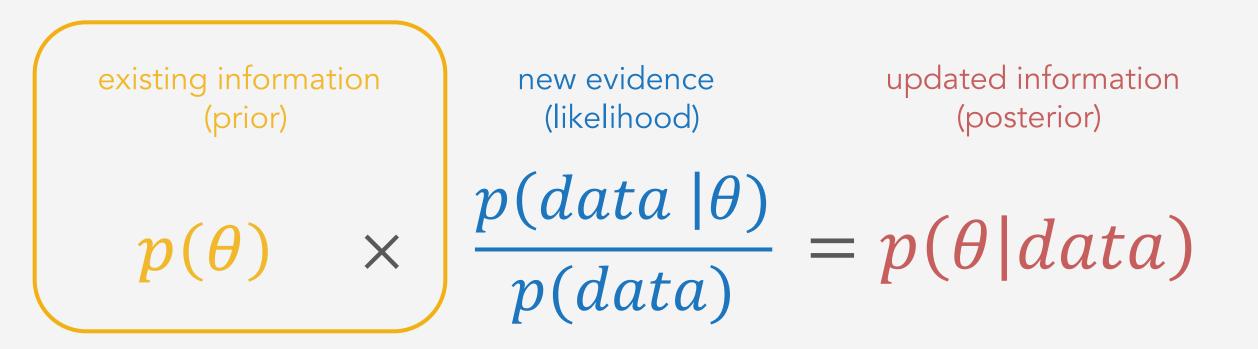
 $p(data | \theta)$

p(data)

