

# Automated Quality Assessment of Cognitive Behavioral Therapy Sessions Through Highly Contextualized Language Representations



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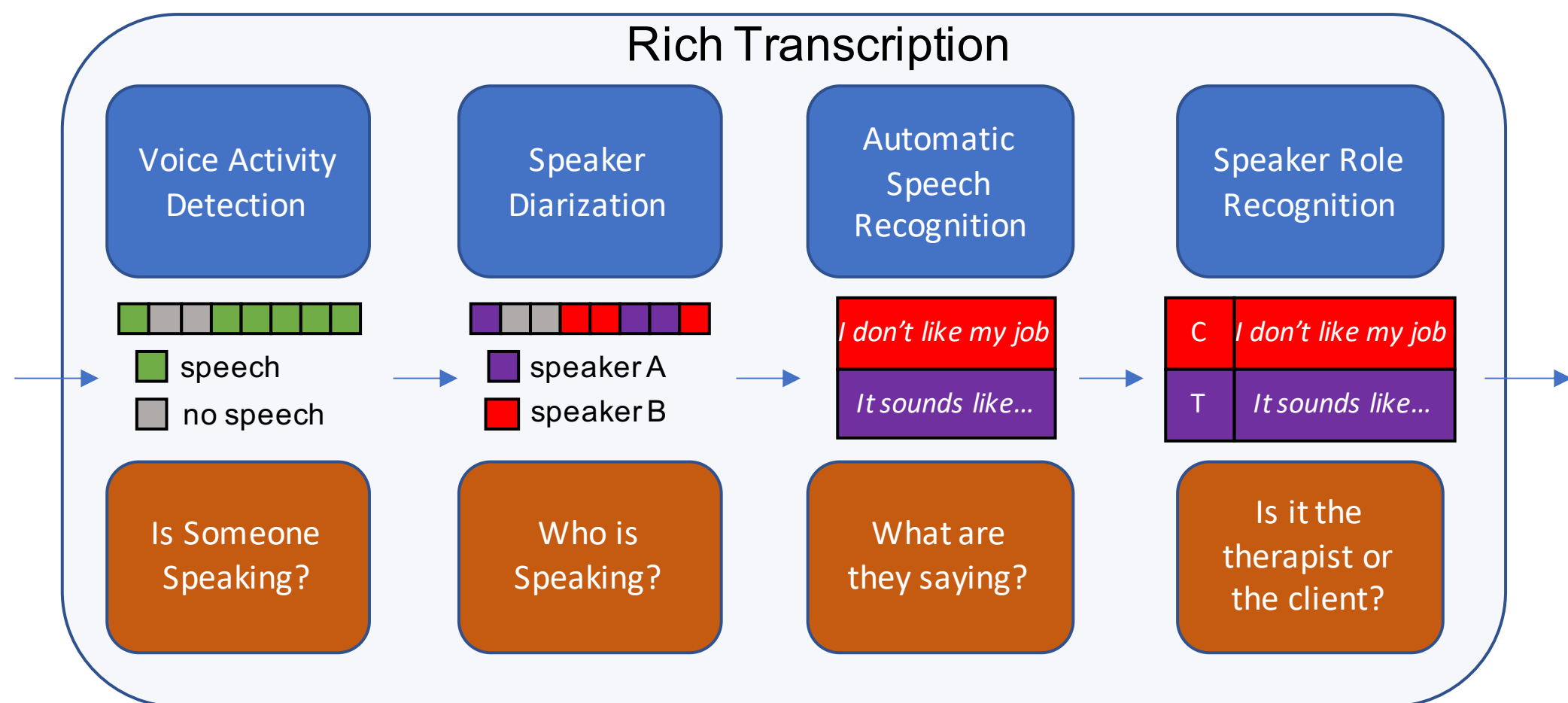
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## Psychotherapy Evaluation & CBT

- ▶ **psychotherapy**  
communication-based intervention to treat mental health disorders
- ▶ **quality assessment**
  - ▶ more effective training
  - ▶ more efficient supervision
  - ▶ more positive clinical outcomes
- ▶ **Cognitive Behavior Therapy (CBT)**  
one of the most popular psychotherapeutic approaches
- ▶ **monitor CBT quality: Cognitive Therapy Rating Scale (CTRS)**
  - ▶ 11 session-level codes (e.g., understanding, collaboration, homework, ...)
  - ▶ scored on a 7-point Likert scale
  - ▶  $\sum_{i=1}^{11} \text{code}_i \geq 40 \Rightarrow$  competent delivery of CBT [total CTRS]
  - ▶ *focus on this binary classification problem*
- ▶ **existing methods**
  - ▶ based on hand-crafted / sparse indicator features
  - ▶ model total CTRS independently of the individual codes
  - ▶ analyze short text excerpts - not actual therapy sessions
- ▶ **proposed approach**
  - ▶ use contextualized language models (BERT)
  - ▶ provide therapist- and session-related metadata
  - ▶ multi-task approach: model total CTRS as the sum of the 11 codes

