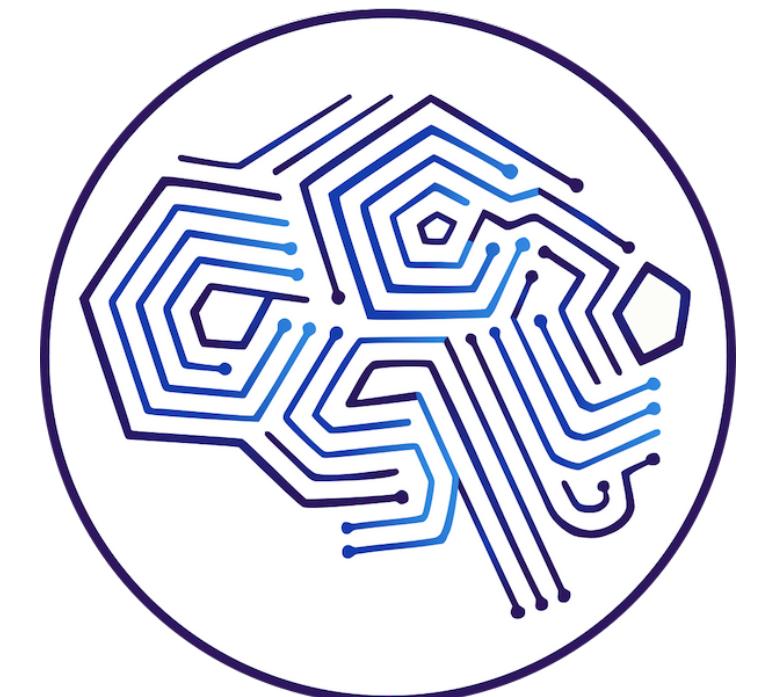


# Under the Hood: Using Computational Psychiatry to Make Psychological Therapies More Mechanism-Focused

*Akshay Nair<sup>1</sup>, Robb B. Rutledge<sup>2,3</sup> and Liam Mason<sup>2,3,4\*</sup> (2020)*

2020.11.04

Jihyun Hur



# **Psychotherapy**

## *Background*



# **Current Concern with Psychotherapy**

## ***Background***

**Part 1: How do existing treatments work? Making the case for the mechanisms of psychological treatments**

Holmes et al. (2018)