number of parameters

configuration of the model

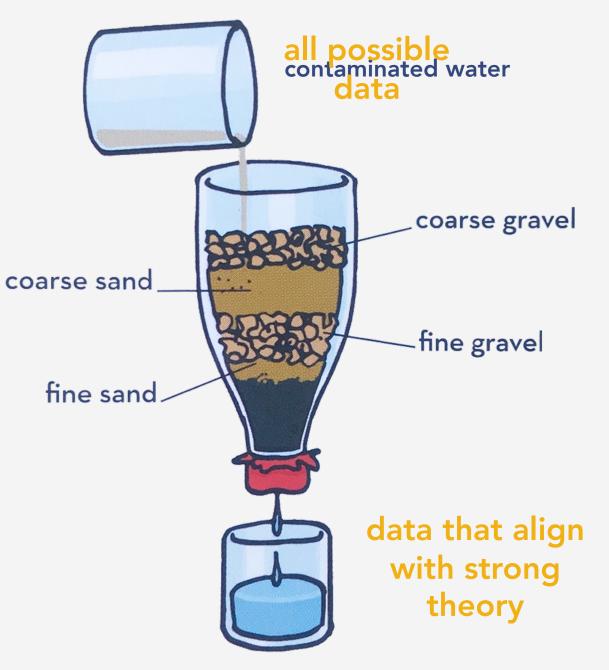
Model Fitting, according to Bayesians



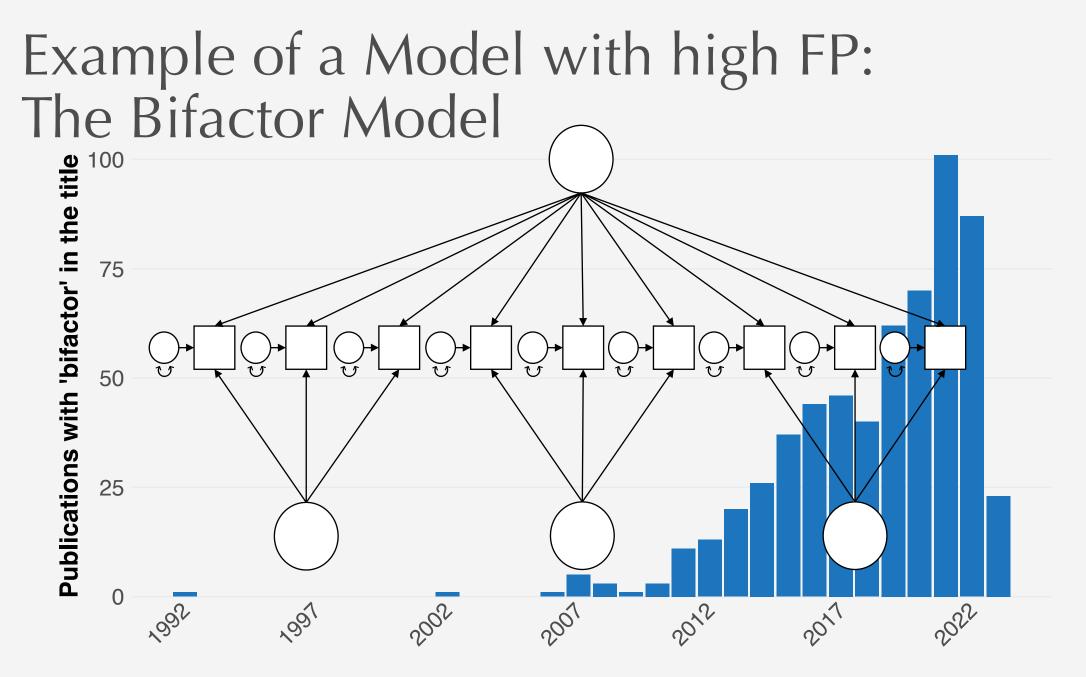
Can Priors make a Model More Selective?

- When a model 'fits well', it does not tell us anything about the a priori likelihood of that model fitting *any plausible data*
 - Some models have a worryingly high tendency to fit any data patterns (i.e., high fitting propensity; FP; Preacher, 2006)
 - Without constraining such models, finding good fit is 'nearly meaningless' (Roberts & Pashler, 2000)
- Can we return meaning to good model fit?
- Can we use a series of increasingly fine-grained prior specifications to ensure that our model fits well only to data that align to our theory?
 - Extending work by Vanpaemel (2009; Vanpaemel & Lee, 2012)

Priors as Filters



Source: <u>Bear Grylls Survival Academy</u>



Year

Criticism of the well-fitting Bifactor Model

- "Indiscriminate use of the bifactor model without proper regard for theory is highly questionable." (Thomas, 2012, p. 108)
- "[W]e caution against the adoption of a theoretical model that is built on a methodological house of cards." (Watts et al., 2020, p. 318)
- "[T]he bifactor model has an undesirable tendency to fit any possible data" (Bonifay & Cai, 2017, p. 481)
- "[T]he mistaken inference of bifactor superiority seems to be driven by the general dimension's erroneous accommodation of misspecifications through capturing theoretically unexplained variance and repackaging it as common variance, even though it is not." (Greene et al., p. 756)

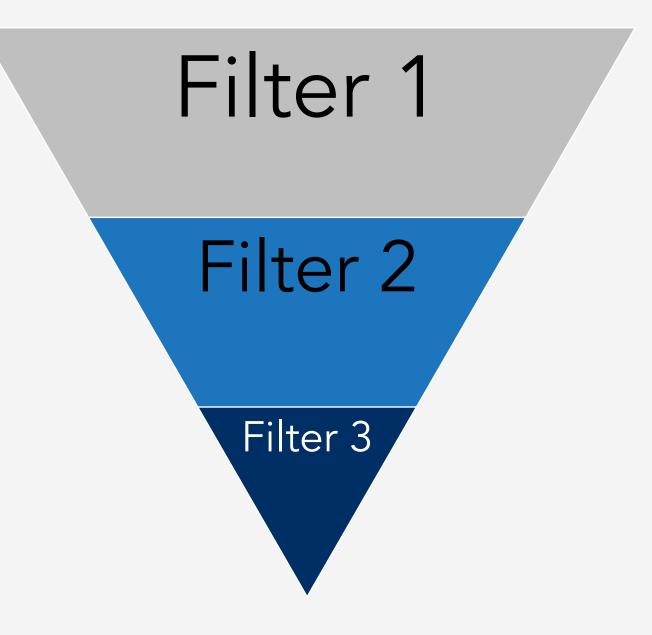
Theory-Informed Constraints of the Bifactor Model