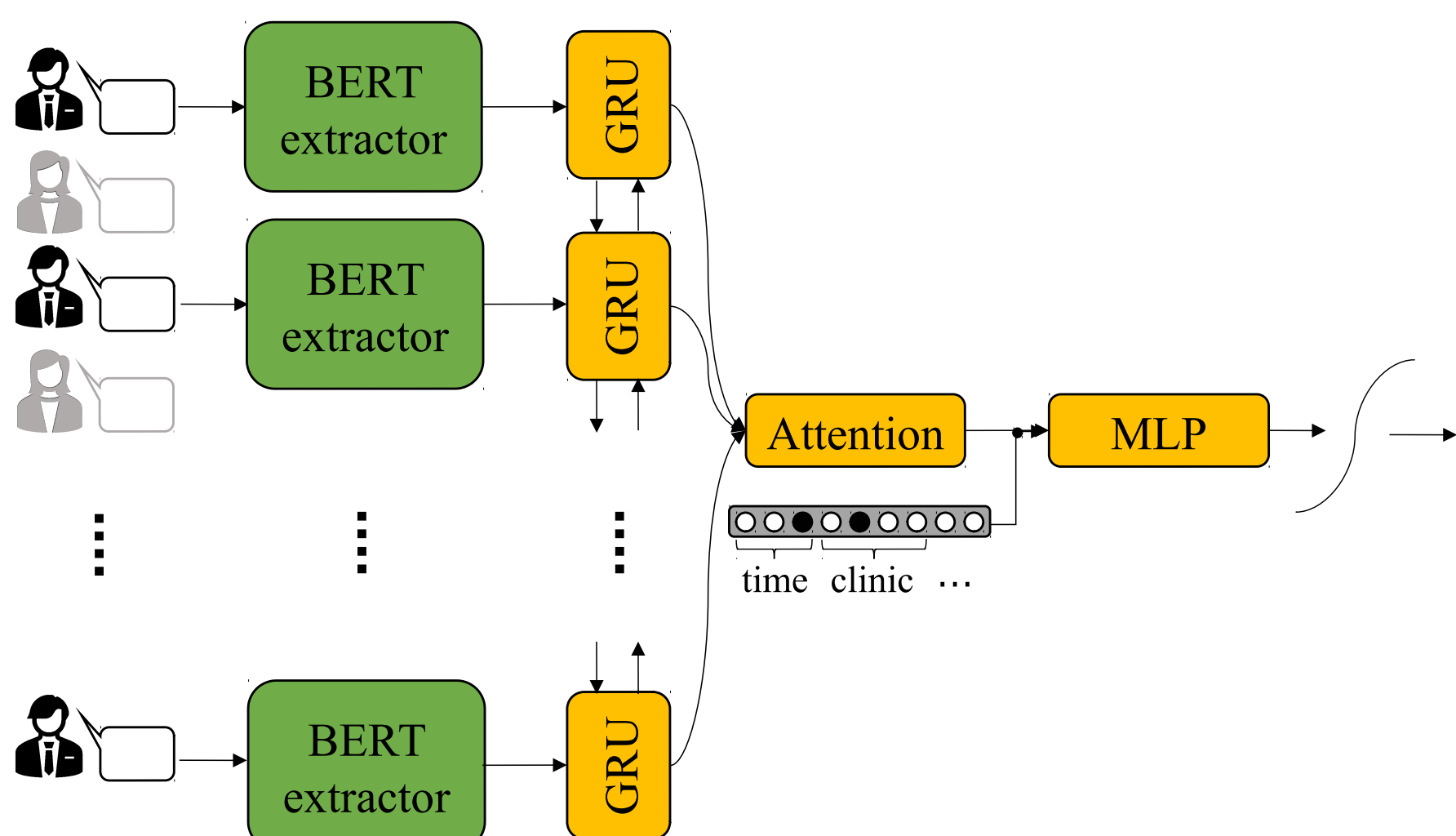
## Datasets & Preprocessing

- ▶ 1,018 CBT sessions recorded in community health care centers, accompanied by CTRS scores  
largest-to-date study focusing on automated CBT evaluation
- ▶ 100 additional sessions to adapt the transcription pipeline
- ▶ 4,263 recorded, non-coded sessions (not necessarily CBT) to adapt the language model
- ▶ all sessions automatically transcribed via pipeline adapted to psychotherapy



