

Data Logging & Sound Classification

in Hearing Aids and CIs



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Why is this important?

- data logging and sound classification are becoming more common and more sophisticated
- new generation of hearing devices and hearing care
- Changing the role of the audiologist & SLPs
- ...and the patient

Support the user

- Automatically change sound processing settings
- Trainable Hearing Aids

Support the clinician

- programming and counselling
- Research

Topics

- What is in a data log?
- How does sound classification work?
- Applications for sound classification and data logging:
 - Changing HA settings automatically
 - Fitting and counselling
 - Research

What's in a hearing aid data log?

- **User Input**

- duration of use
- program use
- changes to volume/sensitivity, noise reduction, directional microphones...
- accessory use

- **Device diagnostics**

- errors, battery life, ...

- **Sound environment**

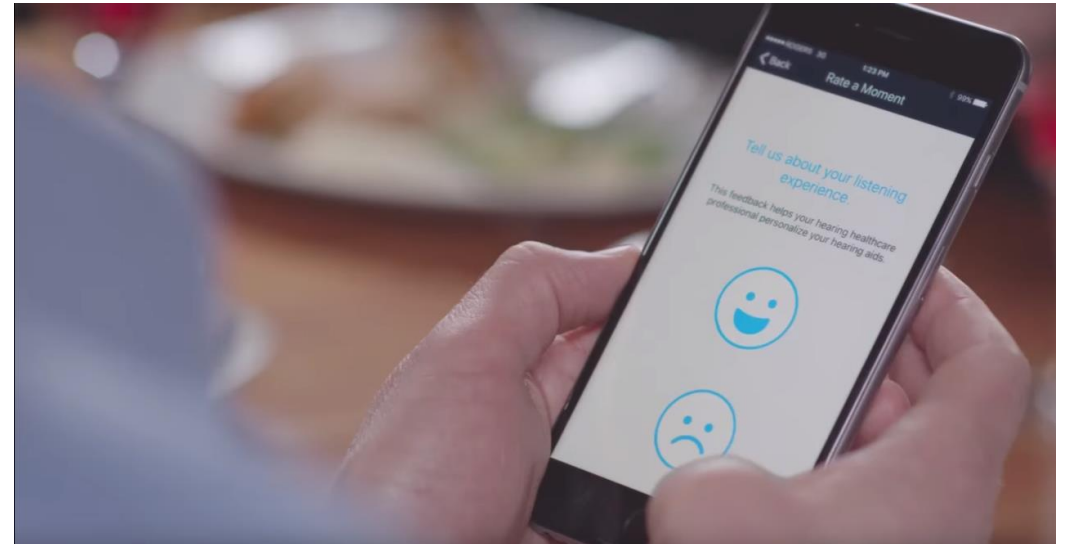
- sound intensity
- acoustical scenes (sound classifier)

Long term logs

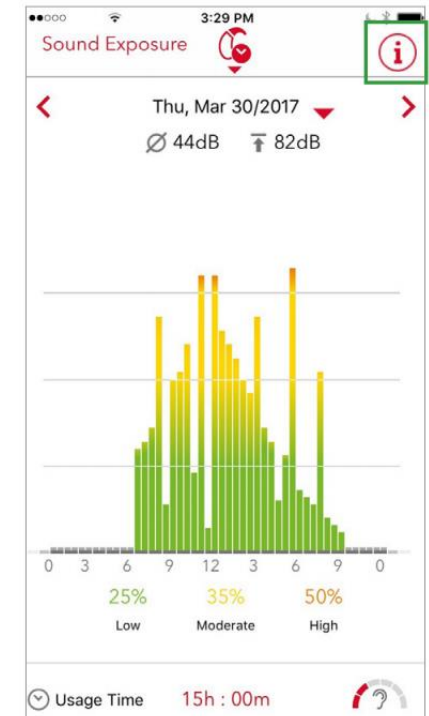
time between clinic visits

Short term (event) logs

situations in which user is not satisfied (+user feedback)



Interfaces for Clinicians, Apps for Users



How does sound classification work?

- Distinguish sound environments by their acoustic signature
- Typically: quiet, speech, speech in noise, noise, music, wind

Motivation: Adapt sound processing...

Table 10–1 Sensible Settings for Various Listening Situations

	Acoustic Directionality	Noise Reduction	WDRC	Feedback Cancellation
Speech	Yes, if speech is from the front	Not normally	Maximize intelligibility	Yes, if the amplification requires it
Music	Not normally, except in a reverberant room	No	Broadband amplification	No, if avoidable
Noise	Not normally	Yes, especially in case of loud noise	Depends on situation	No, if avoidable

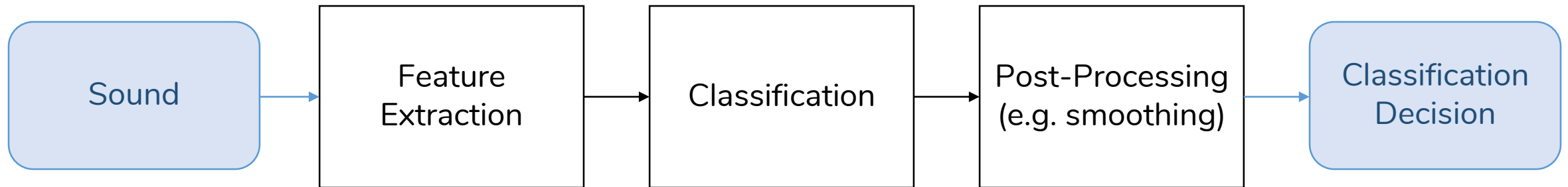
Abbreviation: WDRC, wide dynamic range compression.

from: Schaub, Arthur, *Digital Hearing Aids*, p 110

How does sound classification work?

- Distinguish sound environments by their acoustic signature
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3 Steps:



Dissertation M. C. Böhler (2002) <http://e-collection.library.ethz.ch/eserv/eth:24632/eth-24632-02.pdf>

