

# Multilevel models

Professor Andy Field

 @profandyfield

 [www.youtube.com/user/ProfAndyField/](http://www.youtube.com/user/ProfAndyField/)

 [www.discoveringstatistics.com](http://www.discoveringstatistics.com)

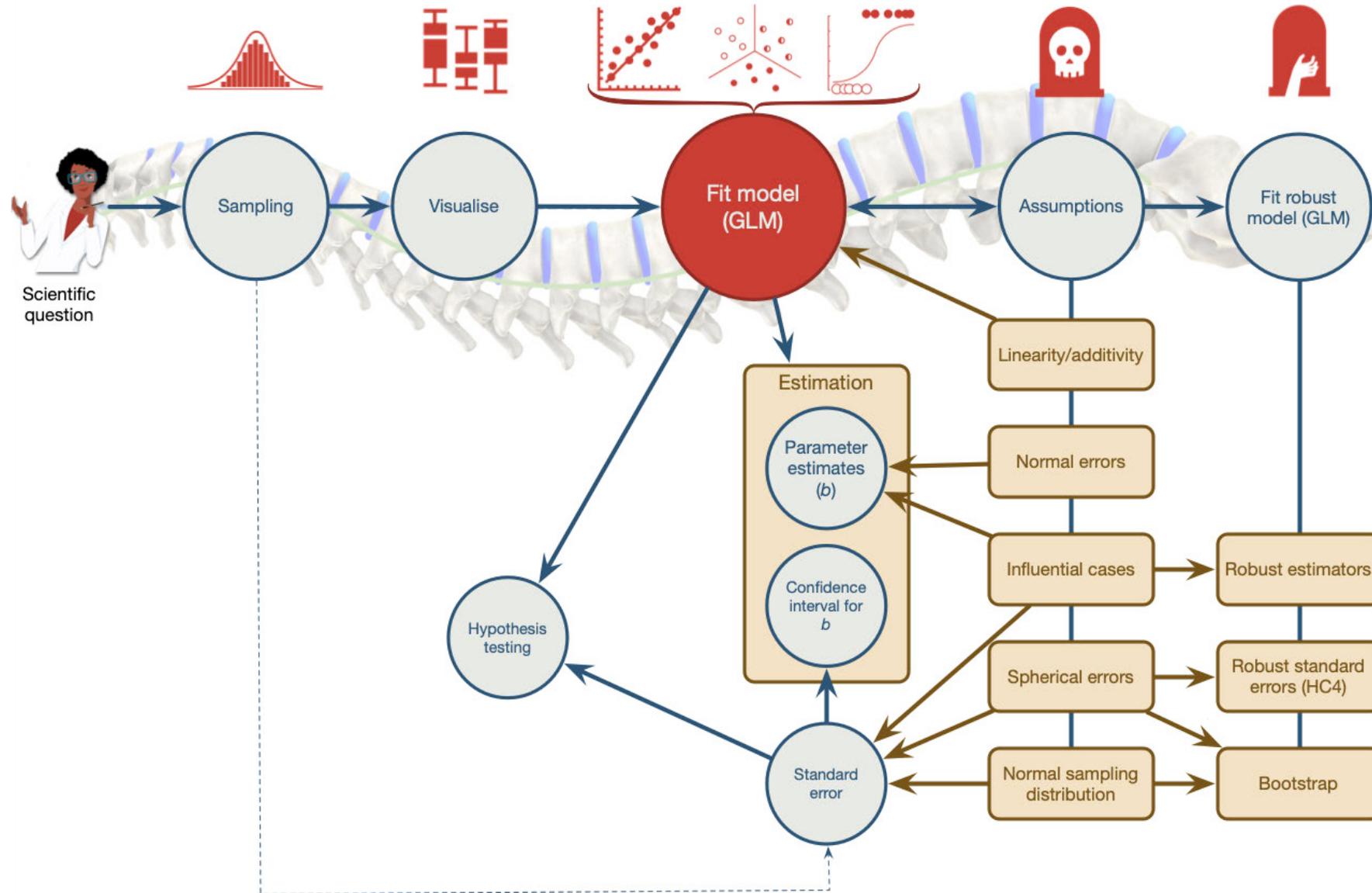
 [www.milton-the-cat.rocks](http://www.milton-the-cat.rocks)

 [www.discovr.rocks](http://www.discovr.rocks)



ANDY FIELD





# Learning outcomes

- Understand what hierarchical data are
  - Why we can't use the 'normal' GLM
- Understand fixed and random coefficients
- Understand how to build models
- Be able to conduct and interpret models of hierarchical data



