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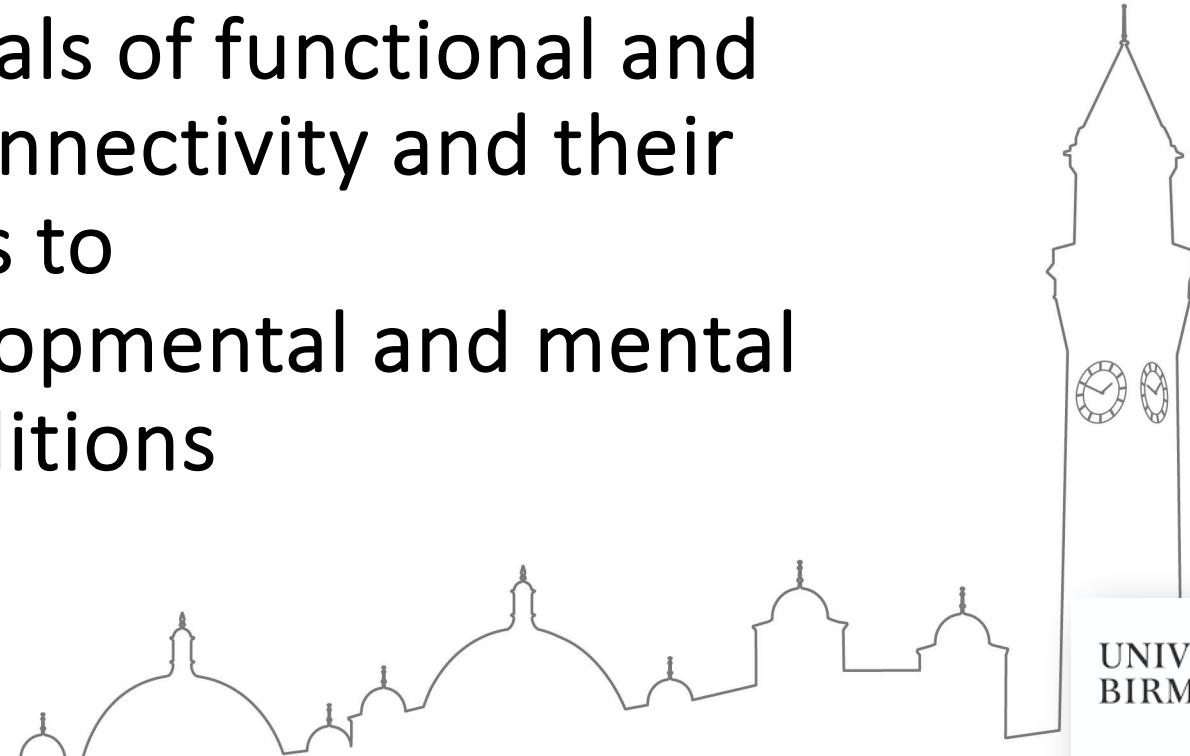
# Fundamentals of functional and effective connectivity and their applications to neurodevelopmental and mental health conditions

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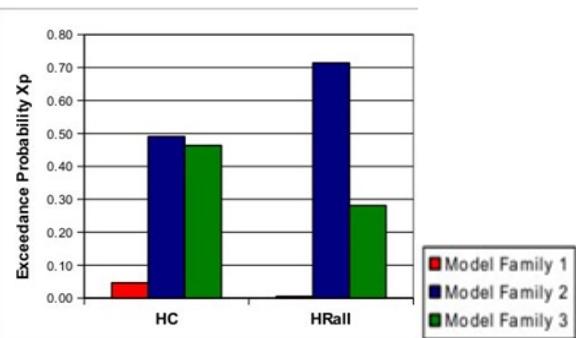
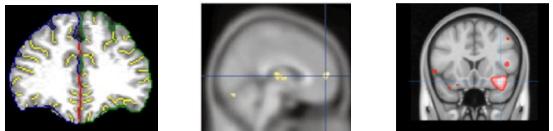


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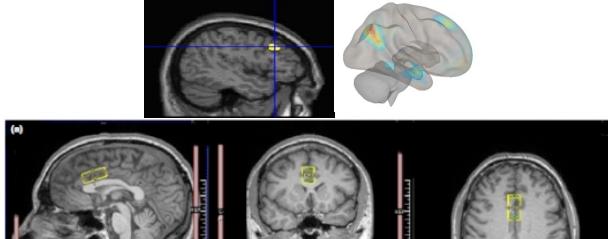
# Research themes in schizophrenia

## NEUROBIOLOGY - CONNECTIVITY



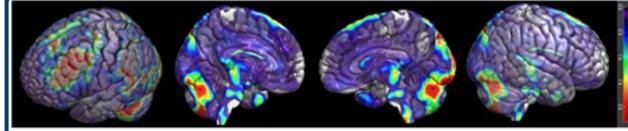
Dauvermann et al. 2012  
Dauvermann et al. 2013

## NEUROBIOLOGY – GLUTAMATE

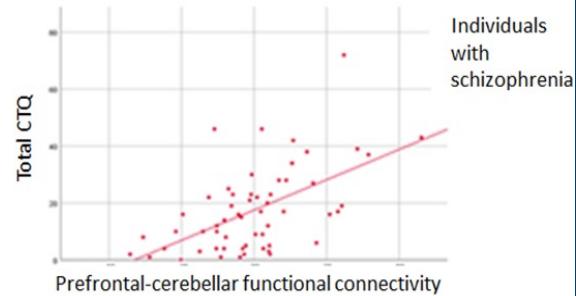


Dauvermann et al. 2014; 2017a; 2017b  
Corcoran, ..., Dauvermann, 2020

## NEUROBIOLOGY - ACUTE/CHRONIC STRESS



Right lateral parietal lobe seed



Dauvermann et al. 2021

# Outline

Relevance of cognitive function and functional large-scale networks

Theoretical basis of functional connectivity

Theoretical basis of effective connectivity

Advantages and disadvantages of both approaches

Discussion

Summary

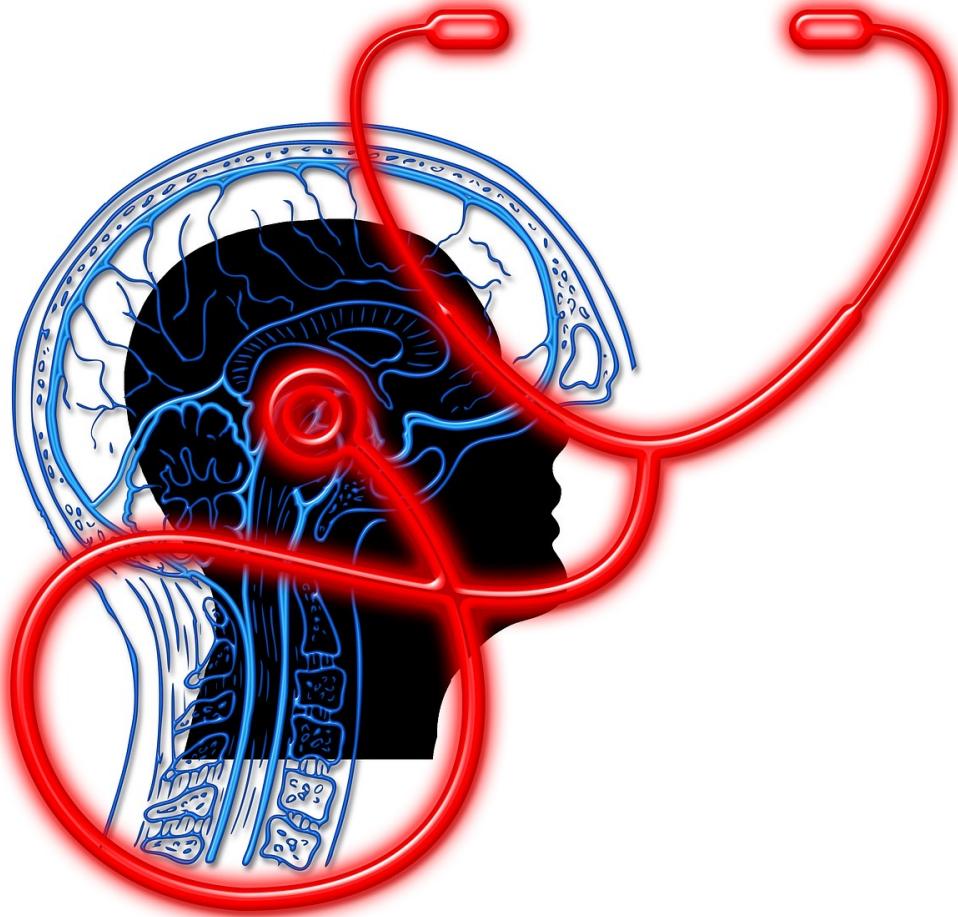
# Learning objectives

By the end of this lecture, you will be able to:

Understand the difference between functional and effective connectivity

Consider the advantages and disadvantages of functional and effective connectivity approaches

Critically appraise the potentials and limits of both approaches



- Is cognition important?
- Should we be worried if our cognitive performance is limited?
- Should we be worried if our cognitive performance is limited when we have a clinical diagnosis?

# Relevance of cognitive function and functional large-scale networks in mental health conditions

- Psychosis
- Autism spectrum disorders

# Psychosis - Background

- **Prevalence and diagnosis**
  - Approximately 0.5 - 1% or approximately 24 million people worldwide
  - Neurodevelopmental and neurobiological disorder
    - Onset typically during late adolescence or early adulthood
    - Onset tends to happen earlier among men than women

# Psychosis - Background

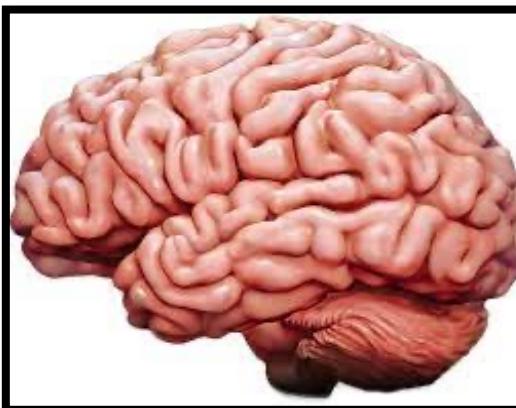
- **Symptoms**
  - Positive symptoms (i.e., hallucination, delusions)
  - Negative symptoms (i.e., alogia)
  - Cognitive deficits (i.e., verbal memory, working memory, emotion recognition)
  - Some individuals are at ultra-high risk and about 22% of UHR individuals will transition to a psychotic disorder.
  - Already prior to diagnosis, cognitive deficits can occur, which are also prevalent with illness progression and are associated social disability.

# Characteristics of cognitive function/deficits between individuals in schizophrenia and autism spectrum disorders

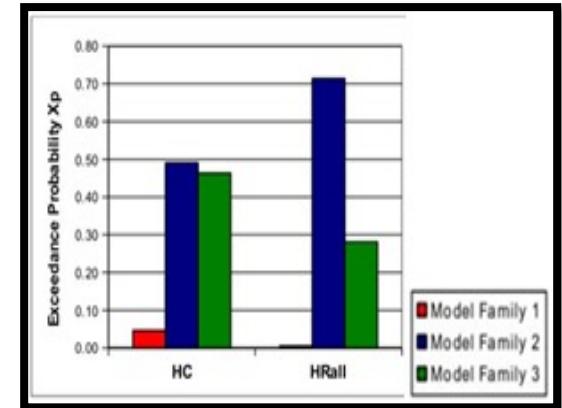
Clinical and cognitive symptoms



Neurobiological markers



Functional networks



- Clinical symptoms
- Cognitive deficits

- Lower surface area
- Lower cortical thickness
- Smaller volumes

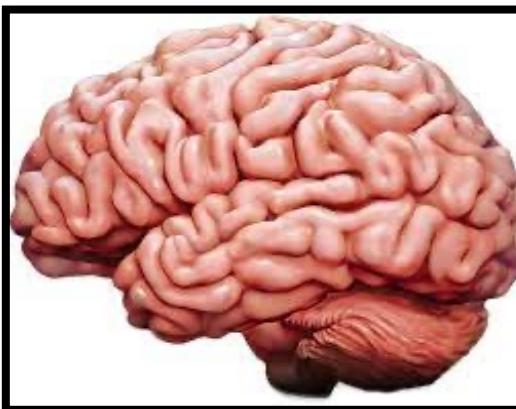
- Altered functional and effective connectivity

# Characteristics of cognitive function/deficits between individuals in schizophrenia and autism spectrum disorders

Clinical and cognitive symptoms



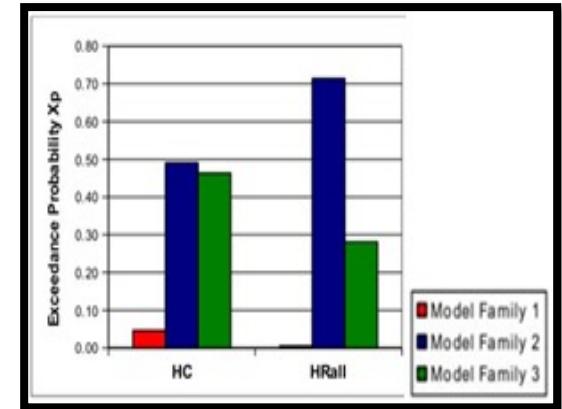
Neurobiological markers



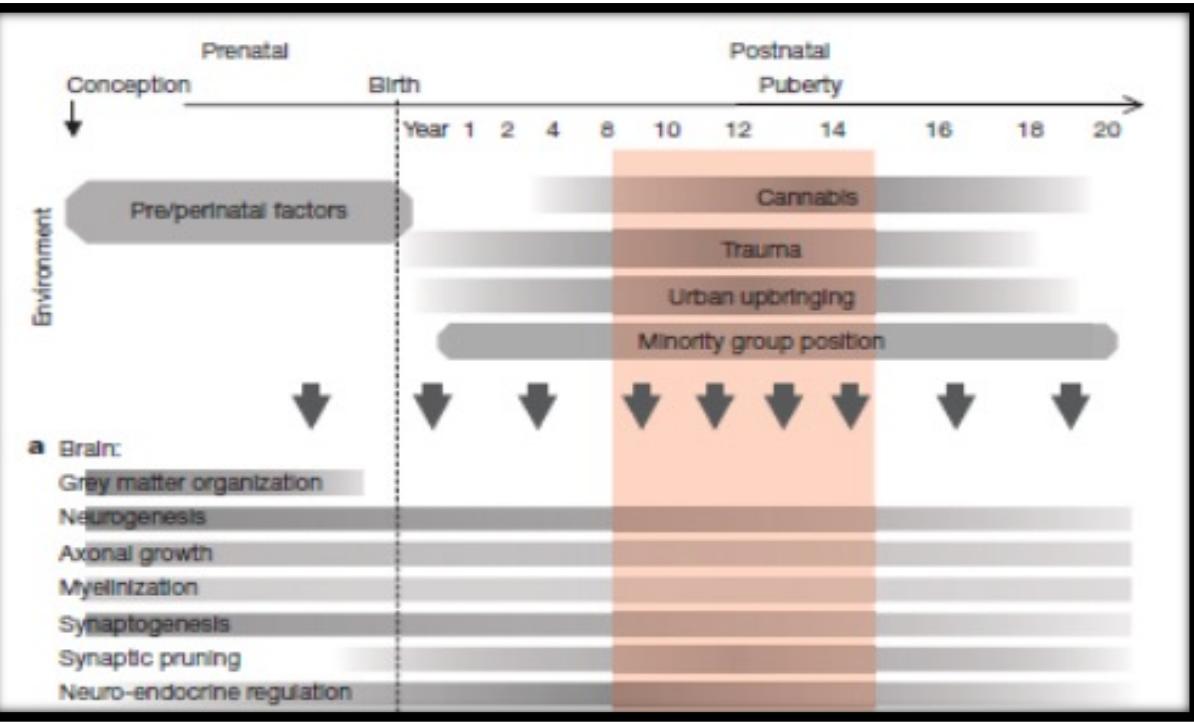
- Clinical symptoms
- Cognitive deficits

- **Lower** surface area
- **Lower** cortical thickness
- **Smaller** volumes

Functional networks



- **Altered** functional and effective connectivity



# Environmental and biological risk factors in psychosis

Approximate timing of the development of the human brain, functional abilities, and impact of environmental exposures

# Impacting on psychological and cognitive factors



Approximate timing of the development of the human brain, functional abilities, and impact of environmental exposures

# Autism spectrum disorders (ASD) - Background

- **Prevalence**

- Approximately 1% or more than 5.5 million individuals in the EU
- Occurs across all populations
- Gender ratio: 4:1 – male to female

- **Diagnosis**

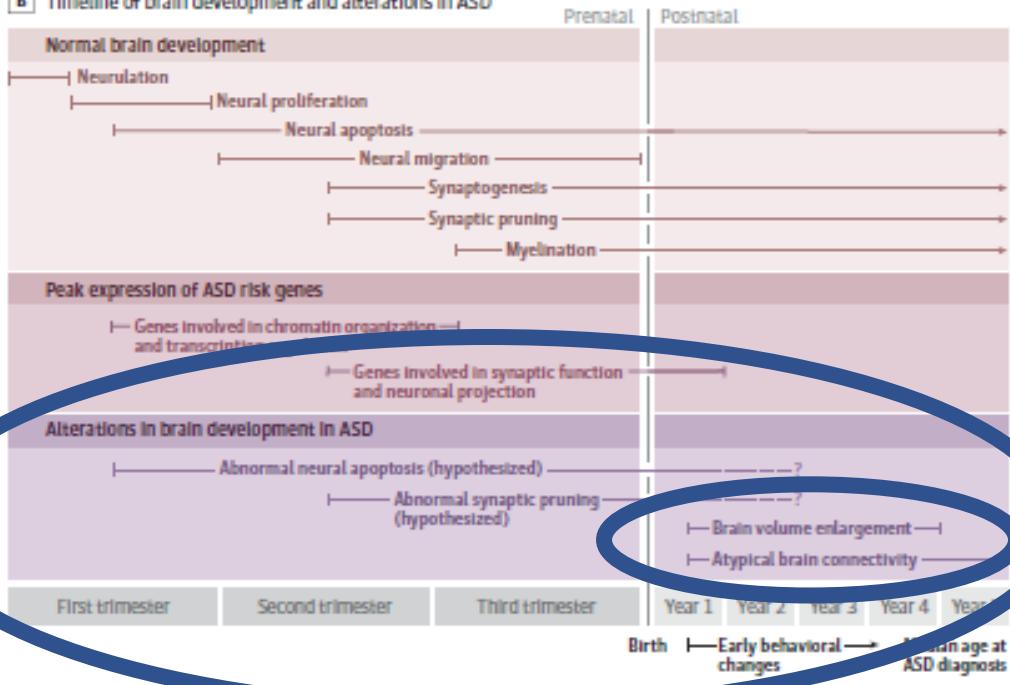
- Neurodevelopmental diagnosis
  - Diagnosis at the age of two or three years of age -> adulthood
  - Symptoms linked to abnormalities during brain development
  - Expression of symptoms varies with age and developmental level of person
- Neurobiological disorder