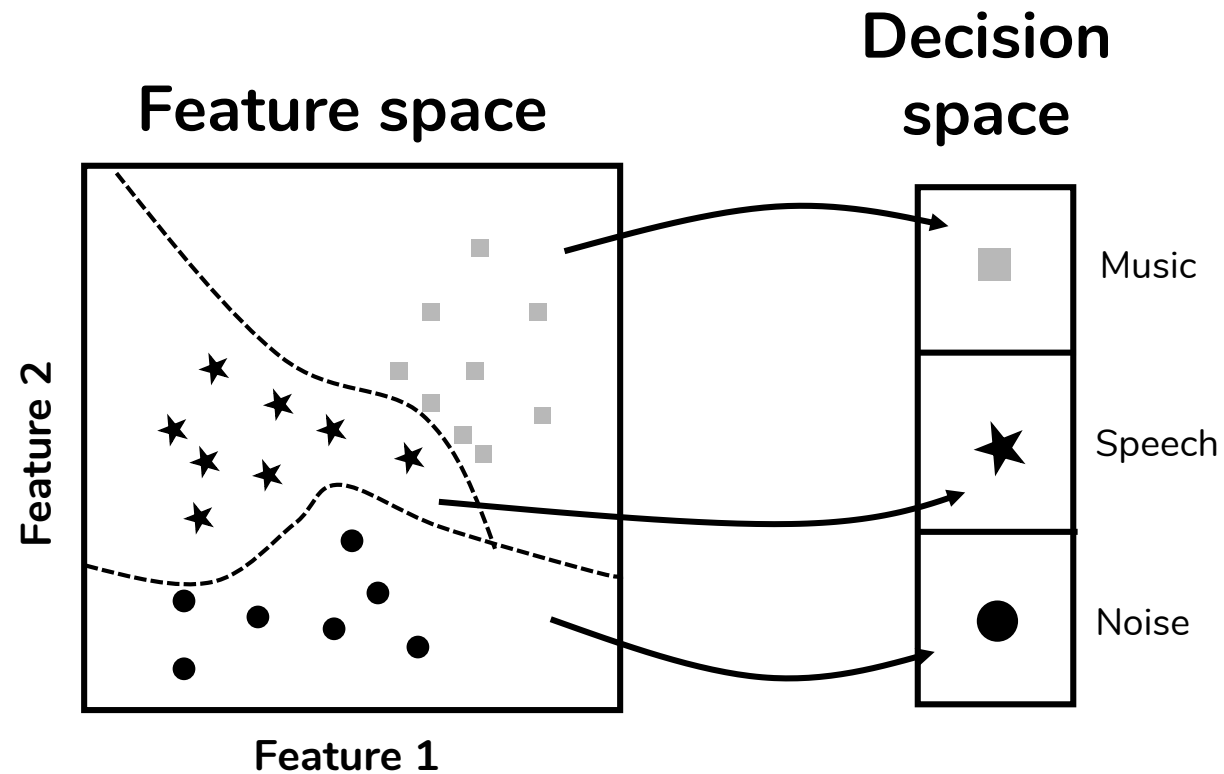
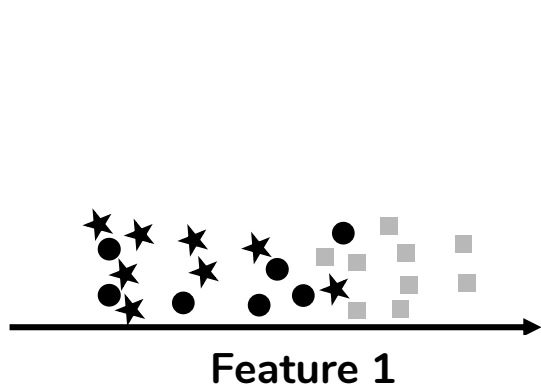
Dissertation Peter Nordqvist (2004) <http://www.speech.kth.se/prod/publications/files/1742.pdf>

Step 1: Feature extraction

Extract features that help separate the sound classes, e.g.

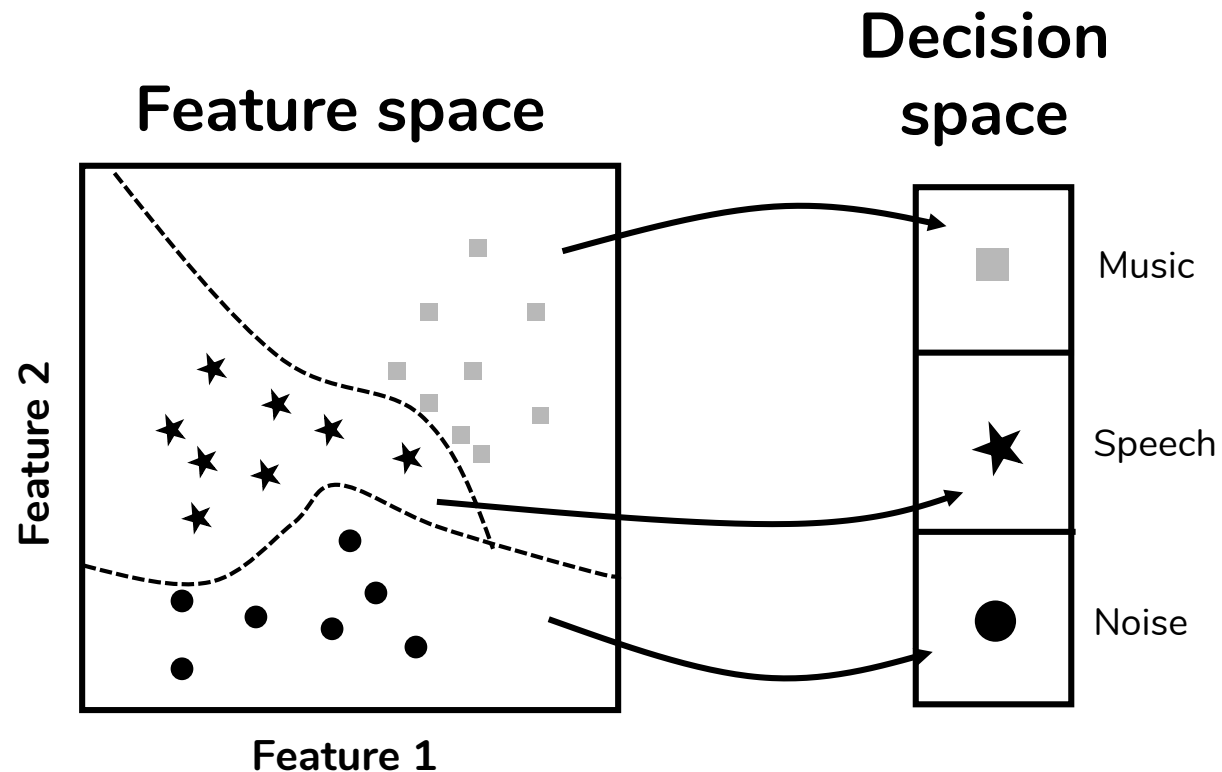
- Periodicity
 - fundamental frequency
 - Spectral gradient
 - resonance frequencies
 - Sound pressure level
 - Modulation
 - ...
-
- Feature **selection** is an important part of developing a classifier

Step 2: Classification



Step 2: Classification

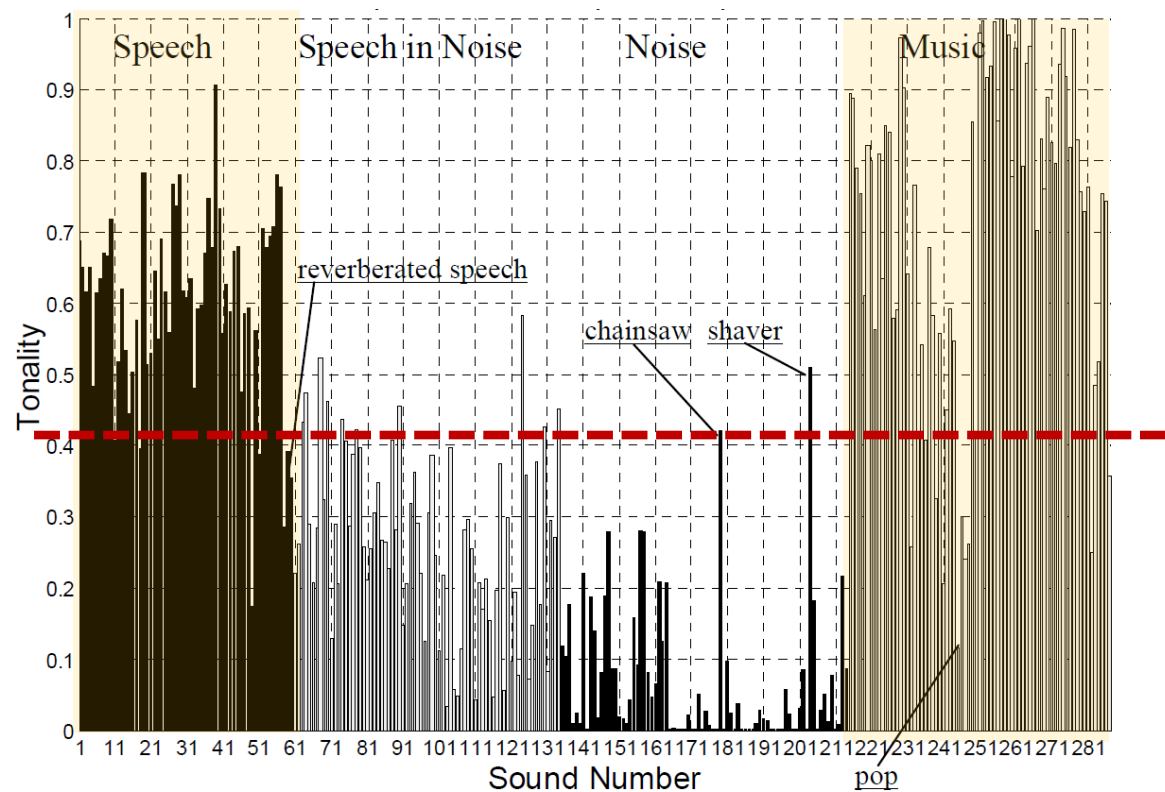
- Mapping from feature space to decision space
- Decision boundaries are the result of training a classifier