# Current Concern with Psychotherapy

## *Background*



### Consequences

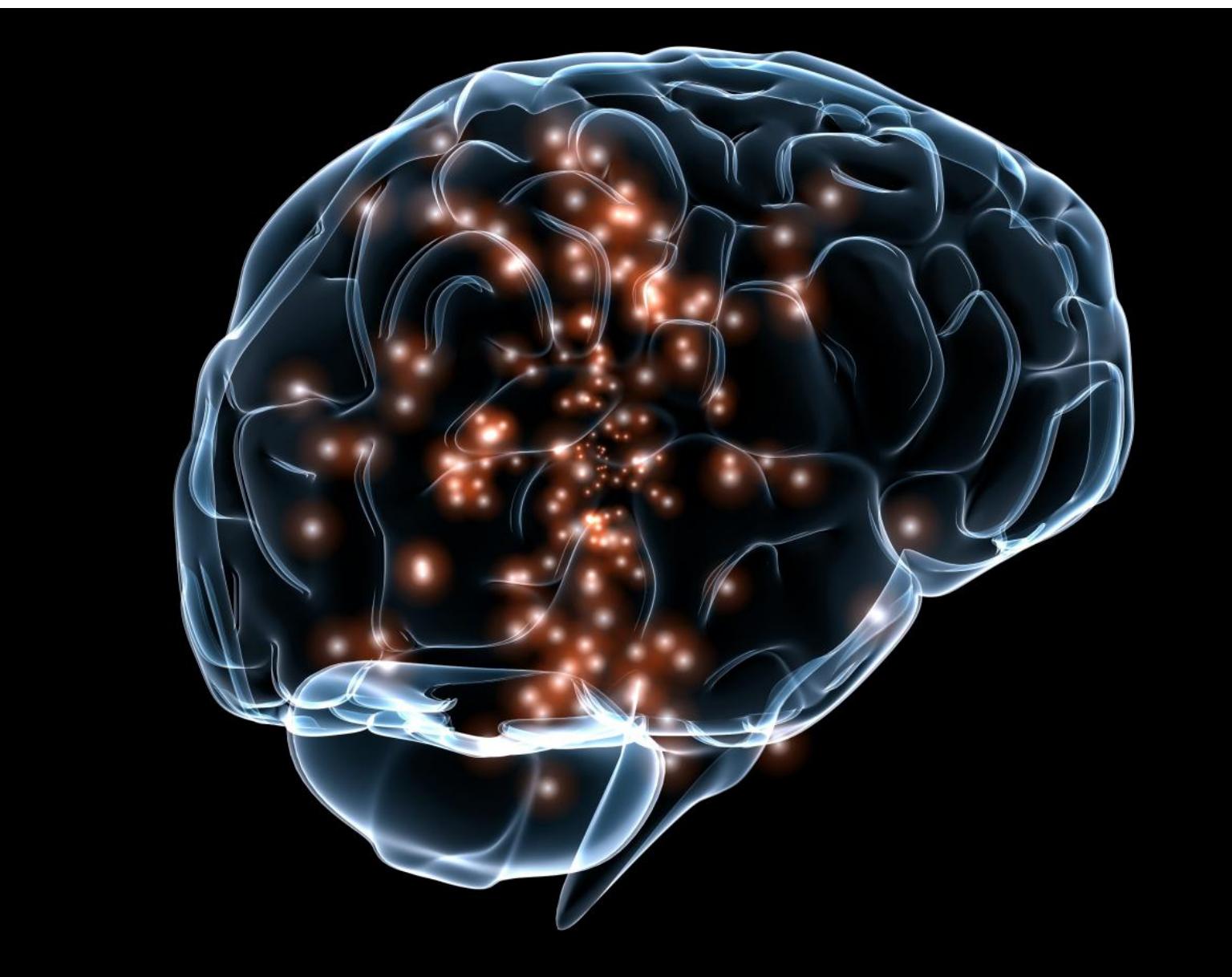
- Low efficacy of treatment
  - Only 45% of depressive patients have responded to CBT\* (Queirazza et al., 2019).

\*CBT: Cognitive Behavioral Therapy

# Growing Interest in Reducing the Gap between...

## *Background*

### *Basic Science*



### *Clinical Research*



# **Computational Psychiatry** as a Solution

## *Introduction*

Computational psychiatry as a bridge from neuroscience to clinical applications

Huys et al. (2016)

# **Computational Psychiatry** as a Solution

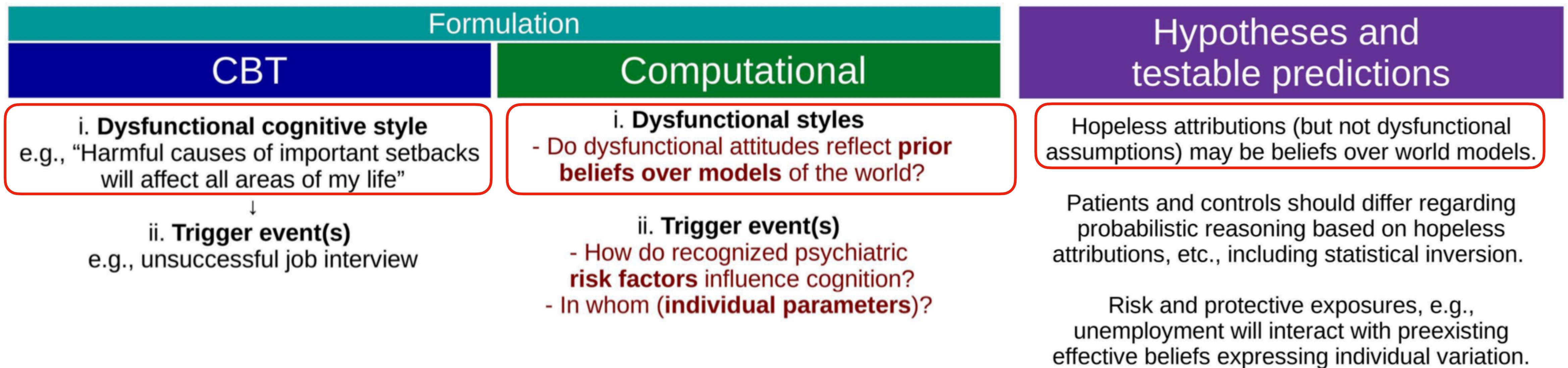
## *Introduction*

**“Theoretical framework for moving between  
higher-level psychological states to neural circuits,  
by modeling these constructs mathematically”**