**ANDY FIELD**

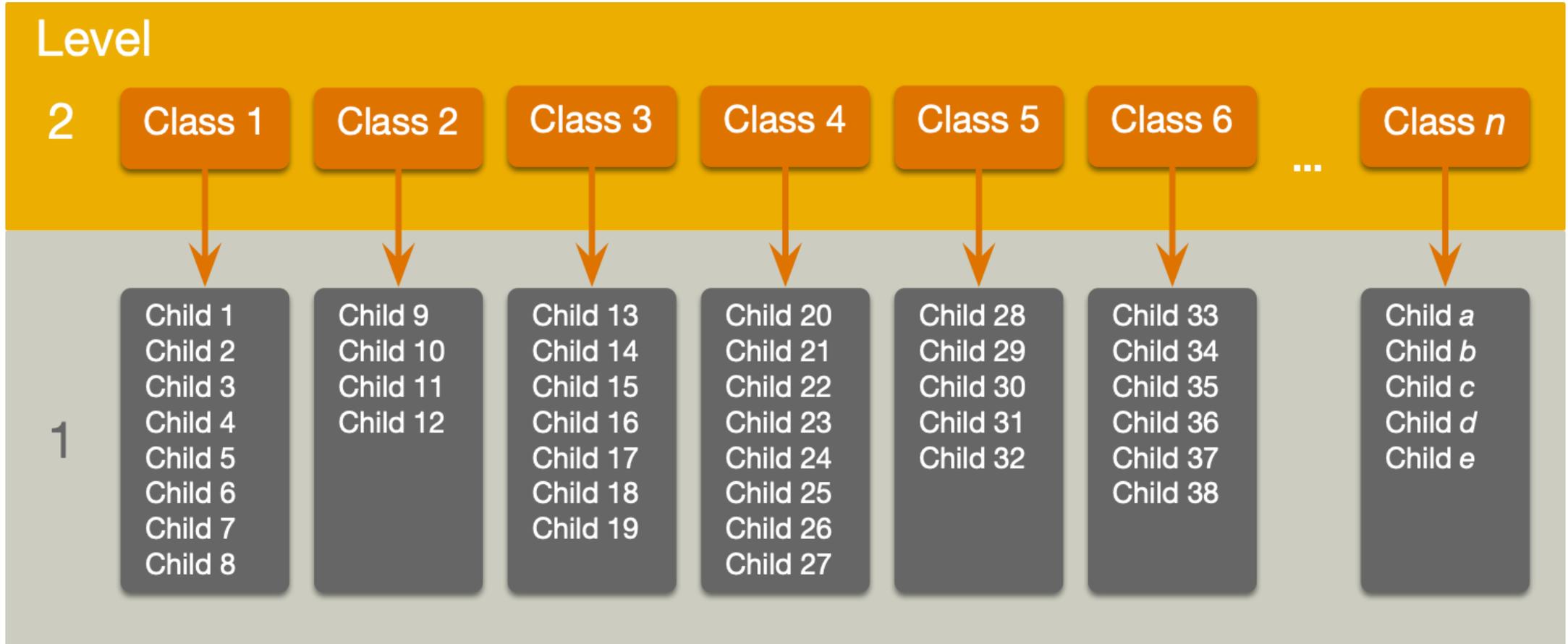


# Hierarchical data

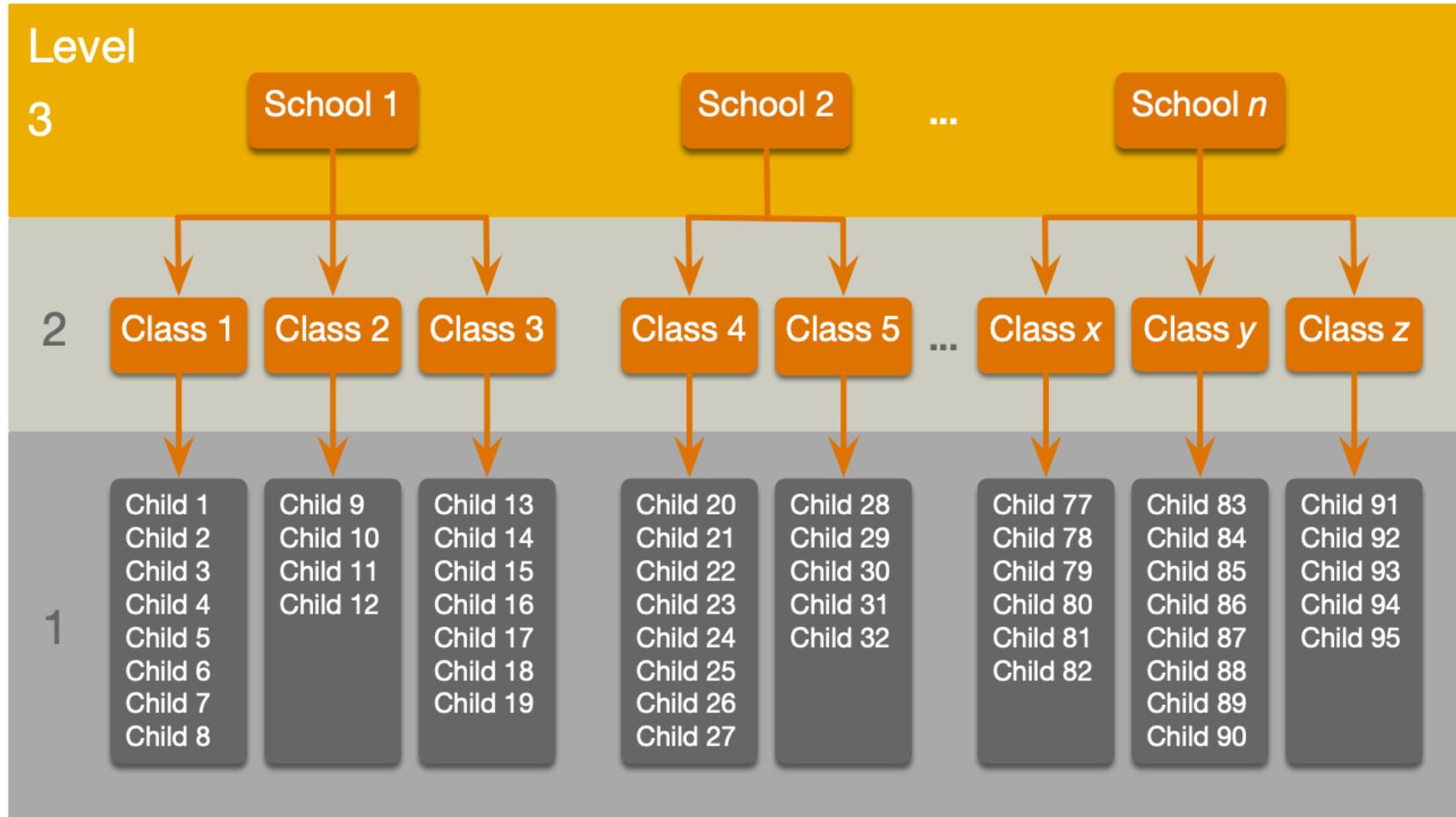
- Data structures are often hierarchical
  - Children nested within classrooms
  - Observations nested within people
  - Employees nested within organisations
  - Patients nested within hospitals
  - Patients nested within teams nested within hospitals
  - Service users nested within clinicians nested within hospitals nested within NHS trusts!
  - Zombies nested within rehabilitation clinics 🤪



