DCM: Advanced topics

Klaas Enno Stephan







Eidgenössische Technische Hochschule Zürich Swiss Federal Institute of Technology Zurich

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Overview

- DCM a generative model
- Evolution of DCM for fMRI
- Bayesian model selection (BMS)
- Translational Neuromodeling

Generative model



- 1. enforces mechanistic thinking: how could the data have been caused?
- 2. generate synthetic data (observations) by sampling from the prior can model explain certain phenomena at all?
- 3. inference about model structure: formal approach to disambiguating mechanisms $\rightarrow p(y|m)$
- 4. inference about parameters $\rightarrow p(\theta|y)$
- 5. basis for predictions about interventions \rightarrow control theory

Bayesian system identification

Neural dynamics

Observer function

$$dx/dt = f(x, u, \theta)$$

u(t)

$$y = g(x, \theta) + \varepsilon$$

 $p(y \mid \theta, m) = N(g(\theta), \Sigma(\theta))$ $p(\theta, m) = N(\mu_{\theta}, \Sigma_{\theta})$

Inference on model structure

Inference on parameters

$$p(y \mid m) = \int p(y \mid \theta, m) p(\theta) d\theta$$
$$p(\theta \mid y, m) = \frac{p(y \mid \theta, m) p(\theta, m)}{p(y \mid m)}$$



Variational Bayes (VB)

Idea: find an approximation $q(\theta)$ to the true posterior $p(\theta|y)$.

Often done by assuming a particular form for q and then optimizing its sufficient statistics (fixed form VB).



Variational Bayes



F(q, y) is a functional wrt. the approximate posterior $q(\theta)$.

Maximizing F(q, y) is equivalent to:

- minimizing KL[q||p]
- tightening F(q, y) as a lower bound to the log model evidence

When F(q, y) is maximized, $q(\theta)$ is our best estimate of the posterior.



Alternative optimisation schemes

- Global optimisation schemes for DCM:
 - MCMC
 - Gaussian processes
- Papers submitted in SPM soon

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The evolution of DCM in SPM

- DCM is not one specific model, but a framework for Bayesian inversion of dynamic system models
- The implementation in SPM has been evolving over time, e.g.
 - improvements of numerical routines (e.g., optimisation scheme)
 - change in priors to cover new variants (e.g., stochastic DCMs)
 - changes of hemodynamic model



To enable replication of your results, you should ideally state which SPM version (release number) you are using when publishing papers.

Factorial structure of model specification

- Three dimensions of model specification:
 - bilinear vs. nonlinear
 - single-state vs. two-state (per region)
 - deterministic vs. stochastic

📣 Dynan	A Dynamic Causal Modelling				
Model opt	tions:				
	modula	atory effects	bilinear	nonlinear	
📣 Dynamic Causal Mo	delling				
Model options:					
modulato	ry effects	biline	ar		
states ;	per region	one	two		
amic Causal Modelling					
options:					
• modulatory effects	bilinear				
states per region	one				
stochastic effects	no	yes			
		[

Model





Two-dimensional Taylor series (around $x_0=0$, $u_0=0$):

$$\frac{dx}{dt} = f(x,u) \approx f(x_0,0) + \frac{\partial f}{\partial x}x + \frac{\partial f}{\partial u}u + \frac{\partial^2 f}{\partial x \partial u}ux + \frac{\partial^2 f}{\partial x^2}\frac{x^2}{2} + \dots$$

Bilinear state equation:

$$\frac{dx}{dt} = \left(A + \sum_{i=1}^{m} u_i B^{(i)}\right) x + Cu$$

Nonlinear state equation:

$$\frac{dx}{dt} = \left(A + \sum_{i=1}^{m} u_i B^{(i)} + \sum_{j=1}^{n} x_j D^{(j)}\right) x + Cu$$





Nonlinear Dynamic Causal Model for fMRI

$$\frac{dx}{dt} = \left(A + \sum_{i=1}^{m} u_i B^{(i)} + \sum_{j=1}^{n} x_j D^{(j)}\right) x + Cu$$

