

# Multinomial Processing Tree Models of Recognition Memory

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Michael D. Lee, Joachim Vandekerckhove

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  - two MPT models of recognition memory
  - an MPT model of the weapon-priming effect from social psychology



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# Recognition memory task

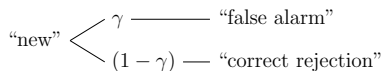
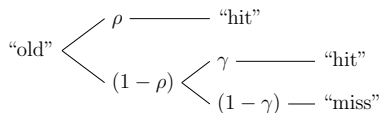
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- On each test trial, the participant is asked whether the item is “old” or “new”
- The participant’s behavior can be summarized in terms of four counts

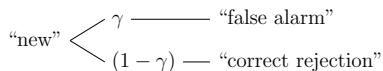
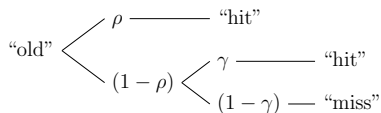
	Study Item	Not Study Item
Answer “Old”	hit	false alarm
Answer “New”	miss	correct rejection

# One-High Threshold Model



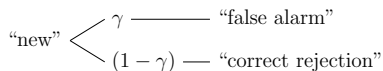
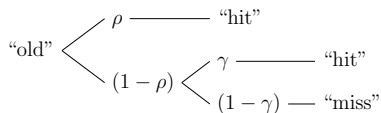
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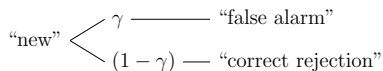
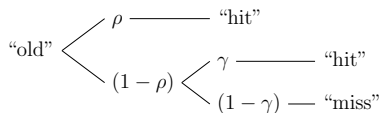
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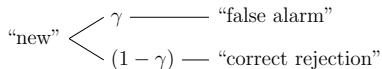
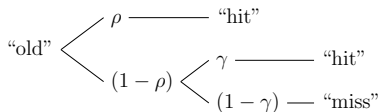


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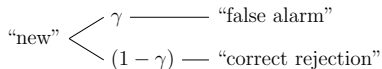
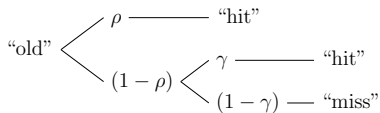
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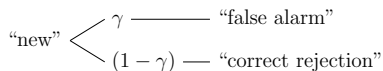
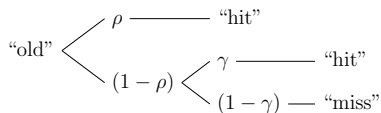
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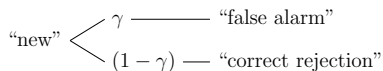
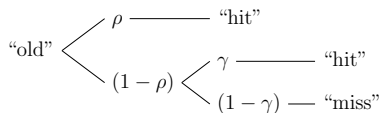
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- The model has two parameters
  - a probability  $\rho$  of remembering a studied item when it is presented during testing
  - a probability  $\gamma$  of guessing by responding “old” if there is no memory of the item

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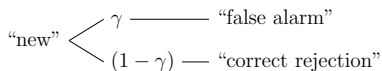
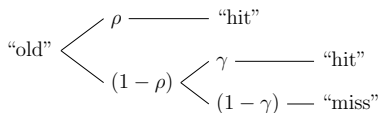
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- The remembering and guessing parameters can be inferred based solely on the counts of the numbers of hits and false alarms from the number of old and new test trials
  - misses and correct rejections are just the complement of hits and false alarms, and do not provide extra information
- The one-high threshold model assume the hit rate  $\theta^h$  and the false alarm rate  $\theta^f$  are

$$\theta^h = \rho + (1 - \rho)\gamma$$

$$\theta^f = \gamma$$

# One-High Threshold Model

- For data that have  $k^h$  hits out of  $n_o$  old items and  $k^f$  false alarms out of  $n_n$  new items, the one-high threshold model assumes and

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- The model also assumes that all remembering rates  $\rho$  and guessing rates  $\gamma$  are a priori equally likely, so that

$$\rho \sim \text{uniform}(0, 1)$$

$$\gamma \sim \text{uniform}(0, 1)$$



## Amyloid positivity data

Amyloid Status	Hits	False Alarms
positive	8	4
negative	12	1
negative	14	0
positive	9	4
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- These data come from a clinical setting, and involve memory ability tests for 60 patients using the Rey auditory verbal learning test (?, ?)

