Principle ERP reduction and analysis: Estimating and using *principle ERP* waveforms underlying ERPs across tasks, subjects and electrodes

 $\begin{array}{ccccc} {\rm Emilie\ Campos\ }^1 & {\rm Chad\ Hazlett\ }^2 & {\rm Patricia\ Tan\ }^3 \\ {\rm Holly\ Truong\ }^3 & {\rm Sandra\ Loo\ }^3 & {\rm Charlotte\ DiStefano\ }^3 \\ {\rm Shafali\ Jeste\ }^3 & {\rm Damla\ Sentürk\ }^1 \end{array}$ 

<sup>1</sup>UCLA Biostatistics

<sup>2</sup>UCLA Statistics

<sup>3</sup>UCLA Dept. of Psychiatry

November 2019

1. The "windowed peak/mean amplitude" approach to ERP analysis has its problems

- **Overlap**: we can't tell what a difference is due to
- ▶ Incomplete reporting, user-discretion, limited discovery

- 1. The "windowed peak/mean amplitude" approach to ERP analysis has its problems
  - **Overlap**: we can't tell what a difference is due to
  - Incomplete reporting, user-discretion, limited discovery
- 2. Consider a data-driven set of underlying waveforms s.t. any ERP—at any electrode, for any subject, on any task/ condition—is some combination of these
  - ▶ We call these principal ERPs (pERPs) and estimate them using the pERP-red algorithm.

- 1. The "windowed peak/mean amplitude" approach to ERP analysis has its problems
  - **Overlap**: we can't tell what a difference is due to
  - ▶ Incomplete reporting, user-discretion, limited discovery
- 2. Consider a data-driven set of underlying waveforms s.t. any ERP—at any electrode, for any subject, on any task/ condition—is some combination of these
  - We call these principal ERPs (pERPs) and estimate them using the pERP-red algorithm.
- 3. We can analyze ERPs using pERPs with a pERP-space analysis
  - Regress an observed ERP for some condition on the pERPs to get magnitudes/contributions
  - Means (and SEs) for these magnitudes can be reported, contrasted, double-contrasted,...

- 1. The "windowed peak/mean amplitude" approach to ERP analysis has its problems
  - **Overlap**: we can't tell what a difference is due to
  - Incomplete reporting, user-discretion, limited discovery
- 2. Consider a data-driven set of underlying waveforms s.t. any ERP—at any electrode, for any subject, on any task/ condition—is some combination of these
  - ▶ We call these principal ERPs (pERPs) and estimate them using the pERP-red algorithm.
- 3. We can analyze ERPs using pERPs with a pERP-space analysis
  - Regress an observed ERP for some condition on the pERPs to get magnitudes/contributions
  - Means (and SEs) for these magnitudes can be reported, contrasted, double-contrasted,...
- 4. Easy: pERPred package for R.

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

E.g.,

Suppose you do an oddball task and discover the P3 and say its about "updating" or "novelty". We believe it.

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

- Suppose you do an oddball task and discover the P3 and say its about "updating" or "novelty". We believe it.
- ▶ In a future experiment with different participants and a different task, amplitude around 300ms may not index the same thing. *Problematic* to employ a P3-measure as an index of any process in any other experiment.

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

- Suppose you do an oddball task and discover the P3 and say its about "updating" or "novelty". We believe it.
- ▶ In a future experiment with different participants and a different task, amplitude around 300ms may not index the same thing. *Problematic* to employ a P3-measure as an index of any process in any other experiment.
- ▶ In general, changes in other, overlapping signals can cause the target signal to generate an ERP peak earlier, later, or not at all!

The problem: Scalp potentials sum over many signals. Thus, changes in  $\mu V$  in some window therefore may not reflect what you intended to measure.

- Suppose you do an oddball task and discover the P3 and say its about "updating" or "novelty". We believe it.
- ▶ In a future experiment with different participants and a different task, amplitude around 300ms may not index the same thing. *Problematic* to employ a P3-measure as an index of any process in any other experiment.
- ▶ In general, changes in other, overlapping signals can cause the target signal to generate an ERP peak earlier, later, or not at all!
- ▶ We'll see an example where even a visual "N1" doesn't peak...but it's there.