Nair et al. (2020)

# “Computation in Psychotherapy”?

## *Introduction*



Moutoussis et al. (2017)

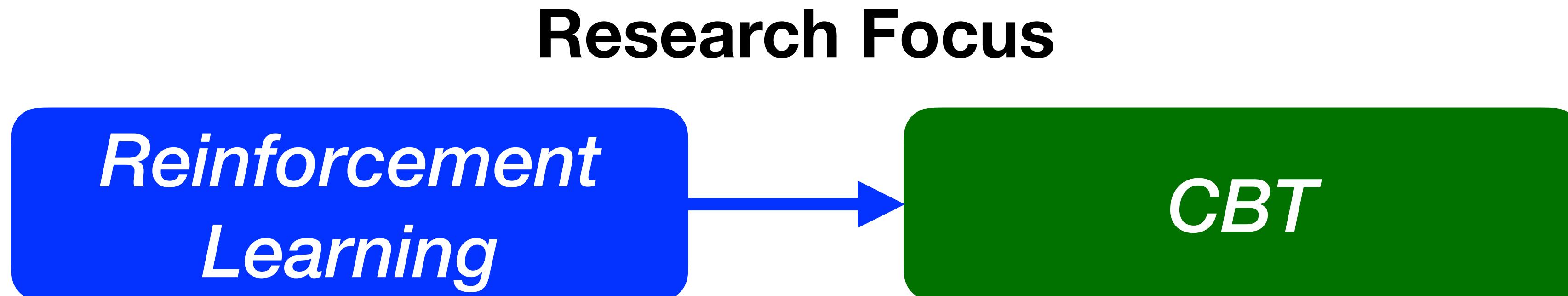
# CBT and Computational Psychiatry

## *Introduction*

### ?

### CBT and Learning?

- “CBT puts general learning and inference at the center of therapy (Moutoussis et al., 2017)”



# **CBT and Computational Psychiatry**

## ***Introduction***

### **What are the Goals of CBT?**

- To change maladaptive cognitions, leading to changes in emotional distress and problematic behaviors (Hofmann et al., 2012)
- By using a combination of cognitive, behavioral, and emotional-focused techniques

