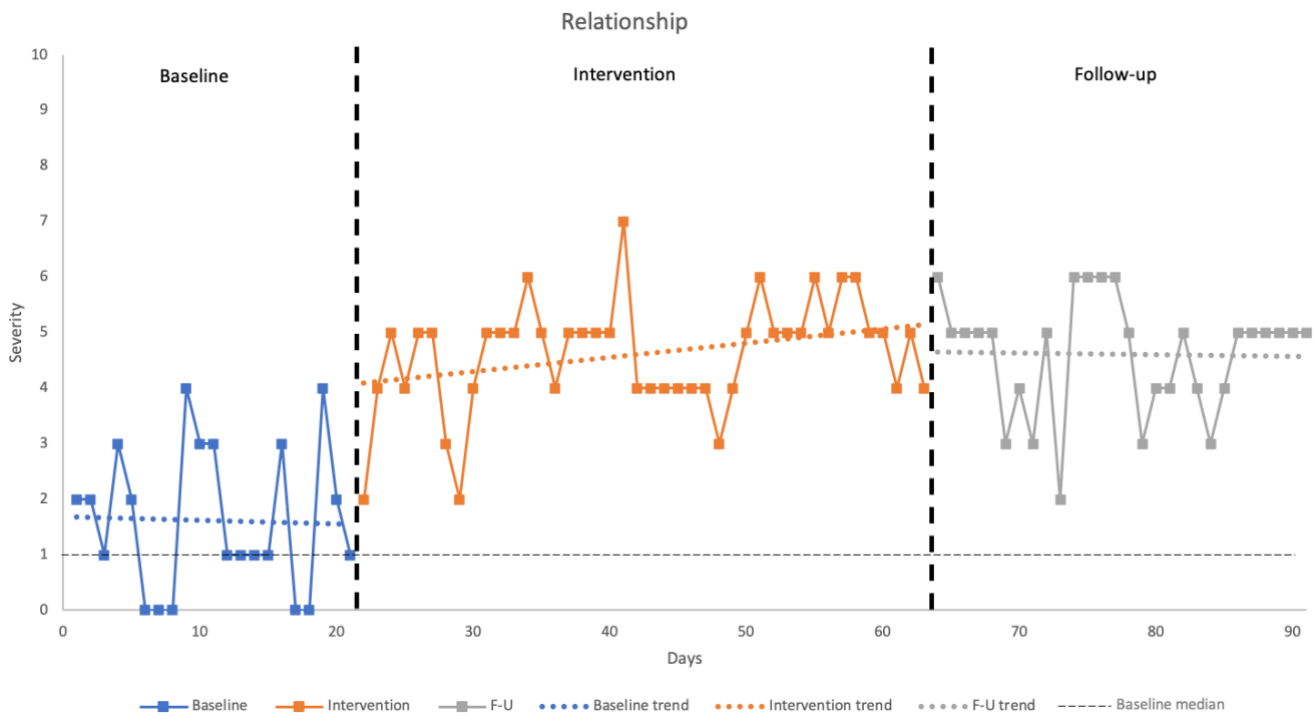
AB-F/U design

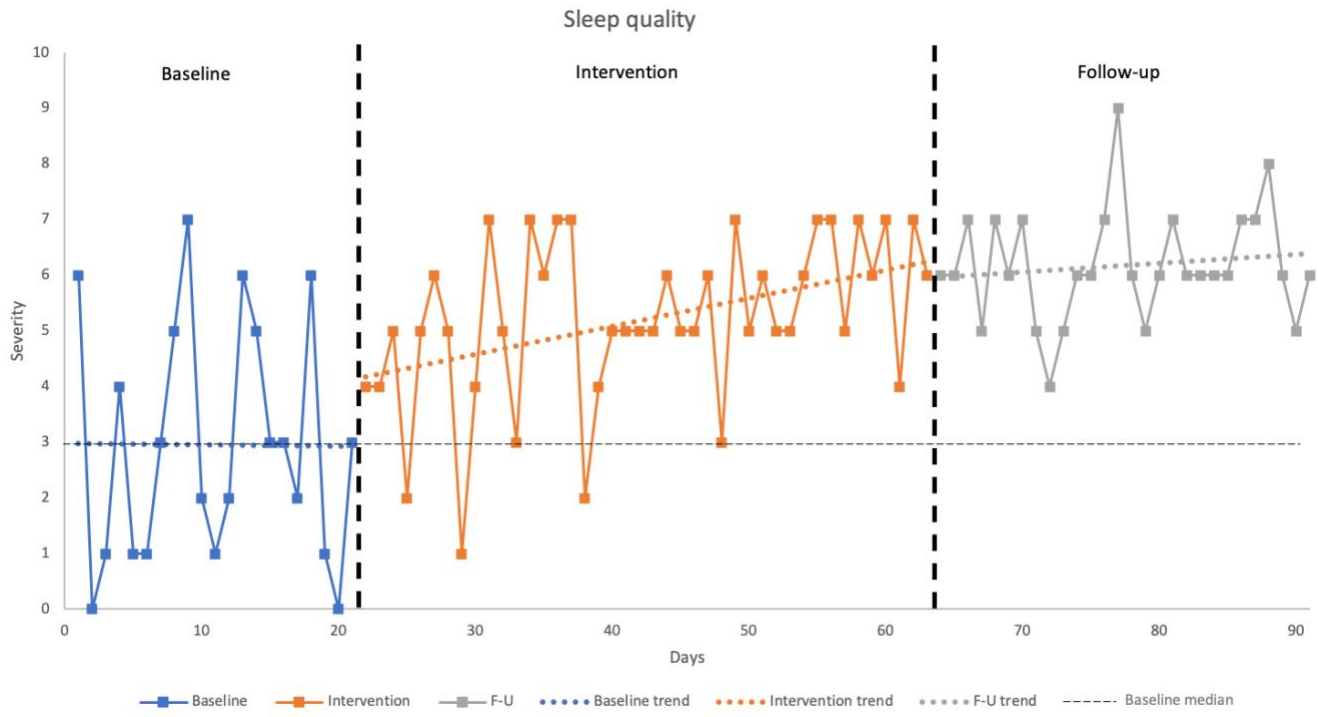
Setting	Adult mental health
Design	AB-F/U
Length of baseline (A)	21
Length of intervention phase (B)	42
Length of follow-up (F/U)	28
Idiographic measures	**Scale**
Relationship	0-10 (Increase)
Sleep quality	0-10 (Increase)
Flashbacks	0-10 (Decrease)
Nomothetic measures	**Outcome**
CORE-OM	General distress
IES-R	PTSD symptoms