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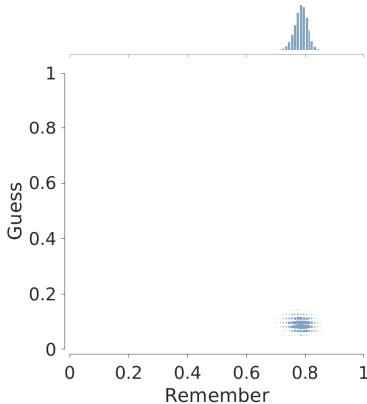
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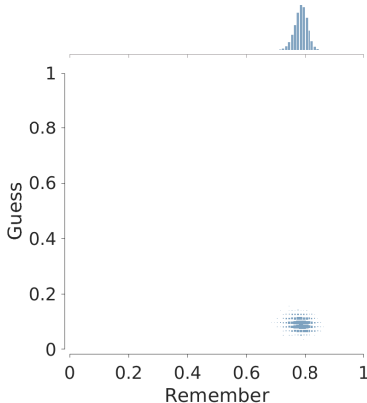
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- Patients also had a cerebrospinal fluid measurement taken to classify their levels beta amyloid as “positive” or “negative”
  - amyloid positivity is thought to be a pre-symptomatic indicator of Alzheimer’s disease

# Amyloid negative inferences



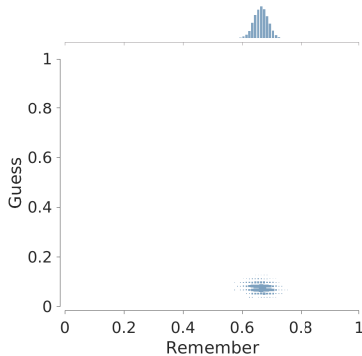
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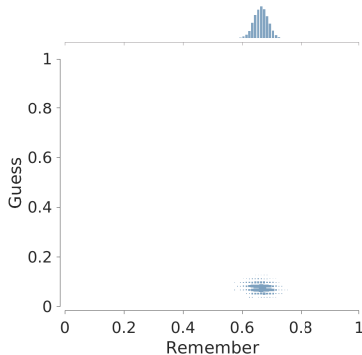
- The figure shows the joint and marginal posterior distributions for the remembering and guessing parameters
- Patients remember around 80% of the items, and guess “old” about 10% of the time when they do not remember

# Amyloid Positive Inferences



- Patients remember around 60-70% of the items, and guess “old” about 10% of the time when they do not remember

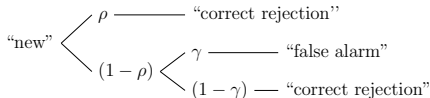
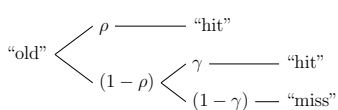
# Amyloid Positive Inferences



- Patients remember around 60-70% of the items, and guess “old” about 10% of the time when they do not remember
- Very similar guessing behavior to amyloid negative group, but lower probability of remembering

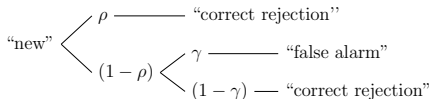
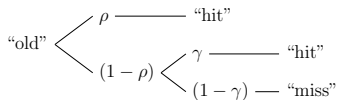


## Two-High Threshold Model



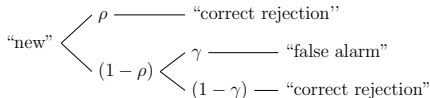
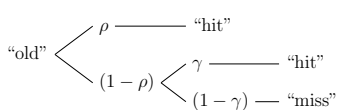
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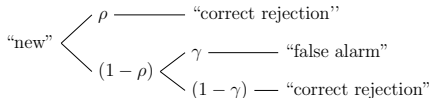
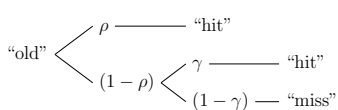
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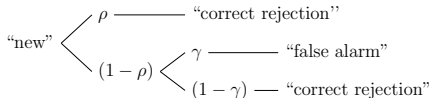
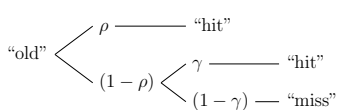
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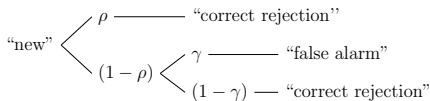
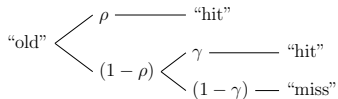
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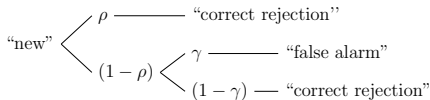
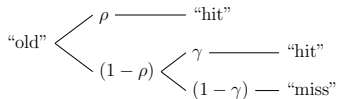
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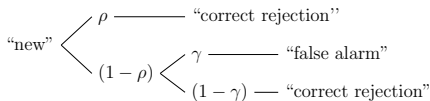
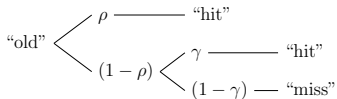
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# Two-High Threshold Model