# Main Content

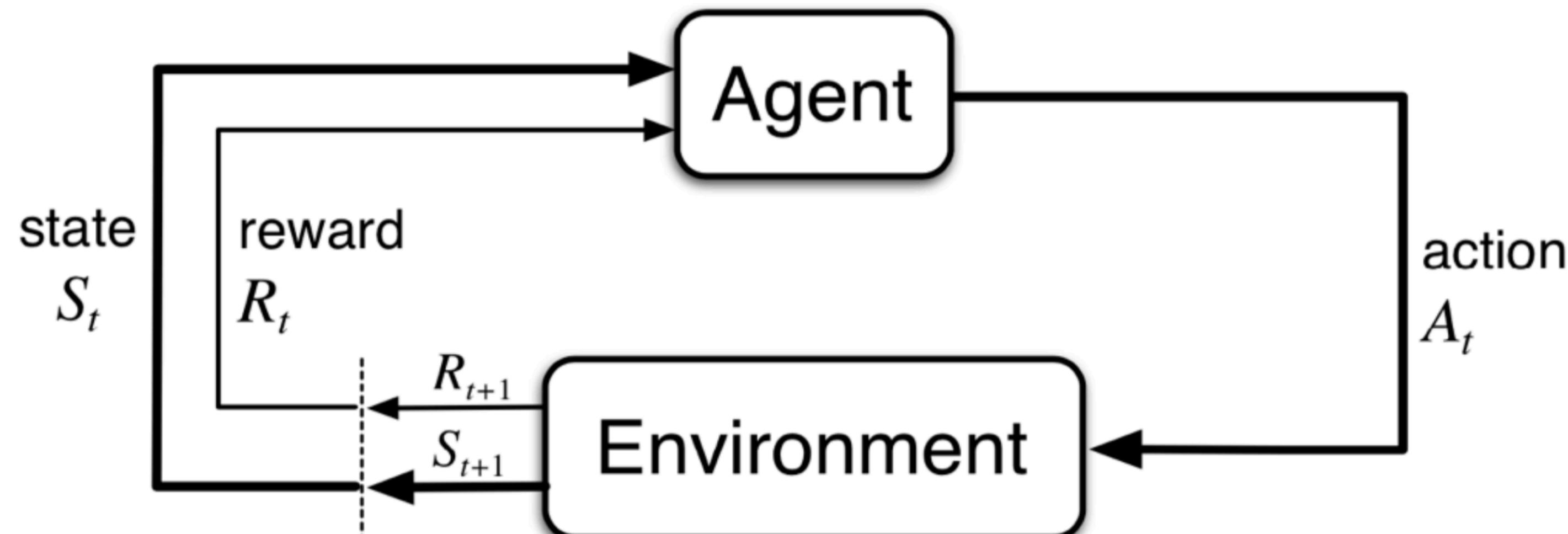
## ***CBT and Reinforcement Learning***

1. CBT in Computational Terms
2. Computational Parameters to Track Change during Psychotherapy
3. Application of Computational Parameters to Formulating and Tailoring Psychotherapy

# Computational Description of CBT

## *CBT for Changing the Policy*

- CBT is to “alter the mapping between states and actions, which is the policy”
- CBT is to “help patients adopt new policies”



Sutton & Barto (1998)

# Computational Description of CBT

*Prediction Error and Learning Rate to Change the Policy*

## ?

### Prediction Error?

= Actual reward - expected value of the action

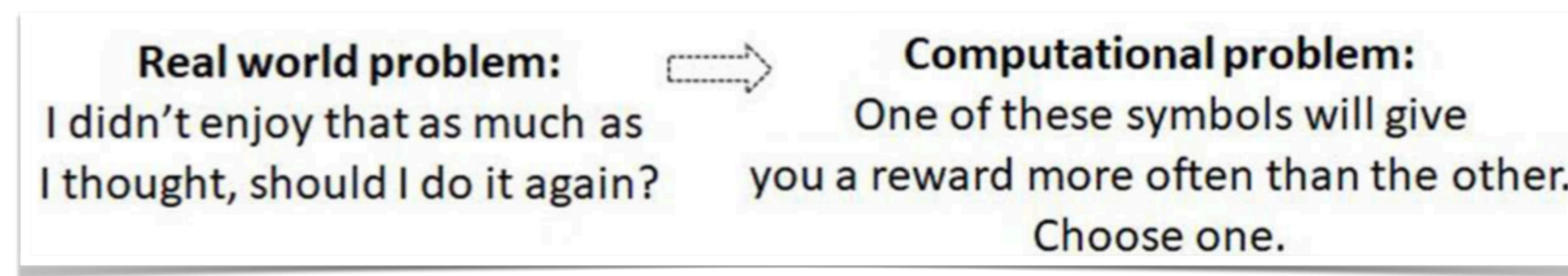
## ?