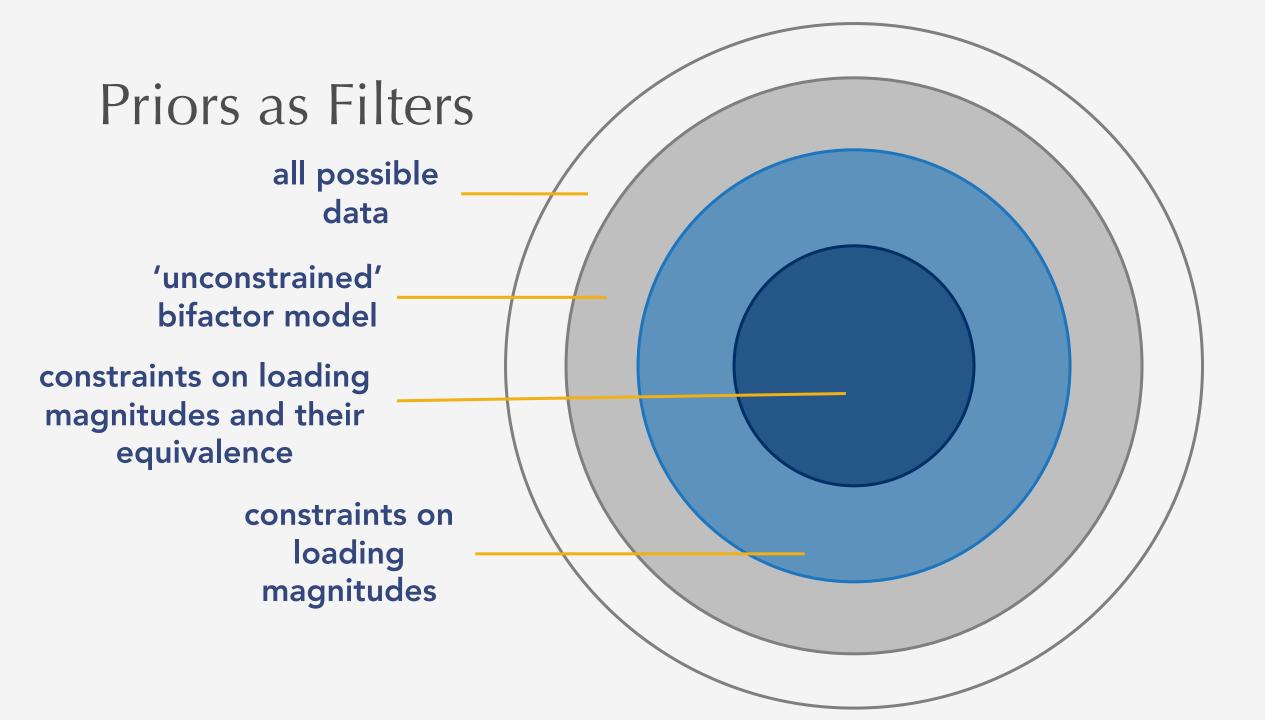
Watts and colleagues (2019) proposed two theory-informed constraints for psychopathology bifactor model parameter values:

- 1. A bifactor model should produce reliable specific factors that are well represented by their constituent indicators.
- 2. If the general factor in a bifactor model reflects broad liability for psychopathology, it should be relatively equally represented by its constituent indicators.