1. Visual analysis

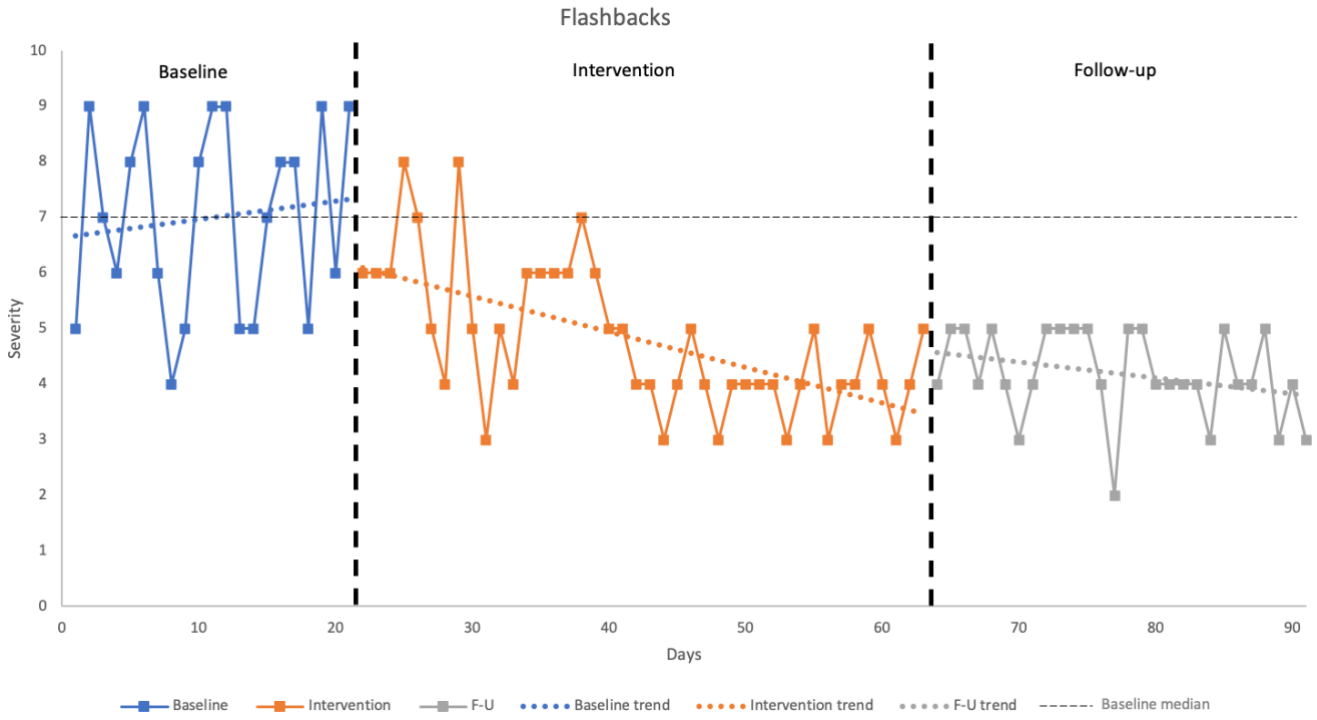
Idiographic measure 1: Relationship



Idiographic measure 2: Sleep quality



Idiographic measure 3: Flashbacks



2. Statistical analysis

Table 1: Nonoverlap effect and Tau-u statistics for ideographic measures between specific phases of SCED