### Learning Rate?

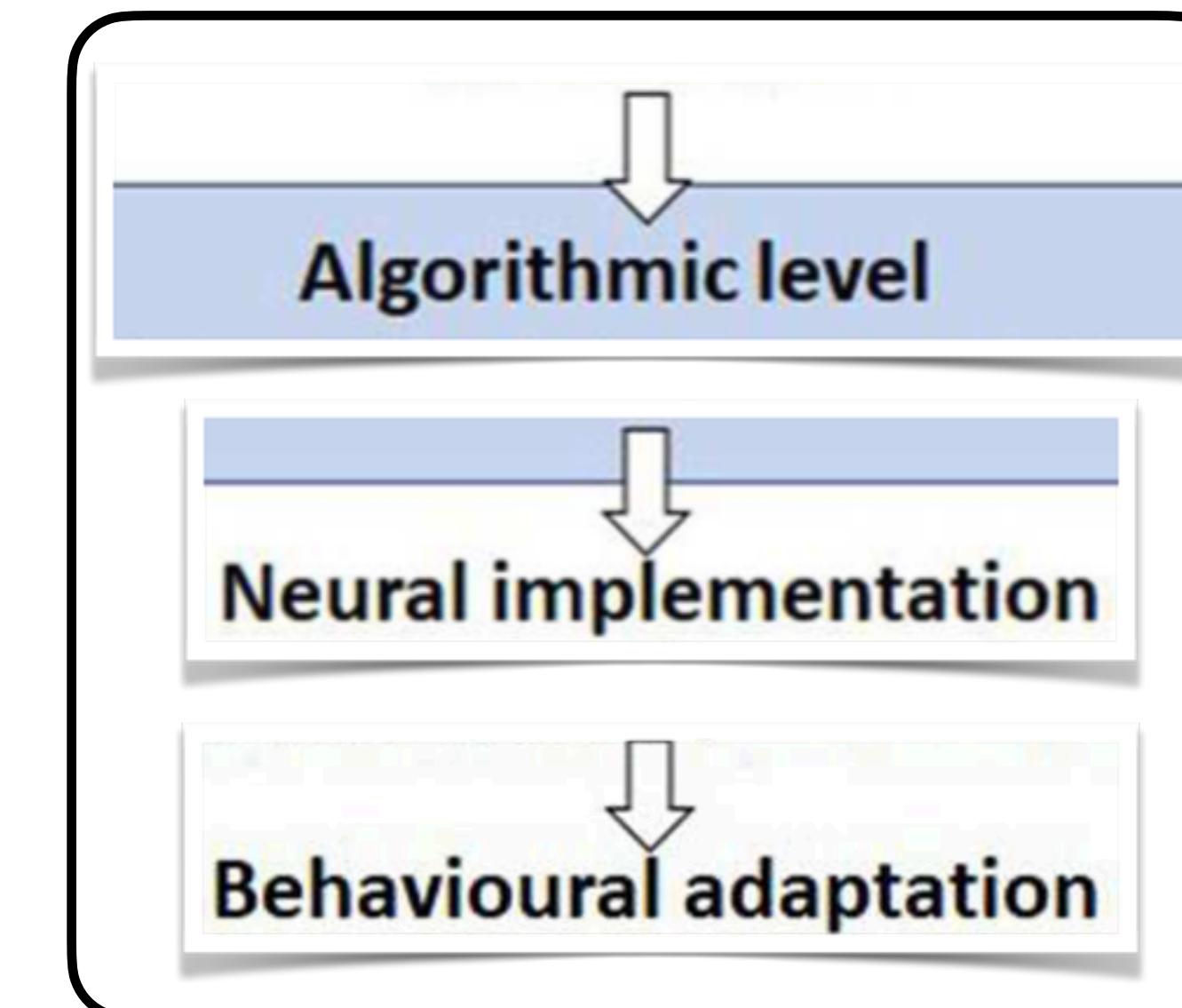
: governs how fast the recent prediction error updates the action value

# Computational Description of CBT

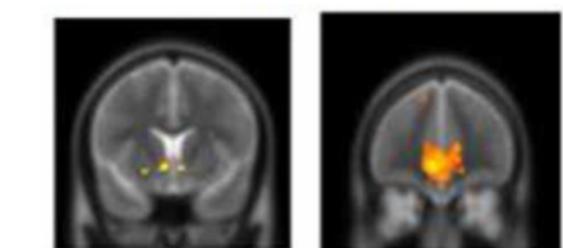
## *Real Problem to Computational Problem*



**Implications for therapy**  
Failure to adapt behavior may be due to differences in learning rates or lack of attention to prediction errors.