# A two-level hierarchy



# A three-level hierarchy



# Why hierarchies matter

- Data from the same context will be more similar than data from different contexts
  - Children in the same class will perform more similarly than children from different classes
  - People treated in the same clinics should be more similar in response than those treated at different clinics
- Lack of independence
  - Violates the assumption of spherical errors (specifically, independence)
  - Biases SEs, CIs and p -values



**ANDY FIELD**



# Mr. Doubtful



# Ms. Confident



# Benefits of multilevel models

- Modelling variability in effects across contexts
  - Model the variability in intercepts
  - Model the variability in slopes
- Model violations of the assumption of spherical errors
  - Model differences in the variability of errors
  - Model relationships between errors
    - (Linear model for repeated observations – two weeks time!)
- Missing data
  - MLMs cope well with missing data (in general)



# A rehabilitative example

- **id\_clin**: Which of 10 clinics the zombie attended to have the intervention (1 to 10)
- **id**: Zombie id
- **intervention**: Was the participant assigned to waiting list (0) or gene therapy (1)?
- **gep\_level**: Genetic Enhancement Program level.
  - Were they originally assigned to the low (0) or high (1) level genetic enhancement program at JIG:SAW?
- **tse\_months**: Time Since Enhancement (months).
  - How long ago did they undergo the original genetic enhancement program (which zombified them)
- **resemblance**: Resemblance of their face to their pre-zombie state (0% to 100%)