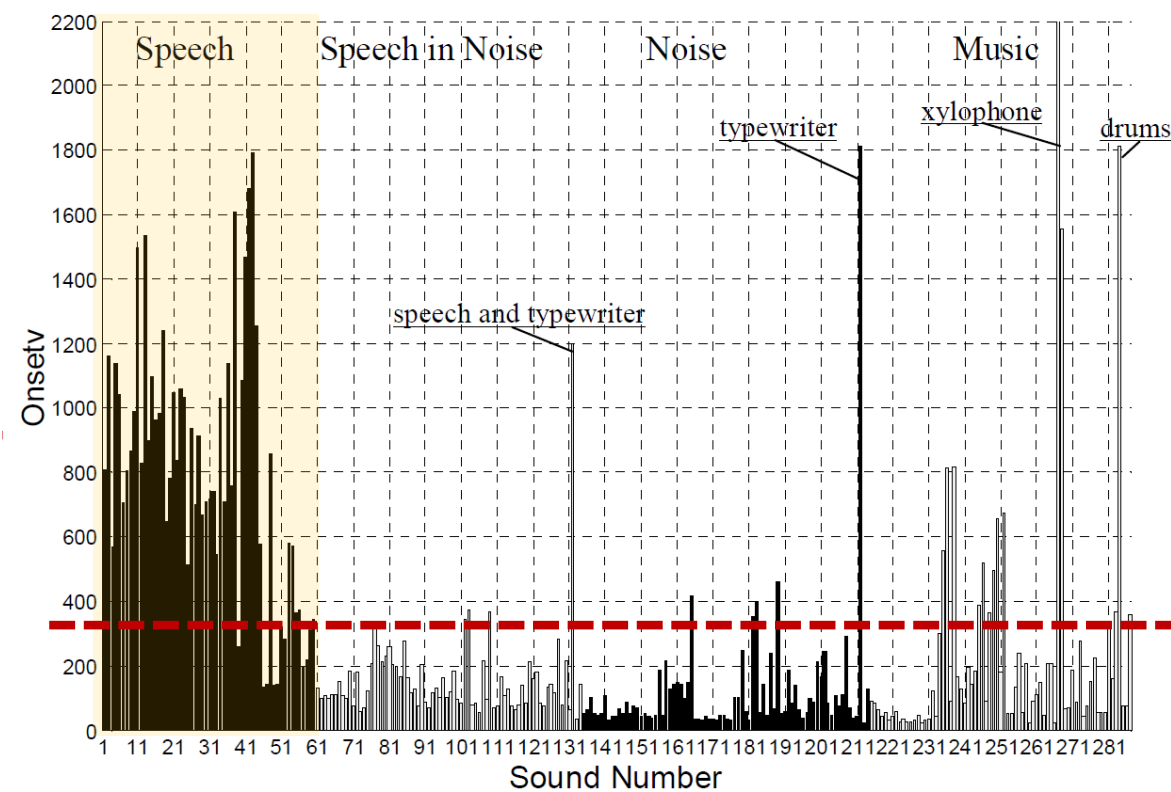
Feature Selection Example

Can Tonality and onset strength be used to identify speech and music?

Feature 1: Tonality

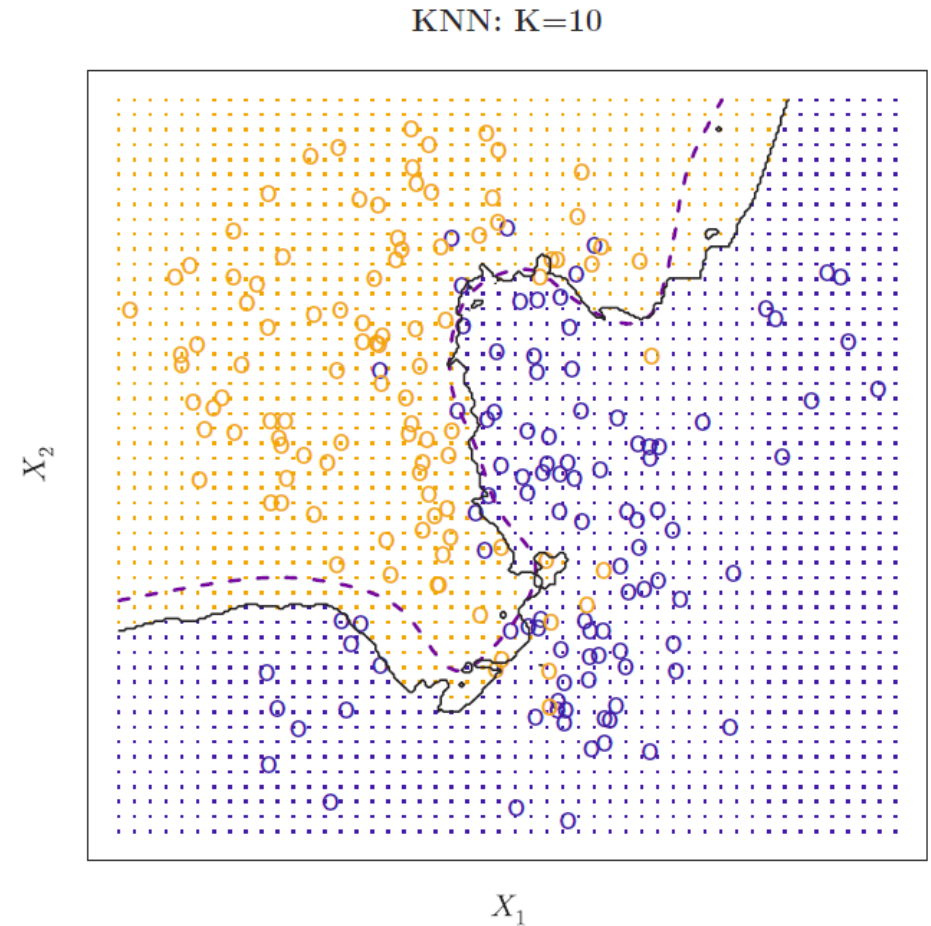


Feature 2: variance of onset strength



Step 2: Classification

- In reality we use dozens or hundreds of features
- the classification boundaries are **high-dimensional**
- ...and usually **non-linear**
- This makes it difficult to
 - describe the boundaries
 - understand the classifier's decisions



