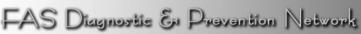
Characterizing Central Auditory Processing and Sound-in-Noise Listening Deficits in Individuals with FASD



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Roadmap

- Preliminary observations/evidence from UW FASDPN
- Sound-in-noise or 'active' listening
 - FASD & auditory processing deficits
- What does it take to accomplish active listening?
 - Behavioral, acoustical, and neural considerations
 - Subcortical processes: temporal & spatial codes
 - Cortical processes: selective attention
 - FASD & selective attention deficits
- UW experimental protocol

Short Sensory Profile

| (1) | Short Sensory Pr | |
|---|---|--|
| ENSORY PROFILE Winnie Dunn, Ph.D., OTR, FAOTA | | Birth Date: Date: |
| | Completed by: | Relationship to Child: |
| | Service Provider's Name: | Discipline: |
| | | INSTRUCTIONS |
| frequency wit lowing behav statements. If because you or believe tha please draw a | | Use the following key to mark your responses: ALWAYS When presented with the opportunity, you child always responds in this manner, 100% of the time. When presented with the opportunity, your child frequently responds in this manner, about 75% of the time. When presented with the opportunity, your child occasionally responds in this manner, about 50% of the time. When presented with the opportunity, your child seldom responds in this manner, about 25% of the time. NEVER When presented with the opportunity, your child never responds in this manner, 0% of the time. |
| | itivity | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | 1 | or original during homoutting foce weeking fingermail outling! |
| 1 Expresses dist | ress during grooming (for example, fights | |
| 1 Expresses dist | ress during grooming (for example, fights eeved clothing when it is warm or short s | |

Child "is distracted or has trouble functioning if there is a lot of noise around"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Child "appears to not hear what you say (e.g., does not 'tune-in' to what you say, appears to ignore you)"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Child "can't work with background noise (e.g., fan, refrigerator)"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Child "has trouble completing tasks when the radio is on"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Child "doesn't respond when name is called but you know the child's hearing is OK"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Child "has difficulty paying attention"

- Always (100% of the time)
- Frequently (75% of the time)
- Occasionally (50% of the time)
- Seldom (25% of the time)
- Never (0% of the time)

Preliminary SSP data: UW FASDPN clinic

- Data from 377 individuals to date
- 73.6% "definite difference" from typical performance in category of auditory filtering
 - Greater than 2 S.D. below normative mean
- 13.6% "probable difference"
 - Between 1 and 2 S.D. below normative mean
- 12.8% "typical performance"
 - At or above 1 S.D. below normative mean

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"Cocktail party" problem (Cherry 1953)



Katz, The Cocktail Party, 1965. Licensed by VAGA, New York, NY



clipartfest.com

'Hearing' vs 'listening'

Peripheral

- Ear (middle/inner ear)
- Hearing: ability to detect low amplitude sound signal in quiet background
- Primary assessment: conventional audiogram

Central

- Brain (subcortical/cortical)
- Active listening: ability to extract key features from sounds loud enough to hear
- Less agreement about assessment

'Hearing' vs 'listening'