1. Propose that there exists set of basis signals that add to approximate the ERP for any electrode, subject, task, condition.

- 1. Propose that there exists set of basis signals that add to approximate the ERP for any electrode, subject, task, condition.
- 2. Estimate a suitable set of "principle-ERPs" from your multi-subject, multi-task, data via the **pERP-red** algorithm.

- 1. Propose that there exists set of basis signals that add to approximate the ERP for any electrode, subject, task, condition.
- 2. Estimate a suitable set of "principle-ERPs" from your multi-subject, multi-task, data via the **pERP-red** algorithm.
- 3. Analyze the observed ERPs by asking what pERPs contribute to them, how those contributions vary across individuals, groups, or conditions, **pERP-space analysis**.

# The pERP-red procedure

- 1. *Data pre-processing*. Make your own ERP records. Split into a training set and test set. Normalize each of the resulting ERPs to have unit variance.
- 2. *Electrode reduction*. On training set, by subject, use PCA to go from all electrodes to a smaller set of "principle-electrodes" or "regions". Retain enough to explain (e.g.) 80-90% of variation.
- 3. Subject-region reduction. Take matrix with region-subject columns and rows given by trial-type and time. Use PCA to reduce this to  $N_R$  "principal subject-regions." Retain (e.g.) 80-90% of variation.
- 4. Source separation. Reshape into a matrix with all "principal subject-regions trial types" as the columns and time as the rows. Use ICA to produce C principle ERPs.
  - C chosen by regressing the true signal (in the test set) onto the components and obtaining an  $R^2$  value.

## The pERP-red procedure

Schematic of pERP-RED algorithm



 Compared to the most common ICA approaches, the most critical advantage is avoiding the across-subject-labeling problem.

- Compared to the most common ICA approaches, the most critical advantage is avoiding the across-subject-labeling problem.
- Compared to other multi-subject approaches, our approach is specifically designed for multi-task data, and avoids assuming (i) no missingness of electrodes; (ii) identical trial orderings; and (iii) identical scalp topographies/ projections of components onto electrodes across subjects.

- Compared to the most common ICA approaches, the most critical advantage is avoiding the across-subject-labeling problem.
- Compared to other multi-subject approaches, our approach is specifically designed for multi-task data, and avoids assuming (i) no missingness of electrodes; (ii) identical trial orderings; and (iii) identical scalp topographies/ projections of components onto electrodes across subjects.
- ▶ That said, the bigger shift in what we propose is in the way these are then used, pERP-space analysis.

$$Y_{i,v,e}(t) = \sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t) + \sum_{c=1}^{C} \xi_{c,i,v,e} \phi_c^{\star}(t) + \zeta_{i,v,e}(t).$$

where  $Y_{i,v,e}(t)$  is the ERP signal observed for subject *i* (of 100) at task *v* (of 9) and electrode *e* (of 40).

$$Y_{i,v,e}(t) = \sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t) + \sum_{c=1}^{C} \xi_{c,i,v,e} \phi_c^{\star}(t) + \zeta_{i,v,e}(t).$$

where  $Y_{i,v,e}(t)$  is the ERP signal observed for subject *i* (of 100) at task *v* (of 9) and electrode *e* (of 40).

•  $\sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t)$  is a weighted average of "true pERPs"  $(\phi_c^{\star}(t))$ , specific to task and electrode.

$$Y_{i,v,e}(t) = \sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t) + \sum_{c=1}^{C} \xi_{c,i,v,e} \phi_c^{\star}(t) + \zeta_{i,v,e}(t).$$

where  $Y_{i,v,e}(t)$  is the ERP signal observed for subject *i* (of 100) at task *v* (of 9) and electrode *e* (of 40).