Step 3: Post-Processing and Decision

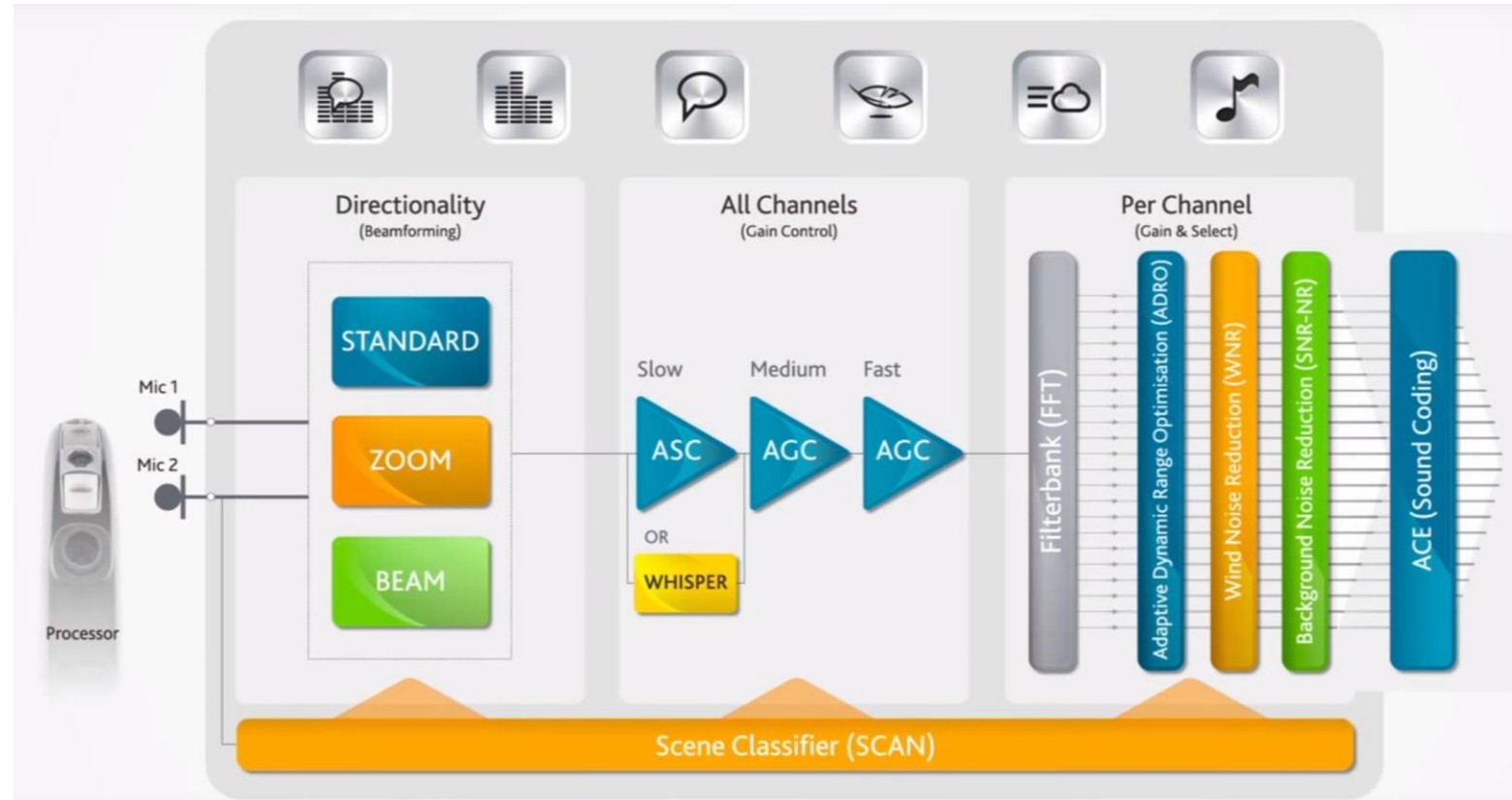
Before making decision...

- **Smoothing:** avoid jumps and misclassifications
- Consider additional factors? (motion sensors, geo location, learned user preferences...)



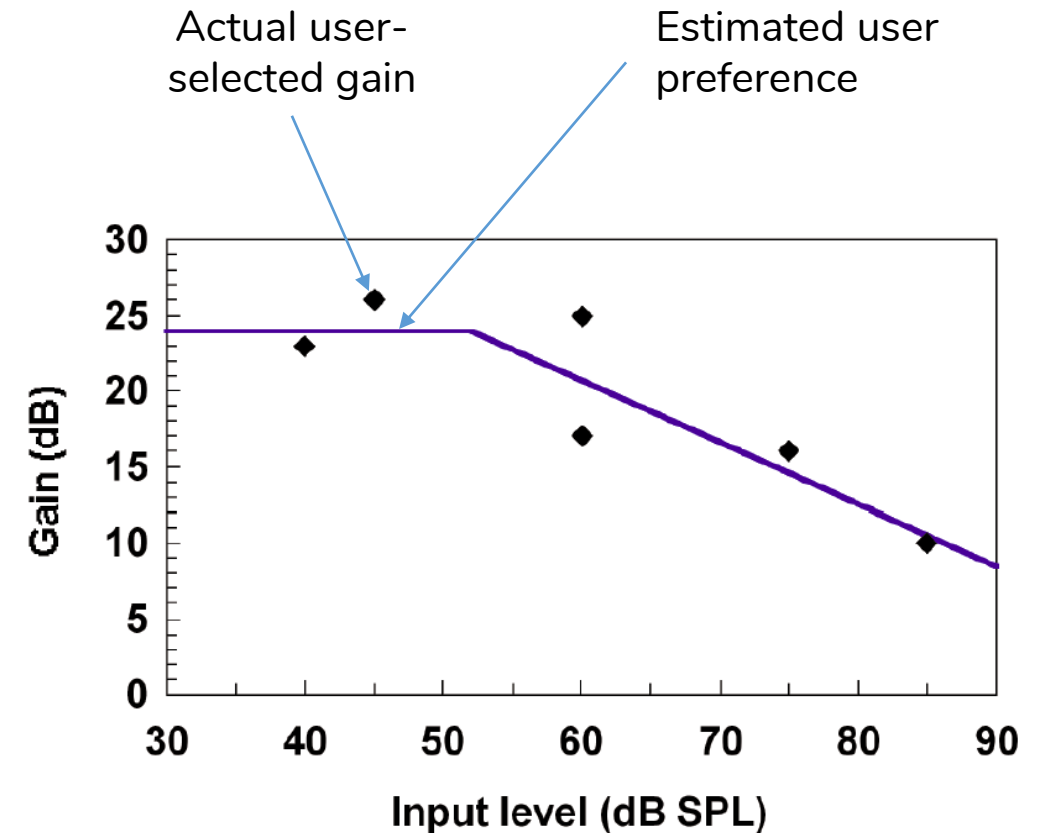
Change Sound Processing online

- Select settings that best fit the auditory environment
- For convenience / listening comfort



Trainable Hearing Aids

- Remember adjustments made by the user
 - Remember environment at time of adjustment
 - deduce user's preferred settings
 - **make permanent changes to HA programming**
- ownership, autonomy, fewer clinic visits
- Related: self-fitting, acclimatization management