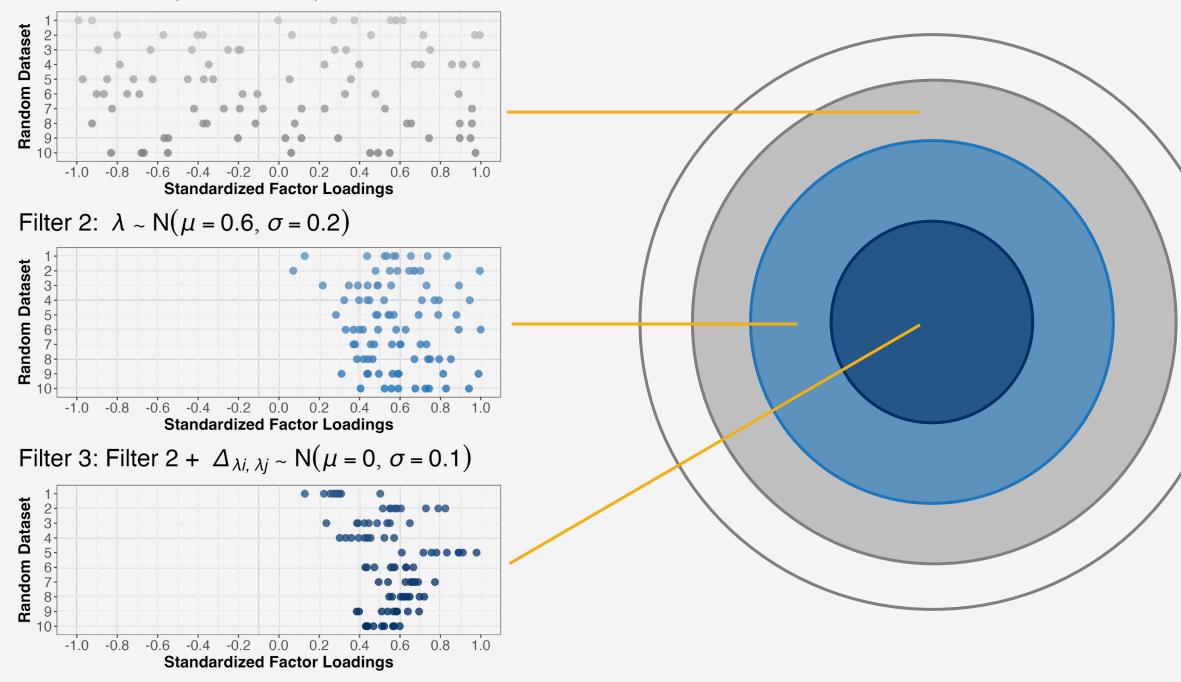
We can translate these constraints to prior filters

Priors as Filters





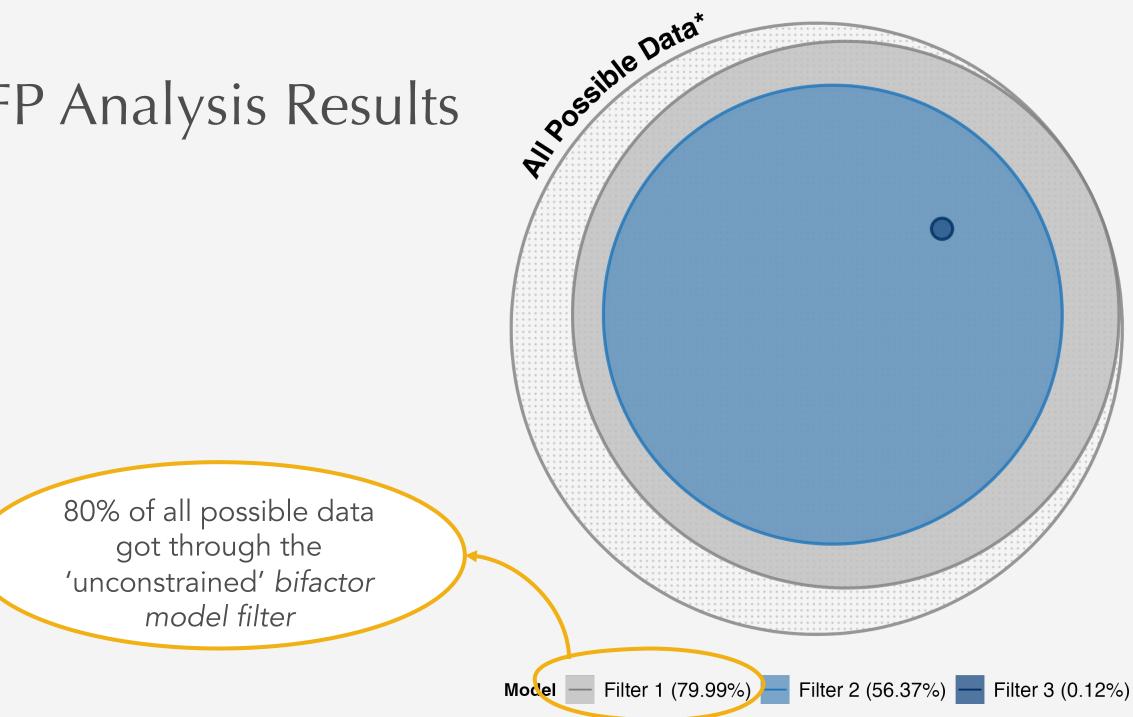
Filter 1: $\lambda \sim N(\mu = 0, \sigma = 10)$