ANDY FIELD

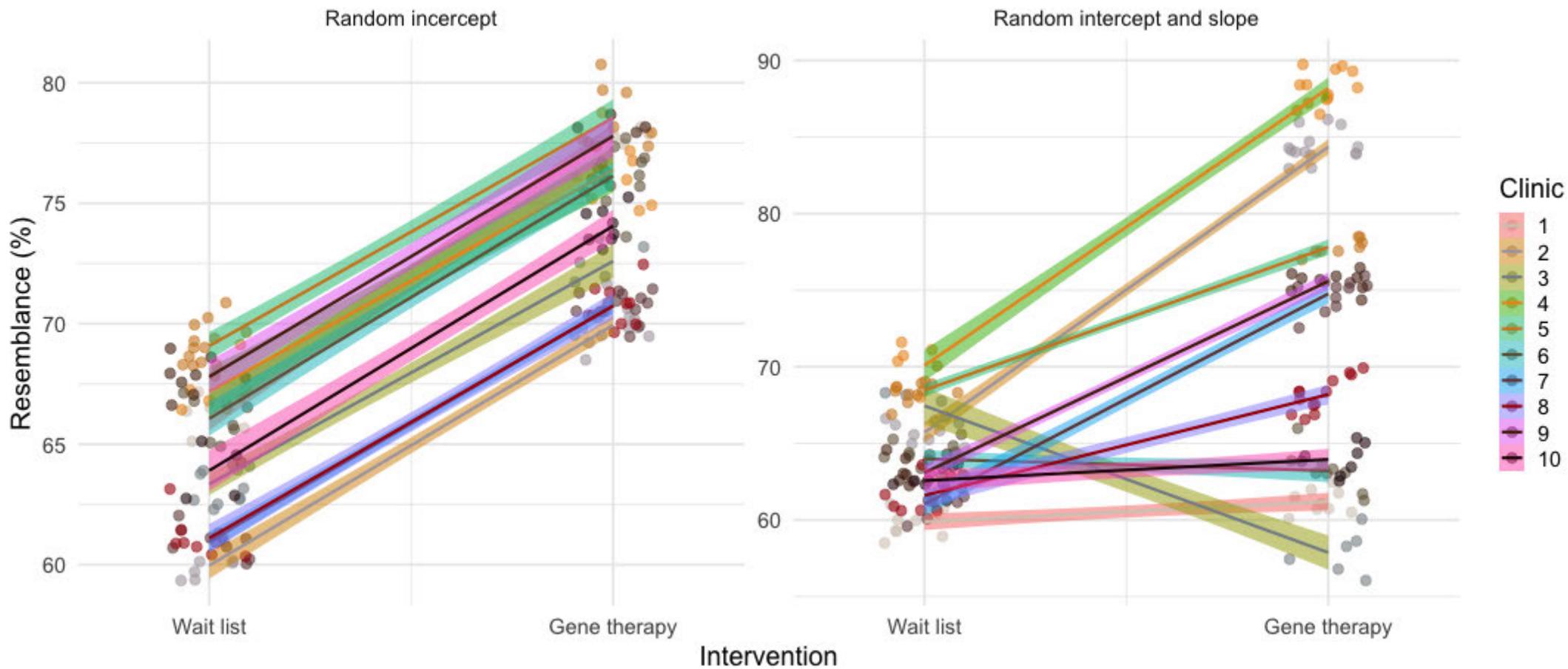


# Fixed and random coefficients

- Intercepts and slopes can be fixed or random
  - In OLS regression they are fixed
  - Fixed coefficients
    - Intercepts/slopes are assumed to be the same across different contexts (in this case clinics)
- Random coefficients
  - Intercepts/slopes are allowed to vary across different contexts (in this case clinics)