- $\sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t)$  is a weighted average of "true pERPs"  $(\phi_c^{\star}(t))$ , specific to task and electrode.
- ►  $\sum_{c=1}^{C} \xi_{c,i,v,e} \phi_{c}^{\star}(t)$  adds the subject-level variation.

$$Y_{i,v,e}(t) = \sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t) + \sum_{c=1}^{C} \xi_{c,i,v,e} \phi_c^{\star}(t) + \zeta_{i,v,e}(t).$$

where  $Y_{i,v,e}(t)$  is the ERP signal observed for subject *i* (of 100) at task *v* (of 9) and electrode *e* (of 40).

- $\sum_{c=1}^{C} k_{c,v,e} \phi_c^{\star}(t)$  is a weighted average of "true pERPs"  $(\phi_c^{\star}(t))$ , specific to task and electrode.
- ►  $\sum_{c=1}^{C} \xi_{c,i,v,e} \phi_{c}^{\star}(t)$  adds the subject-level variation.
- $\zeta_{i,v,e}(t)$  is noise; we vary the total signal-to-noise ratio with a high noise setting (2/3 of the simulated ERP will be noise) and a low noise (1/3) setting.

How accurately did we recover the true pERPs?

(a) pERP Regression

(b) Individual Record Regression





How accurately did we recover the true pERPs?



(a)  $R^2$  from regressing the true pERPs on the estimated pERPs in 100 simulation runs.

How accurately did we recover the true pERPs?



(a)  $R^2$  from regressing the true pERPs on the estimated pERPs in 100 simulation runs.

(b)  $R^2$  from regressing ERP records on the estimated pERPs, in the test data, for high and low noise simulations

#### pERP Comparison



Regression coefficient heatmaps from regressing the true components on the pERPs



(a) High Noise

(b) Low Noise



#### Main Idea

Take the real ERPs, and for each participant/condition/ electrode, recast in terms of pERPs that contribute to it.

#### Main Idea

Take the real ERPs, and for each participant/condition/ electrode, recast in terms of pERPs that contribute to it.

Step 1: Individual scoring. For individual j and condition c, store the ERP in  $Y_{jc}$ . Regress  $Y_{jc}$  on the pERPs (columns of  $\Phi$ ),

$$\hat{\omega}_{jc} = (\Phi^{\mathrm{T}}\Phi)^{-1}\Phi^{\mathrm{T}}Y_{jc}.$$
 (1)

•  $\hat{\omega}_{jc}$  encodes the ERP  $Y_{jc}$  with a vector of coefficients (aka amplitudes, loadings, weights) describing each pERPs contribution.

#### Main Idea

Take the real ERPs, and for each participant/condition/ electrode, recast in terms of pERPs that contribute to it.

Step 1: Individual scoring. For individual j and condition c, store the ERP in  $Y_{jc}$ . Regress  $Y_{jc}$  on the pERPs (columns of  $\Phi$ ),

$$\hat{\omega}_{jc} = (\Phi^{\mathrm{T}} \Phi)^{-1} \Phi^{\mathrm{T}} Y_{jc}.$$
 (1)

•  $\hat{\omega}_{jc}$  encodes the ERP  $Y_{jc}$  with a vector of coefficients (aka amplitudes, loadings, weights) describing each pERPs contribution.

▶ Note substantial dimension reduction with little loss.

#### Main Idea

Take the real ERPs, and for each participant/condition/ electrode, recast in terms of pERPs that contribute to it.

Step 1: Individual scoring. For individual j and condition c, store the ERP in  $Y_{jc}$ . Regress  $Y_{jc}$  on the pERPs (columns of  $\Phi$ ),

$$\hat{\omega}_{jc} = (\Phi^{\mathrm{T}}\Phi)^{-1}\Phi^{\mathrm{T}}Y_{jc}.$$
(1)

•  $\hat{\omega}_{jc}$  encodes the ERP  $Y_{jc}$  with a vector of coefficients (aka amplitudes, loadings, weights) describing each pERPs contribution.

- ▶ Note substantial dimension reduction with little loss.
- ▶ Treat these as data.

Step 2: Summarize across individuals

Step 2: Summarize across individuals

▶ Mean:  $\overline{\omega}_c = \frac{1}{N} \sum_j \omega_{jc}$ .