Stephan et al. 2008, NeuroImage



Two-state DCM



Marreiros et al. 2008, NeuroImage

Stochastic DCM

$$\frac{dx}{dt} = (A + \sum_{j} u_{j} B^{(j)}) x + Cv + \omega^{(x)}$$
$$v = u + \omega^{(v)}$$

- all states are represented in generalised coordinates of motion
- random state fluctuations w^(x) account for endogenous fluctuations, have unknown precision and smoothness → two hyperparameters
- fluctuations w^(v) induce uncertainty about how inputs influence neuronal activity
- can be fitted to "resting state" data

Estimates of hidden causes and states (Generalised filtering)



Li et al. 2011, NeuroImage

Spectral DCM

- <u>deterministic</u> model that generates predicted crossed spectra in a distributed neuronal network or graph
- finds the effective connectivity among hidden neuronal states that best explains the observed functional connectivity among hemodynamic responses
- advantage:
 - replaces an optimisation problem wrt. stochastic differential equations with a deterministic approach from linear systems theory → computationally very efficient
- disadvantages:
 - assumes stationarity

cross-spectra

= inverse Fourier transform of crosscorrelation

cross-correlation

= generalized form of correlation (at zero lag, this is the conventional measure of functional connectivity)



Friston et al. 2014, NeuroImage

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Model comparison and selection

Given competing hypotheses on structure & functional mechanisms of a system, which model is the best?

Which model represents the best balance between model fit and model complexity?

For which model m does p(y|m) become maximal?



Pitt & Miyung (2002) TICS

Bayesian model selection (BMS)

Model evidence:

$$p(y \mid m) = \int p(y \mid \theta, m) p(\theta \mid m) \ d\theta$$

accounts for <u>both</u> accuracy and complexity of the model



allows for inference about model structure



Various approximations, e.g.:

- negative free energy, AIC, BIC

McKay 1992, *Neural Comput.* Penny et al. 2004a, *NeuroImage*

Approximations to the model evidence in DCM

Logarithm is a monotonic function



Maximizing log model evidence = Maximizing model evidence

Log model evidence = balance between fit and complexity

$$\log p(y | m) = accuracy(m) - complexity(m)$$

= log p(y | \theta, m) - complexity(m)
Akaike Information Criterion: AIC = log p(y | \theta, m) - p No. of data points
Bayesian Information Criterion: BIC = log p(y | \theta, m) - \frac{p}{2} log N

The (negative) free energy approximation ${\it F}$

Neg. free energy is a lower bound on log model evidence:

$$\log p(y | m) = F + KL[q(\theta), p(\theta | y, m)]$$

Like AIC/BIC, F is an accuracy/complexity tradeoff:

$$F = \underbrace{\langle \log p(y | \theta, m) \rangle}_{accuracy} - \underbrace{KL[q(\theta), p(\theta | m)]}_{complexity}$$



The complexity term in F

• In contrast to AIC & BIC, the complexity term of the negative free energy *F* accounts for parameter interdependencies.

$$KL[q(\theta), p(\theta \mid m)] = \frac{1}{2} \ln |C_{\theta|y}| + \frac{1}{2} (\mu_{\theta|y} - \mu_{\theta})^T C_{\theta}^{-1} (\mu_{\theta|y} - \mu_{\theta})$$

- The complexity term of *F* is higher
 - the more independent the prior parameters (\uparrow effective DFs)
 - the more dependent the posterior parameters
 - the more the posterior mean deviates from the prior mean

Bayes factors

To compare two models, we could just compare their log evidences.

But: the log evidence is just some number – not very intuitive!

A more intuitive interpretation of model comparisons is made possible by Bayes factors:

positive value, [0; ∞ [

$$B_{12} = \frac{p(y \mid m_1)}{p(y \mid m_2)}$$

Kass & Raftery classification:

B ₁₂	p(m₁ y)	Evidence	
1 to 3	50-75%	weak	
3 to 20	75-95%	positive	
20 to 150	95-99%	strong	
≥ 15 0	≥ 99%	Very strong	

Kass & Raftery 1995, J. Am. Stat. Assoc.