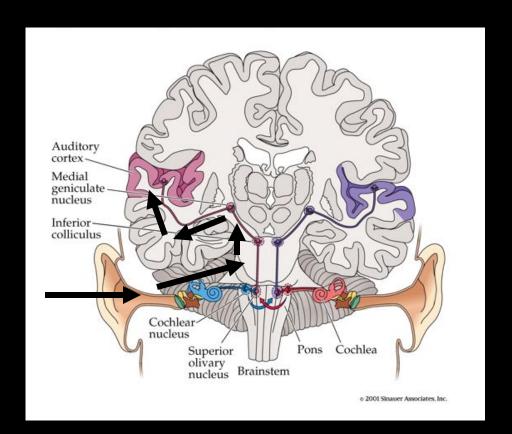
Peripheral

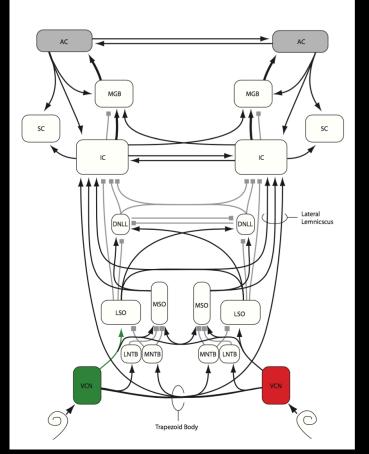


Central

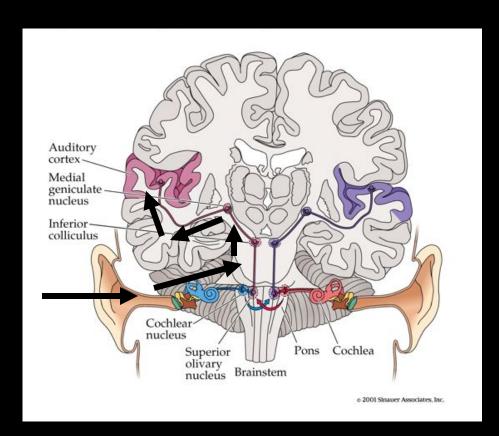


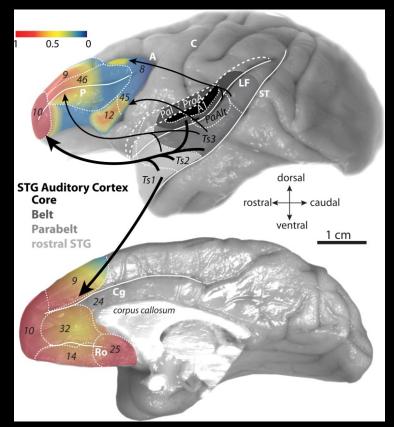
Auditory system





Auditory system





Prenatal alcohol exposure & auditory deficits

- Mostly <u>peripheral</u> hearing issues in individuals w/full FAS (or severely exposed) (Human: Church & Gerkin 1988, Rossig et al. 1994, Popova et al. 2016; Rodent: reviewed in Church & Kaltenbach 1997, Church et al. 2012)
- Some evidence of <u>central</u> auditory issues in humans
 - Sound-in-noise listening deficits (Church et al. 1997)
 - Disordered central auditory processes (Kaneko et al. 1996, Stephen et al 2012)
- But research most often involves individuals with full FAS and/or potential hearing loss; hard to disentangle

 (NB: Stephen et al 2012: ARND)

Our focus

- General FASD population
- Central processes: active listening
 - Individuals w/ full FAS/pFAS may be predisposed to peripheral (& also central?) hearing deficits
 - But those w/o craniofacial dysmorphology may still have central/active listening deficits leading to difficulties hearing sound targets in noise, even in the absence of peripheral hearing loss

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Listening when there are multiple sound sources is difficult



Listeners attend to "objects"

Let's play "Simon Says" (Listen to the male voice)



What's the password?



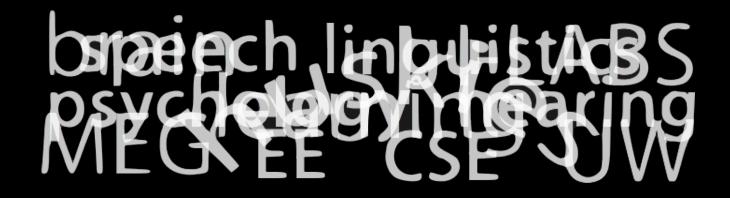
Now listen to the female voice



What did you miss out on?



Object formation in a "transparent" scene



Cues aid in segregation of objects



Attending to a specific feature promotes object formation



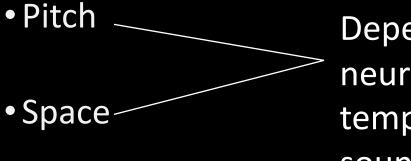
Each feature can be selectively attended



Priming also helps



Acoustic cues



Loudness

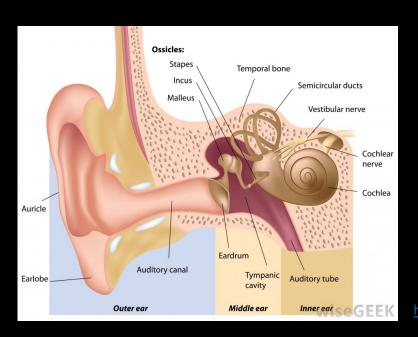
Depend on precise neural coding of temporal aspects of sound

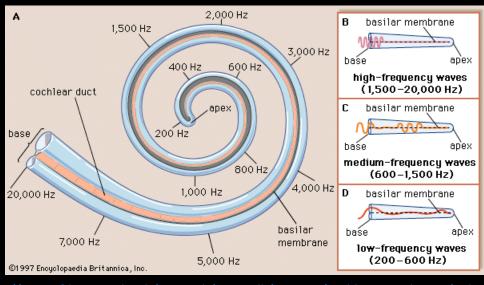
How do the ear and brain extract sound cues

and use them to pick out sound in noise?