# Neuro-development

## A Risk factors associated with autism spectrum disorder (ASD)

Advanced parental age	Maternal obesity and diabetes	Premature birth
Short-interval pregnancy (<12 months apart)	Prenatal exposure to certain medications (anticonvulsants; $\beta$ 2-adrenergic receptor agonists)	Birth complications (hypoxia; trauma)
Mutations in ASD risk genes (see Figure 1)		

## B Timeline of brain development and alterations in ASD



Development of neurological and neurobiological pathways underlying typical functioning of motor, cognitive and social abilities

Deviations from typical development

may lead to:

- Structural and functional brain alterations
- Behavioural changes

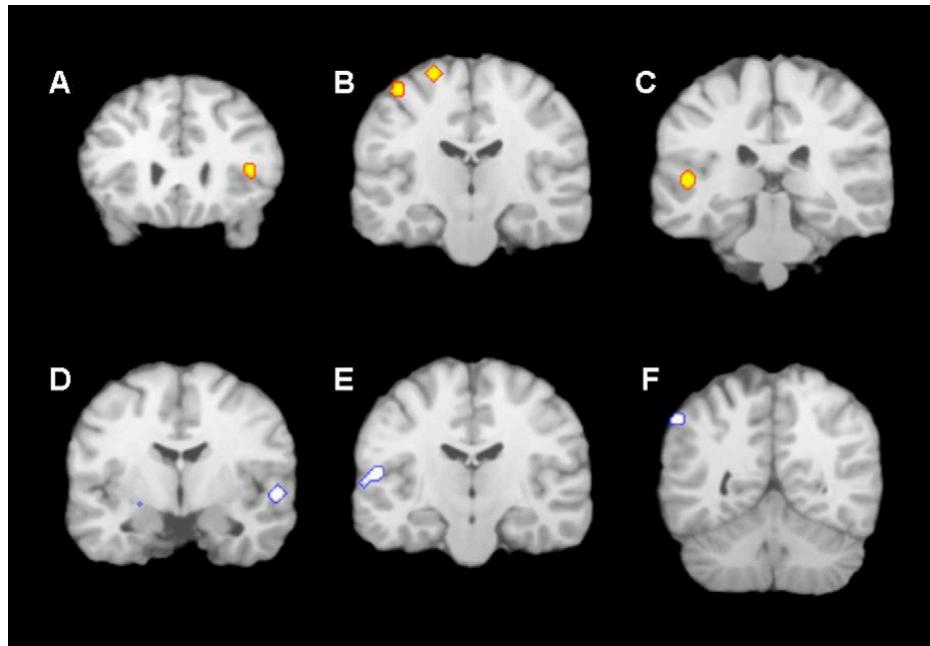


Neurodevelopmental disorders

# Disrupted functional brain networks

- Disrupted functional networks may underlie clinical symptoms and cognitive impairments in neurodevelopmental disorders, including ASD
- Alterations of brain function and connectivity during social tasks, such as emotion recognition
- General finding across studies: Lack of preference for social stimuli in individuals with ASD

# 'Social brain network'



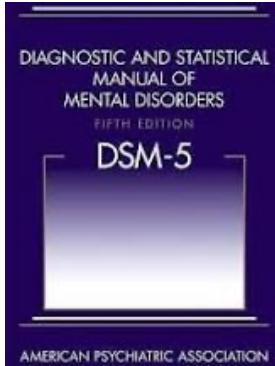
Top. Greater probability of activation (ASD > HC) in right IFG, left pre/post-central gyrus and left STG.

Bottom. Reduced probability of activation (ASD > HC) in right STS, left STG and left IPL.

## Themes across task domains

- Influence of specific task and stimuli demands
- Lack of modulation in response to task/stimuli demands
- Age- and gender related changes

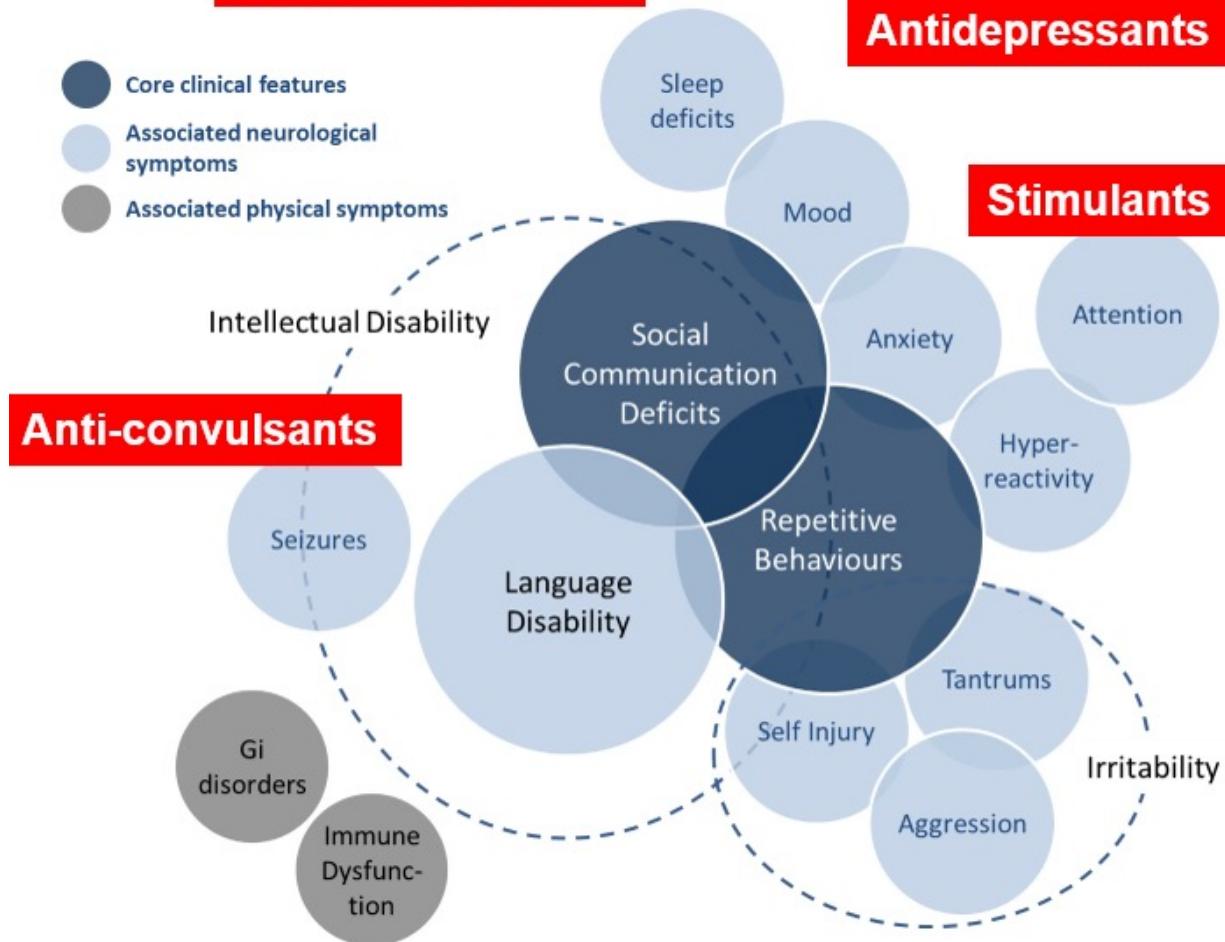
# Diagnostic and Statistical Manual of Mental Disorders (DSM-5)



RRBIs -  
Restricted and  
repetitive  
behavioural  
interests

	DSM-IV	DSM-5
	<u>Three areas of impairment:</u> 1. Social interaction 2. Communication 3. RRBIs	<u>Reduced to two main areas:</u> 1. Social comm. & interaction 2. RRBIs
	Sensory behaviours not included	Sensory behaviours included
	Symptoms begin prior to 3 years of age	Symptoms begin in early childhood BUT symptoms may not manifest until social demands exceed capacity
	No indication of severity as part of diagnosis	'Dimensional Levels of Severity' (level of support required)
	No inclusion of 'specifiers'	Inclusion of 'specifiers' e.g. with/without intellectual impairment

## Sleep-medication

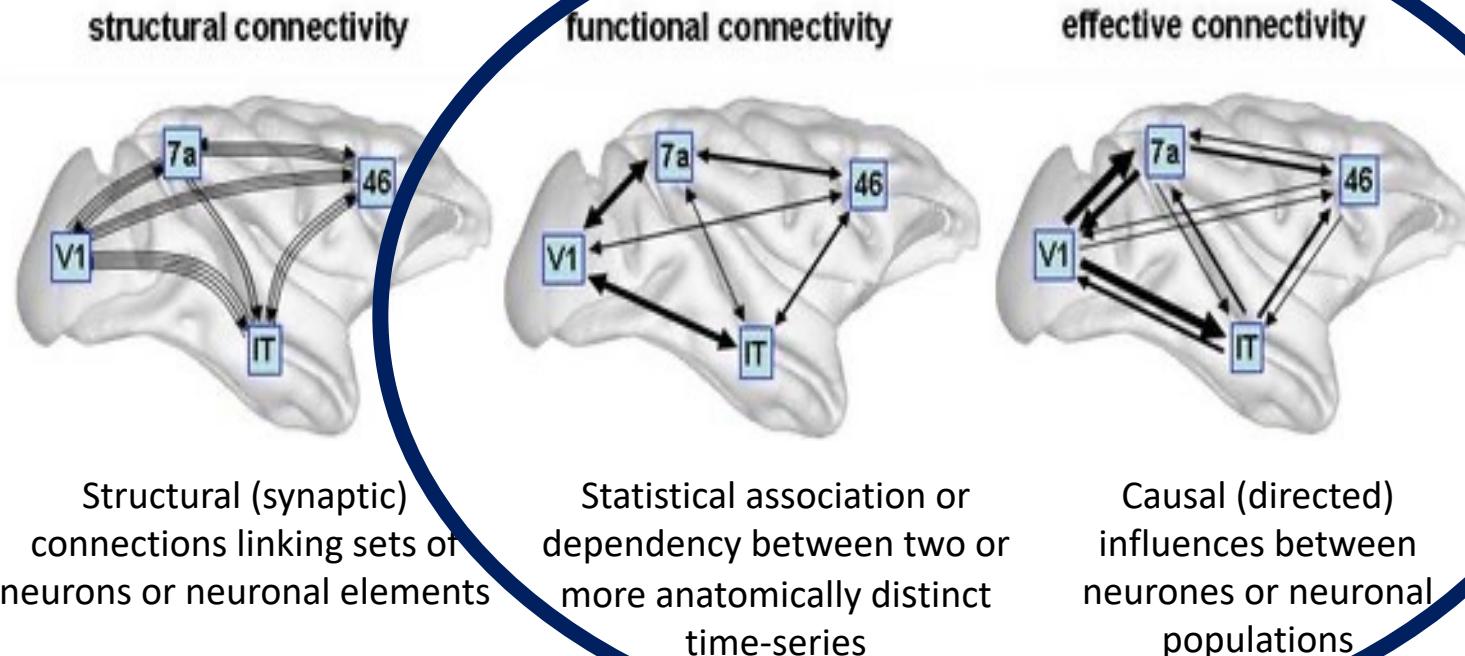


# Theoretical basis of functional connectivity

## - Examples for application

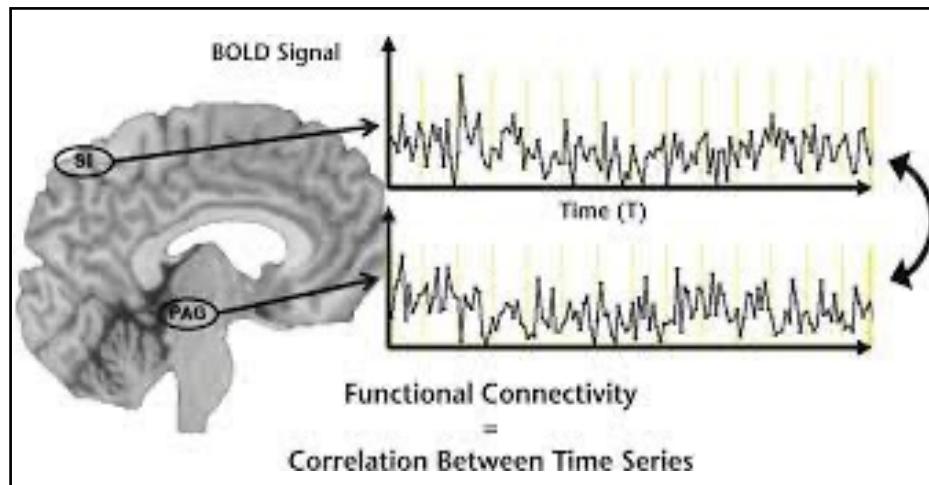
- fMRI, EEG, MEG
- Psychosis
- Autism spectrum disorders

# Functional neuroimaging with computational modelling



# Functional connectivity

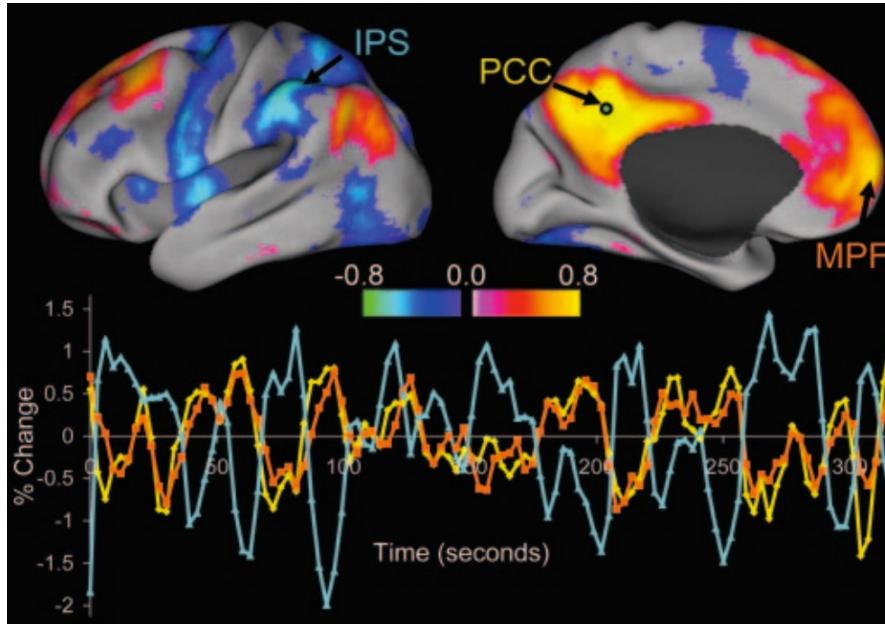
Definition: Statistical associations or dependencies between regional time series



Extraction of reference of time series

Voxel-wise correlation with time series from other voxels in the brain

# Functional connectivity

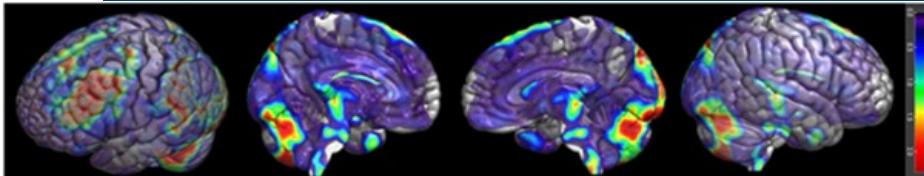


- Occurs during task and at rest
- Resting-state networks
  - Correlation between spontaneous BOLD signals of brain regions known to be functionally and/or structurally related
- Default mode network (DMN)
  - Decreased activity during cognitive tasks
  - Inversely related to regions activated by cognitive tasks
- Task-positive and task-negative networks