$$\delta(t) = R(t) - Q_a(t)$$
$$Q_a(t+1) = Q_a(t) + \alpha * \delta(t)$$



# Computational Parameters in Psychotherapy

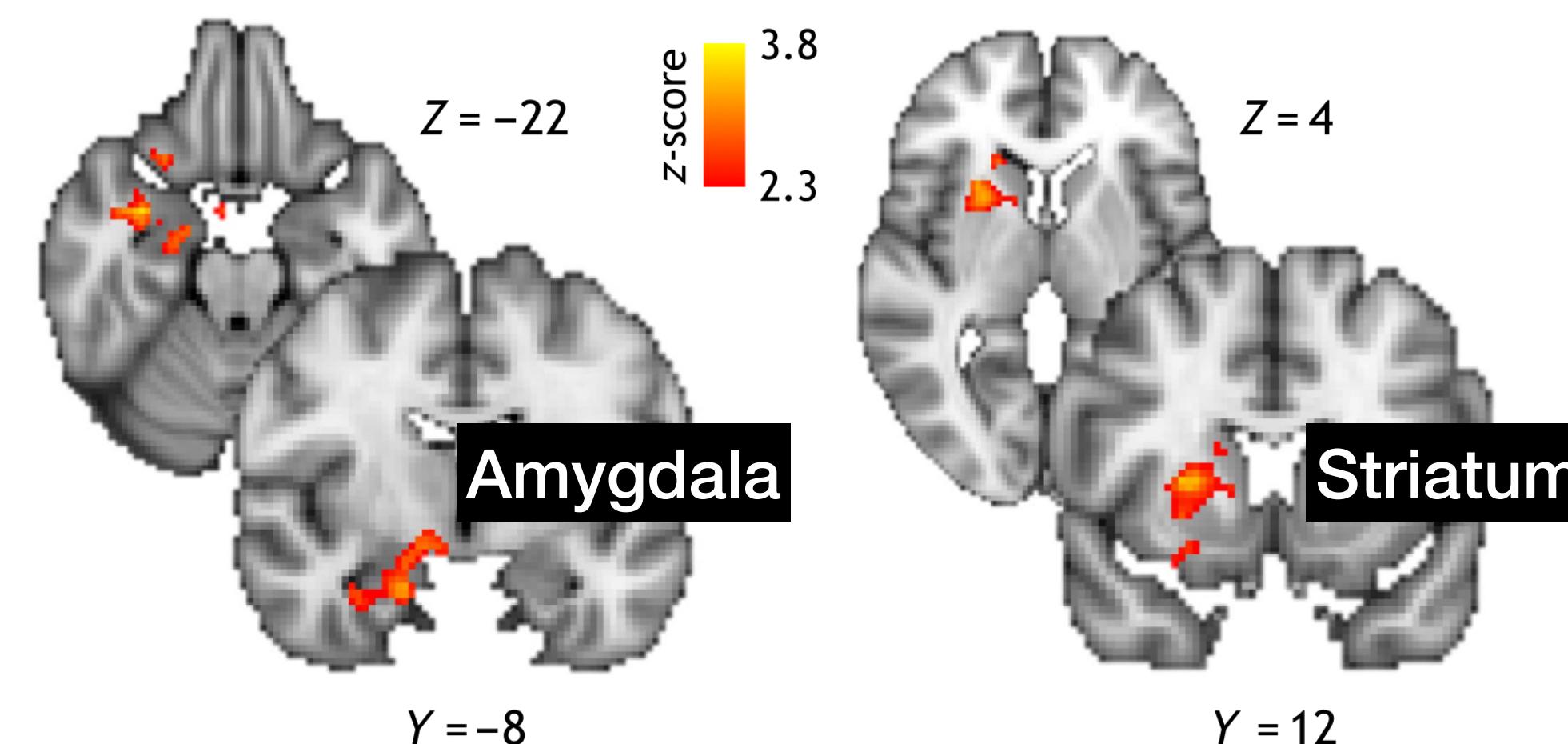
## 1) Prediction and 2) Change Tracking

- I. **Learning rate parameter values can be early predictors of treatment response.**
  - e.g., *behavioral experiment to try previously avoided actions*

# Computational Parameters in Psychotherapy

## 1) Prediction and 2) Change Tracking

- II. Neural encoding of prediction error can predict response to CBT.
  - e.g., the pretreatment neural correlates of reward prediction errors were associated with computerized CBT responses (Queirazza et al., 2019).



CBT Responders > Non-responders  
(pretreatment)

# Computational Parameters in Psychotherapy

## ***1) Prediction and 2) Change Tracking***

- **III. Learning rate parameter values can track change during psychotherapy.**
  - e.g., *anxious patients showed higher punishment learning rate before treatment* (Aylward et al., 2019)