How can these processes break down?

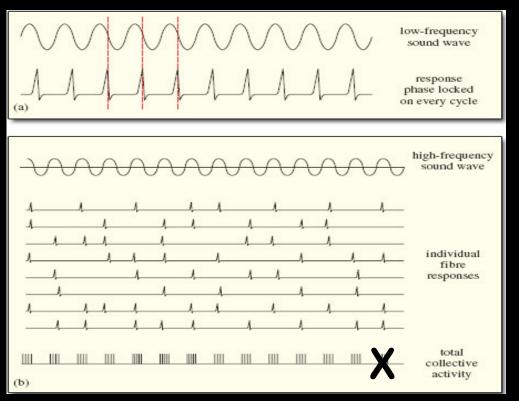
Frequency analysis: "place code"





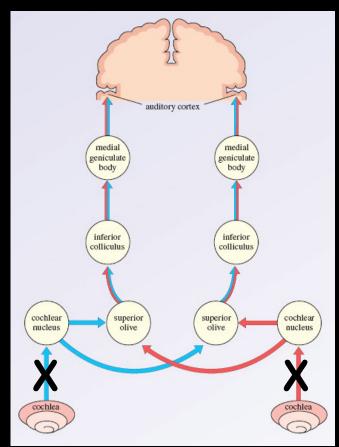
http://www.ifd.mavt.ethz.ch/research/group lk/projects/cochlear mechanics/index

Temporal coding of frequency



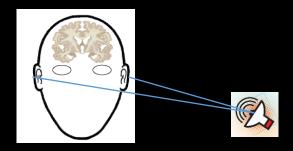
Temporal coding of frequency

- Degraded temporal coding of sound (e.g., not enough auditory nerve fibers) can affect speech-in-noise listening (Hopkins & Moore 2009)
- Not detected with conventional audiometric screen
- Referred to as "hidden hearing loss"

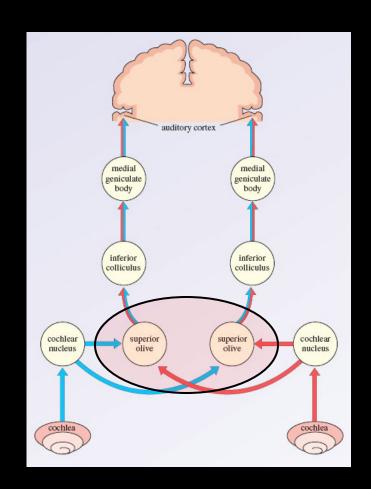


Coding of spatial cues

Interaural time difference (ITD)
Interaural level difference (ILD)

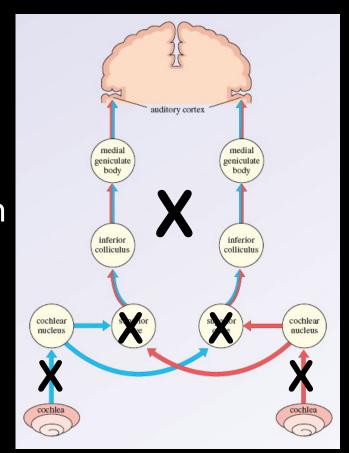


Spatial cues are processed by specialized neurons & structures in the superior olivary complex (SOC)



Spatial processing can be impaired due to:

- Degraded input to the SOC
- Damage to spatial processors
- Degraded spatial representation passed upward to cortex
- Degraded auditory spatial coding can affect speech-innoise listening (Culling et al. 2004)