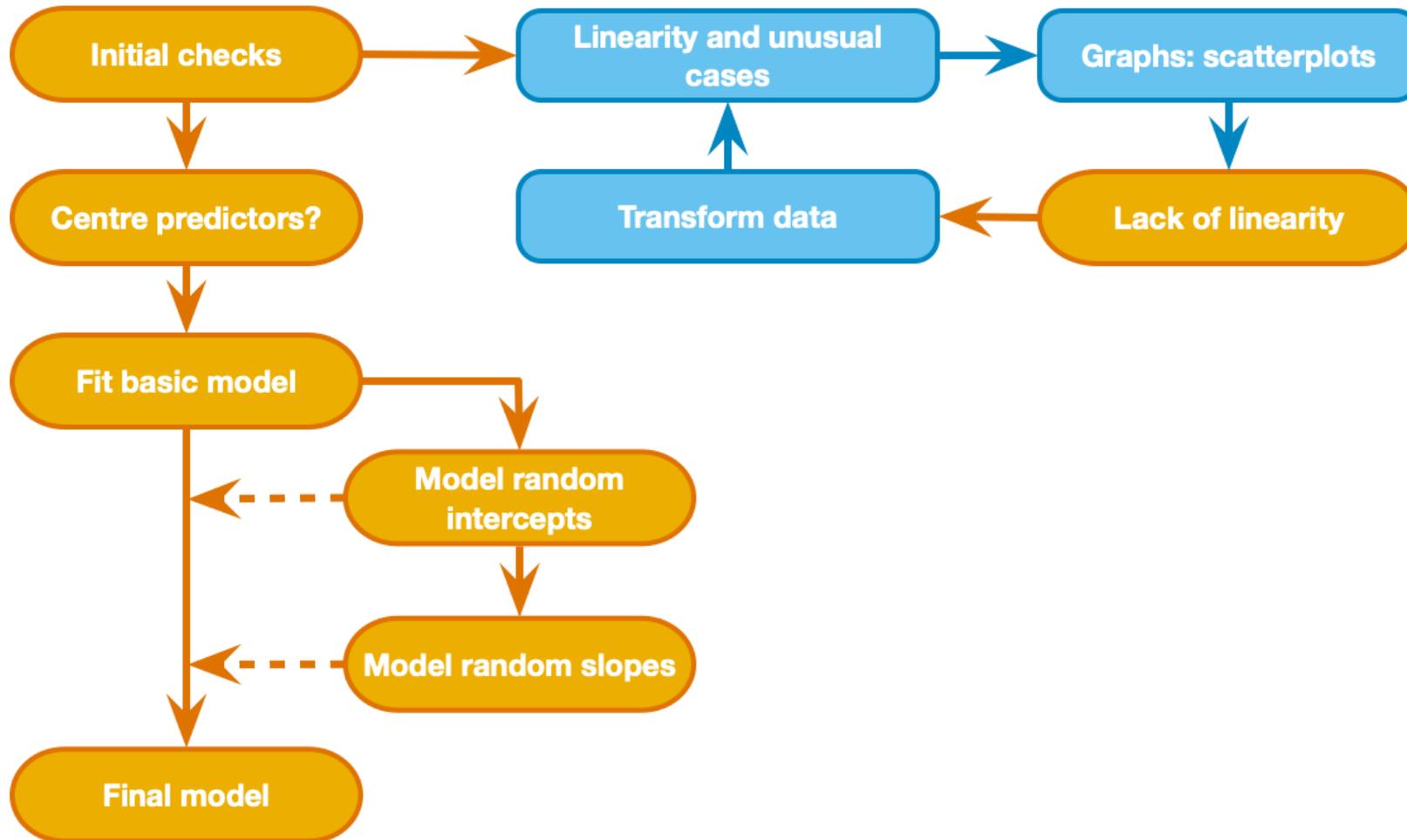
# Intercepts and slopes

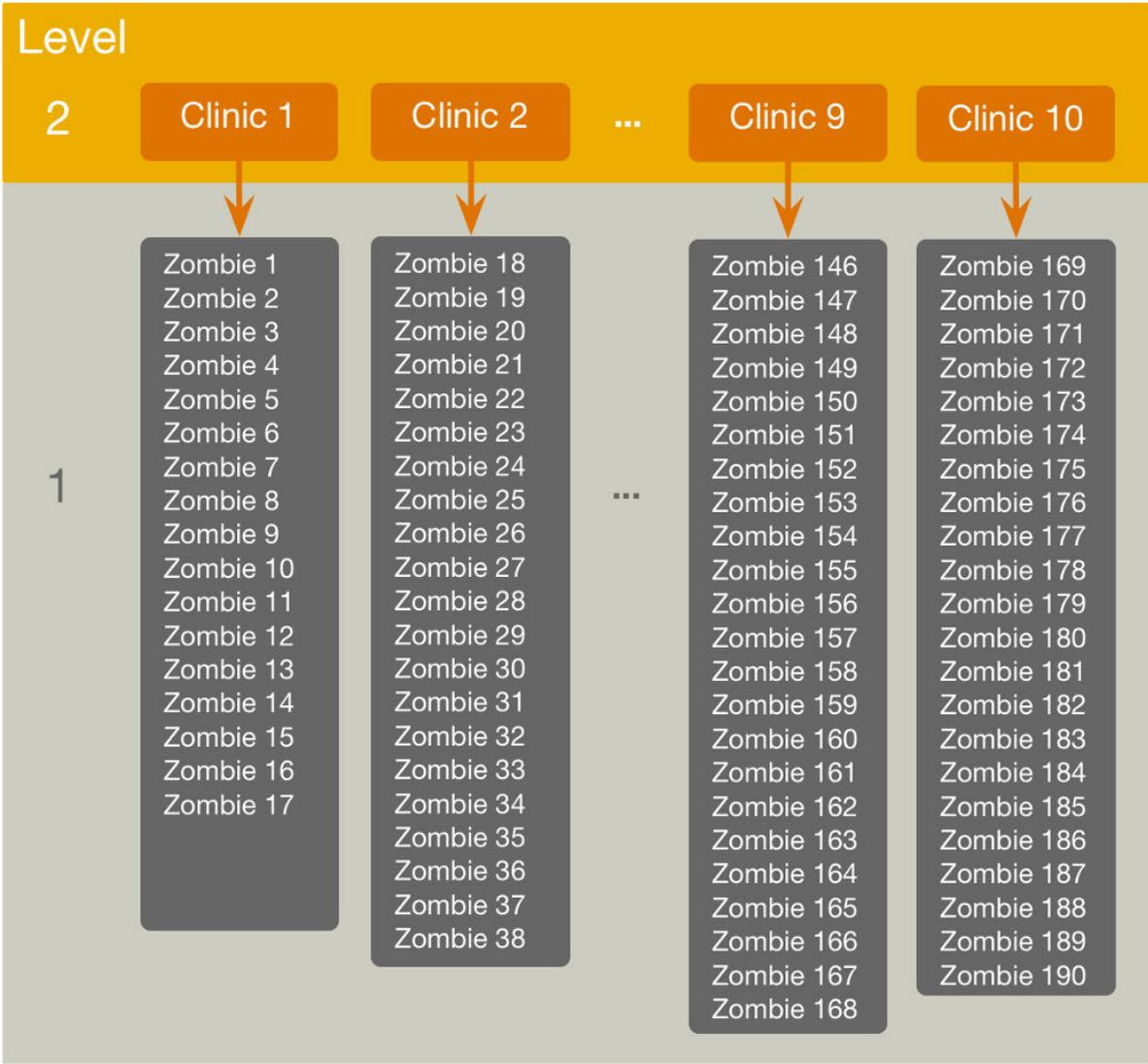


ANDY FIELD



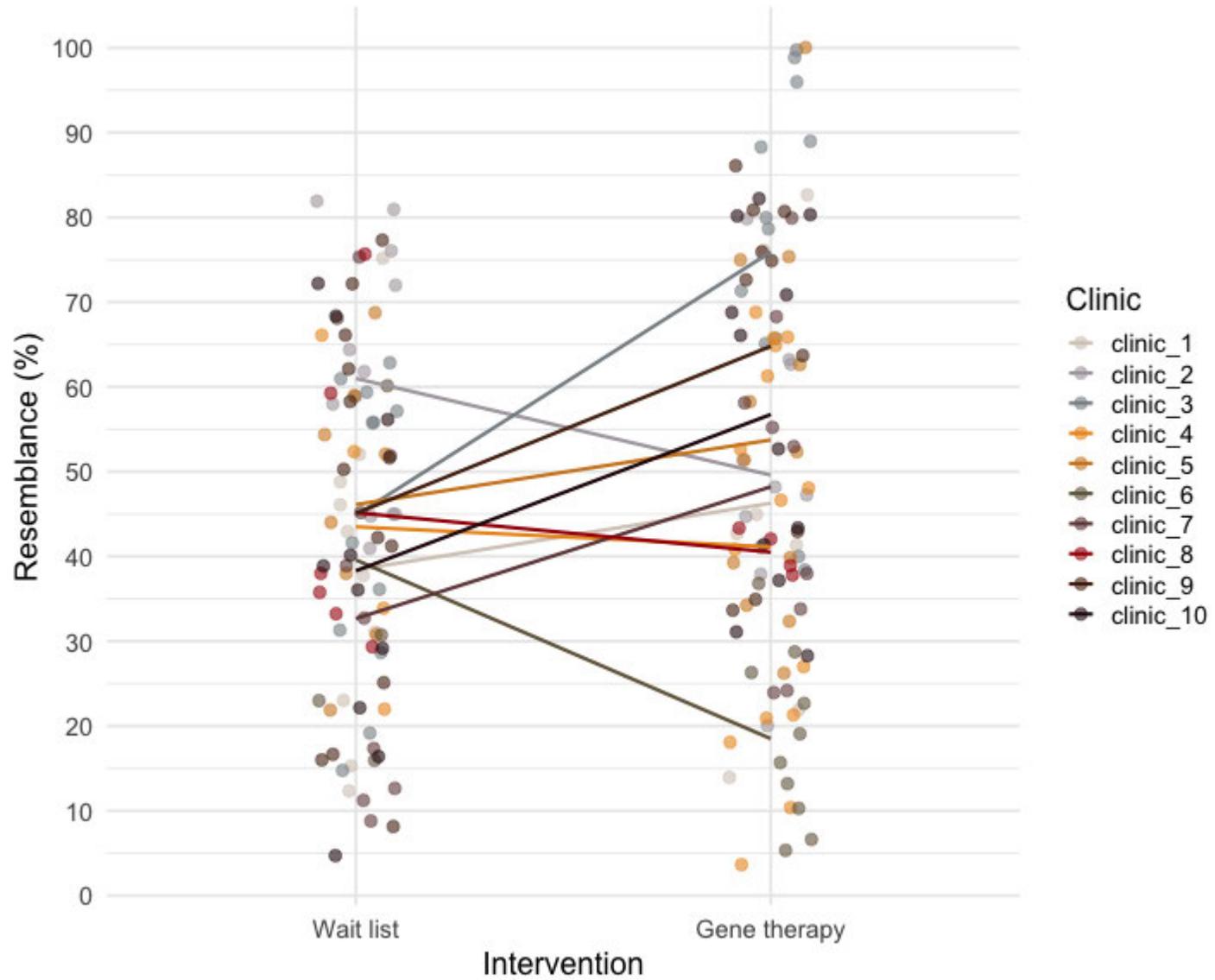
# The process





ANDY FIELD





# The models (using familiar symbols)

- Fixed intercepts and slopes

$$\text{resemblance}_i = \hat{b}_0 + \hat{b}_1 \text{Intervention}_i + e_i$$

- Random intercepts but fixed slopes

$$\text{resemblance}_{ij} = \hat{b}_{0j} + \hat{b}_1 \text{Intervention}_{ij} + e_{ij}$$

$$\hat{b}_{0j} = \hat{b}_0 + \hat{u}_{0j}$$

- Random intercepts and slopes

$$\text{resemblance}_{ij} = \hat{b}_{0j} + \hat{b}_{1j} \text{Intervention}_{ij} + e_{ij}$$

$$\hat{b}_{0j} = \hat{b}_0 + \hat{u}_{0j}$$

$$\hat{b}_{1j} = \hat{b}_1 + \hat{u}_{1j}$$

# The models (using common notation)

- Fixed intercepts and slopes

$$\text{resemblance}_i = \hat{\gamma}_0 + \hat{\gamma}_1 \text{Intervention}_i + e_i$$

- Random intercepts but fixed slopes

$$\text{resemblance}_{ij} = \hat{\gamma}_{0j} + \hat{\gamma}_1 \text{Intervention}_{ij} + e_{ij}$$

$$\hat{\gamma}_{0j} = \hat{\gamma}_0 + \hat{u}_{0j}$$

- Random intercepts and slopes

$$\text{resemblance}_{ij} = \hat{\gamma}_{0j} + \hat{\gamma}_{1j} \text{Intervention}_{ij} + e_{ij}$$

$$\hat{\gamma}_{0j} = \hat{\gamma}_0 + \hat{u}_{0j}$$

$$\hat{\gamma}_{1j} = \hat{\gamma}_1 + \hat{u}_{1j}$$

# Adding predictors

- Add whether original enhancement was low or high intensity (**gep\_level**)