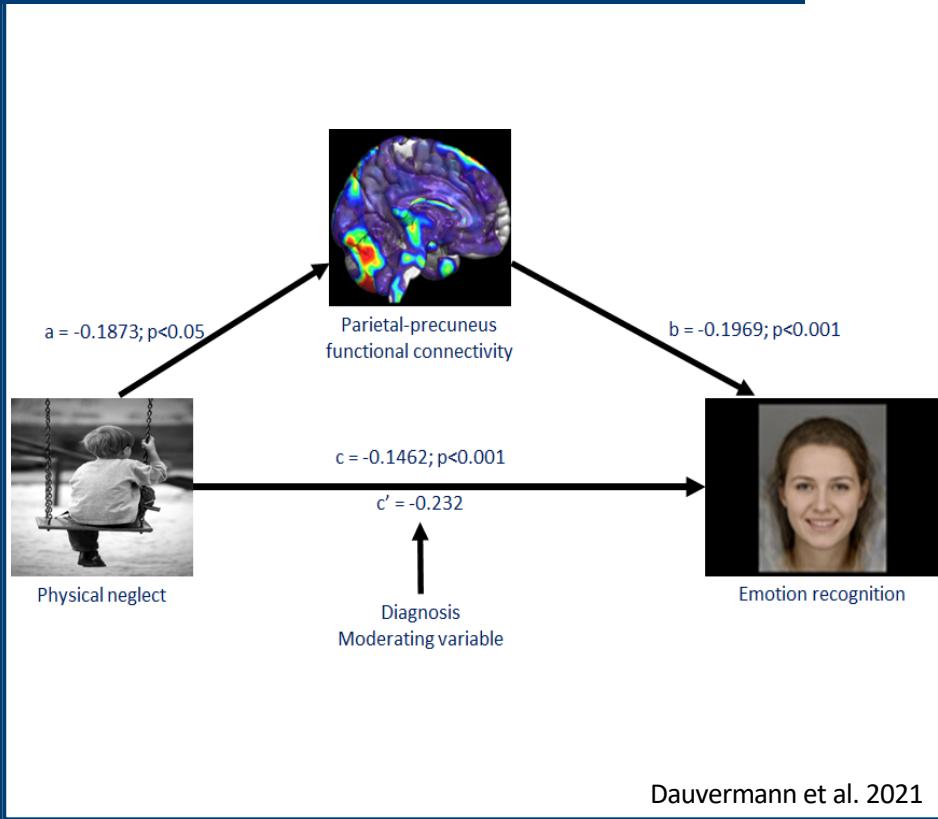
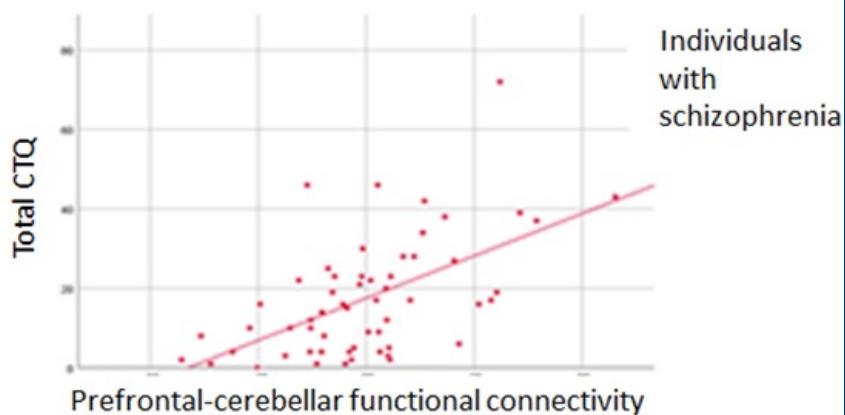
# Functional connectivity approaches

- Model-dependent method - *A priori* or hypothesis-driven from previous literature
- Model-free method – Data-driven method
  - Seed-based functional connectivity analysis
  - Coherence analysis (EEG)
  - Eigen-composition (i.e., Principal Component Analysis)
  - Independent Component Analysis

## CHILDHOOD ADVERSITY AND RESTING-STATE FUNCTIONAL CONNECTIVITY



Right lateral parietal lobe seed



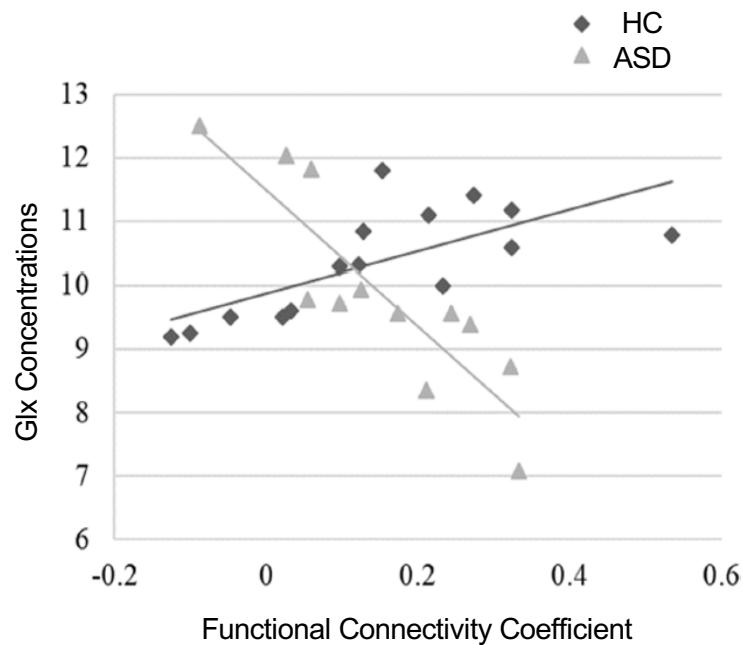
# Combination of functional connectivity with glutamate levels

- It is not known of how altered glutamatergic systems may disrupt functional connectivity during resting-state fMRI in individuals with ASD

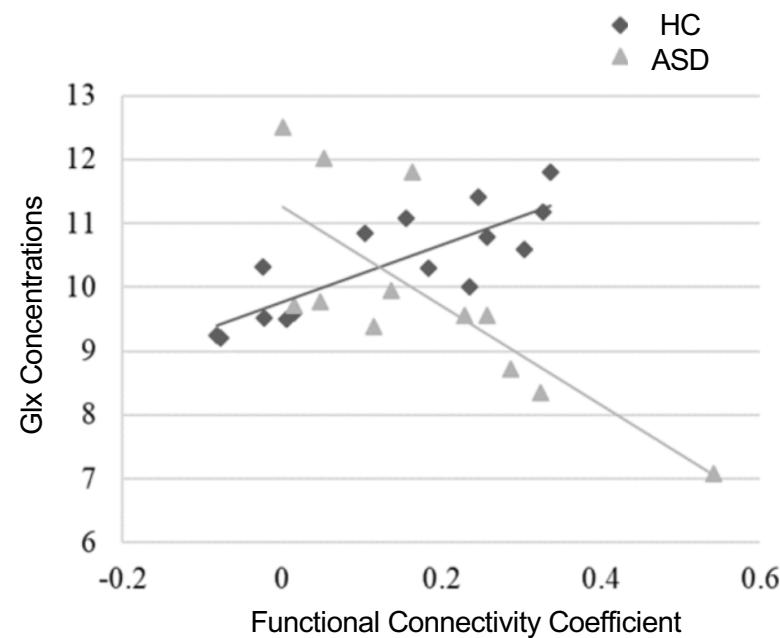


- Integration of studying glutamatergic dysregulation via the utilization of Proton Magnetic Resonance Spectroscopy (<sup>1</sup>H-MRS) and functional connectivity of resting-state fMRI data
- Study of the excitatory-inhibitory imbalance theory non-invasively and *in vivo* in humans

# Glutamate levels and resting-state functional connectivity

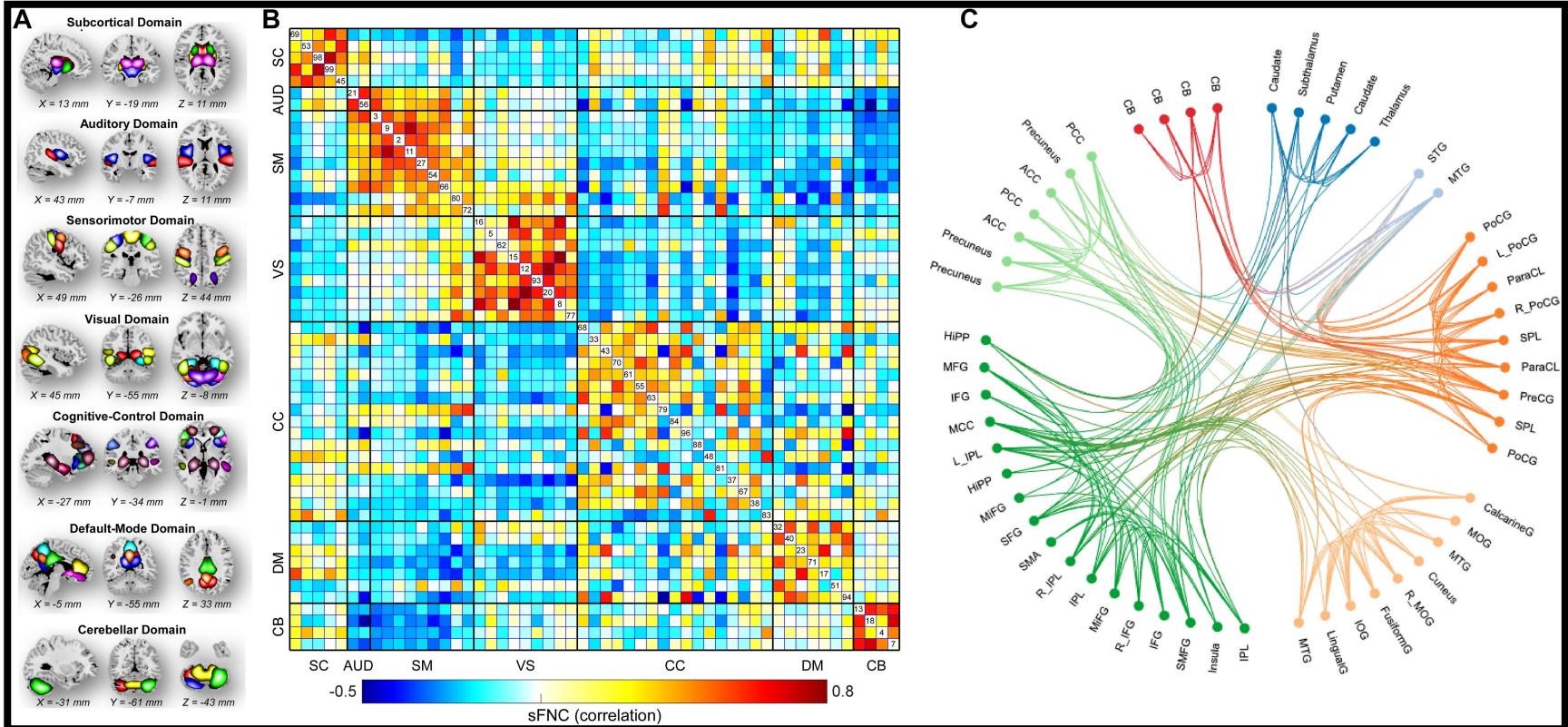


Right dorsal ACC and the right insular cortex ( $x = 34, y = -17, z = 20; k = 271, T = 5.65; Z = 4.43; p < 0.001$ )



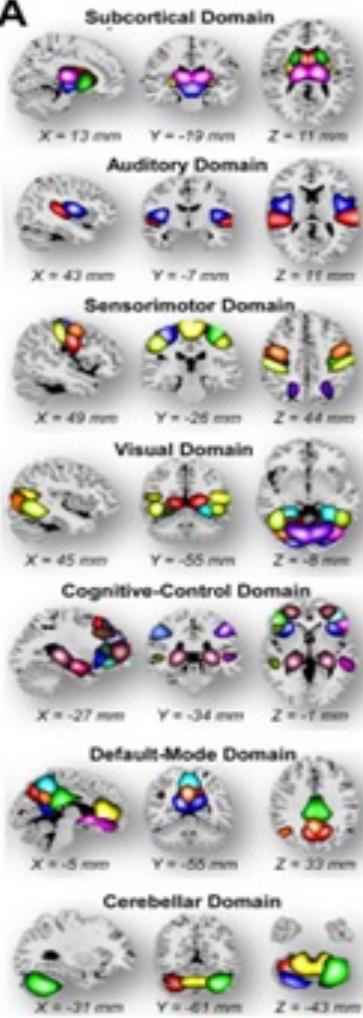
Left dorsal ACC and the right insular cortex ( $x = 28, y = -7, z = 20; k = 2420, t = 6.31; Z = 4.76; p < 0.001$ )

# Functional connectivity (spatial maps) - EEG



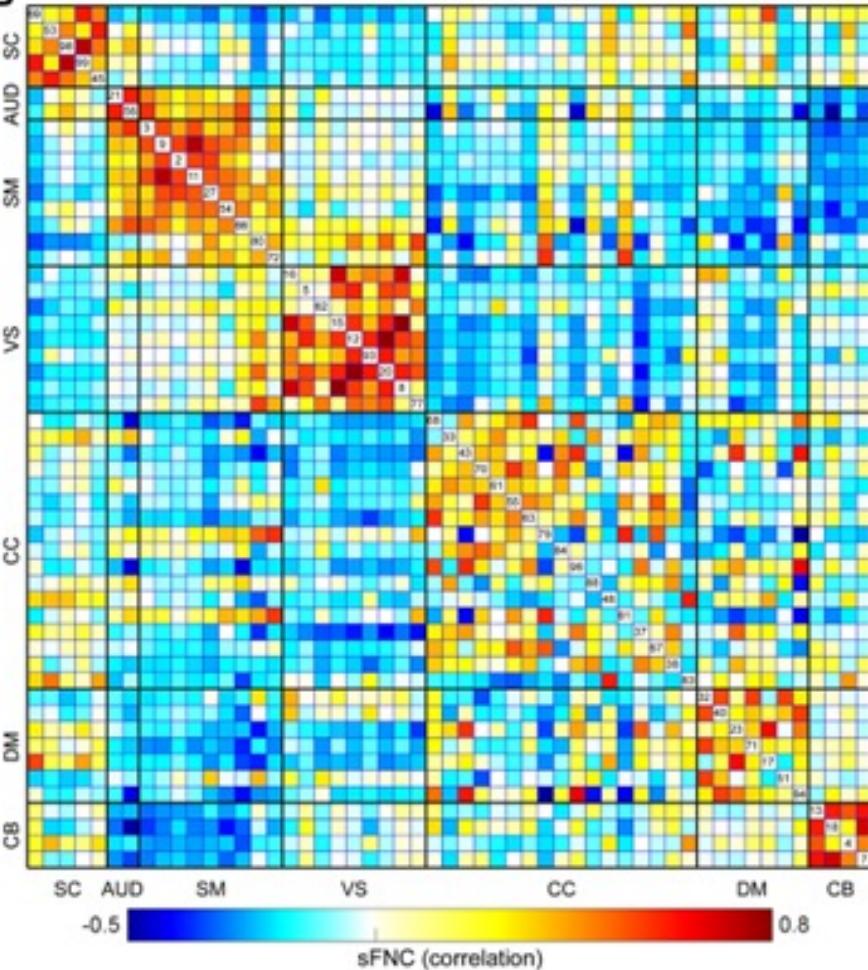
Whole-Brain Functional Network Connectivity Abnormalities in Affective and Non-Affective Early Phase Psychosis

Fu et al. 2021

**A**

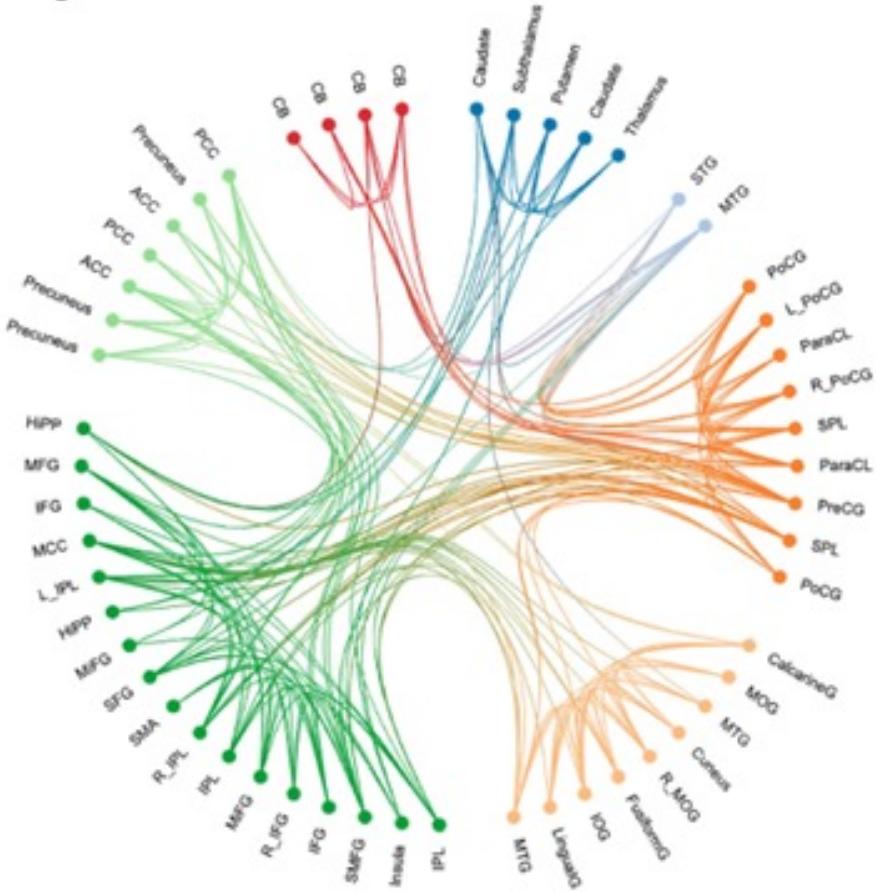
## Spatial maps of the identified intrinsic connectivity networks and spatial functional network connectivity

53 ICNs were identified and sorted into seven resting-state functional domains. Each colour represents a single intrinsic connectivity network

**B**

Spatial maps of the identified intrinsic connectivity networks and spatial functional network connectivity

Averaged spatial functional network connectivity matrix across participants.

**C**

Spatial maps of the identified intrinsic connectivity networks and spatial functional network connectivity

The functional connectivity profile of the averaged spatial functional network connectivity matrix.