Cognitive control/attention

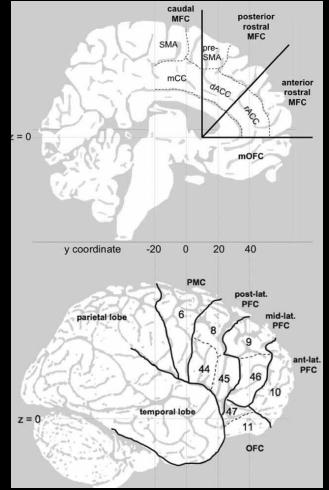
- Dual-task paradigm
 - Task set reconfiguration & proactive task set interference
 (Allport et al. 1994, Meiran 2000, Monsell 2003)
- Attentional set-shifting (Monsell 1996)
- Response inhibition
- Most paradigms more broadly cognitive (but see Koch et al. 2011)



Cognitive control/attention

 Network in medial & lateral frontal cortex implicated (Corbetta & Shulman 2002, Dosenbach et al. 2006, Ruge et al. 2013)

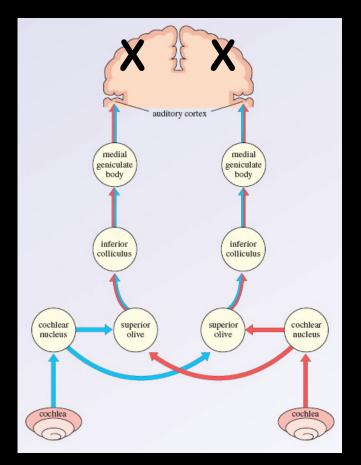
- Anterior cingulate cortex (ACC)
- Dorsolateral & ventrolateral prefrontal cortex (DLPFC & VLPFC), inferior frontal junction (IFJ)



Summerfield & Koechlin 2009

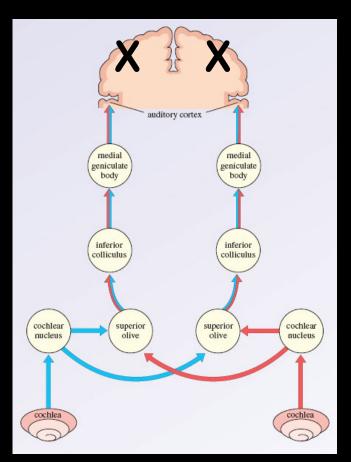
Cognitive/attentional deficits in FASD

- Executive control deficits
 - (Kodituwakku 2009, Mattson et al. 2011)
 - -Set shifting & response inhibition deficits: Stroop, antisaccade, Go/NoGo, NEPSY-II & Wisconsin Card Sorting tasks
 (Green et al. 2009, Paolozza et al. 2014, Khoury et al. 2015, Kingdon et al. 2016)
 - Atypical DLPFC, ACC, & IFJ function (Fryer et al. 2007, O'Brien et al. 2013, Ware et al. 2015, Kodali et al. 2017) & atypical ACC structure (Migliorini et al. 2015) associated with response inhibition deficits in FASD

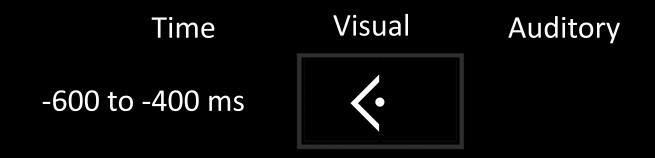


Cognitive/attentional deficits in FASD

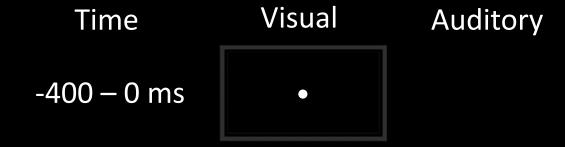
- Reduced brain volume in frontal regions (Astley et al. 2009, Gautam et al. 2015)
 - -Cingulate gyrus
 (Bjorkquist et al. 2010, Eckstrand et al. 2012)
- Reduced integrity of white matter connections to frontal lobe
 - -Cingulum, uncinate fasciculus & superior longitudinal fasciculus (Lebel et al. 2008, Paolozza et al. 2017)



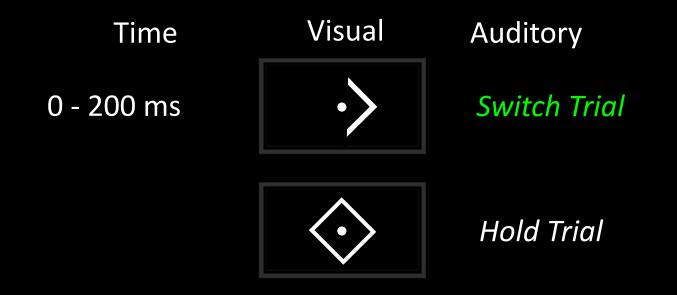
Behavioral paradigm: Cue to attend space