Idiographic measure	Baseline trend (τ^{trendA})	[1]Tau (τ^{AvsB}) [2]Tau-U ($\tau^{AvsB-trendA}$)	PEM	PAND	PND
			Baseline (A) vs. Intervention (B)		
Relationship	-0.053	[1] 0.678*	100	90.48	59.52
Sleep quality	0.030	[1] 0.419*	88.10	80.95	0
Flashbacks	0.099	[1] -0.493*	90.48	79.37	14.29
Interpretation:	Higher τ^{trendA} value indicates more evidence of phase trend. Larger (τ^{AvsB} / $\tau^{AvsB-trendA}$) values indicate larger differences between phases. Where improvement = increased scores, larger positive Tau values reflect improvement due to intervention. Where improvement = decreased scores, larger negative Tau values reflect improvement due to intervention.		Higher scores reflect improvement due to intervention.		
			Baseline (A) vs. Follow-up		
Idiographic measure	**Baseline trend (τ^{trendA})**	**[1]Tau (τ^{AvsB}) [2]Tau-U ($\tau^{AvsB-trendA}$)**	**PEM**	**PAND**	**PND**
Relationship	-0.053	[1] 0.690*	100	85.71	64.29
Sleep quality	0.030	[1] 0.595*	100	85.71	7.14
Flashbacks	0.099	[1] -0.669*	100	87.76	17.86
Interpretation:	Higher τ^{trendA} value indicates more evidence of phase trend. Larger (τ^{AvsB} / $\tau^{AvsB-trendA}$) values indicate larger differences between phases. Where improvement = increased scores, larger positive Tau values reflect sustained improvement in follow-up. Where improvement=decreased scores, larger negative Tau reflect sustained improvement in follow-up.		Higher scores reflect sustained improvement in follow-up.		

* = Significant at p = <.05. [1]If baseline trend is not significant, Tau between phase effect size is reported (τ^{AvsB}). [2]If baseline trend is not significant, Tau-U between phase effect size is reported ($\tau^{AvsB-trendA}$).

3. Descriptive analysis

Table 2: Means and Standard deviations of each phase

	Means (SD)		
Idiographic measure	**Baseline (Phase A) (21 days)**	**Intervention (Phase B) (42 days)**	**Follow Up (28 days)**
Relationship	1.62 (1.32)	4.62 (1.01)	4.61 (1.07)
Sleep quality	2.95 (2.16)	5.21 (1.51)	6.18 (1.02)
Flashbacks	7.00 (1.73)	4.79 (1.32)	4.18 (0.82)

4. Nomothetic measures

Table 3: Nomothetic measures and reliable and clinically significant change analysis

	Outcomes				Norms Mean (SD)		RCSI analysis (Pre-baseline to follow-up)			
Nomothetic measure	**Pre-baseline**	**Post-baseline**	**Post-intervention**	**Follow Up**	**Community / non-clinical**	**Clinical**	**Reliable change criteria**	**Clinical cut-off**	**Clinical change (Y/N)**	**Reliable change (Y/N)**
CORE-OM	29 (severe)	25 (severe)	13 (mild)	14 (mild)	2.5 (1.8)	18.3 (7.1)	>=6	<10	No	Yes
IES-R	2.99	2.93	2.09	2.01	1.82 (1.05)	2.64 (0.69)	>=0.38	<2.31	Yes	Yes

CORE-OM – RCSI analysis based on reliable change index (RCI) and clinical cut-off reported in Connell et al. (2007)
IES-R - RCSI analysis based on clinical and community norms and reliability of scale (alpha = 0.96) reported in Creamer et al. (2003). The information was inputted into the single-case-V8 spreadsheet to calculate the RCI value and CSC cut-off (using criterion C) .

Summary of findings

Visually – all three idiographic measures showed an improvement trend in the intervention phase that appeared to plateau in the follow-up phase.

Statistics – The statistical analysis supported the visual analysis. There was no evidence of a significant baseline trend in any of the measures (Tau^{trednA}). The A vs B non-overlap results indicated that the intervention was effective for all 3 outcomes (Tau^{AvsB} was significant, PEM & PAND had high scores, although PND was variable – but has known limitations especially when any baseline points score at the very top or bottom of the scale (ceiling/floor effect)). The A vs F/U non-overlap results indicated that improvements were sustained during follow-up for all 3 outcomes (Tau^{AvsB} was significant, PEM & PAND had high scores, although PND was variable – but has known limitations).

Nomothetic – CORE-OM showed reliable but not clinical change from baseline to follow-up. The IES showed both reliable and clinically significant change from pre-baseline to end of follow-up.