# **Formulating Psychotherapy**

***To Improve the Efficacy of Psychotherapy***

## **1. Individual variance in learning rate**

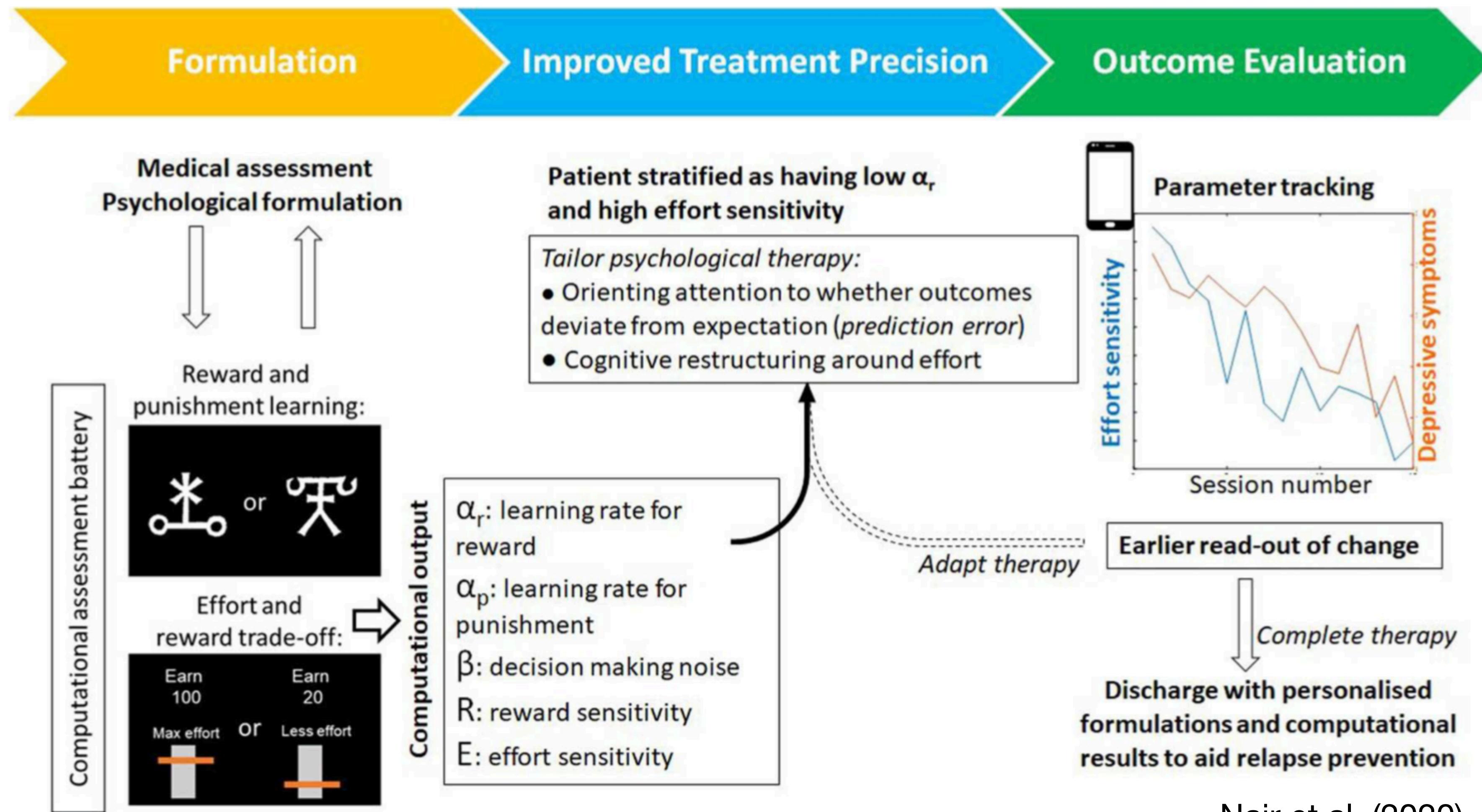
- e.g., *change techniques might not be effective to patients with lower learning rates for that target belief*

## **2. Targeted approach to increase learning rate**

## **3. Preparatory work to promote attention to prediction errors**

# Tailoring Psychotherapy

## Patient Stratification with Computational Parameters



# Advantages of using Computational Psychiatry

## *Conclusion*

**1. Quantifiable and testable**



**2. Potential markers of recovery**



**3. Cheap and scalable**



# Key Hurdles

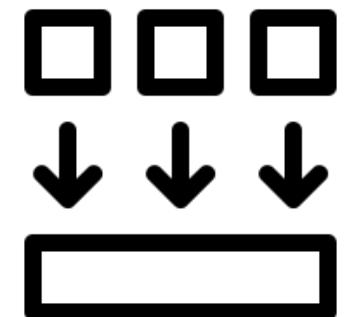
## *Conclusion*

### **1. Test-retest Reliability**



- *Stable task performance and parameter estimation*
- *Structured tasks*

### **2. Generalizability**



- *Ecological tasks*
- *Parameters that reflect learning and decision-making in the real-life settings*

***Thank you for listening!***

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