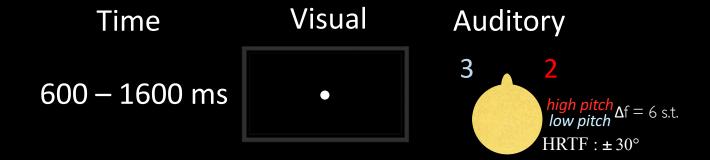
Maintaining Fixation



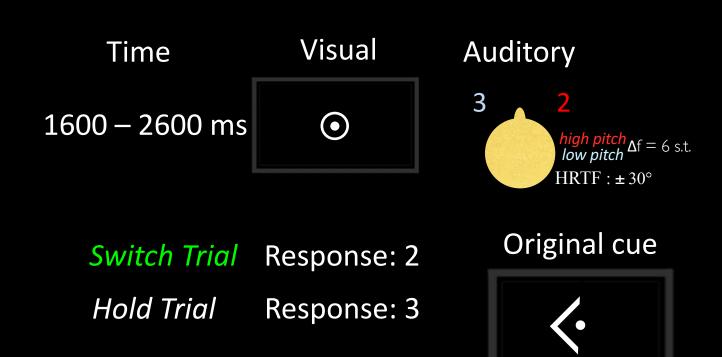
Behavioral paradigm: "Just Kidding" cue



Stimulus (DIGITS) onset



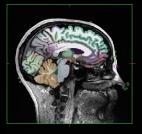
Response period





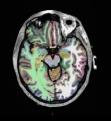
MEG measurement

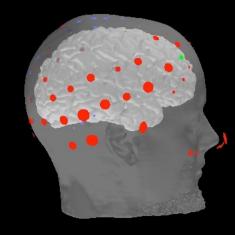
Simultaneous EEG











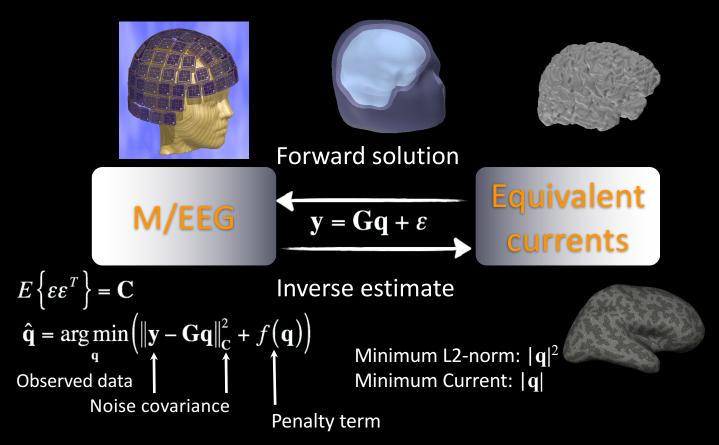


Anatomical scan

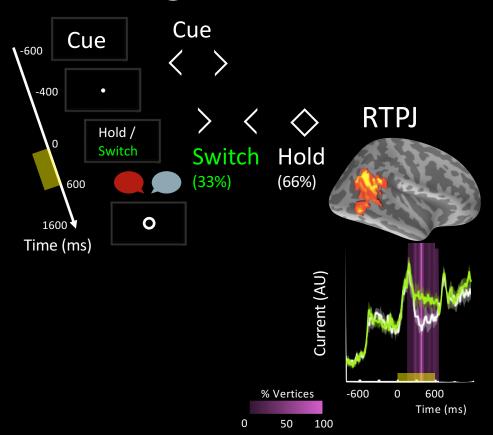
Co-registration

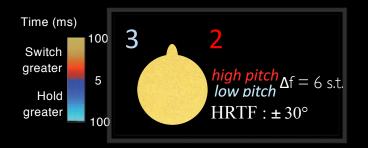
Inverse Imaging

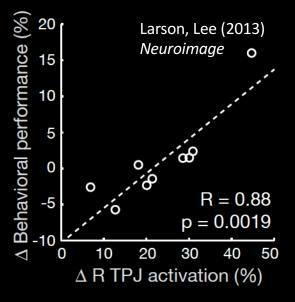
Mapping M/EEG signal onto the cortex

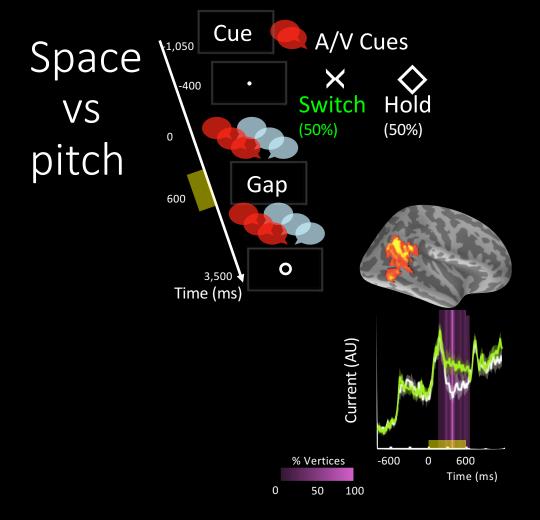


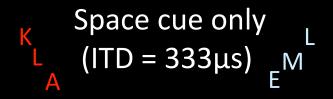
Switching attention





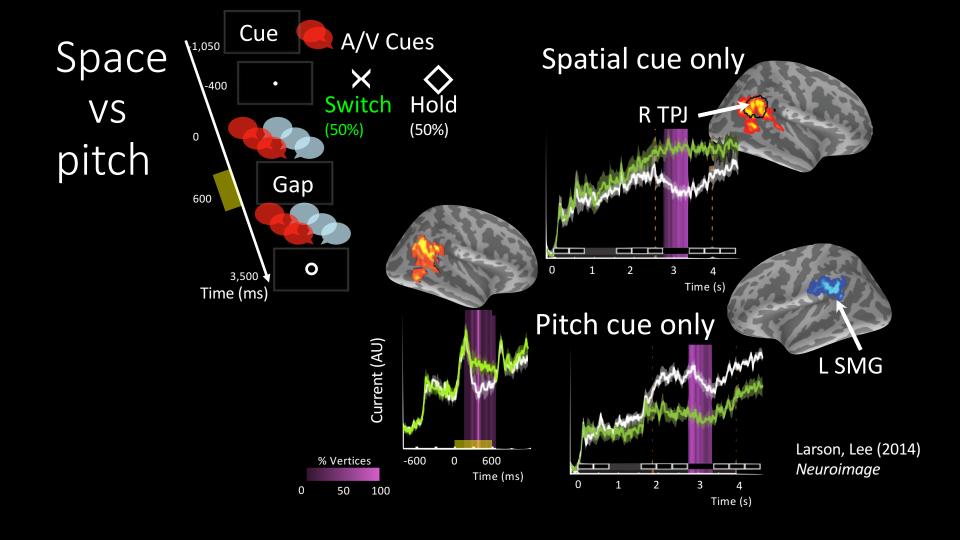




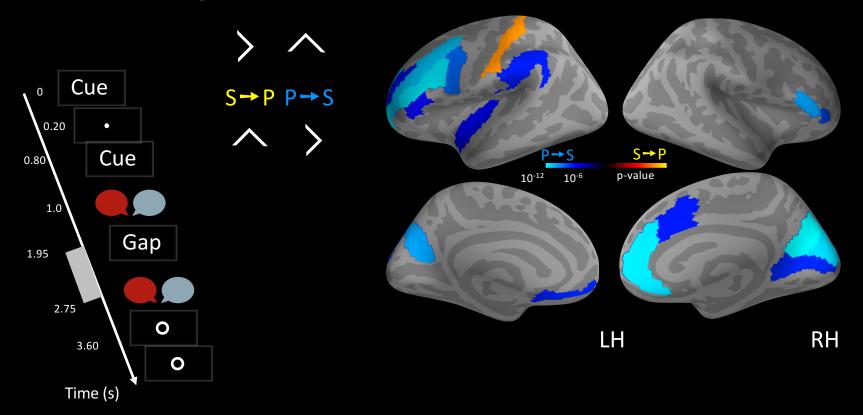




Pitch cue only $(\Delta f = 8.5 \text{ s.t})$