## Single-Task Approach

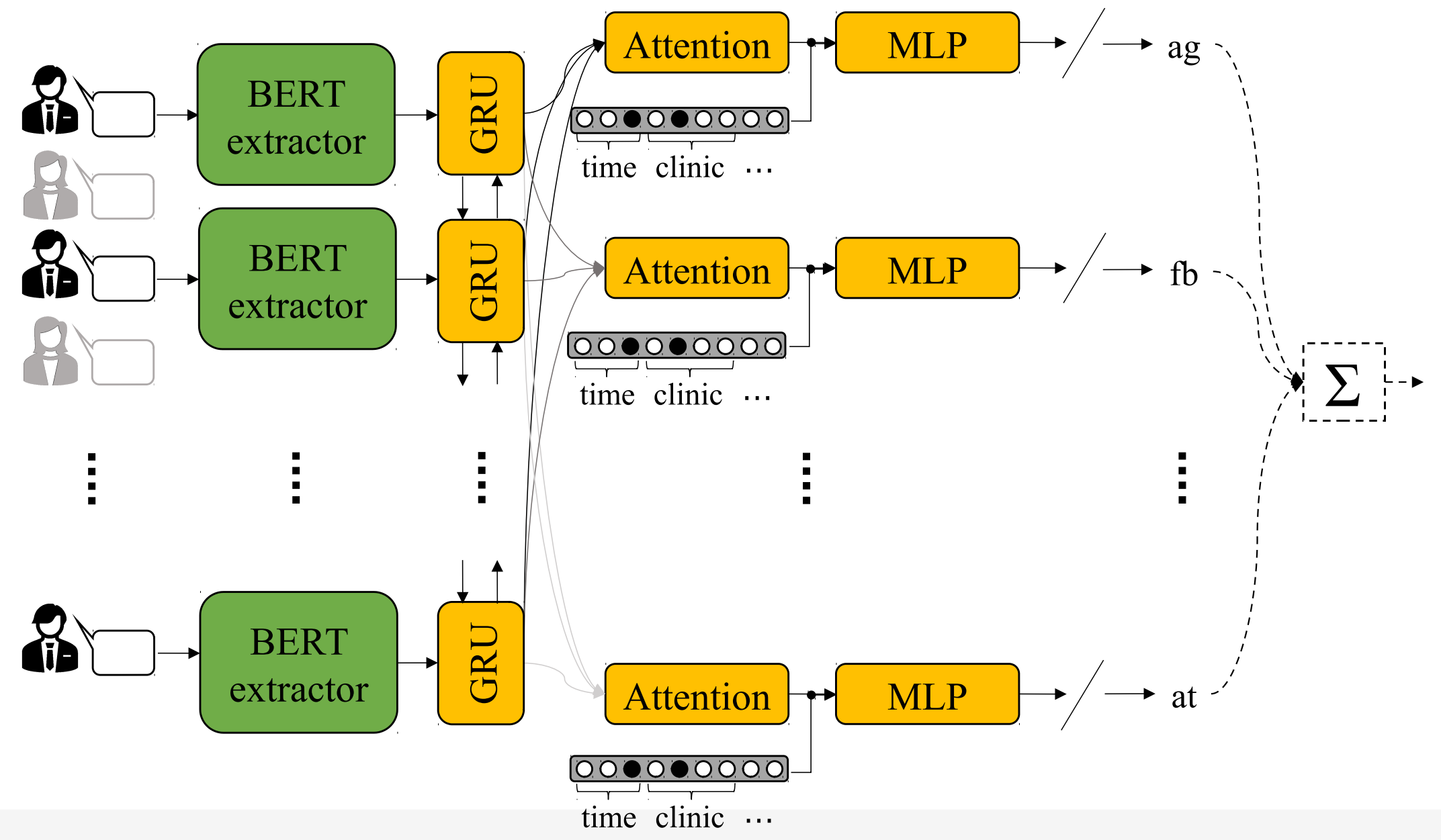
- ▶ directly model total CTRS as the binarized output variable