$$\text{resemblance}_{ij} = \hat{\gamma}_{0j} + \hat{\gamma}_{1j}\text{Intervention}_{ij} + \hat{\gamma}_2\text{gep\_level}_{ij} + e_{ij}$$

$$\hat{\gamma}_{0j} = \hat{\gamma}_0 + \hat{u}_{0j}$$

$$\hat{\gamma}_{1j} = \hat{\gamma}_1 + \hat{u}_{1j}$$

- Add time since genetic enhancement (**tse\_months**)

$$\text{resemblance}_{ij} = \hat{\gamma}_{0j} + \hat{\gamma}_{1j}\text{Intervention}_{ij} + \hat{\gamma}_2\text{gep\_level}_{ij} + \hat{\gamma}_3\text{tse\_months}_{ij} + e_{ij}$$

$$\hat{\gamma}_{0j} = \hat{\gamma}_0 + \hat{u}_{0j}$$

$$\hat{\gamma}_{1j} = \hat{\gamma}_1 + \hat{u}_{1j}$$

# Assessing the fit and comparing models

- Assessing fit
  - AIC
  - BIC
- Models should be built up gradually
  - Start with fixed coefficients
  - Change 1 aspect of the model and compare to the previous with the change in the  $-2 \log$  likelihood



## Model 1:

$$\text{resemblance}_i = \hat{\gamma}_0 + e_i$$

```
rehab_base <- nlme::gls(resemblance ~ 1,  
                        data = rehab_tib,  
                        method = "ML"  
                        )
```

## Model 2

$$\text{resemblance}_{ij} = \hat{\gamma}_0 + \hat{u}_{0j} + e_{ij}$$

```
rehab_ri <- nlme::lme(resemblance ~ 1,  
                     random = ~1|id_clin,  
                     data = rehab_tib,  
                     method = "ML"  
                     )
```