# Altered neural oscillations and synchrony in schizophrenia - MEG

Uhlhaas and Singer, 2010

Table 1 | Neural oscillations in cortical networks

Frequency band	Anatomy	Function
Theta (4–7 Hz)	Hippocampus <sup>134</sup> , sensory cortex <sup>140</sup> and prefrontal cortex <sup>141</sup>	Memory <sup>142,143</sup> , synaptic plasticity <sup>16</sup> , top-down control <sup>9</sup> and long-range synchronization <sup>9</sup>
Alpha (8–12 Hz)	Thalamus <sup>144</sup> , hippocampus <sup>145</sup> , reticular formation <sup>145</sup> , sensory cortex <sup>145</sup> and motor cortex <sup>147</sup>	Inhibition <sup>148</sup> , attention <sup>149</sup> , consciousness <sup>150</sup> , top-down control <sup>9</sup> and long-range synchronization <sup>151</sup>
Beta (13–30 Hz)	All cortical structures, subthalamic nucleus <sup>152</sup> , basal ganglia <sup>152</sup> and olfactory bulb <sup>153</sup>	Sensory gating <sup>154</sup> , attention <sup>155</sup> , motor control <sup>156</sup> and long-range synchronization <sup>157</sup>
Gamma (30–200 Hz)	All brain structures, retina <sup>158</sup> and olfactory bulb <sup>159</sup>	Perception <sup>7</sup> , attention <sup>160</sup> , memory <sup>161</sup> , consciousness <sup>162</sup> and synaptic plasticity <sup>16</sup>

- Neural oscillations and their synchronisation may be core pathophysiological mechanisms in schizophrenia

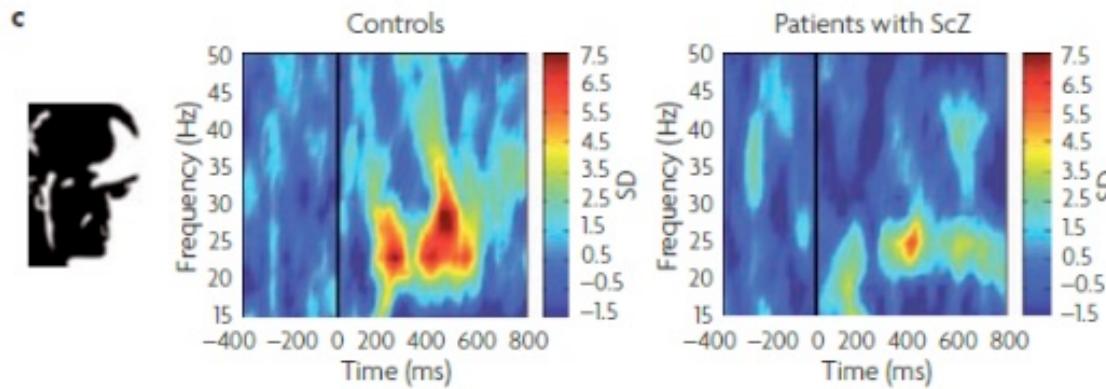
# Altered neural oscillations and synchrony in schizophrenia - MEG

Uhlhaas and Singer, 2010

Beta (13–30 Hz)	All cortical structures, subthalamic nucleus <sup>152</sup> , basal ganglia <sup>153</sup> and olfactory bulb <sup>155</sup>	Sensory gating <sup>154</sup> , attention <sup>155</sup> , motor control <sup>156</sup> and long-range synchronization <sup>157</sup>
Gamma (30–200 Hz)	All brain structures, retina <sup>158</sup> and olfactory bulb <sup>159</sup>	Perception <sup>7</sup> , attention <sup>160</sup> , memory <sup>161</sup> , consciousness <sup>162</sup> and synaptic plasticity <sup>163</sup>

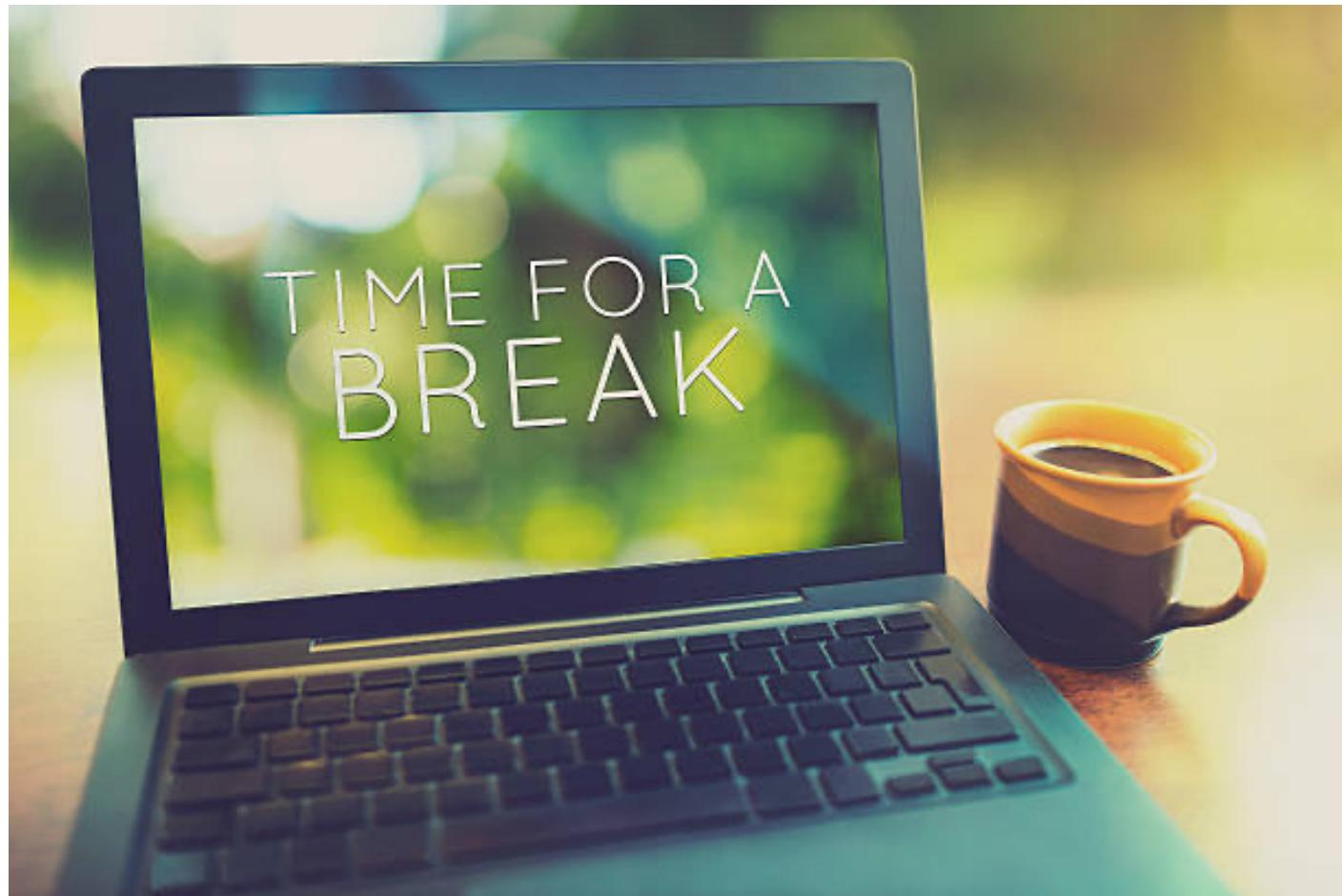
- Associated with deficits in neural oscillations, especially in the beta- and gamma-band frequencies
- Dysfunctions in neural synchrony could result from deficits in GABA ( $\gamma$ -aminobutyric acid)-ergic neurotransmission and the reduced integrity of cortico-cortical connections
- Neural oscillations are involved in the maturation of cortical networks during early and late critical periods

# Altered neural oscillations and synchrony in schizophrenia -MEG



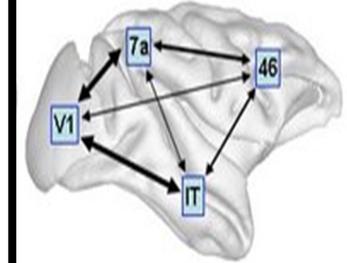
## Dysfunctional phase synchrony during Gestalt perception in schizophrenia

- Mooney faces presented in an upright and inverted orientation
- Participants indicate whether a face was perceived
- Average phase synchrony (indicated by the coloured scale) over time for all electrodes
- In individuals with schizophrenia, phase synchrony between 200-300 ms was significantly reduced relative to controls.



# Functional connectivity

functional connectivity



## Advantages

- No experimental control (i.e., resting-state but also useful for tasks)
- Free from experimental confounds
- Possible to scan participants who would find it difficult to complete a task
- No model of what caused the data (i.e., sleep or hallucinations)

## Disadvantages

- Interpretation of findings is based on correlations; descriptive
- No mechanistic insight
- Typically, dissatisfying for experimental tasks
- Typically, suboptimal for experiments with *a priori* knowledge

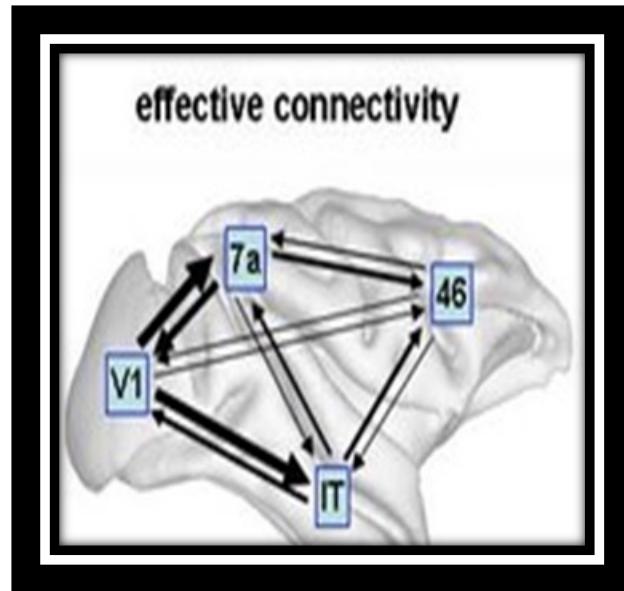
# Theoretical basis of effective connectivity

## - Examples for application

- fMRI, EEG, MEG
- Psychosis

# Effective connectivity

- Definition: Causal (directed) influences between neurons or neuronal populations
- Models of causal interactions among neuronal populations with the aim of indirectly inferring on regional effects of inter-regional connectivity



# Objectives for effective connectivity

## Disadvantages from functional connectivity

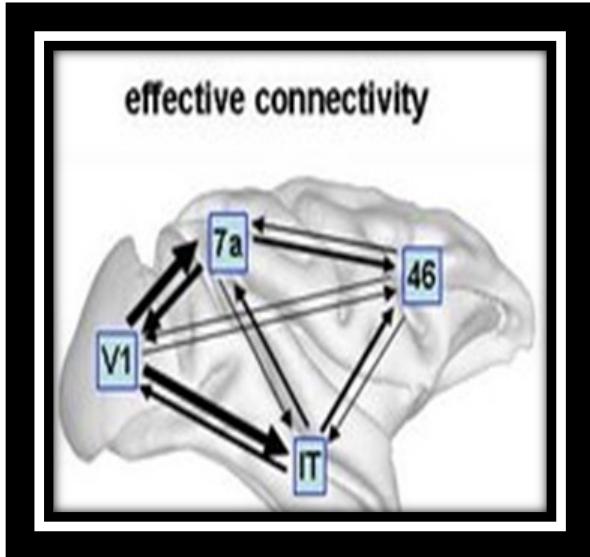
- Interpretation of findings is based on correlations; descriptive
- No mechanistic insight
- Typically, dissatisfying for experimental tasks
- Typically, suboptimal for experiments with *a priori* knowledge



## Advantages to effective connectivity

- To analyse neural function on a network level
- To infer neurobiological mechanisms underlying cognitive function
- To infer causal or mechanistic function
- To infer experimental modulation
- To bridge the gap between rodent work and human work

# Effective connectivity approaches



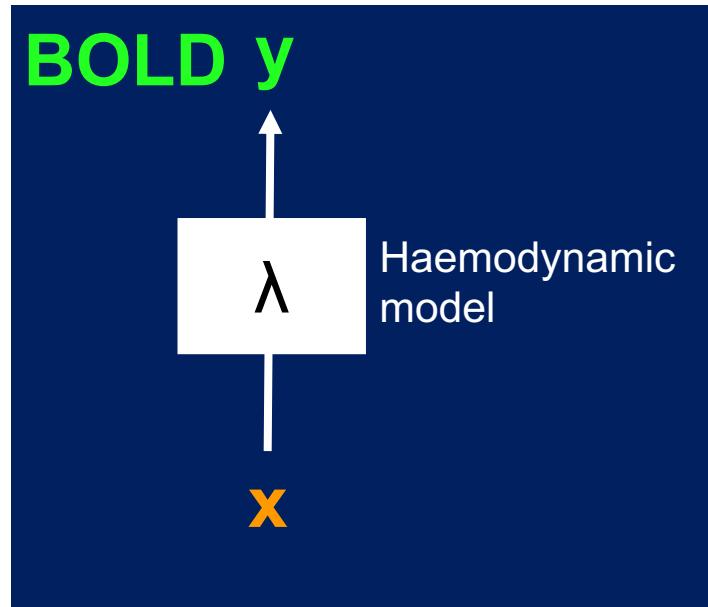
- Structural Equation Modelling
  - (McIntosh et al., 1994; Büchel and Friston, 1997)
- Regression models (Psychophysiological models)
  - (Friston et al., 1997)
- Volterra kernels
  - (Friston et al., 2000) Time series models (Granger causality)
    - (Goebel et al., 2003)
- Dynamic Causal Modelling (DCM)
  - (Friston et al., 2003; Stephan et al., 2008)

# **Dynamic Causal Modelling (DCM)**

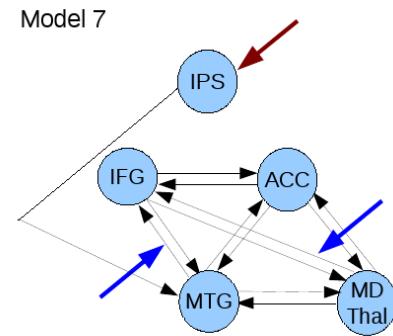
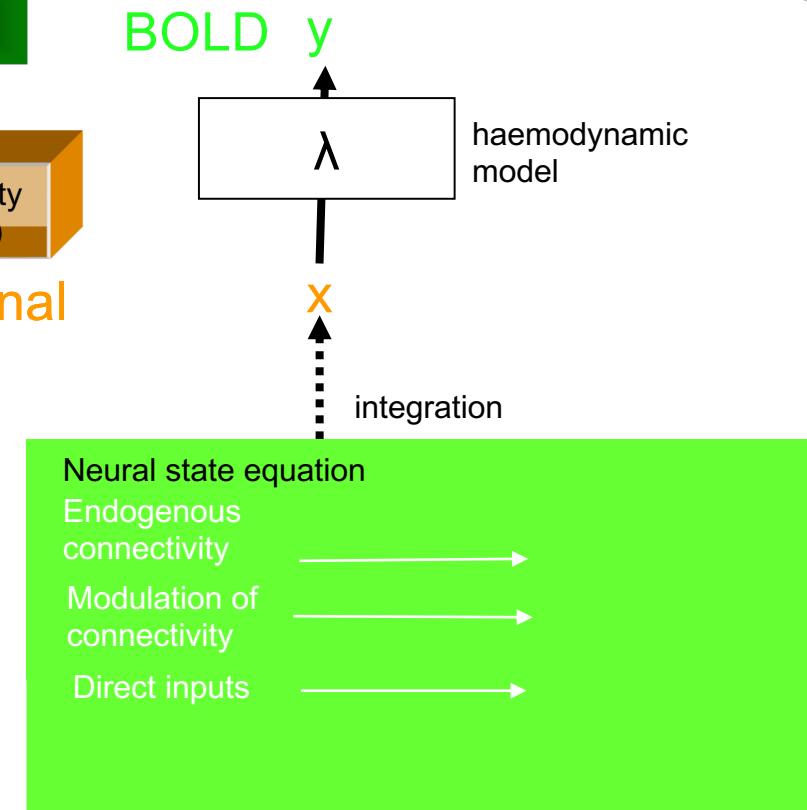
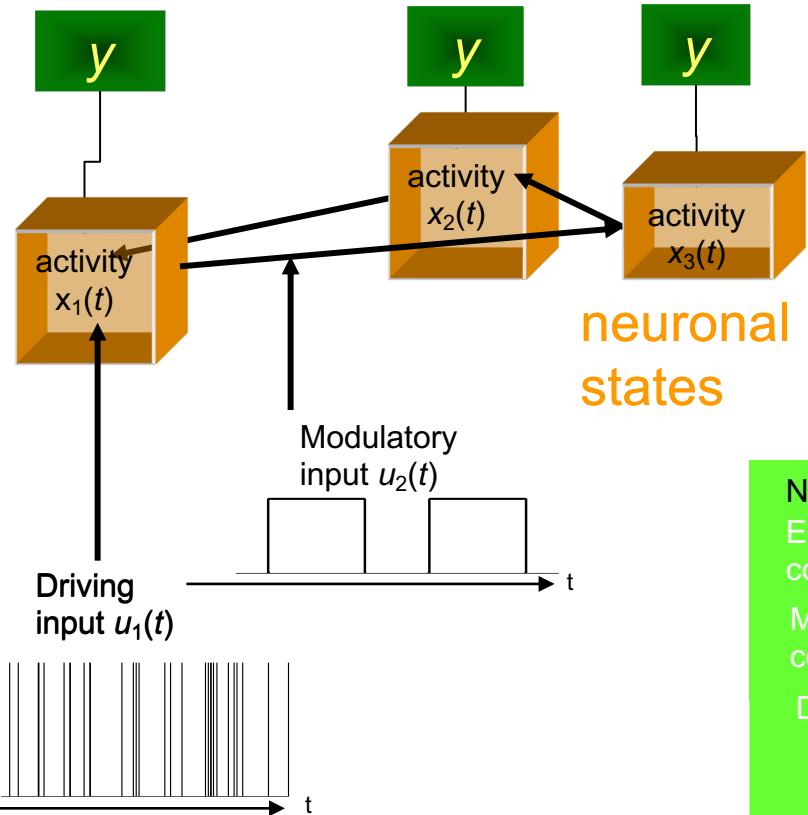
- fMRI, EEG, MEG
- Psychosis