Step 2: Summarize across individuals

• Mean:  $\overline{\omega}_c = \frac{1}{N} \sum_j \omega_{jc}$ . For group g, just  $\overline{\omega}_c(g) = \frac{1}{N_g} \sum_{j \in G_g} \omega_{jc}$ , where  $G_g$  is the set of indices,  $\{j\}$  for those falling in group g.

Step 2: Summarize across individuals

• Mean:  $\overline{\omega}_c = \frac{1}{N} \sum_j \omega_{jc}$ . For group g, just  $\overline{\omega}_c(g) = \frac{1}{N_g} \sum_{j \in G_g} \omega_{jc}$ , where  $G_g$  is the set of indices,  $\{j\}$  for those falling in group g.

▶ **SD**: Variation across participants on pERP *c*, the across-person-standard-deviation (APSD),

$$APSD_{g,c} = \sqrt{\sum_{j \in G_g} \frac{(\omega_{jc} - \overline{\omega}_c)^2}{||N_g|| - 1}}$$
#### pERP-space analysis 2

Step 2: Summarize across individuals

• Mean:  $\overline{\omega}_c = \frac{1}{N} \sum_j \omega_{jc}$ . For group g, just  $\overline{\omega}_c(g) = \frac{1}{N_g} \sum_{j \in G_g} \omega_{jc}$ , where  $G_g$  is the set of indices,  $\{j\}$  for those falling in group g.

▶ **SD**: Variation across participants on pERP *c*, the across-person-standard-deviation (APSD),

$$APSD_{g,c} = \sqrt{\sum_{j \in G_g} \frac{(\omega_{jc} - \overline{\omega}_c)^2}{||N_g|| - 1}}$$

**SE**: Statistical uncertainty around the mean

$$SE_{g,c} = \sqrt{\frac{\sum_{j \in G_g} \frac{(\omega_{jc} - \overline{\omega}_c)^2}{||N_g|| - 1}}{N_g}}$$

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

2. For two groups or conditions, compare the  $\overline{\omega}_c$ , i.e.

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

- 3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.
- 4. Compare  $\omega_{jc}$  to behavior or clinical measures for person j.

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

- 3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.
- 4. Compare  $\omega_{jc}$  to behavior or clinical measures for person j.
- 5. Compare variation in  $\omega_{jc}$  by group or condition

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

- 3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.
- 4. Compare  $\omega_{jc}$  to behavior or clinical measures for person j.
- 5. Compare variation in  $\omega_{jc}$  by group or condition
- 6. ERP "cleaning" by reconstructing ERPs from pERPs

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

- 3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.
- 4. Compare  $\omega_{jc}$  to behavior or clinical measures for person j.
- 5. Compare variation in  $\omega_{jc}$  by group or condition
- 6. ERP "cleaning" by reconstructing ERPs from pERPs
- 7. Participant rejection: individuals for whom the pERPs collectively explain less of their signal must be very noisy.

1. For a given group/condition, test each pERP's average magnitude,  $\overline{\omega}_c(g)$  against null hypothesis of zero. i.e.

$$t_c(g) = \frac{\overline{\omega}_c(g)}{SE(\overline{\omega}_c(g))} \tag{2}$$

$$t_c(g,g') = \frac{\overline{\omega}_c(g) - \overline{\omega}_c(g')}{\sqrt{SE(\overline{\omega}_c(g))^2 + SE(\overline{\omega}_c(g'))^2}}$$
(3)

- 3. Plot head maps (i.e. the  $\overline{\omega}_c^{(e)}$  at each electrode, e). Same for contrasts.
- 4. Compare  $\omega_{jc}$  to behavior or clinical measures for person j.
- 5. Compare variation in  $\omega_{jc}$  by group or condition
- 6. ERP "cleaning" by reconstructing ERPs from pERPs
- 7. Participant rejection: individuals for whom the pERPs collectively explain less of their signal must be very noisy.
- 8. Outlier detection: individuals with unusual  $\omega_{jc}$ .

### Distefano, Senturk, Jeste (DCN, 2019) ASD study

Sample: 5-11 y.o., 20 typically developing (TD), 20 verbal Autism Spectrum Disorder (vASD), and 20 minimally verbal (mvASD).