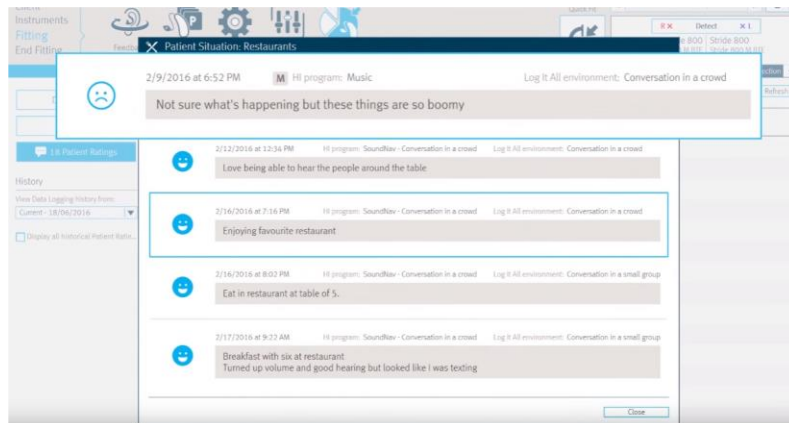


Fitting & Counselling with Data Logs

- **Understand user's lifestyle and listening needs**
 - Are settings optimal? (e.g. user keeps increasing volume)
 - Would assistive devices be useful?
- **Detecting Problems**
 - Are programs/features used as intended?
 - Does the user understand what the programs are for?
 - Are both HA used?
 - Is the use time much higher or lower than reported?
 - Long-term changes in gain? (deteriorating hearing? faulty HA?)
- **Automatic recommendations**
- **Troubleshoot complaints**

Fitting & Counselling with Data Logs

Short-term logging for fine-tuning and troubleshooting



Fitting & Counselling with Data Logs

- Emphasize patient's active role
- Data logs as conversation starter
- Feedback / Motivation for patient
- Integration into Telemedicine / mHealth

- (But be careful not to patronize user!)

LEAPing on with Language

<http://www.cochlear.com/wps/wcm/connect/au/home/support/rehabilitation-resources/leaping-on-with-language>

How can I encourage conversations?

The more conversations you have and the longer your shared conversations are, the more opportunities your child has to learn.

Use these techniques to encourage your child to join in with a conversation, but if they don't choose to, you can continue the conversation without pressuring them. They will gradually hear different ways of responding and in time conversations will grow.

TECHNIQUES TO GENERATE AND EXTEND CONVERSATIONS

Remember the balance in conversations –

At first the adult will be supporting the conversations. Gradually there will be a more equal exchange.

Always accept your child's attempts at conversation –

Never correct when trying to support longer conversations. Remember your mind reading and try and respond to them.

Prompt your child to take their turn –

If you have made a comment or a sister has answered the same question, prompt your child to take their turn.

Ask the same question to different family members –

Let your child hear others' responses and then they can have a try. Set up scenarios where each child takes their turn.

Give your child a choice –

Suggest two or three items to choose from.

E.g. When practising the weekly spellings

'Shall we use a pen or a pencil?' (pause for around 5 seconds, if no response)

'Here, I've found a pencil.' **Ask yourself questions (rhetorical questions)**

E.g. I wonder what we should have for dinner tonight?

E.g. What shall we do if it rains today?

Ask Wh- questions



When words don't mean what they say!

Listen to what you say – a lot of it does not actually mean what it says.

Once your child has established conversational skills, it is important to move them on in their use of detailed and descriptive language. There is an increasing link between what they say and what they read. Some phrases will be learned by you using them, others will be learned by your child reading them. It is important you check that your child understands these words and can use them in context over and over again.



Cochlear DiaLog

<http://www.cochlear.com/wps/wcm/connect/uk/for-professionals/rehabilitation-resources/dialog>

The image shows a screenshot of the Cochlear DiaLog web application. The interface is divided into several sections:

- Header:** "DiaLog INFORMING PATIENT CARE" with a navigation menu on the left and a top navigation bar with "ADULTS" and "Volume and Sensitivity".
- Left Sidebar:** A vertical menu with options: INTRODUCTION, PAEDIATRICS, SCHOOL AGE, ADULTS (selected), Time on Air, Scenes, Speech in Noise, Quiet, Noise, Music, Wind, Program Usage, Volume and Sensitivity (selected), Loudness, and Accessory Usage. A "CONTACT US" button is at the bottom.
- Main Content Area:**
 - Scenes: Music** (with a magnifying glass icon):
 - What the data shows you:** "Music is the amount of time the patient can hear - the lyrics and the instrument..."
 - What might be going on in the real world:** A dashed box containing the text: "If there is little evidence of music being used, you might consider:
 - Might not enjoy the sound of music
 - Might not understand how they hear
 - Might not listen to music, for example
 - Might avoid social situations where music is played
 - Questions that promote change before next visit:** A dashed box containing a list of bullet points:
 - Counsel your patient to try the music and instruments.
 - It is often best to start with music that is familiar, such as a piano or guitar.
 - Explain that it may take some practice to hear the music.
 - There are lots of free sites that have music that come in handy as they become familiar.
- Volume and Sensitivity** (with an eye icon):
 - What might be going on in the real world:** A dashed box containing two sections:
 - Your patient might not understand how to use volume appropriately.**
 - Average volume usage is significantly different to last session default, for example, setting is 6 and they come to appointments showing predominantly 10, or 3 and below.
 - Your patient might not understand how to use sensitivity.**
 - Average sensitivity usage is significantly different to last session default. For instance, the default setting of 12 is altered to predominantly up to 15 and over, or down to 7 and below.
 - Handy hints:**
 - Volume** will alter the accessibility to the top 20% of the electric dynamic range. This means your patient will alter the perceptual loudness of all sound input when changed from the default setting.
 - Sensitivity** will alter the sensitivity of the microphone, perceptually adjusting the 'reach' of the microphone to sounds in the environment.
 - Reducing the sensitivity means that a soft sound at one metre distance will need to be louder to be audible than when set on default. In other words, your patient is more likely to miss out on soft sounds and be more aware of louder sounds.
 - Increasing the sensitivity means that a soft sound at one metre distance will be more audible than when set on default. In other words, your patient is more likely to hear soft sounds more readily, and at a greater distance.

At the bottom right, there is a small box titled "What the data shows you" with a list of questions that promote change before next visit:

- I. Share data logging printout and gather info about successes and challenges
- II. Dialogue about possible strategies to increase appropriate use of volume
- III. You may also find it helpful address these issues

The page number "168" is visible in the bottom right corner.

Data Logging in Research

People with hearing loss...

- learn and participate in various environments
- are vulnerable to deficient auditory environments

Data logging as a method for **naturalistic observations**

- understand risk factors and challenges in everyday life
- optimize support and rehabilitation

Language development with Hearing Impairment

Early auditory deprivation, effects remain after amplification / implantation

Continued limited access to language environment due to technical problems, non-compliance, signal quality

- problem learning from overheard speech, classrooms (-7 to +5 dB SNR) (Crandell & Smaldino, 2000)
- increasing mainstream education of children with CI: Flanders 65%, US 71% (DeRaeve & Lichtert, 2012; Geers & Brenner, 2003)
- listening effort, fatigue, frustration... (Bess & Hornsby, 2014)

Hearing loss shapes interactions

- Amount, responsiveness of parental speech affected by HL (Ambrose et al., 2014; VanDam et al., 2012)
- Influence of parent's self-efficacy beliefs (Desjardin & Eisenberg, 2007)



↓ communicative
experience

↓ analyzable
language model

Personal and Professional Life with HA/CI

- insufficient hearing aid performance causes **frustration** and **non-use**
- Frequent complaints: noise and multitalker conversations