- The new assumptions do not change how hits are produced
  - Either by remembering the item or guessing "old"

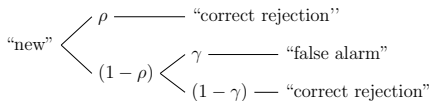
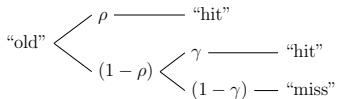
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- But they do change how false alarms are produced

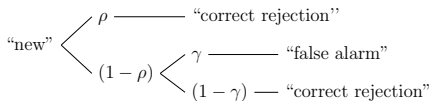
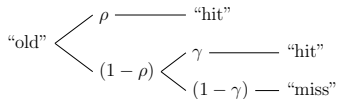


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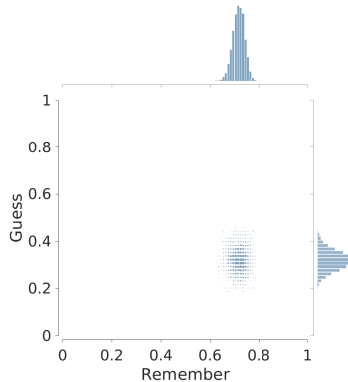


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- But they do change how false alarms are produced
  - By explicitly remembering the item was not on the list, or by guessing “old”
- The hit rate  $\theta^h$  and the false alarm rate  $\theta^f$  are now

$$\theta^h = \rho + (1 - \rho) \gamma$$

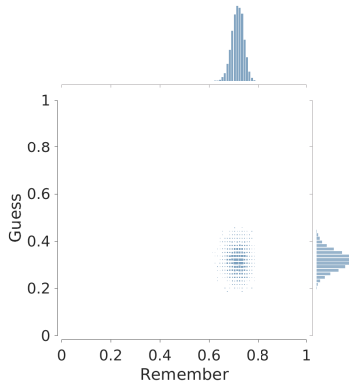
$$\theta^f = (1 - \rho) \gamma$$

# Amyloid negative inferences



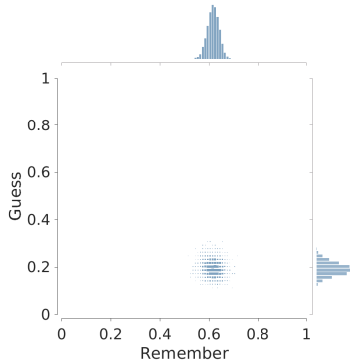
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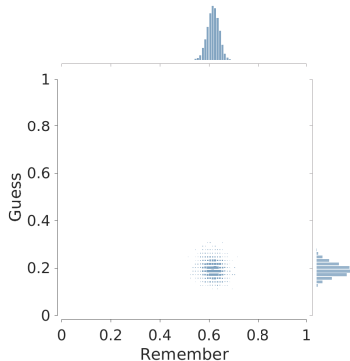
- The figure shows the joint and marginal posterior distributions for the remembering and guessing parameters
- Patients remember around 70-80% of the items, and guess “old” about 30% of the time when they do not remember

# Amyloid positive inferences



- Patients remember around 60% of the items, and guess “old” about 20% of the time when they do not remember

# Amyloid positive inferences



- Patients remember around 60% of the items, and guess “old” about 20% of the time when they do not remember
- The remembering rate is lower, and the guessing rate now also differs between the amyloid negative and positive groups

# Key points

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- MPT models make assumptions about how categorical observed behavior can be decomposed into sequences of probabilistic events
- The one-high threshold and two-high threshold models of recognition memory are widely-used MPT models
- The inferences for the amyloid positivity data showed meaningful differences between the clinical groups, but the exact nature of the differences in remembering and guessing depends on the model