### Distefano, Senturk, Jeste (DCN, 2019) ASD study

Sample: 5-11 y.o., 20 typically developing (TD), 20 verbal Autism Spectrum Disorder (vASD), and 20 minimally verbal (mvASD).

Design (showing matching conditions only)



(a) Audio Paradigm

(b) Visual Paradigm



# Distefano, Senturk, Jeste (DCN, 2019) ASD study

Sample: 5-11 y.o., 20 typically developing (TD), 20 verbal Autism Spectrum Disorder (vASD), and 20 minimally verbal (mvASD).

Design (showing matching conditions only)



- ERPs time-locked to: Image, Audio-Match, Audio-Mismatch, Visual-Match, Visual-Mismatch
- ▶ pERP-red: 10 components capture 89% of variation

# ASD Study: See the pERPs

#### Explore: https://perpred.shinyapps.io/asd\_exploration/

#### ASD Data Exploration



# ASD Study: ERP reconstruction example

#### ASD Data Exploration Experiments pERPs Individual Reconstruction Headmaps **Condition Differences** Each of the observed ERPs can be reconstructed using the pERPs. The observed ERP is regressed on the pERPs to obtain a set of scores and using those scores, the pERPs are projected onto the observed ERP. This typically results in a smoother ERP. Subject: Signal Subject0001 mvASD -Task: Image Electrode: C3 400

# ASD Study: Image-locked ERPs

#### ASD Study: Image-locked ERPs

At O1 and O2 these look similar for all groups, e.g.



— TD — vASD

#### ASD Study: Image-locked ERPs

At O1 and O2 these look similar for all groups, e.g.



Surprising shape, particularly flat line where N1 might be expected – let's see what is happening early on.

### Early activity despite flat line



#### pERP1 and pERP2 at O1

pERP1 contribution (mean=3.23, se=0.28, t=11.6):



### $\rm pERP1$ and $\rm pERP2$ at O1

pERP1 contribution (mean=3.23, se=0.28, t=11.6):



pERP2 contribution (mean=3.21, se=0.32, t=10.1)



It appears an N1-like component was there but overlap from prior trials made it not peak in the ERP.

#### Hard to see much in actual ERPs (F4):



-TD -mvASD

Focusing on pERP loadings with significant group differences:



Group - TD - mvASD

Focusing on pERP loadings with significant group differences:



 echoes a Distefano et al. (2019) finding that the mismatch condition led to a deeper negativity than match at 700-800ms for TD, thought to reflect semantic integration

Focusing on pERP loadings with significant group differences:



- echoes a Distefano et al. (2019) finding that the mismatch condition led to a deeper negativity than match at 700-800ms for TD, thought to reflect semantic integration
- though not just "deeper"

 Much larger in every dimension: 374 participants aged 7-17 years old, with and without ADHD.

- ▶ Much larger in every dimension: 374 participants aged 7-17 years old, with and without ADHD.
- ▶ Some results published in Lenartowicz et al. (JCP&P 2019)

- Much larger in every dimension: 374 participants aged 7-17 years old, with and without ADHD.
- ▶ Some results published in Lenartowicz et al. (JCP&P 2019)
- ▶ Two tasks pooled: spatial delayed response task (SDRT), and continuous performance task (CPT).

- Much larger in every dimension: 374 participants aged 7-17 years old, with and without ADHD.
- ▶ Some results published in Lenartowicz et al. (JCP&P 2019)
- ▶ Two tasks pooled: spatial delayed response task (SDRT), and continuous performance task (CPT).



(a) ADHD SDRT



(b) ADHD CPT

- Much larger in every dimension: 374 participants aged 7-17 years old, with and without ADHD.
- ▶ Some results published in Lenartowicz et al. (JCP&P 2019)
- ▶ Two tasks pooled: spatial delayed response task (SDRT), and continuous performance task (CPT).



Use ERPs time-locked to: SDRT CUE, SDRT Probe, SDRT Response, SDRT Maintenance, CPT-X Correct, CPT-X Incorrect, CPT Not-X Correct, CPT Not-X Incorrect.