## Model 3

$$\widehat{\text{resemblance}}_{ij} = \hat{\gamma}_0 + \hat{\gamma}_1 \text{Intervention}_{ij} + \hat{u}_{0j} + e_{ij}$$

```
rehab_int <- nlme::lme(resemblance ~ intervention,  
                      random = ~1|id_clin,  
                      data = rehab_tib,  
                      method = "ML"  
                      )
```

## Model 4

$$\widehat{\text{resemblance}}_{ij} = \hat{\gamma}_0 + \hat{\gamma}_1 \text{Intervention}_{ij} + \hat{u}_{0j} + \hat{u}_{1j} + e_{ij}$$

```
rehab_rs <- nlme::lme(resemblance ~ intervention,  
                    random = ~intervention|id_clin,  
                    data = rehab_tib,  
                    method = "ML"  
                    )
```



## Model 5

$$\text{resemblance}_{ij} = \hat{\gamma}_0 + \hat{\gamma}_1 \text{Intervention}_{ij} + \hat{\gamma}_2 \text{gep\_level}_{ij} + e_{ij} + \hat{u}_{0j} + \hat{u}_{1j}$$

```
rehab_gep <- nlme::lme(resemblance ~ intervention + gep_level,  
  random = ~intervention|id_clin,  
  data = rehab_tib,  
  method = "ML"  
)
```

## Model 6

$$\text{resemblance}_{ij} = \hat{\gamma}_0 + \hat{\gamma}_1 \text{Intervention}_{ij} + \hat{\gamma}_2 \text{gep\_level}_{ij} + \hat{\gamma}_3 \text{tse\_months}_{ij} + e_{ij} + \hat{u}_{0j} + \hat{u}_{1j}$$

```
rehab_tse <- nlme::lme(resemblance ~ intervention + gep_level + tse_months,  
  random = ~intervention|id_clin,  
  data = rehab_tib,  
  method = "ML"  
)
```



# Comparing models using R

```
anova(rehab_base, rehab_ri, rehab_int, rehab_rs, rehab_gep, rehab_tse)
```

Model	df	AIC	BIC	logLik	Test	L.Ratio	p-value
1	2	1724.75	1731.25	-860.38		NA	NA
2	3	1715.50	1725.24	-854.75	1 vs 2	11.25	0.00
3	4	1710.38	1723.36	-851.19	2 vs 3	7.12	0.01
4	6	1702.11	1721.59	-845.05	3 vs 4	12.27	0.00
5	7	1703.08	1725.81	-844.54	4 vs 5	1.03	0.31
6	8	1103.52	1129.49	-543.76	5 vs 6	601.56	0.00



# Model parameters (Fixed effects)

```
broom.mixed::tidy(rehab_tse, effects = "fixed")
```

term	estimate	std.error	df	statistic	p.value
(Intercept)	80.933	1.599	177	50.611	0.000
interventionGene therapy	6.794	2.706	177	2.511	0.013
gep_levelHigh intensity	-4.297	0.548	177	-7.844	0.000
tse_months	-1.977	0.028	177	-69.634	0.000