Fixed effects BMS at group level

Group Bayes factor (GBF) for 1...K subjects:

$$GBF_{ij} = \prod_{k} BF_{ij}^{(k)}$$

Average Bayes factor (ABF):

$$ABF_{ij} = \sqrt[K]{\prod_{k} BF_{ij}^{(k)}}$$

Problems:

- blind with regard to group heterogeneity
- sensitive to outliers

Random effects BMS for heterogeneous groups





Log model evidence differences

Subjects



Stephan et al. 2009a, NeuroImage

When does an EP signal deviation from chance?

- EPs express our confidence that the posterior probabilities of models are different under the hypothesis H_1 that models differ in probability: $r_k \neq 1/K$
- does not account for possibility "null hypothesis" H_0 : $r_k=1/K$
- **Bayesian omnibus risk (BOR)** of wrongly accepting H₁ over H₀:

$$P_{o} = \frac{1}{1 + \frac{p(m|H_{1})}{p(m|H_{0}).}}$$

• **protected EP**: Bayesian model averaging over H_0 and H_1 :

$$\begin{split} \varphi_k &= P(r_k \ge r_{k' \neq k} | y) \\ &= P(r_k \ge r_{k' \neq k} | y, H_1) P(H_1 | y) + P(r_k \ge r_{k' \neq k} | y, H_0) P(H_0 | y) \\ &= \varphi_k (1 - P_0) + \frac{1}{K} P_0 \end{split}$$

Rigoux et al. 2014, *NeuroImage*

Overfitting at the level of models

- \uparrow #models \Rightarrow \uparrow risk of overfitting
- solutions:
 - regularisation: definition of model space = setting p(m)
 - family-level BMS
 - Bayesian model averaging (BMA)



posterior model probability:

$$p(m \mid y) = \frac{p(y \mid m) p(m)}{\sum_{m} p(y \mid m) p(m)}$$

BMA:

$$p(\theta | y)$$

 $= \sum_{m} p(\theta | y, m) p(m | y)$



nonlinear models linear models

Bayesian Model Averaging (BMA)

- abandons dependence of parameter inference on a single model and takes into account model uncertainty
- represents a particularly useful alternative
 - when none of the models (or model subspaces) considered clearly outperforms all others
 - when comparing groups for which the optimal model differs

single-subject BMA:

$$p(\theta \mid y) = \sum_{m} p(\theta \mid y, m) p(m \mid y)$$

group-level BMA:

$$p\left(\theta_{n} \mid y_{1..N}\right)$$
$$= \sum p\left(\theta_{n} \mid y_{n}, m\right) p\left(m \mid y_{1..N}\right)$$

т

NB: $p(m|y_{1..N})$ can be obtained by either FFX or RFX BMS







Prefrontal-parietal connectivity during working memory in schizophrenia





17 ARMS, 21 first-episode (13 non-treated), 20 controls



Stephan et al. 2010, NeuroImage

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Model-based predictions for single patients

model structure







parameter estimates



generative embedding



Synaesthesia

- "projectors" experience color externally colocalized with a presented grapheme
- "associators" report an internally evoked association
- across all subjects: no evidence for either model
- but BMS results map precisely onto projectors (bottom-up mechanisms) and associators (top-down)



Generative embedding (unsupervised): detecting patient subgroups





- 42 controls vs. 41 schizophrenic patients
- fMRI data from working memory task (Deserno et al. 2012, J. Neurosci)

Detecting subgroups of patients in schizophrenia

- three distinct subgroups (total N=41)
- subgroups differ (p < 0.05) wrt. negative symptoms on the positive and negative symptom scale (PANSS)







A hierarchical model for unifying unsupervised generative embedding and empirical Bayes





Methods papers: DCM for fMRI and BMS – part 1

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Thank you