# Basic Idea of DCM

- Cognitive function is measured and modelled at the neural level.
- The modelled neural dynamics ( $x$ ) are transformed into area-specific BOLD signals ( $y$ ) by a haemodynamic forward model ( $\lambda$ ).
- Aim: To estimate the parameters of a neural model, such that the predicted/modelled BOLD responses correspond as closely as possible to the observed/measured BOLD responses



# Activity-dependent changes of neural function



# Edinburgh High Risk Study (EHRS)



- Familial risk of schizophrenia
  - At least two first-degree relatives with schizophrenia
- Healthy controls
  - No family history of schizophrenia or personal history of a serious psychiatric disorder
- Age between 16 and 25 years

HC	Healthy controls
HR	High risk subjects
HR-	High risk subjects without symptoms
HR+	High risk subjects with symptoms
4 ill	Four ill subjects with schizophrenia

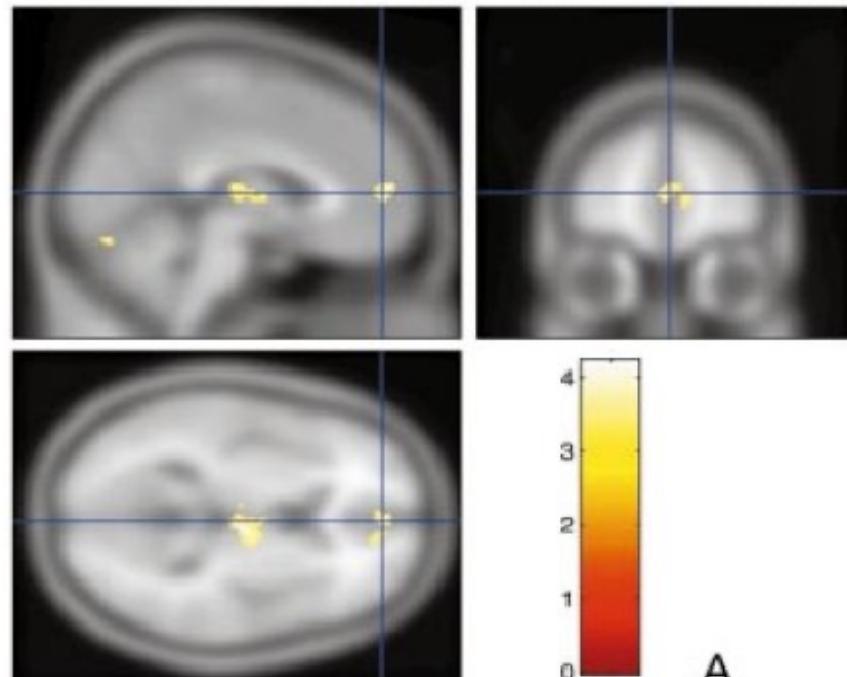
Byrne et al. 1999  
Johnstone et al. 2000

# Verbal fluency task – Hayling Sentence Completion Task

## Examples

'He mailed the letter without a ....'

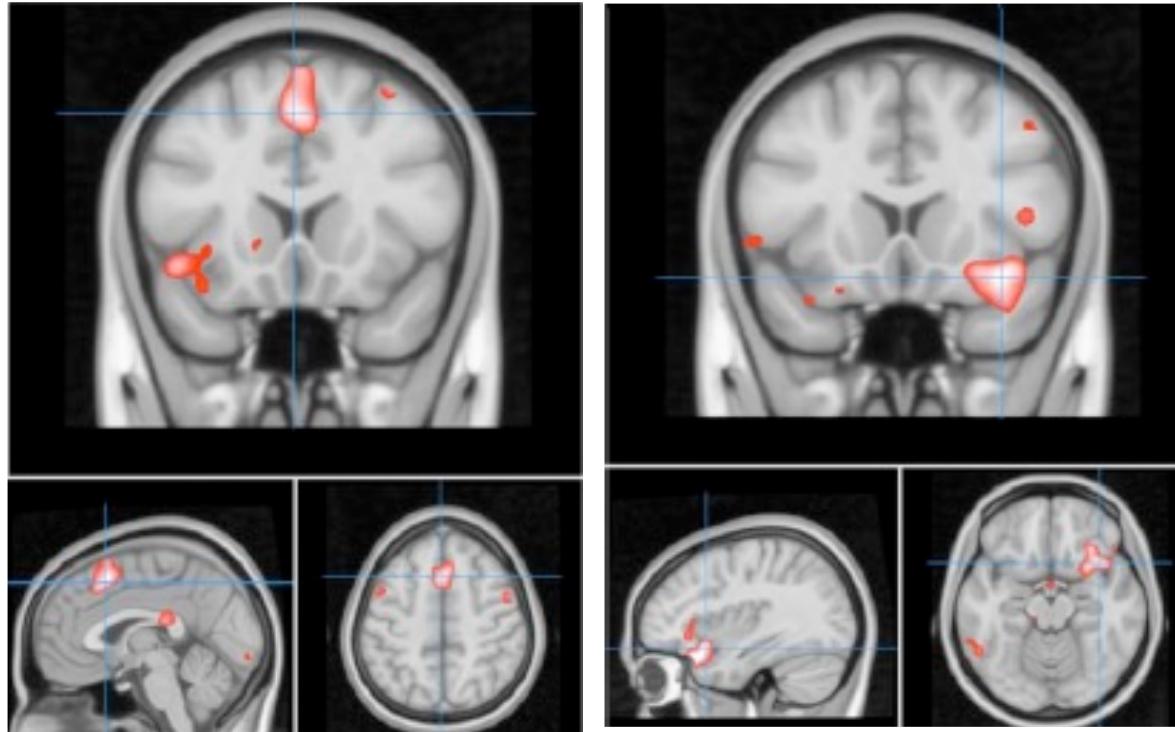
'Rushing out he forgot to take his ....'



Maps thresholded at  $P < 0.001$   
uncorrected voxel level, extent threshold  
100 voxels.

Whalley et al. 2004

# Functional Connectivity



Maps thresholded at  $T \geq 2.5$ ,  $P < 0.05$  corrected for multiple comparison,  
minimum cluster size 50 voxels.

Left:

Reduced lateral-medial prefrontal  
FC in HR in contrast to HC

Right:

Reduced prefrontal-thalamic FC in  
HR in contrast to HC

HC Healthy controls

HR High risk subjects

HR- High risk subjects without  
symptoms

HR+ High risk subjects with symptoms

4 ill Four ill subjects with schizophrenia

Whalley et al. 2005

# Prefrontal Gyrification Index

## Cortical folding

- Developmental process by which outgrowth of the cortex leads to sulcal and gyral patterning

## Gyrification Index

- Measurement of cortical folding
- Ratio of the entire cortical contour of the brain to the superficially exposed contour

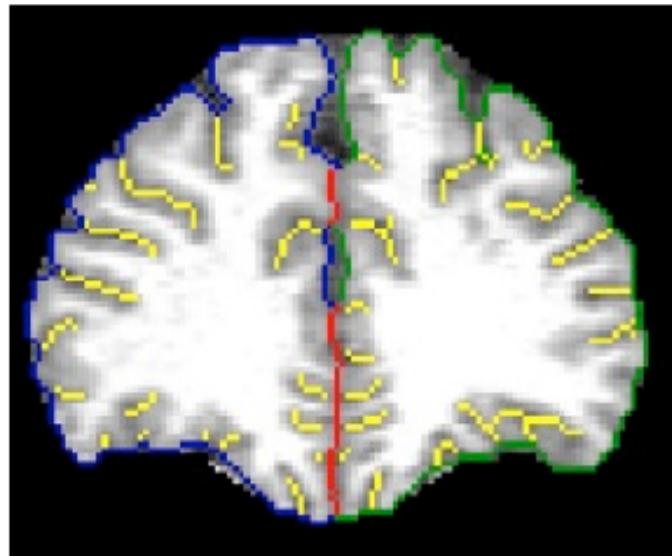
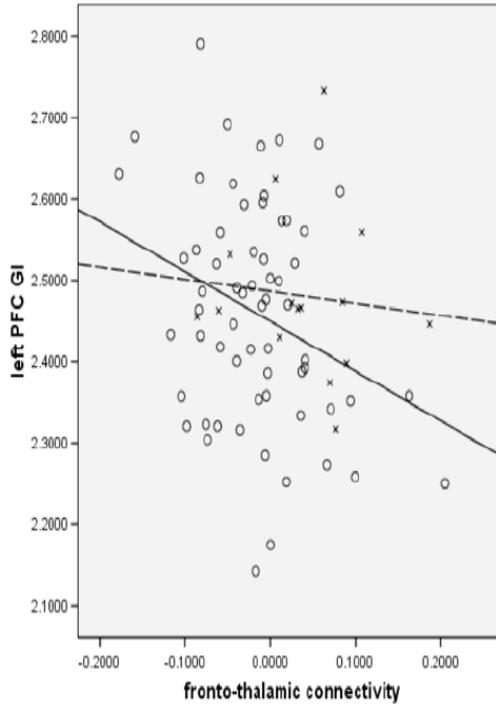
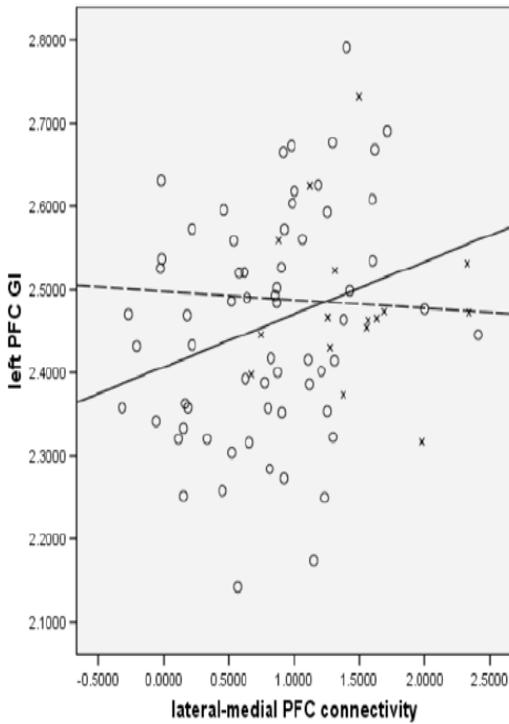


Fig. 3. A-GI total inner contour trace on a coronal slice of a control subject. Colors: blue=exposed inner contour right; green=exposed inner contour left; yellow=buried inners.

# Functional connectivity and Prefrontal Gyrification Index



## Lateral-prefrontal PFC FC and left PFC GI

- HR –  $r= 0.228; p=0.017$
- HC –  $r= -0.21; p=0.403$

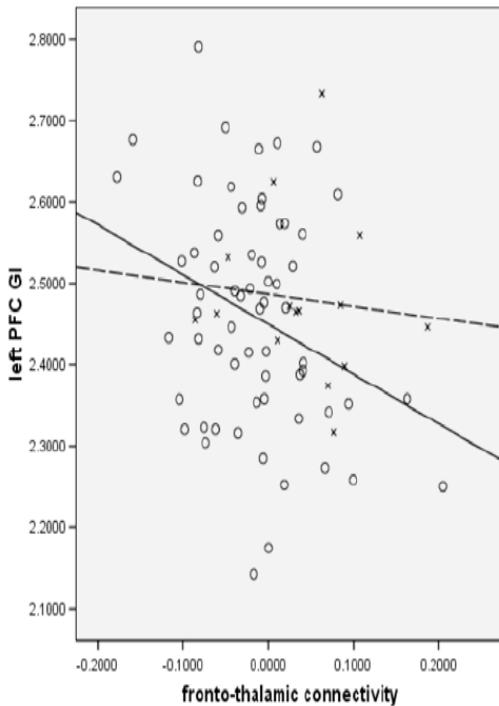
## Fronto-thalamic FC and left PFC GI

- HR –  $r= -0.293; p=0.016$
- HC –  $r= -0.023; p=0.9$

Whalley et al. 2005

Dauvermann et al. 2012

# Functional connectivity and Prefrontal Gyrification Index



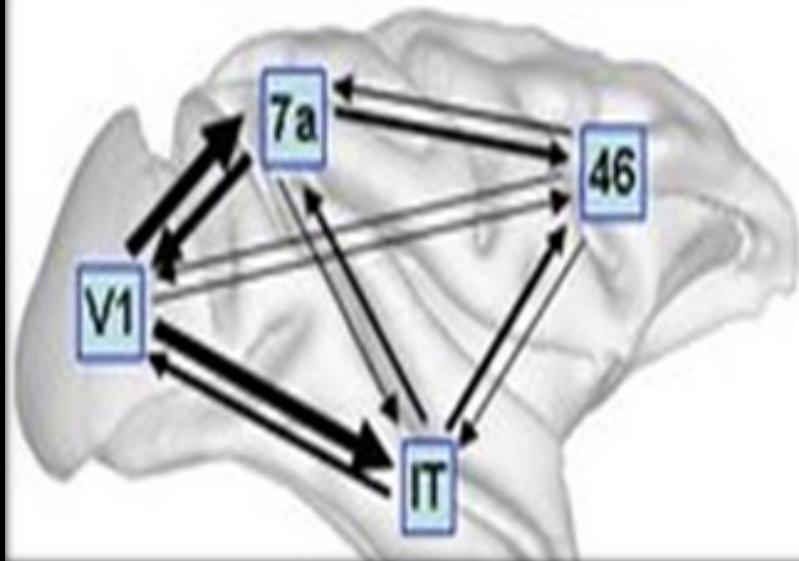
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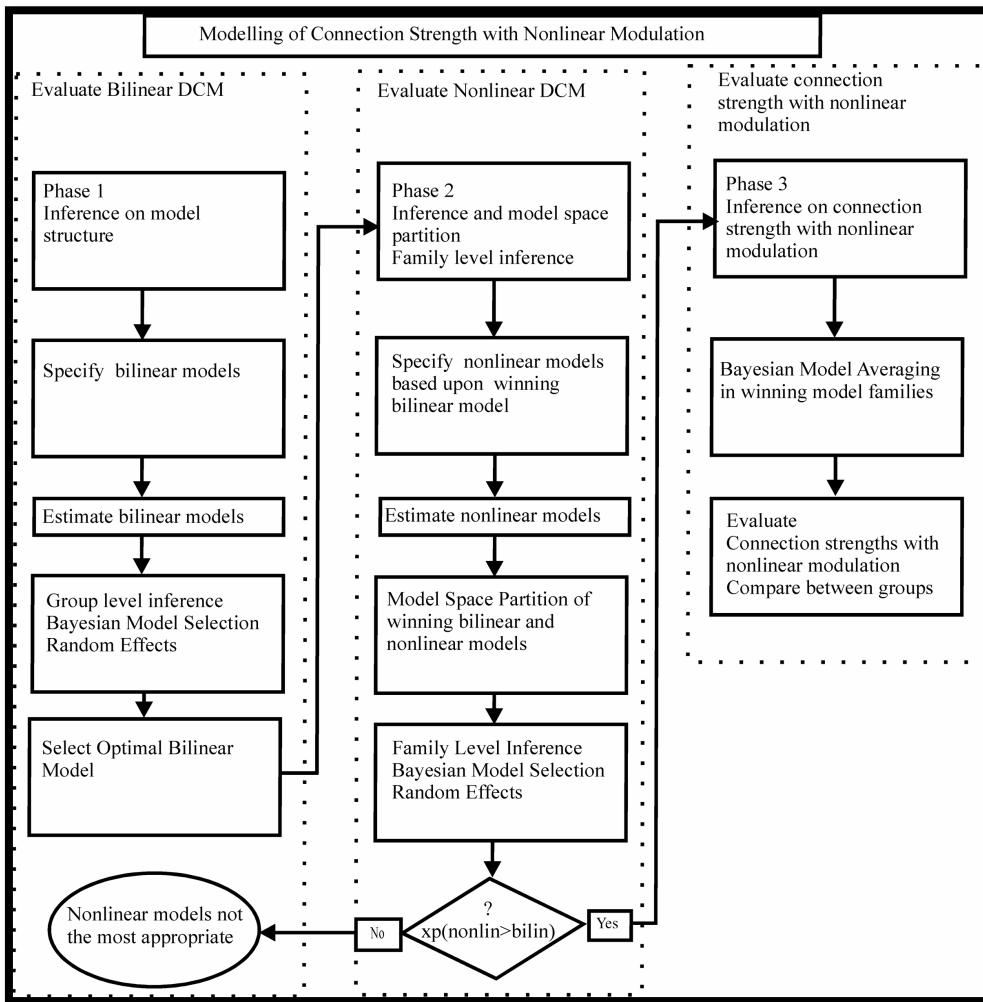
Whalley et al. 2005

Dauvermann et al. 2012

## effective connectivity



Bayesian estimations of how the rate of change of neuronal activity in one region influences neuronal activity in other regions

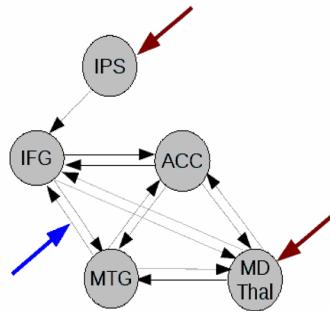


— Endogenous connection  
 — Modulatory input  
 — Driving input

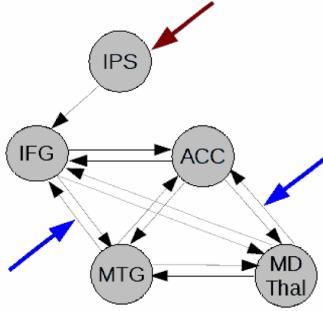
# Linear Models

IPS Intra-parietal sulcus  
 IFG Inferior frontal gyrus  
 ACC Anterior cingulate cortex  
 MTG Middle temporal gyrus  
 MD Mediodorsal thalamus