#### Cross-task expectations: N1/P2-like contributions

For validation purposes,

▶ Remember, pERPs estimated on multi-task data.

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex
- We'd expect to see that trial-types time-locked to visual stimuli would have large contributions from such pERPs.

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex
- We'd expect to see that trial-types time-locked to visual stimuli would have large contributions from such pERPs.

▶ In short, we do:

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex
- We'd expect to see that trial-types time-locked to visual stimuli would have large contributions from such pERPs.
- ▶ In short, we do:
  - $\blacktriangleright\,$  pERP 4 is N1-like, pERP5 has some N1 and a large P2

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex
- We'd expect to see that trial-types time-locked to visual stimuli would have large contributions from such pERPs.
- ▶ In short, we do:
  - ▶ pERP 4 is N1-like, pERP5 has some N1 and a large P2
  - ▶ These are heavy contributors in trial types with visual onsets (t-statistics ranging from 2.9 to 22 across the 10 cases.)
For validation purposes,

- ▶ Remember, pERPs estimated on multi-task data.
- Since numerous time-locked ERPs to visual stimuli, we would expect some pERPs to capture N1-P2 complex
- We'd expect to see that trial-types time-locked to visual stimuli would have large contributions from such pERPs.
- ▶ In short, we do:
  - ▶ pERP 4 is N1-like, pERP5 has some N1 and a large P2
  - ▶ These are heavy contributors in trial types with visual onsets (t-statistics ranging from 2.9 to 22 across the 10 cases.)
  - For other trial types (response-locked, probe-locked, maintenance) we don't see this.

### N1/P2-like contributions where expected

#### Five trial types time-locked to visual stimuli, Cz:



In CPT, contrasting "X-correct" with "not-X-incorrect" should produce an oddball response at Cz

In CPT, contrasting "X-correct" with "not-X-incorrect" should produce an oddball response at Cz



What pERPs make up this difference?

What pERPs make up this difference? Three pERPs show significant contrast for the "X" vs. "non-X" trial types:



pERP - pERP 07 - pERP 08 - pERP 09

What pERPs make up this difference? Three pERPs show significant contrast for the "X" vs. "non-X" trial types:



Potential use: might such decompositions provide more stable indices than individual-level windowed amplitudes or latencies?

What pERPs make up this difference? Three pERPs show significant contrast for the "X" vs. "non-X" trial types:



- Potential use: might such decompositions provide more stable indices than individual-level windowed amplitudes or latencies?
- ▶ Here, the three pERPs' contrasts (go vs. no-go) are remarkably similar across ADHD and non-ADHD groups, and by age.

Distribution of  $\hat{\omega}_{jc}$  across j may be of interest.

• We just report mean and SD, but in principle plots of distributions can be shown.

- We just report mean and SD, but in principle plots of distributions can be shown.
- ▶ In standard practice, you could track some peak/mean amplitude... but using a pERP coefficient,

- We just report mean and SD, but in principle plots of distributions can be shown.
- ▶ In standard practice, you could track some peak/mean amplitude... but using a pERP coefficient,
  - ▶ deals with overlap think about N1 in ASD study

- We just report mean and SD, but in principle plots of distributions can be shown.
- ▶ In standard practice, you could track some peak/mean amplitude... but using a pERP coefficient,
  - ▶ deals with overlap think about N1 in ASD study
  - avoids user-chosen interval

- We just report mean and SD, but in principle plots of distributions can be shown.
- ▶ In standard practice, you could track some peak/mean amplitude... but using a pERP coefficient,
  - ▶ deals with overlap think about N1 in ASD study
  - avoids user-chosen interval
  - ▶ may give a more stable measure

Distribution of  $\hat{\omega}_{jc}$  across j may be of interest.

- We just report mean and SD, but in principle plots of distributions can be shown.
- ▶ In standard practice, you could track some peak/mean amplitude... but using a pERP coefficient,
  - deals with overlap think about N1 in ASD study
  - avoids user-chosen interval
  - ▶ may give a more stable measure

Example: Maintenance period in the SDRT

 ADHD has implications for the ability to maintain attention and working memory resources on task so we may expect differences here.

