A New Dataset for Language Analysis in Serious Mental Illness

AI/ML Readiness for NIH Data Supplement

Supplement to: NIMH R01 1169032 (PI: Depp)

Motivations

- Language abnormalities have been linked to psychosis for over 100 years

- Feature Engineering and Feature Exploration have proven to be useful for NLP and Psycholinguistic Tasks (Aich and Parde 2022).

- Yet, translating Psycholinguistics to clinical use has been slow with barriers including reproducibility, bias, and limited outcome variables (Cohen et al. 2022)

Key gap: Major datasets in Computational Psycholinguistics lack deep clinical validation data (Coppersmith et al 2016).

Data Source

- Patient and healthy control audio recordings of the Social Skills Performance Assessment (SSPA; Patterson et al., 2001)
- The SSPA is a standardized observer-rated measure of Social Abilities
- It involves two open-ended interactions with a trained rater/confederate:
  - Meeting a new neighbor
  - Complaining to a landlord about a leak
- Performance is manually scored by reliable raters on dimensions like coherence, affect, etc.
- SSPA scores are predictive of functional outcome (Miller et al., 2021)

Project Timeline

Aim 1

DATA PROCESS

1. Generate Verbatim Transcripts from SSPA recordings
2. De-Identify Transcripts
3. Create harmonized Linked Clinical Dataset
4. Process Transcripts for NLP
5. Feature Extraction

Aim 2

ANALYZE

1. Ability to distinguish diagnoses
2. Bias of prediction by demographic variation
3. Ability to predict SSPA score and other clinical data
4. Feature domains most predictive of above

Aim 3

SHARE

Share data with NIMH National Data Archive

Create tools for investigators

Sample Transcript Excerpt

Researcher: Participant 3140 SCS 11/4 2020. Scene, new neighbor.

(*scene*)
Neighbor 1: Hi, did you just move in?
Neighbor 2: Hi, yes, my name's [redacted], nice to meet you.
Neighbor 1: Hi, [redacted] I'm [redacted] Uh, where'd you come from?
Neighbor 2: I'm completely new to the area. I'm coming from Dallas.
Neighbor 1: Oh, wow, what brings you this way?
Neighbor 2: Um, new job.
Neighbor 1: Oh, nice. Something fun?
Neighbor 2: No, unfortunately, pretty boring.
Neighbor 1: Oh, well, why they call it work.
Neighbor 2: Very true.
Neighbor 1: Hmm, so is there anything you need, you know, get settled in?
Neighbor 2: Yea, would you mind telling me about this neighborhood?
Neighbor 1: Sure. It's full of drug addicts and murderers, mostly.
Neighbor 2: Well, that sounds scary.
Neighbor 1: Yea, it is. It's a terrible place, but it's America.

Data Available

	Total (n = 558)	Schizophrenia (n = 229)	Bipolar Disorder (n = 228)	Healthy Control (n = 101)
Age	41.3 ± 12.0, range 18-65	43.0 ± 11.6	39.6 ± 12.0	41.7 ± 12.4
Gender (% Female)	54.5%	51.5%	59.6%	49.5%
Years of Education	13.7 ± 2.5	13.3 ± 2.7	14.2 +2.4	13.2 ± 2.0
Race (% Afr-American)	36%	52.4%	18.4%	38.6%
Ethnicity (% Hisp/Latino)	23.2%	21.8%	27.8%	15.8%

Data derived from: Parent Study (n=300) as well as SCOPE and IA studies (n=500+; PI: Amy Pinkham)

Repeat (longitudinal) data available: n=188 ; **Harmonized** measures of symptoms, cognition, and many more

Pre-processing steps - Deep learning

- Regex and Timestamp Extraction.
- Grouping of patient dialogues.
- Vectorization and Tokenization of dialogues
- Hyper-parameter setting for Transformer models.

Feature Extraction

Temporal	Sentiment	Psycholinguistic / Affective
Lexically informed emotions	Diversity of speech	Human features such as race, diagnosis, age etc.

Results: Do SSPA NLP features Differentiate Diagnoses?

- KNN, RF, SVM, Logistic, and Ridge Classification.
- One v One classification between diagnoses

Accepted: Ankit Aich, Avery Quynh, Varsha Badal, Amy Pinkham, Philip Harvey, Colin Depp, and Natalie Parde in Findings of the 2022 Conference on Empirical Methods in Natural Language Processing (EMNLP 2022) - December 7-11 Abu Dhabi, UAE

Results - READ AS [ACCURACY | F1] (SC1 VS SC2)

Model	BD v SZ	BD v HC	HC v SZ	BD v SZ	BD v HC	HC v SZ
RF	.93 | .87	.96 | .84	.96 | .96	.96 | .94	.92 | .96	.70 | .93
KNN	.58 | .64	.51 | .59	.82 | .75	.37 | .62	.71 | .69	.66 | .48
LR	.89 | .91	.82 | .90	.89 | .83	.86 | .97	.89 | .78	.55 | .62
Ridge	.89 | .94	.86 | .70	.93 | .72	.93 | .97	.78 | .78	.70 | .70
SVM	.89 | .91	.86 | .67	.93 | .72	.89 | .97	.89 | .79	.60 | .75

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Next Steps for Project

- Evaluating bias, feature specificity, and clinical symptom effects
- Explore potential for automated scoring of the SSPA
- Perform speech analysis and create corresponding feature extracted dataset
- Share transcript and feature data through NIMH Data Archive and create tools to support AI/ML researchers using the data

THANK YOU!

Please contact us if interested in collaborating:

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