FP Analysis to Test Priors as Filters

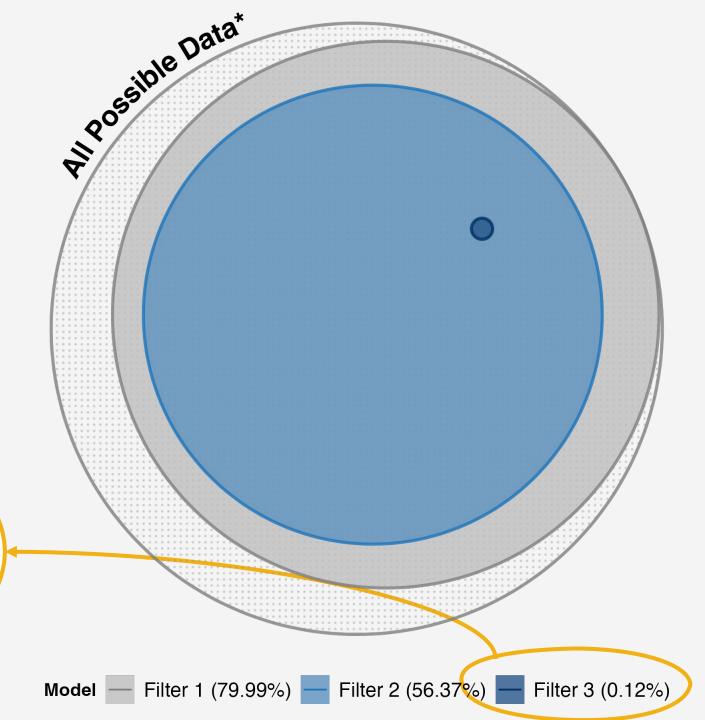
- 1. Generate 30,000 random data sets of N = 500 with 12 variables
 - ockhamSEM R package (Falk & Muthukrishna, 2021)
- 2. Fit bifactor model with diffuse priors (Filter 1)
 - blavaan R package (Merkle et al., 2021)
- 3. Assess model fit
 - Bayesian SRMR $\leq .12$
 - This index does not have same cutoff guidelines as frequentist SRMR
- 4. Good fit? → Apply Filter 2 Priors
- 5. Still good fit with Filter 2? \rightarrow Apply Filter 3 Priors