Switching across features

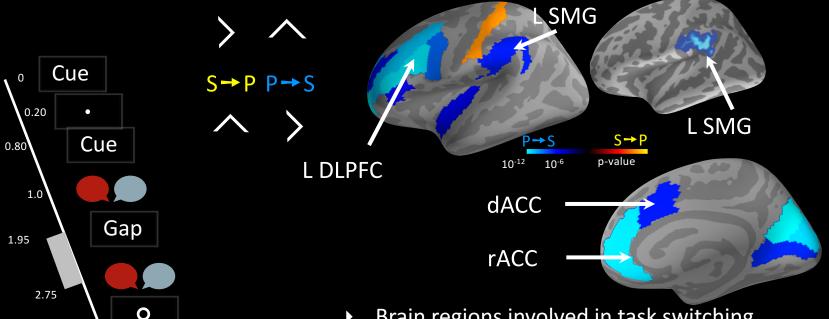


Asymmetric switching effect

3.60

Time (s)

0

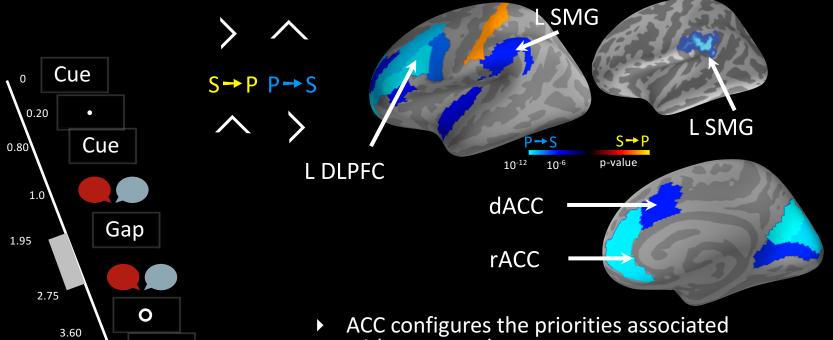


- Brain regions involved in task switching
 - dorsal lateral prefrontal cortex (DLPFC) anterior cingulate cortex (ACC)
 - (Monsell, '03; Hyafil, '09)

Harder to switch out of a hard task

0

Time (s)



- with a new task
- DLPFC tackles interference from recently active, rivalrous task sets

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Study design overview

 Comprehensive battery: self-report listening, audiological, cognitive, linguistic, behavioral, EEG & MEG

• Two groups (age 13+): Individuals diagnosed with FASD (target N = 60) and matched controls

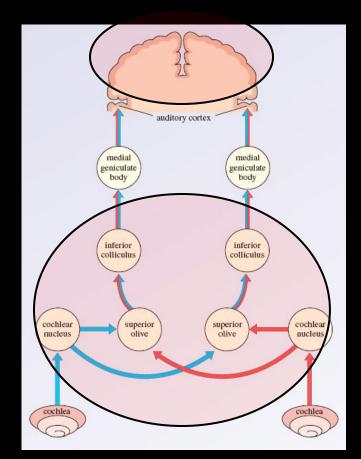
Audiological & language assessment

- Audiological
 - Pure-tone hearing thresholds
 - Inner ear & brainstem health (otoacoustic emission/OAE, auditory brainstem response/ABR)
 - Self-report questionnaire: Speech, Spatial, and Qualities of Hearing Scale (SSQ) (Gatehouse & Noble 2004)
- Expressive language task (Thorne 2006)

Behavioral, EEG & MEG measures

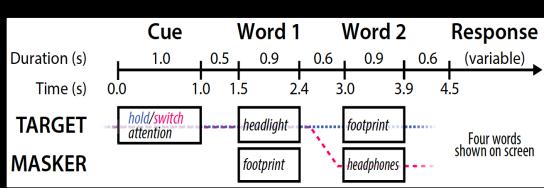
Probing:

- Temporal encoding of sound
- Spatial listening
- Auditory attention



Behavioral, EEG & MEG measures

- Speech-in-noise task (Gallun et al. 2013; Maddox & Lee 2016)
- Temporal envelope encoding (Bharadwaj et al. 2015) & subcortical spatial encoding (Ross et al. 2007, Maddox & Lee 2016)
- Auditory attention task (Dillon 2012; Lee et al. 2013)





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- NIH: National Institute on Deafness and Other Communication Disorders (R01-DC013260 – Lee lab)

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Thank you