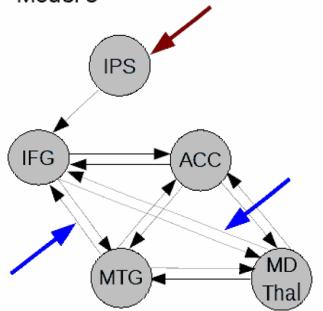
Model 1



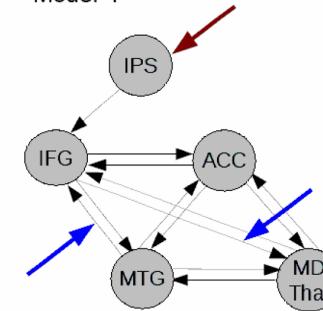
Model 2



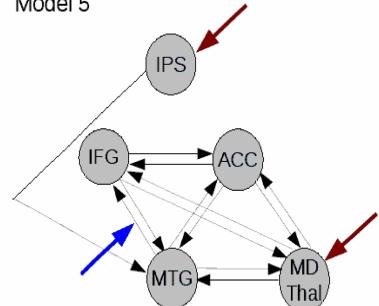
Model 3



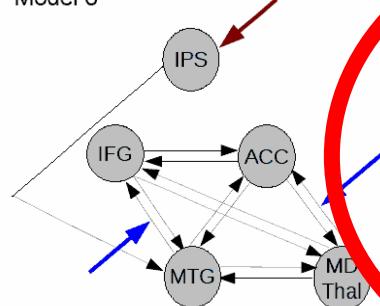
Model 4



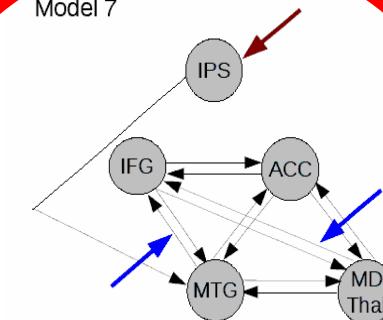
Model 5



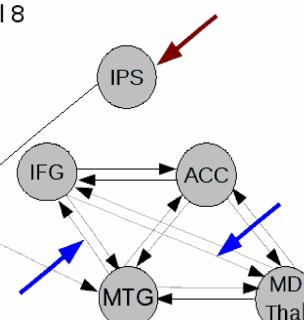
Model 6



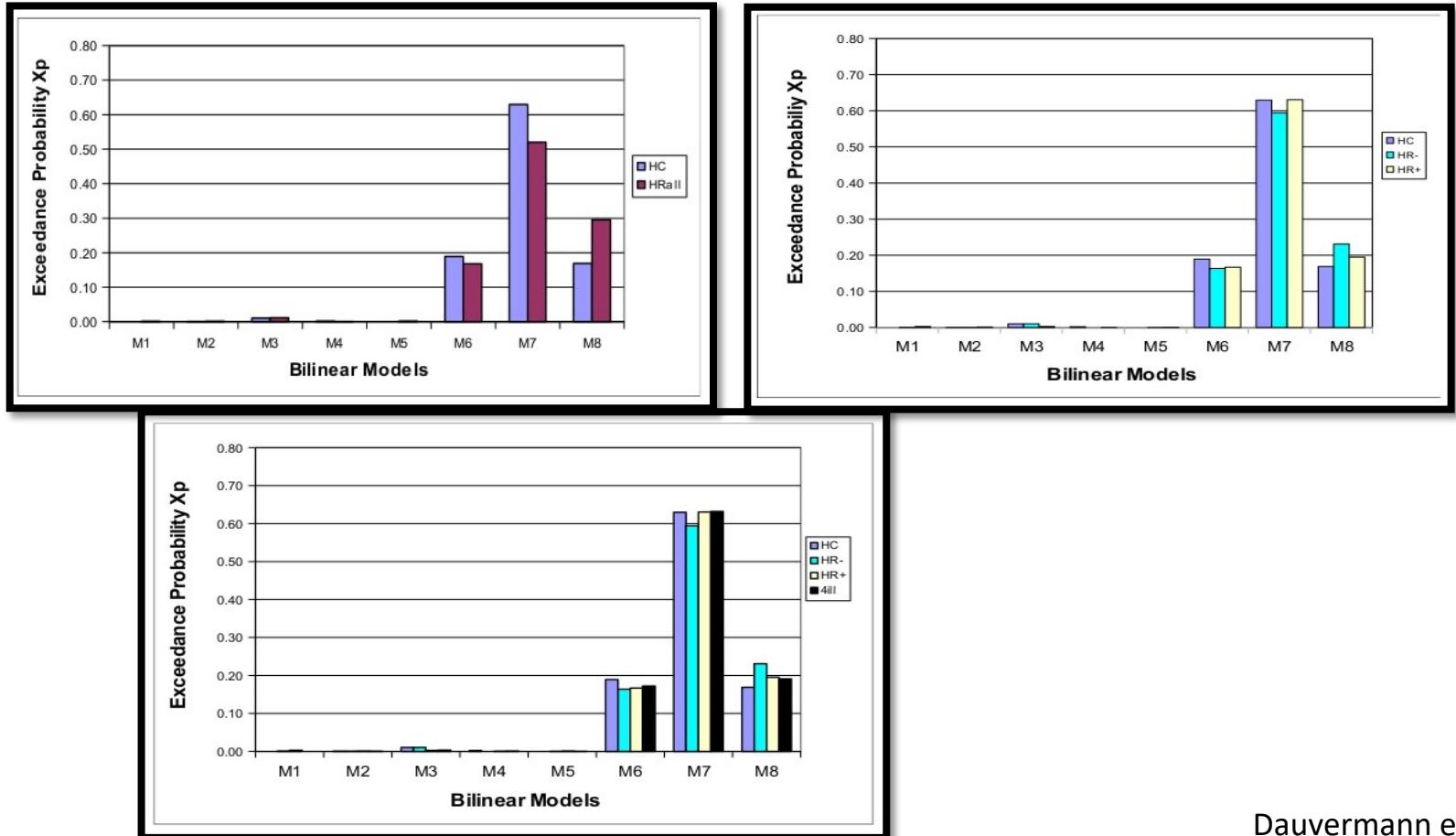
Model 7



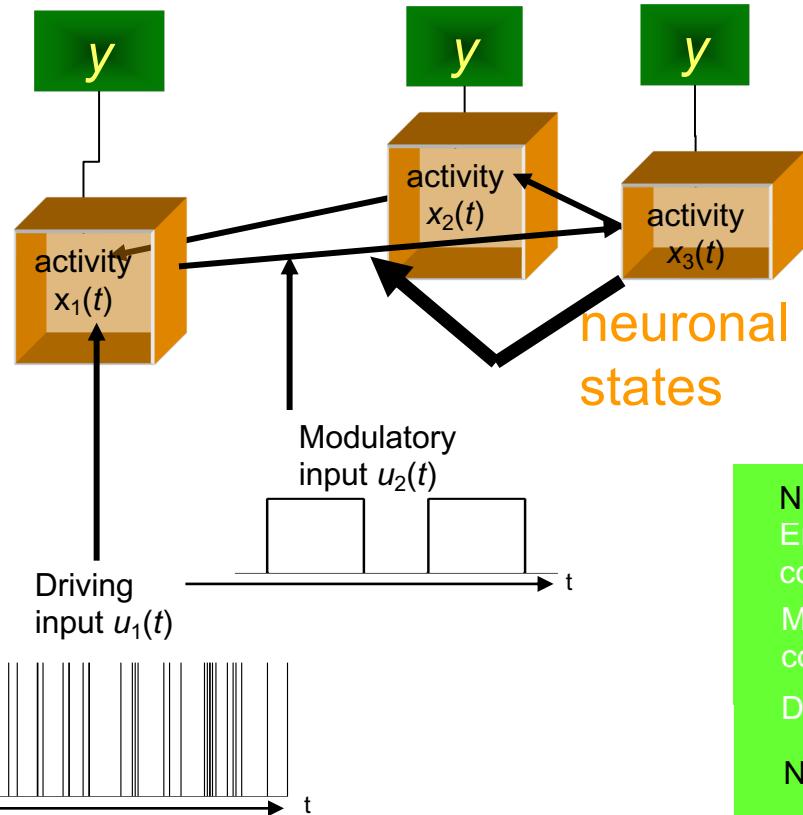
Model 8



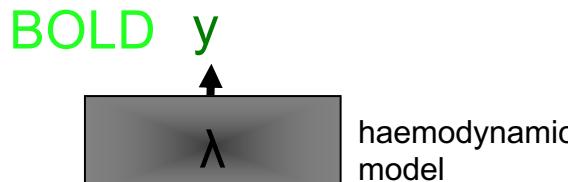
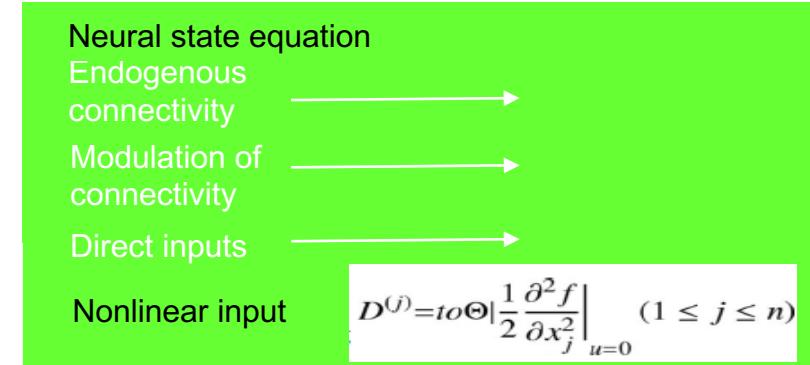
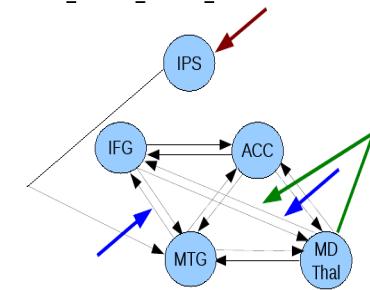
# Optimal linear model



# Activity-dependent changes of neural function

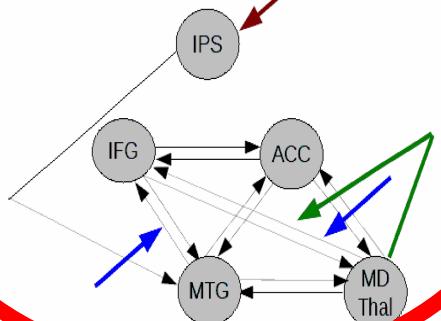


BOLD

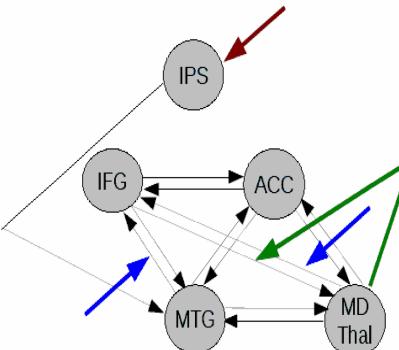
haemodynamic  
modelDauvermann et al.  
2013

# Nonlinear models

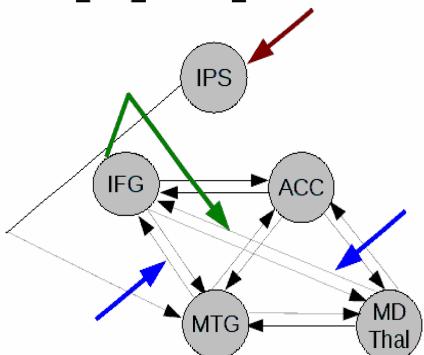
Model\_MDTthal\_MDTthal\_IFG



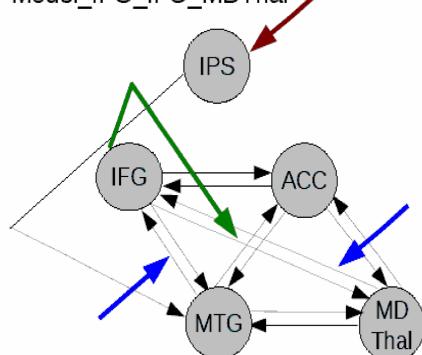
Model\_MDTthal\_IFG\_MDTthal



Model\_IFG\_MDTthal\_IFG



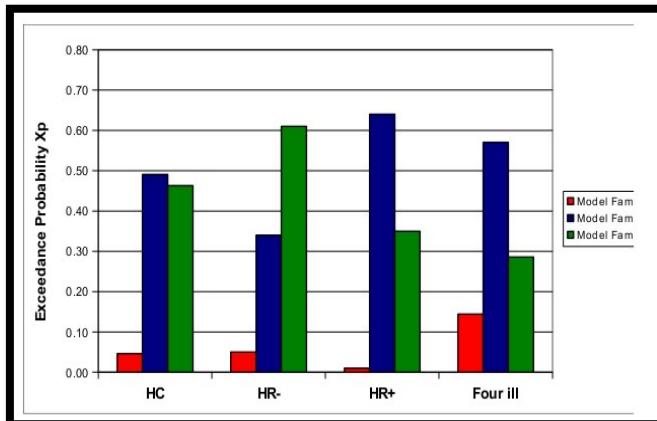
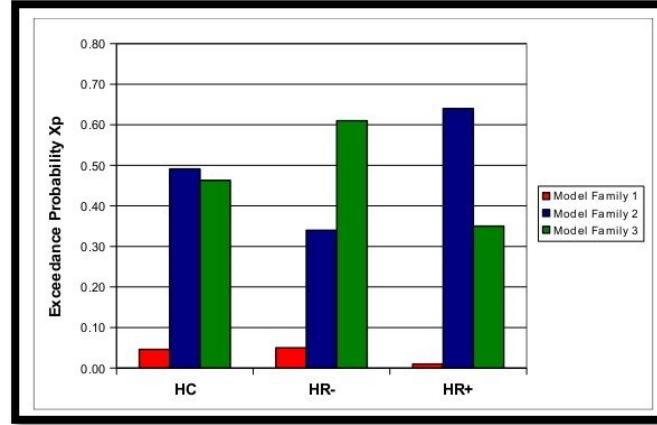
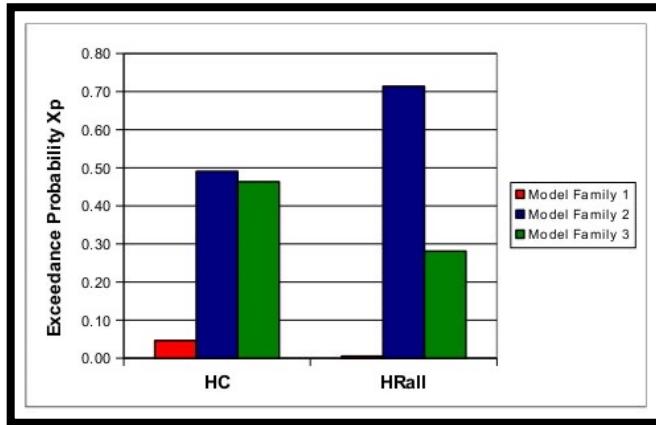
Model\_IFG\_IFG\_MDTthal



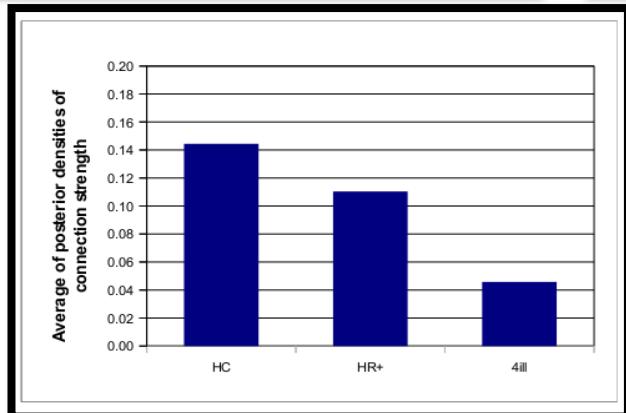
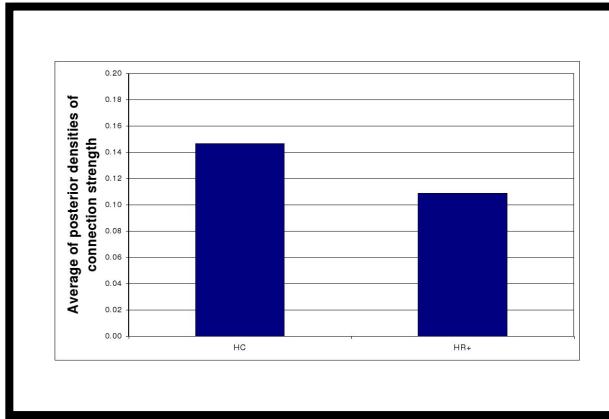
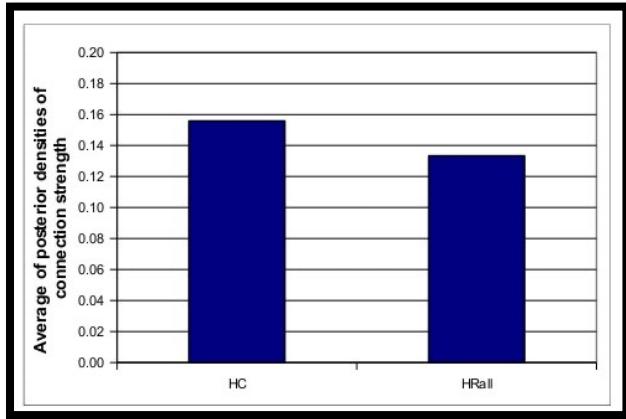
IPS	Intra-parietal sulcus
IFG	Inferior frontal gyrus
ACC	Anterior cingulate cortex
MTG	Middle temporal gyrus
MD Thalamus	Mediodorsal thalamus