Busch, Vanpoucke, van Wieringen (2017). JSLHR

Auditory Environment Across the Lifespan of CI Users

Insights from Data Logging

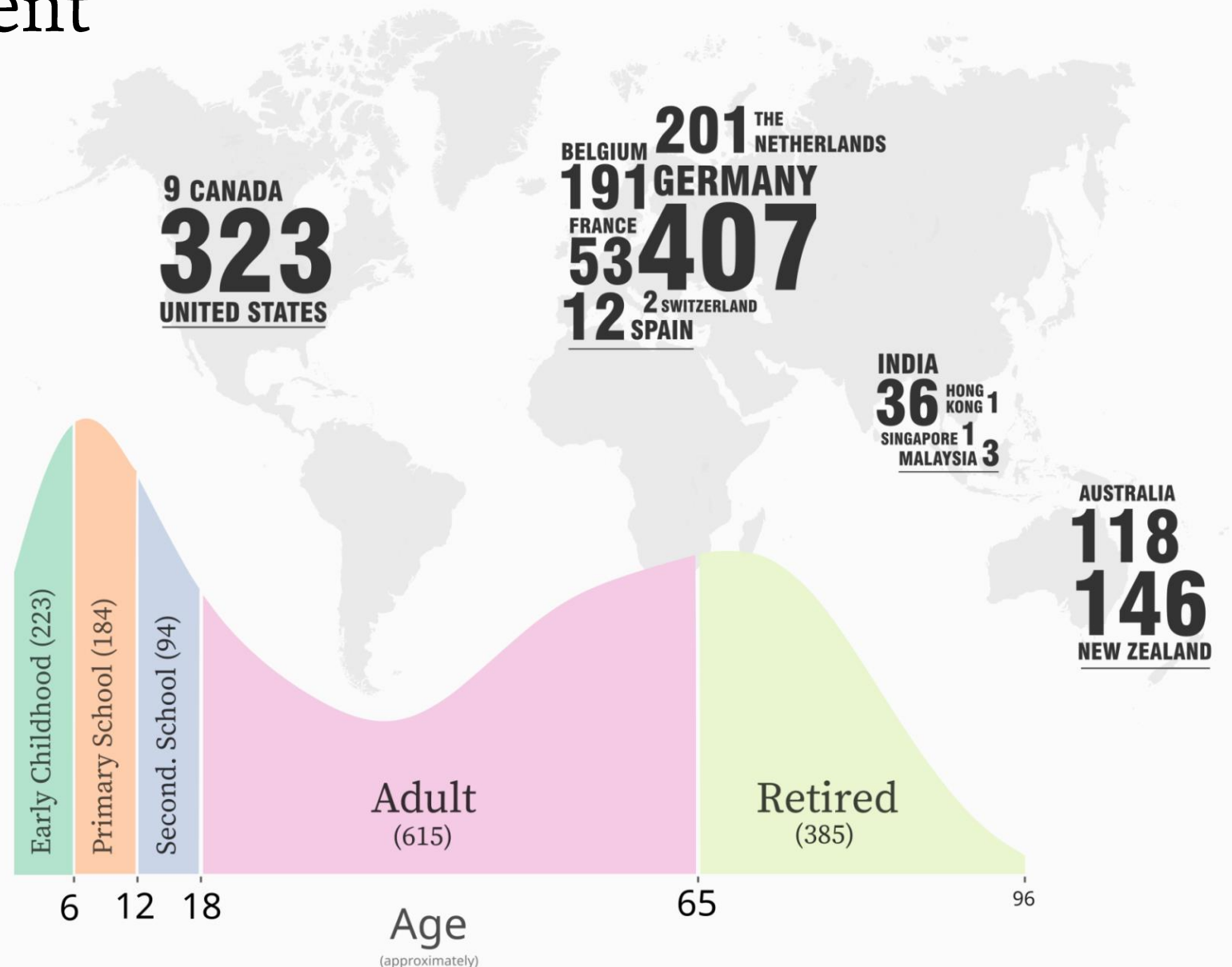
Cochlear's data log database:

3400 logs from 1500 users,
2.4 mio hours CI use

Download the paper here:

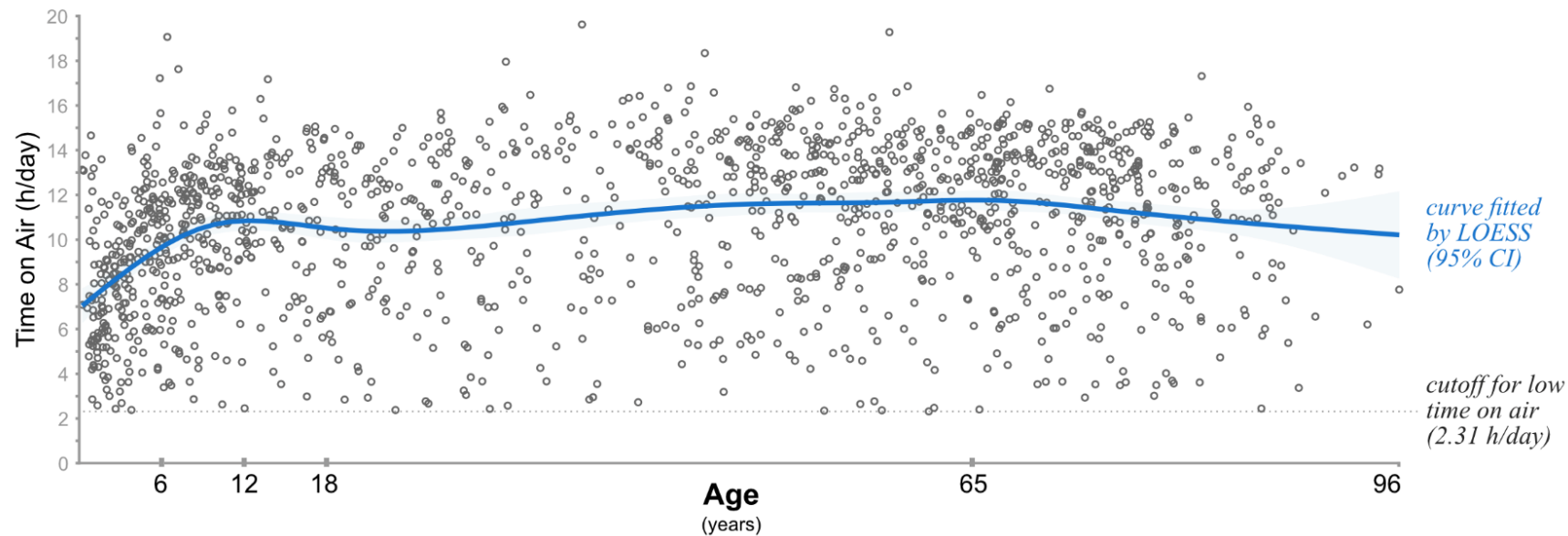
<http://jslhr.pubs.asha.org/article.aspx?articleid=2621837>

(open access)