	Hyperactive (or both)		Inattention		TD	
pERP	Mean (SE)	APSD	Mean (SE)	APSD	Mean(SE)	APSD
pERP 01	-0.11 (0.27)	2.94	0.32(0.14)	1.50	$0.41 \ (0.15)$	1.44
pERP 02	0.18(0.28)	3.01	-0.29(0.15)	1.68	-0.41 (0.18)	1.69
pERP 03	0.10(0.18)	1.91	-0.11(0.13)	1.41	-0.32 $(0.15)$	1.44
pERP 04	0.02(0.10)	1.07	0.09(0.09)	0.94	0.22(0.10)	0.90
pERP 05	0.21(0.11)	1.15	0.10(0.08)	0.90	-0.02(0.09)	0.87
pERP 06	0.13(0.11)	1.17	0.07(0.09)	0.94	0.08(0.10)	0.90
pERP 07	0.28(0.12)	1.29	0.35(0.09)	1.02	0.45(0.09)	0.86
pERP 08	-0.13(0.12)	1.34	-0.14 (0.09)	0.94	-0.31(0.10)	0.93
pERP 09	0.07(0.15)	1.56	-0.01(0.07)	0.79	-0.07(0.09)	0.80
pERP 10	-0.17(0.17)	1.83	0.04(0.08)	0.88	-0.03(0.08)	0.74
pERP 11	-0.01 (0.11)	1.18	-0.04(0.06)	0.70	-0.06(0.07)	0.68
pERP 12	0.09(0.14)	1.55	-0.08(0.06)	0.65	-0.04(0.06)	0.56
pERP 13	-0.08(0.18)	1.97	0.09(0.08)	0.91	0.13(0.11)	1.07
pERP 14	-0.07 (0.15)	1.56	0.1(0.11)	1.25	0.11(0.11)	1.01
pERP 15	-0.26 (0.19)	2.01	0.16(0.13)	1.42	0.14~(0.15)	1.38

ADHD and TD Groups: Maintenance Condition (Cz)

### Advantages and big picture

We aim to usefully advance research practice in several ways,

We aim to usefully advance research practice in several ways,

► Addressing the overlap issues in how ERPs are analyzed: measurement of components ≠ measuring peaks We aim to usefully advance research practice in several ways,

- ► Addressing the overlap issues in how ERPs are analyzed: measurement of components ≠ measuring peaks
- ▶ Transparent and complete results:
  - with windowed peak/means, we don't know what the investigator tried first, and reporting is never "complete"
  - ▶ this is not ideal re: transparency, falsifiability, or discovery
  - in pERP-space, for a given group or contrast, all pERP loadings can be reported in a table.

We aim to usefully advance research practice in several ways,

- ► Addressing the overlap issues in how ERPs are analyzed: measurement of components ≠ measuring peaks
- ▶ Transparent and complete results:
  - with windowed peak/means, we don't know what the investigator tried first, and reporting is never "complete"
  - ▶ this is not ideal re: transparency, falsifiability, or discovery
  - in pERP-space, for a given group or contrast, all pERP loadings can be reported in a table.
- Easy. Get your own ERPs, then use our R package: install.packages("pERPred") github.com/emjcampos/pERPred

▶ include multiple-testing adjustments

### ${\bf Methodological}$

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences

### ${\bf Methodological}$

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences
- ▶ trial-by-trial measures; within person variation

### ${\bf Methodological}$

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences
- ▶ trial-by-trial measures; within person variation

### Practice and validation

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences
- ▶ trial-by-trial measures; within person variation

#### Practice and validation

▶ eager to see uptake and obstacles once published

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences
- ▶ trial-by-trial measures; within person variation

#### Practice and validation

- eager to see uptake and obstacles once published
- ▶ source localization using pERPs?

- ▶ include multiple-testing adjustments
- ▶ inference on APSD differences
- ▶ trial-by-trial measures; within person variation

### Practice and validation

- ▶ eager to see uptake and obstacles once published
- ▶ source localization using pERPs?
- test usefulness for discovering and extracting biomarkers that prove clinically or behaviorally predictive