- ▶ BERT adapted on the domain and on ASR-induced errors

## Multi-Task Approach

- ▶ total CTRS = (unweighted) sum; then binarize



## Results

| BERT model | metadata info | all utterances     |        | therapist-only     |               |
|------------|---------------|--------------------|--------|--------------------|---------------|
|            |               | single             | multi  | single             | multi         |
| base       | ✗             | 63.43              | 61.03  | 63.88              | 62.40         |
|            | ✓             | 65.42              | 70.13* | 66.80 <sup>†</sup> | 71.25*        |
| adapted    | ✗             | 64.10              | 62.04  | 65.52              | 63.76         |
|            | ✓             | 66.94 <sup>†</sup> | 71.56* | 68.52*             | <b>72.61*</b> |

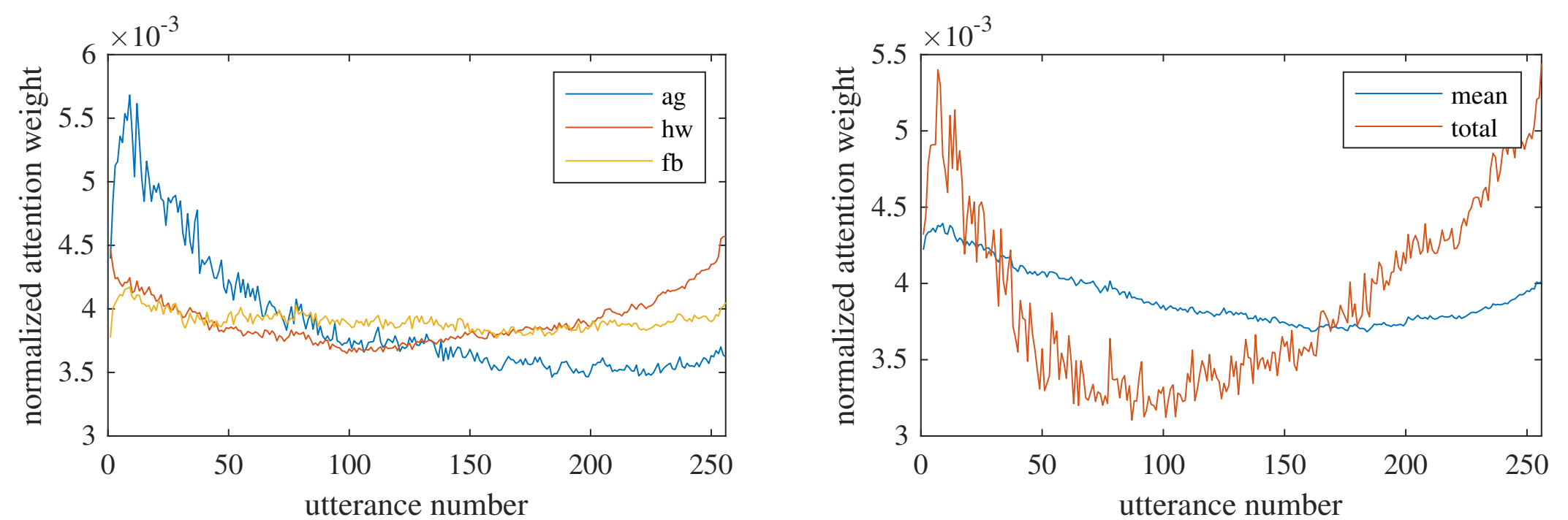
$F_1$  score (%) – 10-fold cross validation. <sup>†</sup> $p < 0.05$ , \* $p < 0.01$

| proposed technique | no    | yes   | relative improvement |
|--------------------|-------|-------|----------------------|
| adapt BERT         | 65.54 | 66.88 | +2.04%               |
| metadata info      | 63.27 | 69.15 | +9.29%               |
| multi-task         | 65.58 | 66.85 | +1.94%               |
| only therapist     | 65.58 | 66.84 | +1.92%               |

each row: mean  $F_1$  score (%) across all the remaining  $2^3 = 8$  combinations when the corresponding technique is (yes) or is not (no) applied

## Interpretable Models: CTRS Localization

- ▶ use attention mechanism to identify salient utterances
- ▶ reveal CBT structure



mean attention weights across all the sessions

(left) CTRS codes agenda, homework, feedback; (right) mean of the 11 codes, total CTRS

## Future Vision

- ▶ widespread adoption of similar systems in clinical practice for
  - ▶ self-assessment
  - ▶ assisted supervision
 leading to improved quality of services
- ▶ under a proper ethical and practical framework, ensuring
  - ▶ data privacy
  - ▶ bias mitigation
  - ▶ prudent usage and interpretation
  - ▶ proper error handling