FP Analysis Results

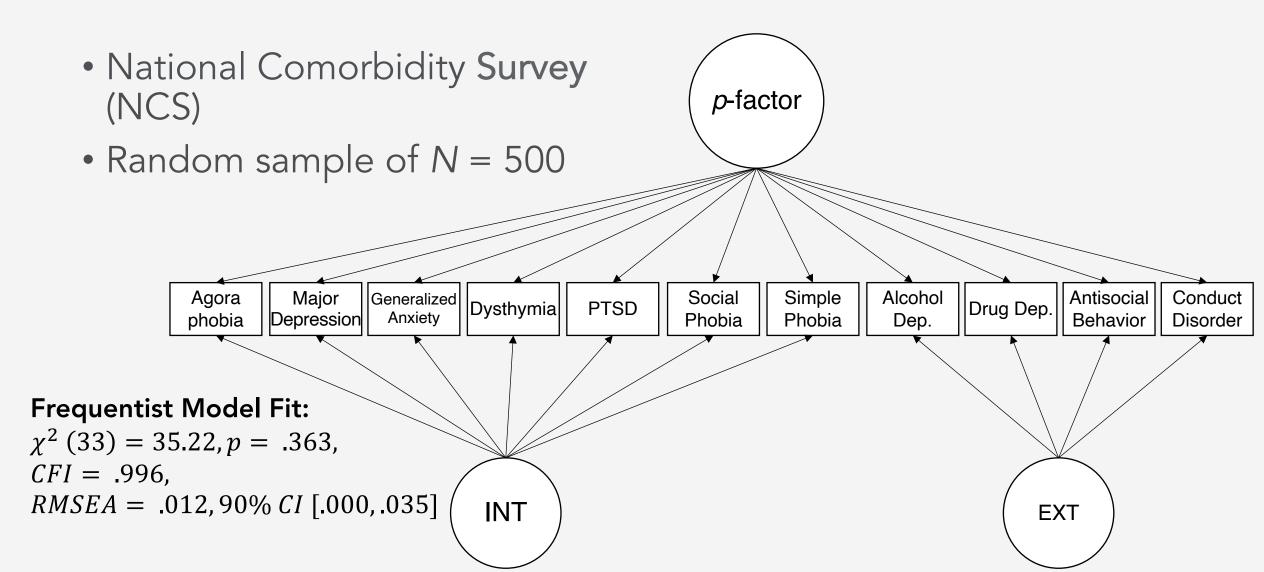


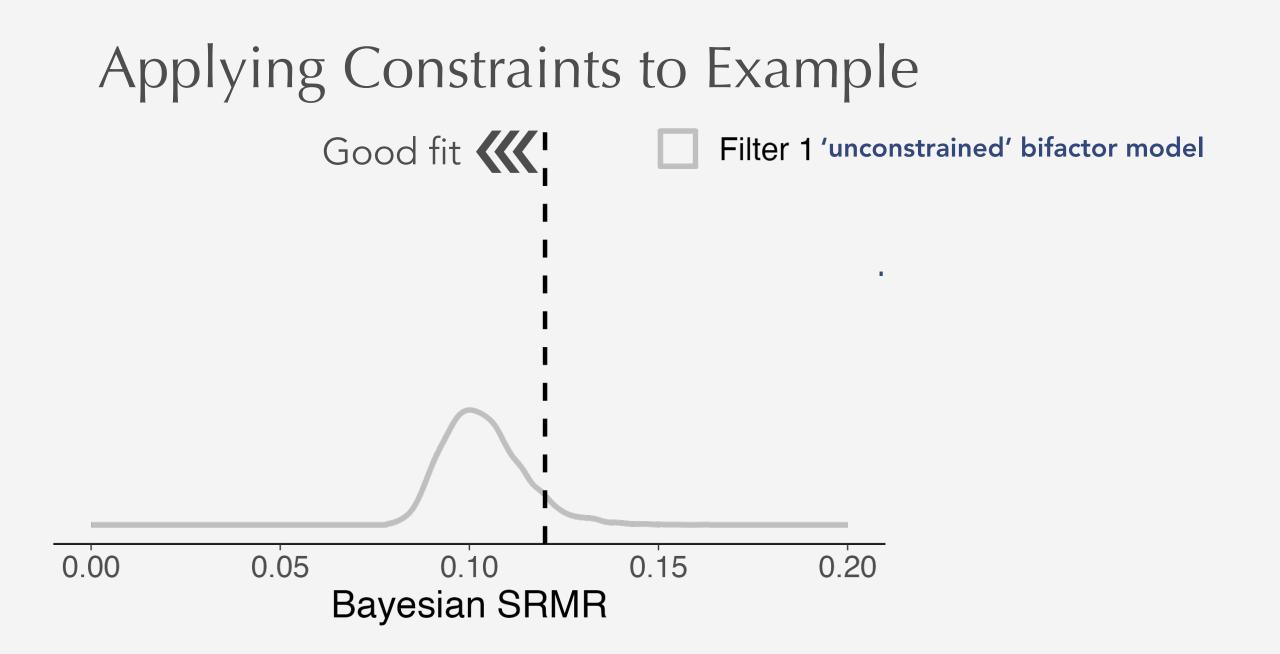
FP Analysis Results