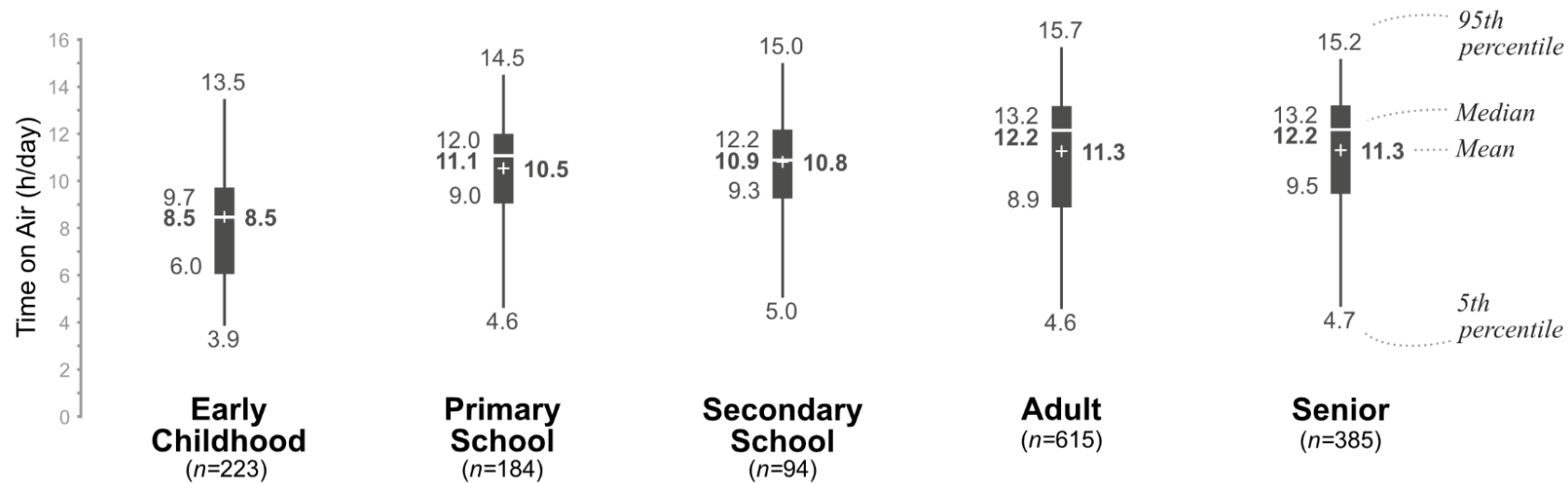


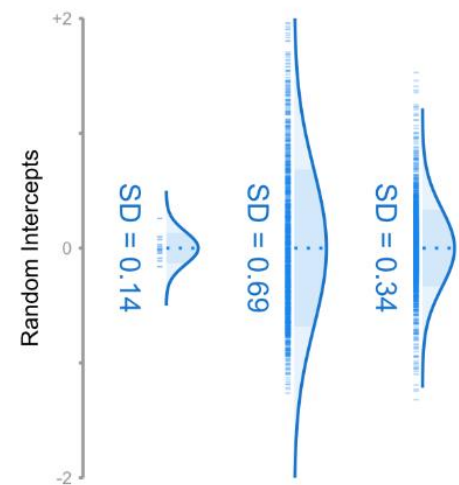
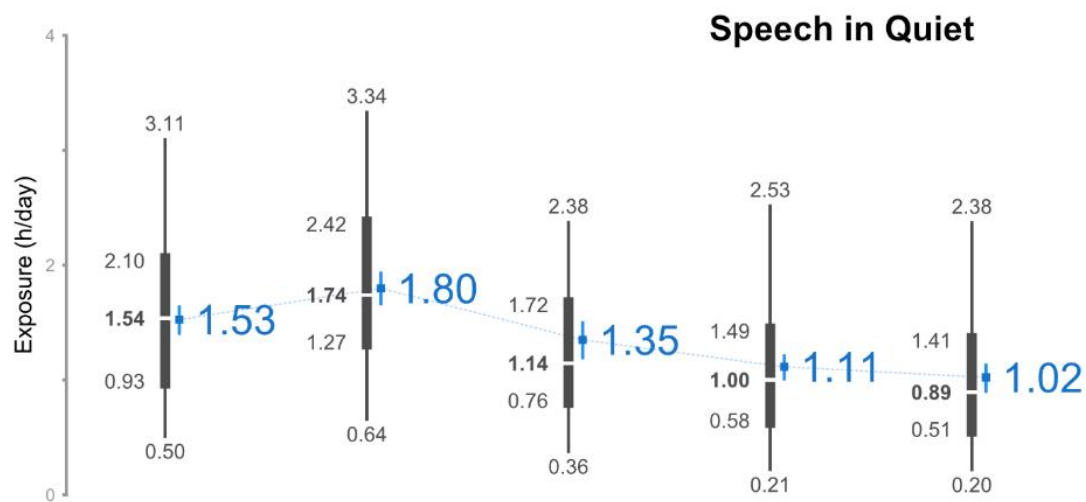
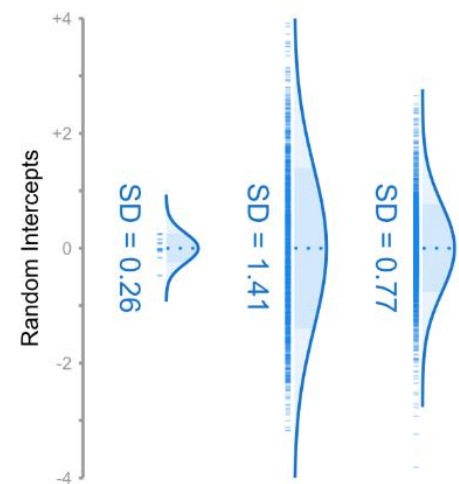
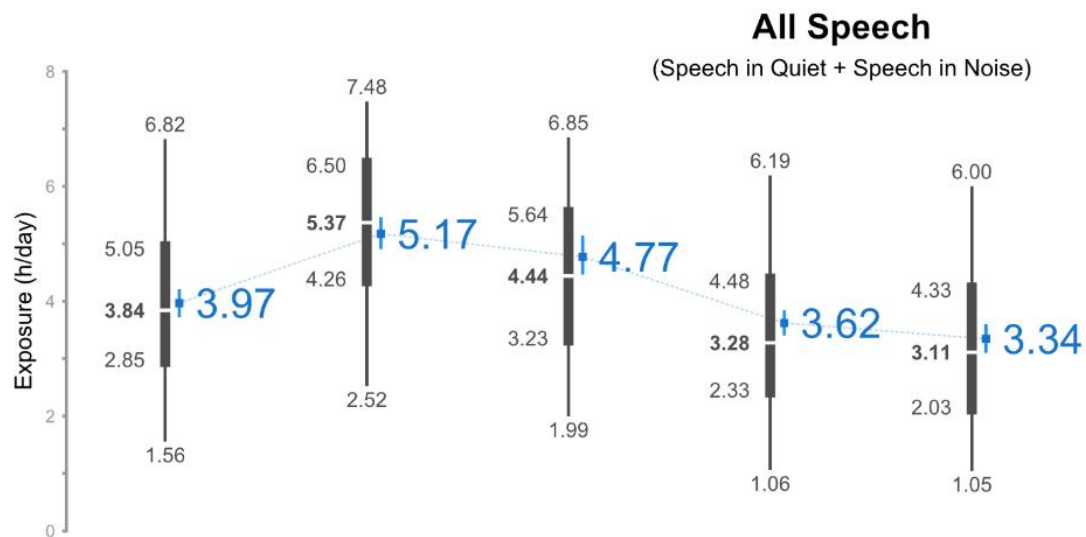
Device Use (Time on Air)

a)