- Endogenous connection
- Modulatory input
- Driving input
- Nonlinear modulation

# Optimal nonlinear model family



# Differentiation between HC and HR+



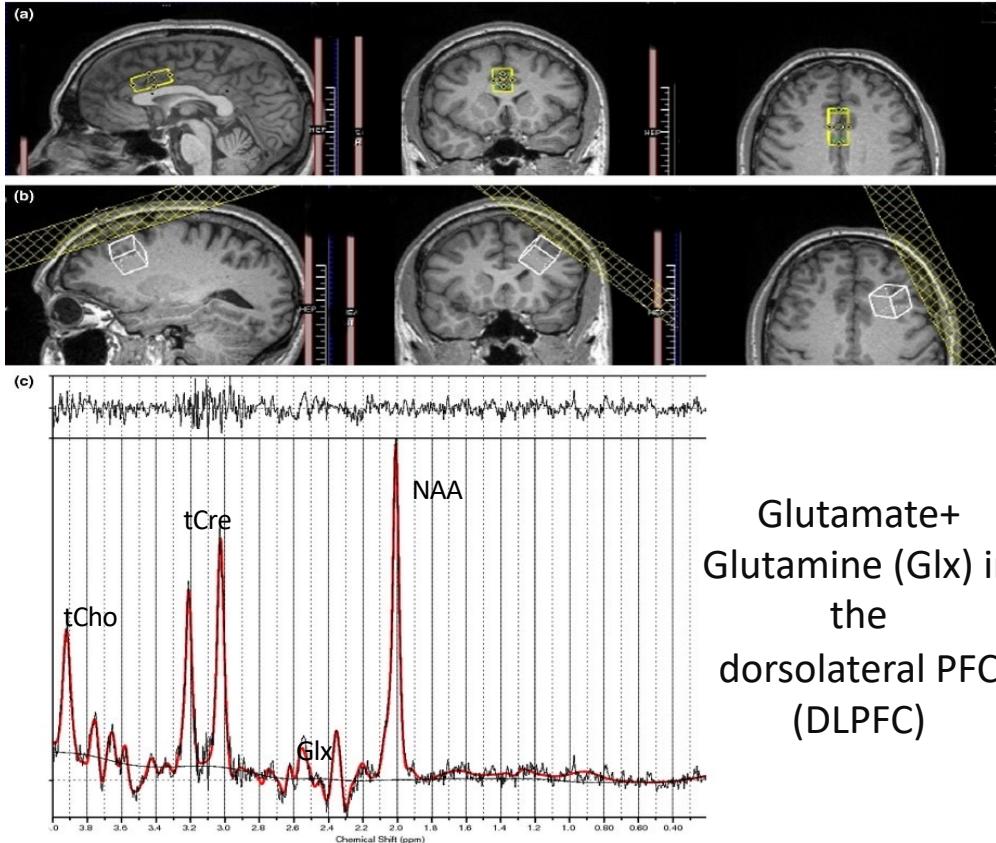
Model\_MDTHal\_MDTHal\_IFG and symptom 'delusion' in HR+

$r = -.246$ ;  $p = 0.041$ ; 95% CI (-0.543; -0.024)

Model\_MDTHal\_MDTHal\_IFG and symptom 'delusion' in HRall

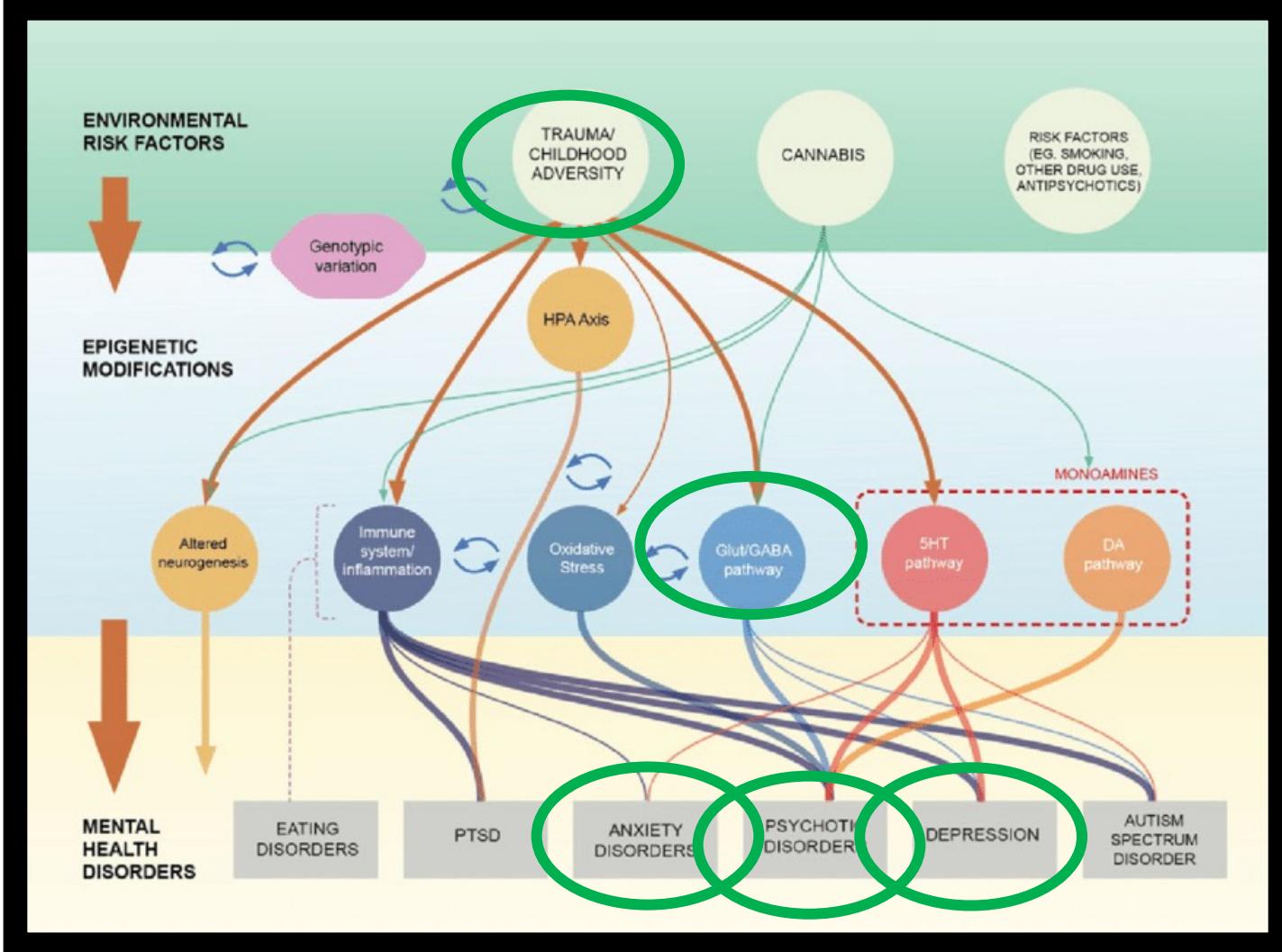
$r = -.201$ ;  $p = 0.05$ ; 95% CI (-0.446; -0.02)

# Childhood adversity and Glutamate



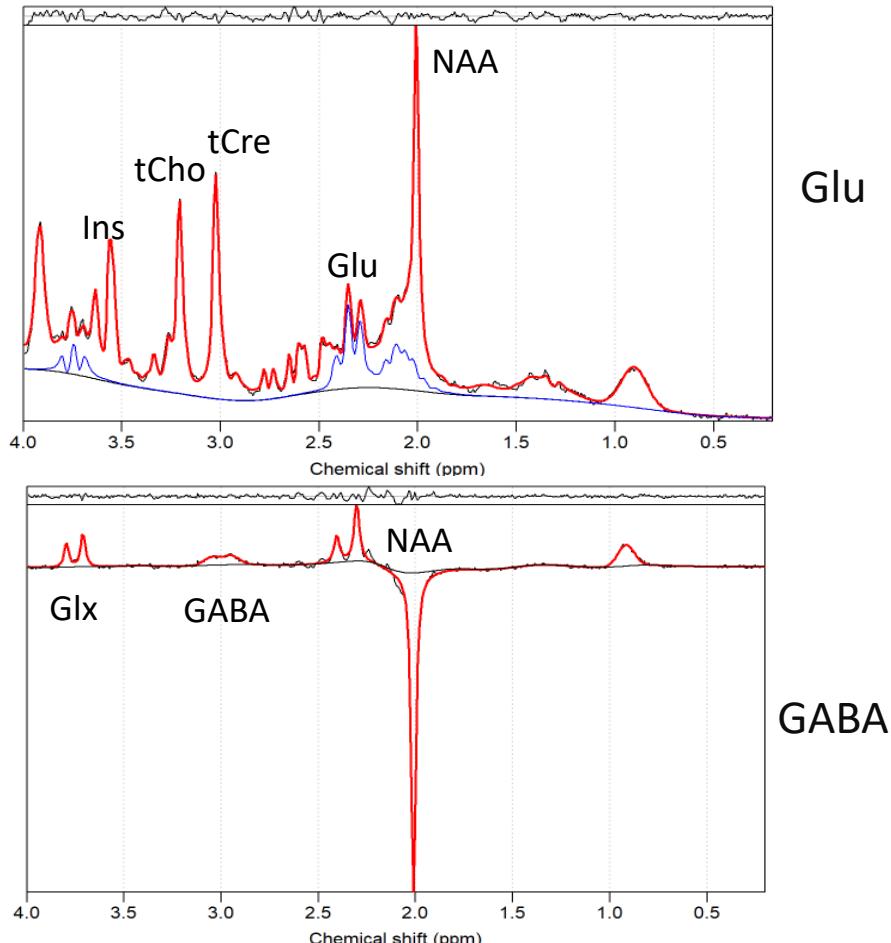
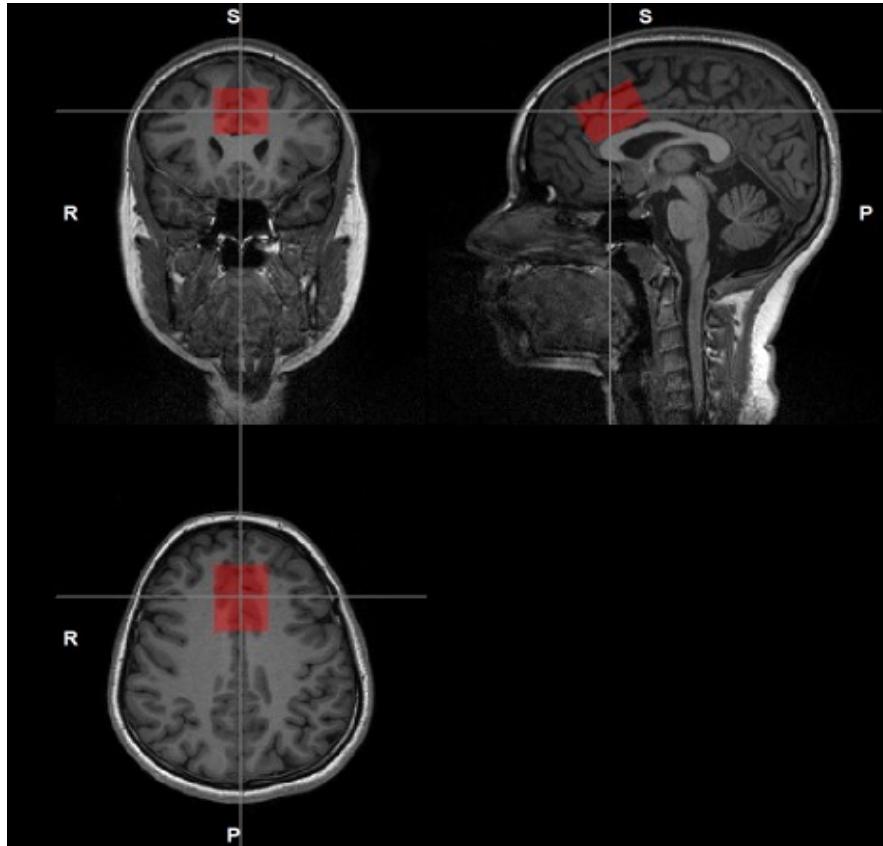
Novel finding in humans

- Replicating *post-mortem* and preclinical studies demonstrating that childhood adversity may change glutamatergic regulation



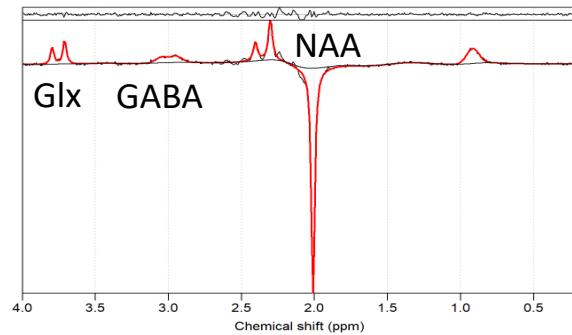
# Glutamate and GABA concentrations

dorsal anterior cingulate cortex (dACC)

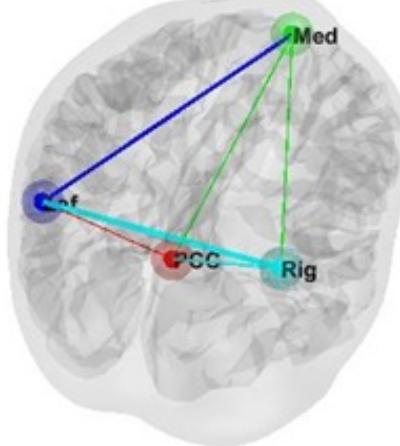


# Towards a more mechanistic understanding: GABA concentrations, Default-mode network connectivity and Childhood adversity

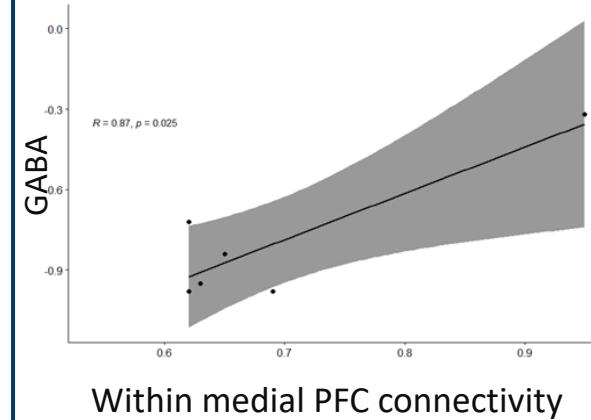
GABA in the dACC



Default-mode network -  
DCM



GABA and inhibitory  
connection strength with CA

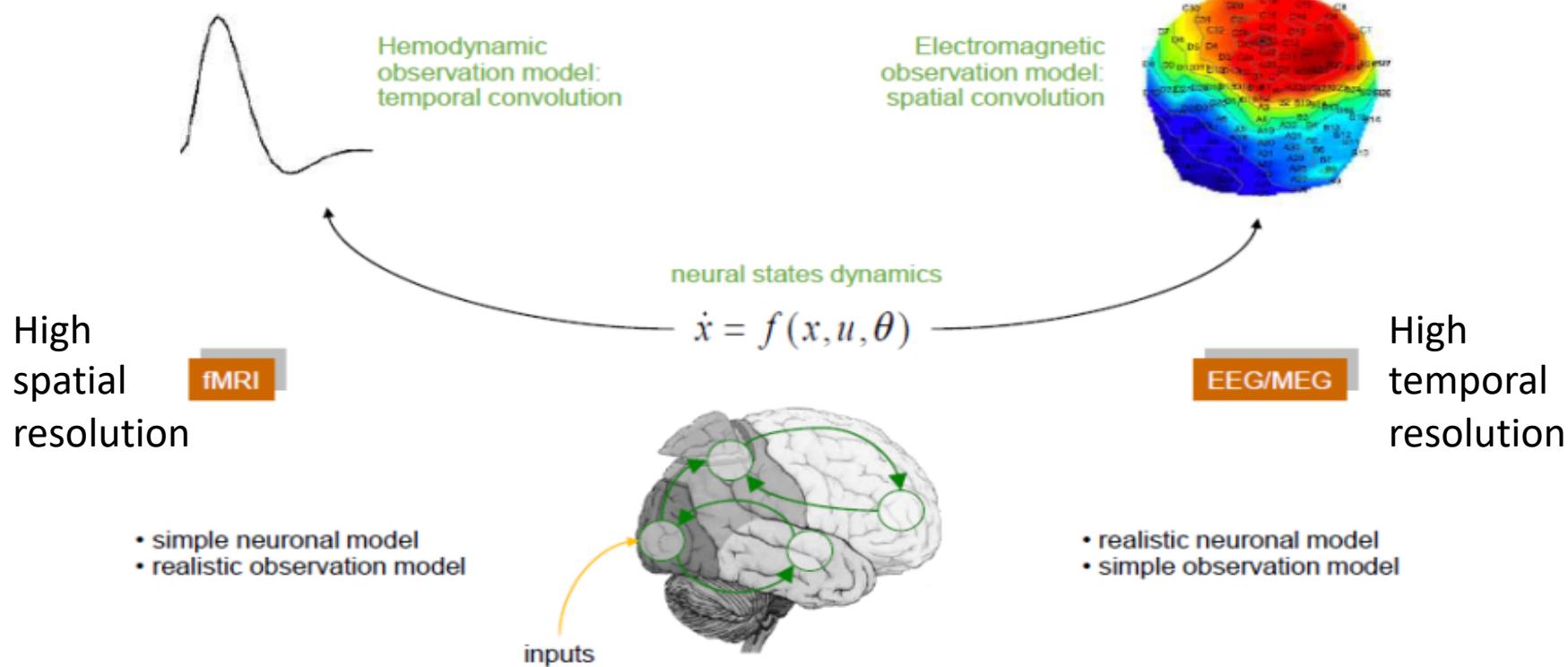


# Basic Idea of DCM for EEG/MEG

- C 
- DC   
(E /E F)
- 

David et al. 2006  
David and Friston, 2003  
Kiebel et al. 2007

# Evolution and observation mappings



Adapted from Ryszard Auksztulewicz

# Forward models and their inversion

Adapted from Ryszard Auksztulewicz

Forward model (measurement)