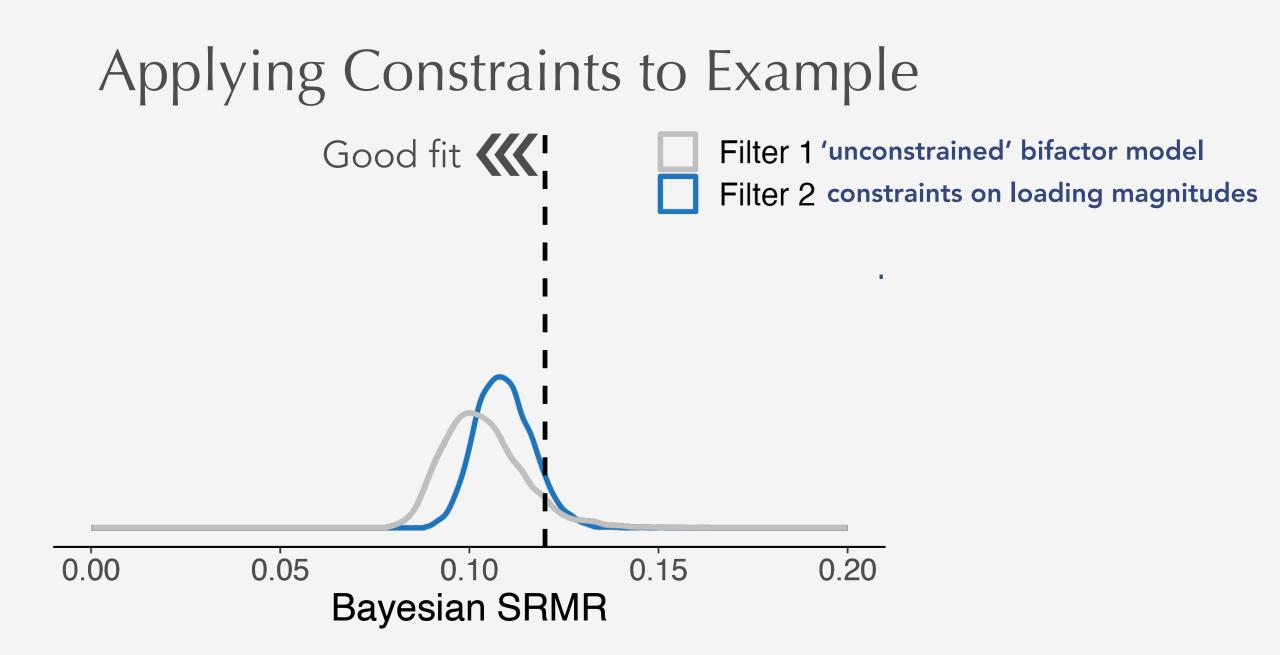
Only 0.12% of all possible data got through the most finegrained filter (wellrepresented + equally well-represented)