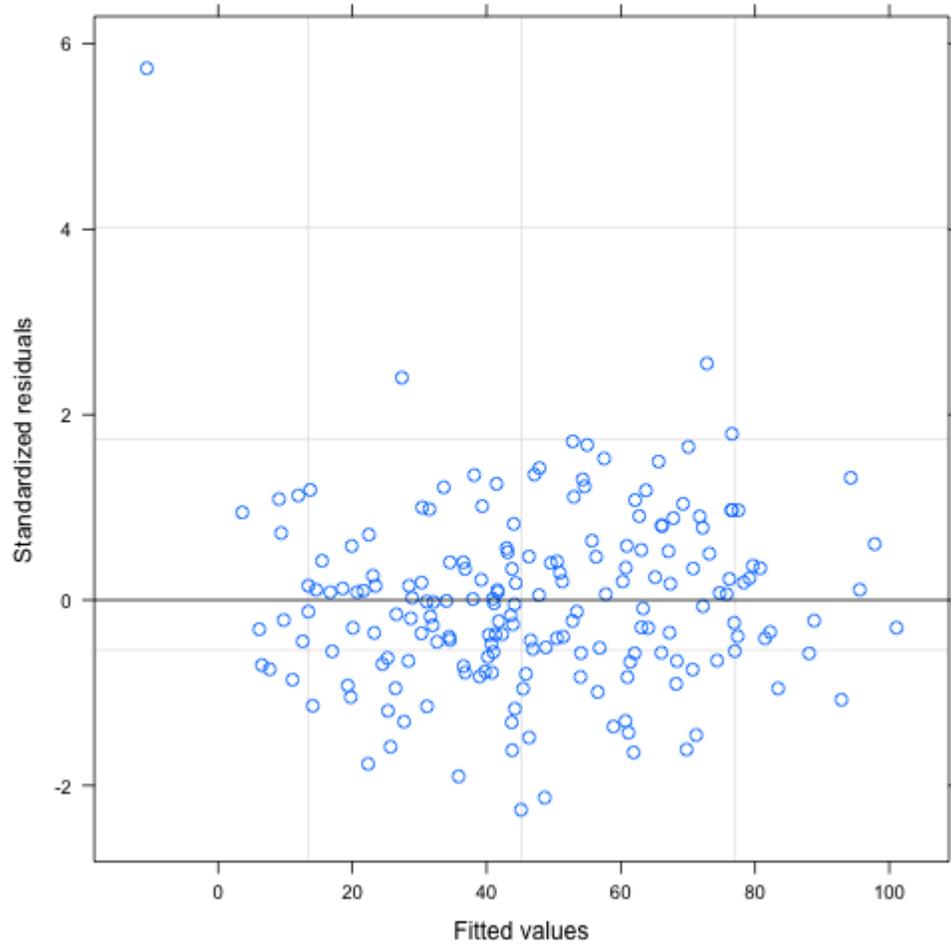


# Model parameters (random effects)

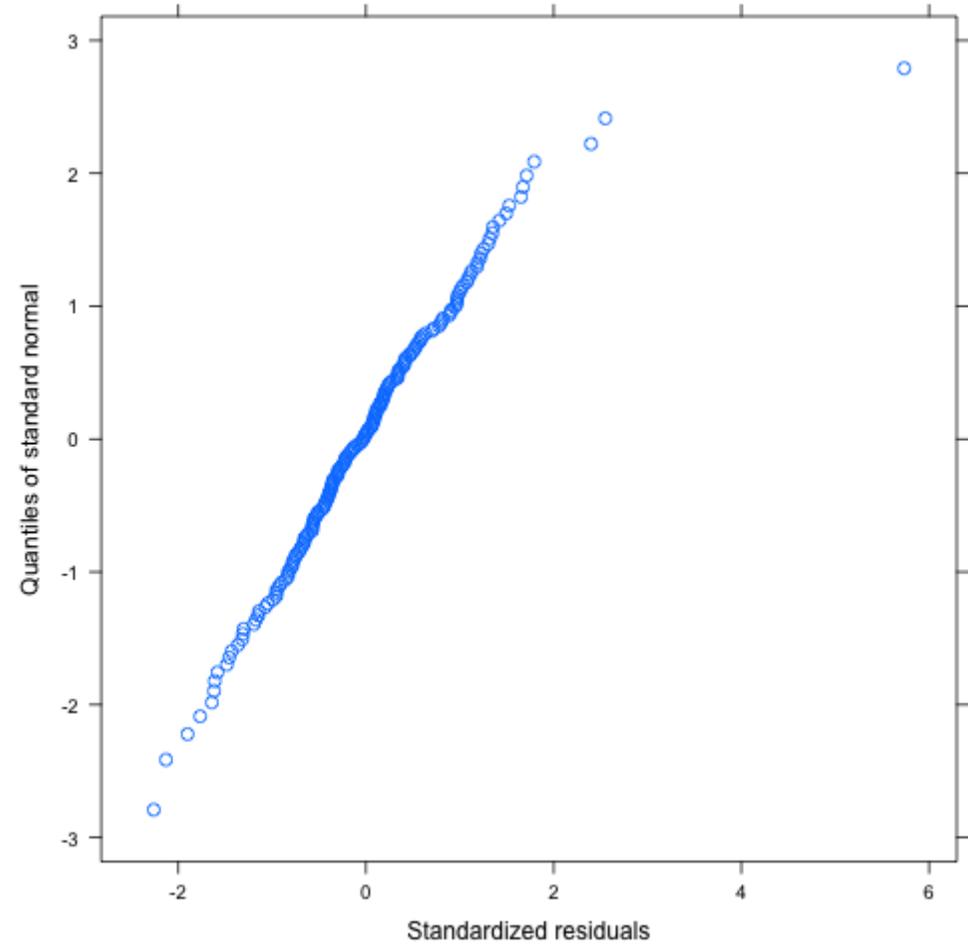
```
broom.mixed::tidy(rehab_tse, effects = "ran_pars")
```

effect	group	term	estimate
ran_pars	id_clin	sd_(Intercept)	4.47
ran_pars	id_clin	cor_interventionGene therapy.(Intercept)	0.66
ran_pars	id_clin	sd_interventionGene therapy	8.28
ran_pars	Residual	sd_Observation	3.60

```
plot(rehab_tse)
```



```
qqnorm(rehab_tse)
```



# Robust model parameters

```
rehab_tse_rob <- robustlmm::rmlmer(  
  resemblance ~ intervention + gep_level + tse_months + (intervention|id_clin),  
  data = rehab_tib)  
broom.mixed::tidy(rehab_tse_rob, effects = "fixed")
```

effect	term	estimate	std.error	statistic
fixed	(Intercept)	81.70	1.60	51.11
fixed	interventionGene therapy	7.01	3.25	2.16
fixed	gep_levelHigh intensity	-4.58	0.49	-9.29
fixed	tse_months	-1.99	0.03	-77.87



# Robust random effects

```
broom.mixed::tidy(rehab_tse_rob, effects = "ran_pars")
```

effect	group	term	estimate
ran_pars	id_clin	sd__(Intercept)	4.47
ran_pars	id_clin	cor__(Intercept).interventionGene therapy	0.55
ran_pars	id_clin	sd__interventionGene therapy	9.83
ran_pars	Residual	sd__Observation	3.18



# To sum up ...

- Data can be hierarchical and this hierarchical structure can be important.
  - The OLS linear model simply ignores the hierarchy.
- Hierarchical models are just a fancy linear model in which you estimate the variability in the slopes and intercepts within contexts
  - i.e. slopes and intercepts can be random variables (allowed to vary) rather than fixed (assumed to be equal in different situations).
- Start with a model that ignores the hierarchy and then add in random intercepts and slopes to see if they improve the fit of the model.



**ANDY FIELD**