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

$$p(y | x, \theta, u, m)$$

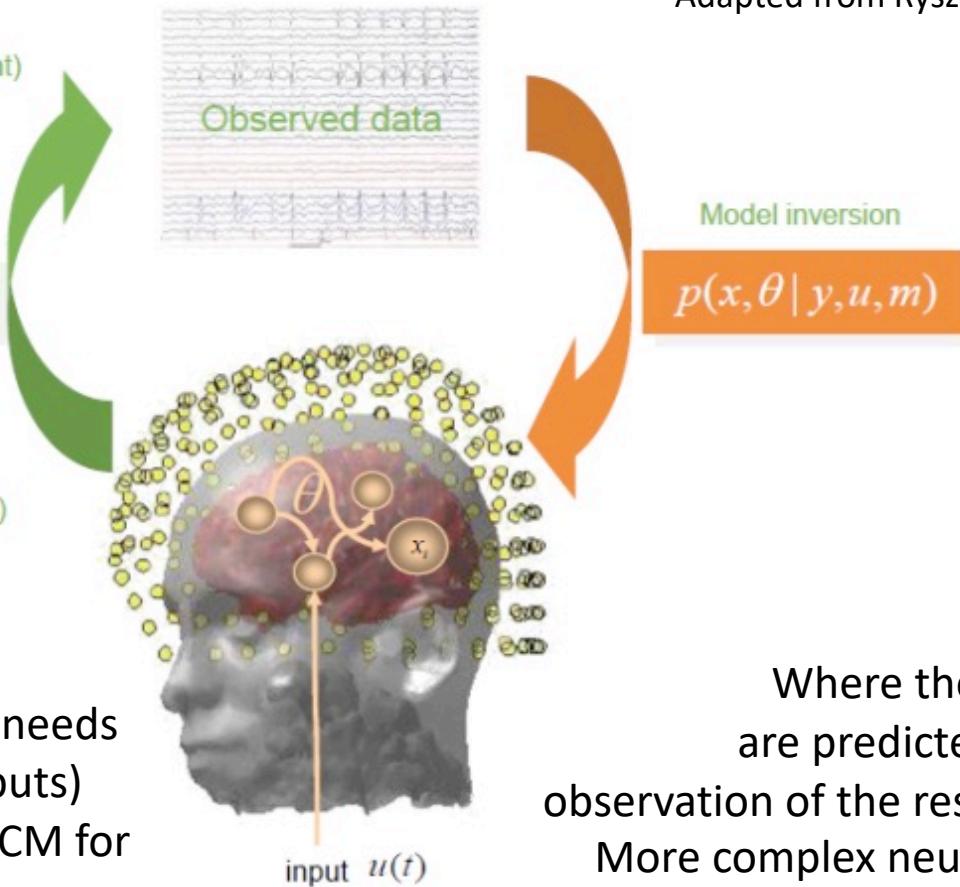
Forward model (neuronal)

$$\dot{x} = f(x, u, \theta) + \omega$$

## Forward model

Where the response (output) needs to be related to the cause (inputs)

Simpler neuronal model for DCM for fMRI

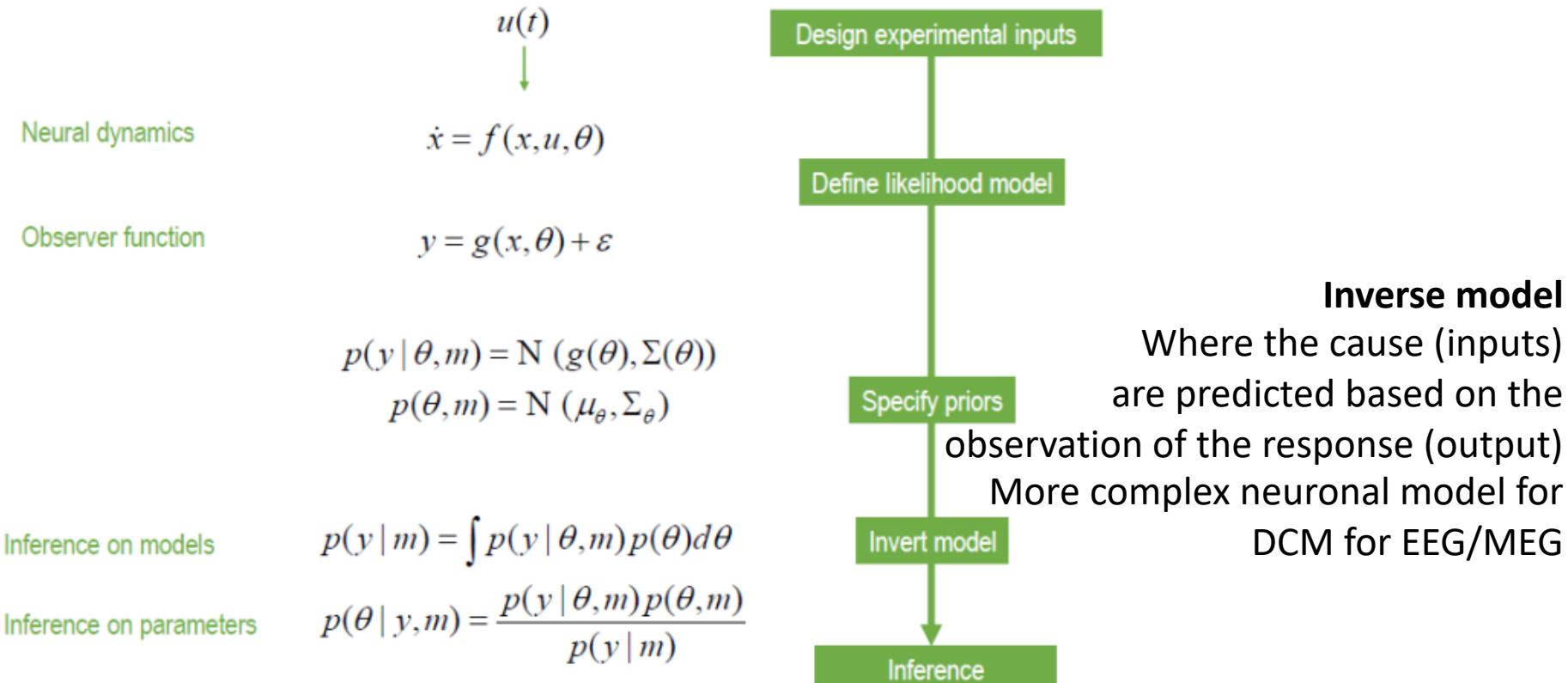


## Inverse model

Where the cause (inputs) are predicted based on the observation of the response (output)

More complex neuronal model for DCM for EEG/MEG

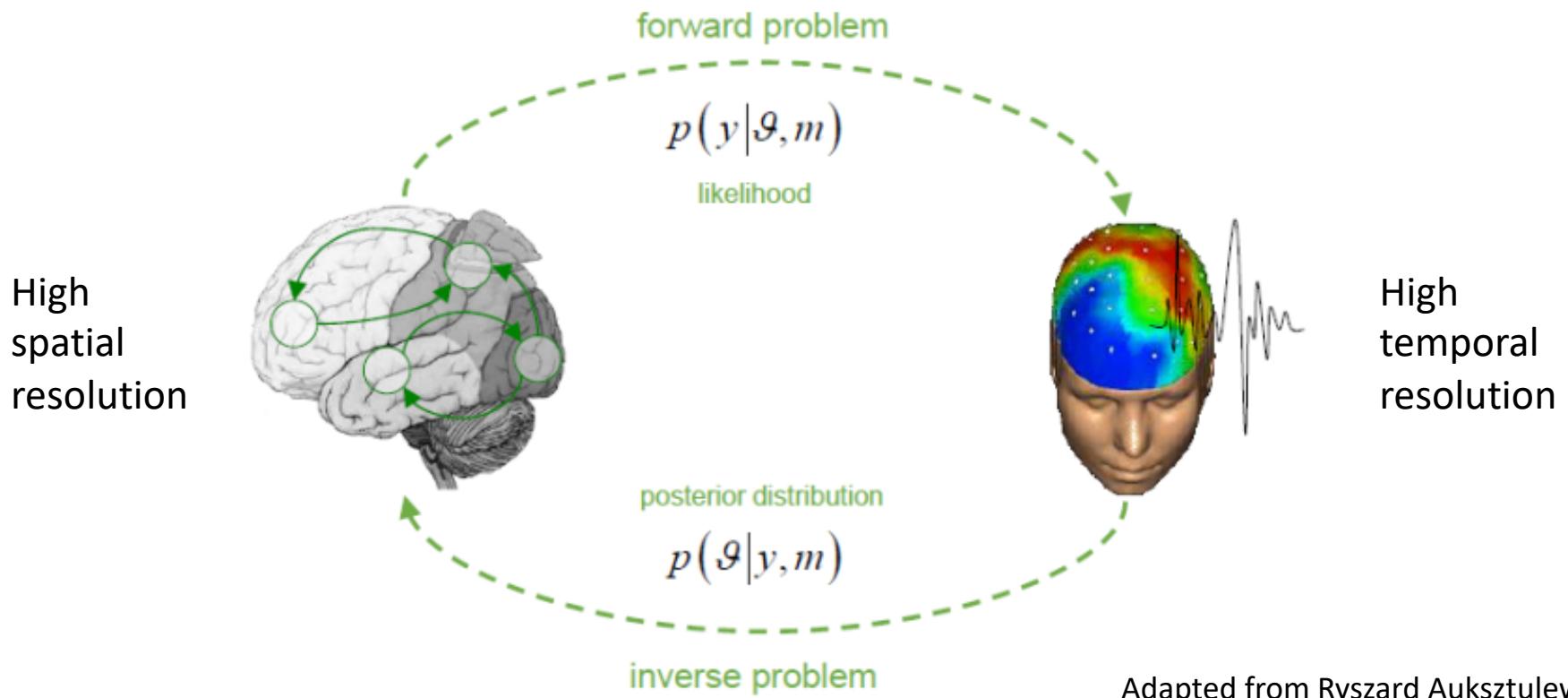
# Model specification and inversion



Adapted from Ryszard Auksztulewicz

# Bayesian inference

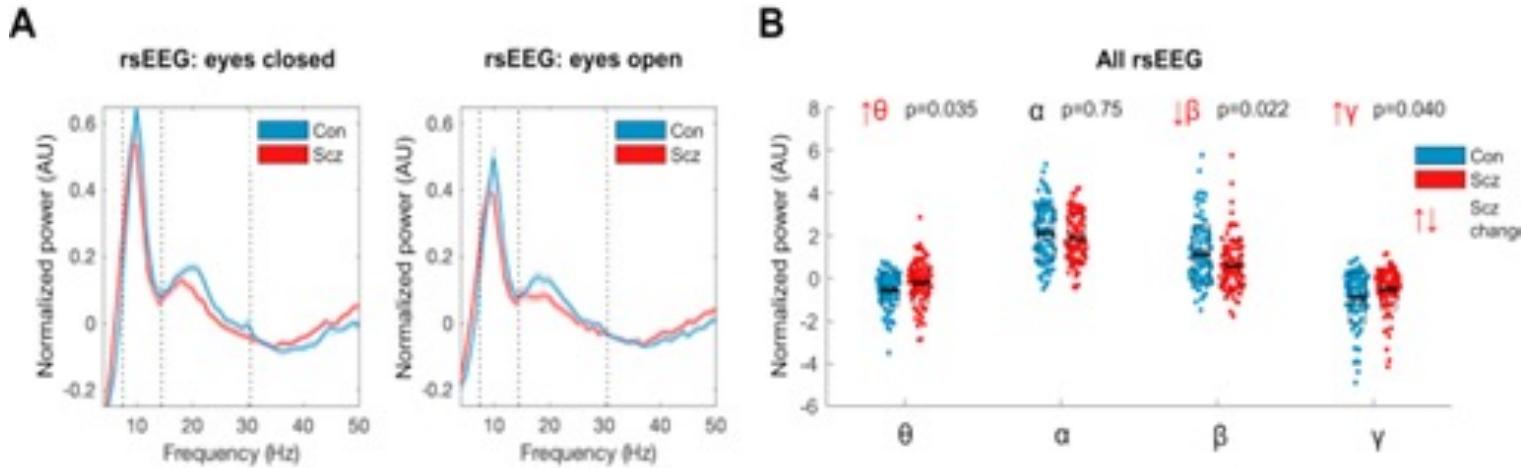
*forward and inverse problems*



Adapted from Ryszard Auksztulewicz

# Computational Modelling of EEG and fMRI Paradigms Indicates a Consistent Loss of Pyramidal Cell Synaptic Gain in Schizophrenia

# Resting-state electroencephalography (rsEEG)

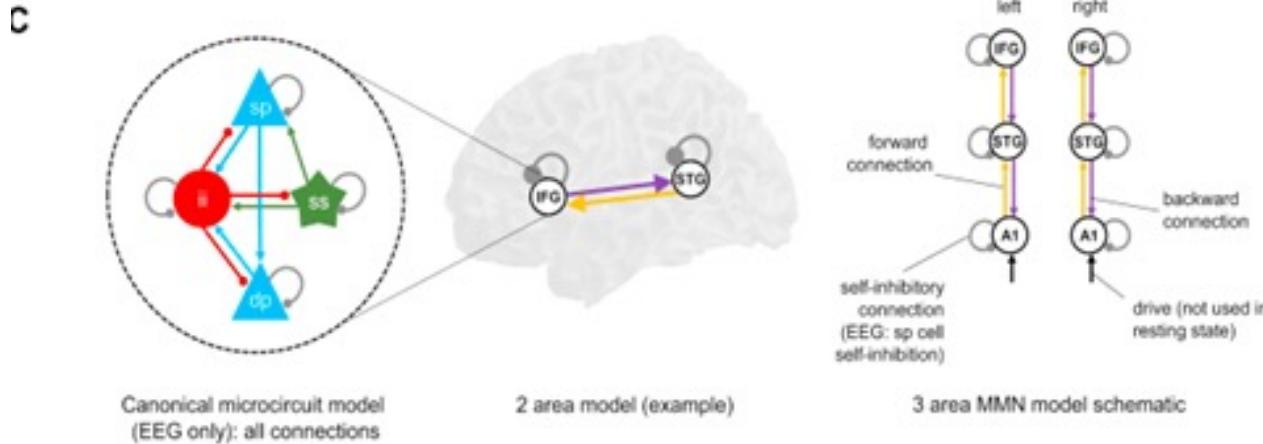


(A) Mean normalised eyes closed and eyes open rsEEG power spectra ( $\pm$  SEM) across all channels for control subjects (Con) ( $n = 98$ ; blue) and people with schizophrenia diagnoses (PScz) ( $n = 95$ ; red) groups, divided into four frequency bands (dotted lines):  $\theta$  (3–7 Hz),  $\alpha$  (8–14 Hz),  $\beta$  (15–30 Hz), and  $\gamma$  (>31 Hz).

(B) Group comparisons in mean power across both eyes closed and eyes open conditions in the  $\theta$ ,  $\alpha$ ,  $\beta$ , and  $\gamma$  bands are shown. The box plots show the mean, SEM, and SD.  $p$  values are Bonferroni-corrected for four comparisons.

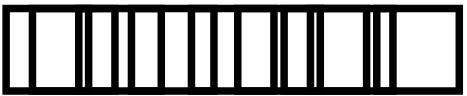
# EEG Dynamic causal modelling (DCM) model structure - Canonical microcircuit model

Adams et al., 2022



This microcircuit (left) consists of superficial pyramidal (sp) and deep pyramidal (dp) cells, inhibitory interneuron (ii), and spiny stellate (ss) cells. They are interconnected with excitatory (arrowheads) and inhibitory (beads) connections; their self-inhibitory connections parameterise their responsiveness to their inputs, i.e., synaptic gain.

In EEG DCM, each modelled cortical area contains a microcircuit (middle); functional magnetic resonance imaging DCM uses a much simpler neuronal model. Both DCMs have self-inhibition parameters (round gray beads), which—in EEG— inhibit superficial pyramidal cells specifically. A schematic DCM diagram is explained on the right.

D 





Can the application of functional and/or effective connectivity to brain imaging contribute to clinical and cognitive diagnostic, predictive and treatment interventions in the future?





# Summary

# Summary

- Main principle of functional connectivity:
  - Analyse data between two brain regions with temporal correlations
- Main principle of DCM for effective connectivity:
  - Analyse data and generative models in a Bayesian framework to infer parameters and compare models
- Advantages and disadvantages dependent on available data and hypothesis

# Thank you very much! Acknowledgements

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BIRMINGHAM



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Murray and  
Martin Wilson



Immune Response and Social  
Cognition in Schizophrenia  
(iRELATE)  
Gary Donohoe  
John Kelly  
Colm McDonald  
Declan McKernan  
Derek Morris  
Tom Burke  
Sinead King



Scottish Family Mental Health  
Study and Edinburgh High Risk  
Study

Stephen Lawrie  
Eve Johnstone  
Jeremy Hall  
Andrew McIntosh  
Bill Moorhead

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- <http://www.fil.ion.ucl.ac.uk/spm/doc/manual.pdf>
- Adapted from Ryszard Auksztulewicz Slides ([https://www.fil.ion.ucl.ac.uk/spm/course/slides15-meeg/07\\_MEEG\\_SPM\\_May2015\\_DCM\\_principles.pdf](https://www.fil.ion.ucl.ac.uk/spm/course/slides15-meeg/07_MEEG_SPM_May2015_DCM_principles.pdf))