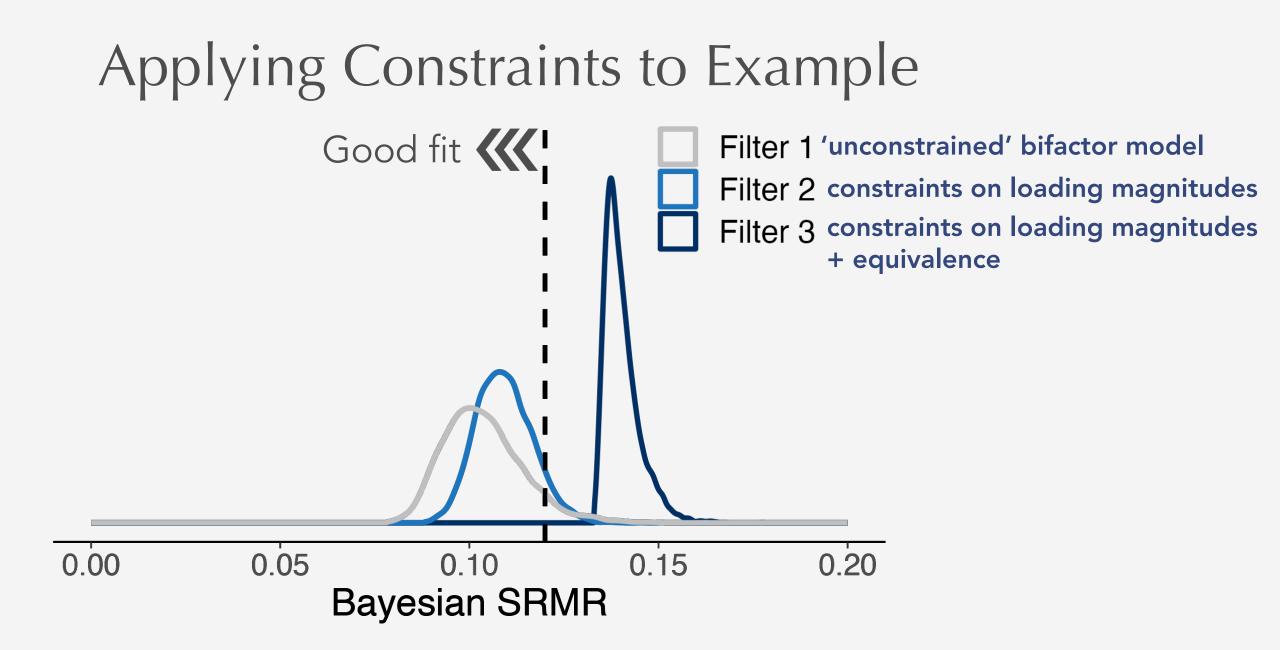


Applying Filters to a Single Data Set









Conclusions & Implications

We can use Bayesian priors to constrain the bifactor model!

- This general procedure can be applied to any statistical model/type of parameter
- We can use priors to constrain the complexity of any model for which priors can be specified
 - With constraints, gsoodness-of-fit *can* help us corroborate our theory
- We need more insight into:
 - How to specify proper priors for specific sample and model sizes
 - What goodness of fit indices are best

Thank you!









But did good fit corroborate our theory?

Standardized Factor Loadings Externalizing Alcohol Dependence 0.668 Drug Dependence 0.783 Antisocial Behavior 0.674 Conduct Disorder 0.619 Internalizing 0.283 Agora Phobia **Major Depression** 0.753 Generalized Anxiety 0.428 Dysthymia 0.672 0.368 PTSD -0.192 Social Phobia Simple Phobia -0.223

P-factor Agora Phobia 0.761 Major Depression 0.582 **Generalized Anxiety** 0.460 0.336 Dysthymia PTSD 0.508 Social Phobia 0.577 Simple Phobia 0.705 0.176 Alcohol Dependence 0.242 Drug Dependence Antisocial Behavior 0.503 0.304 Conduct Disorder

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