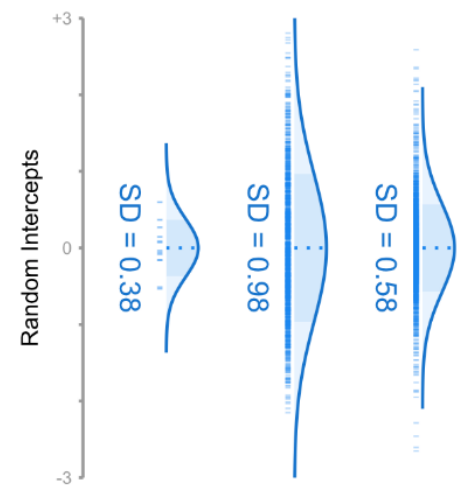
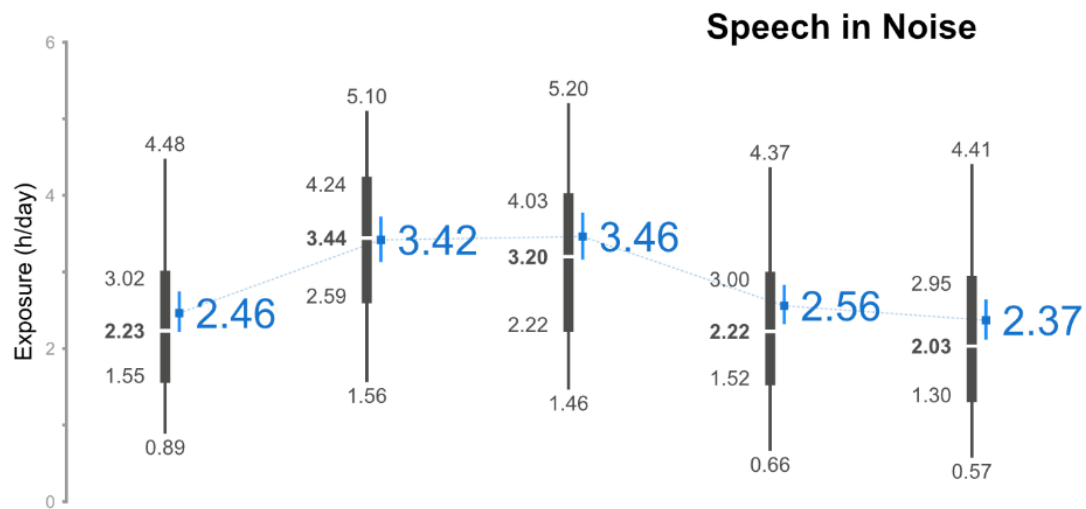
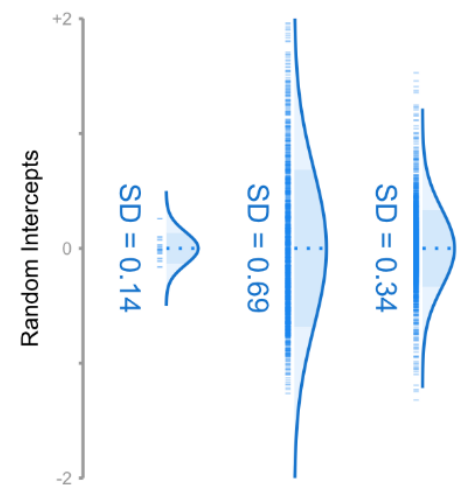
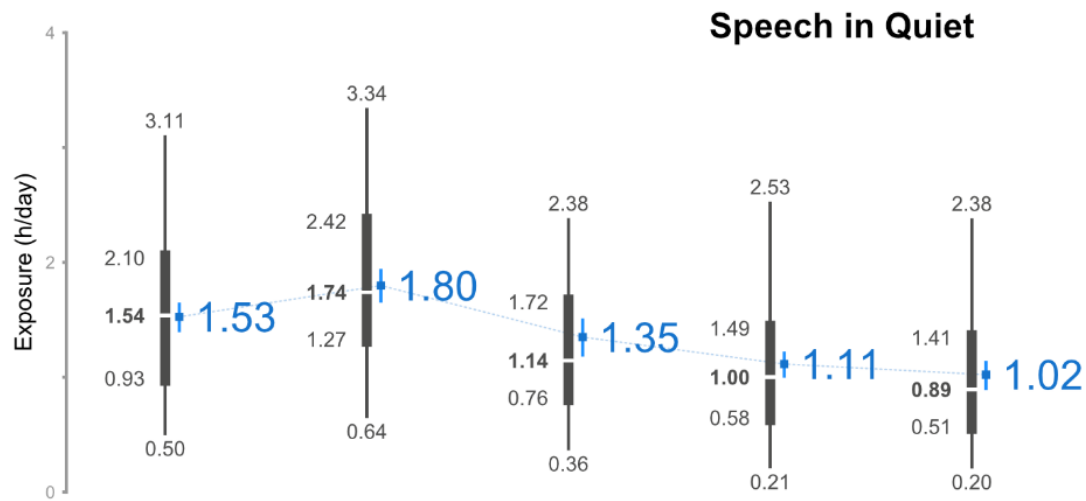


b)



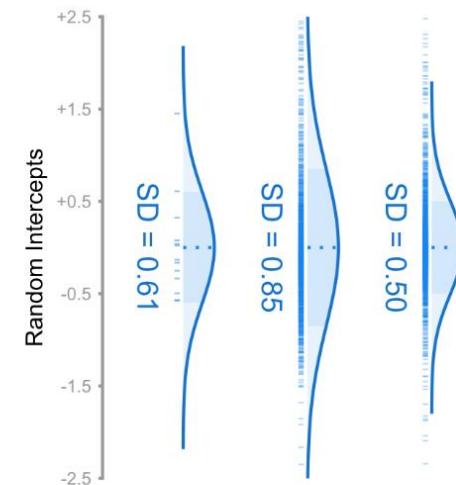
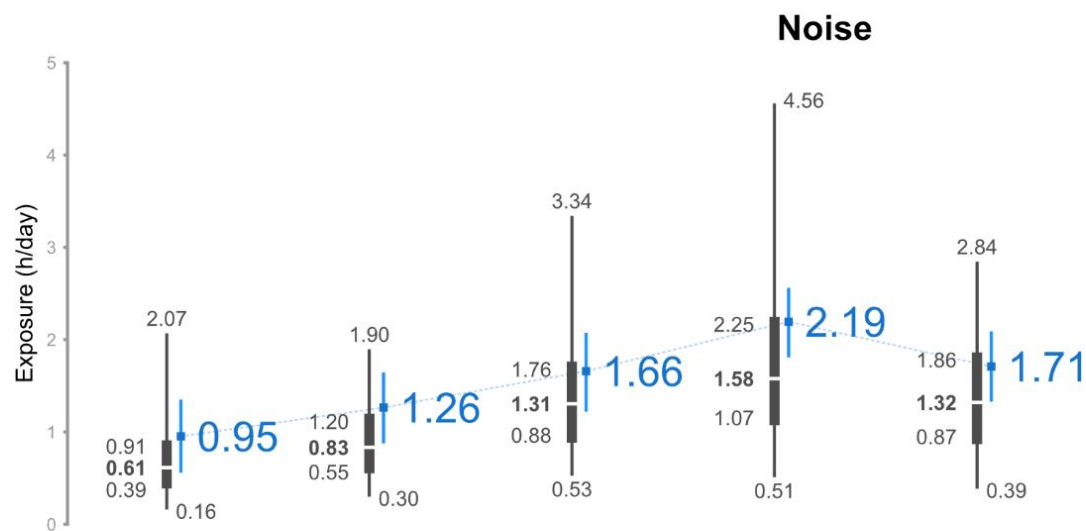


	Early Childhood	Primary School	Secondary School	Adult	Senior	country (w_{00c})	user (r_{0uc})	residual (e_{iuc})
<i>n</i> user averages:	223	184	94	615	385	<i>n</i> =13	<i>n</i> =1501	
<i>n</i> logs (HLM):	572	430	162	1374	903			

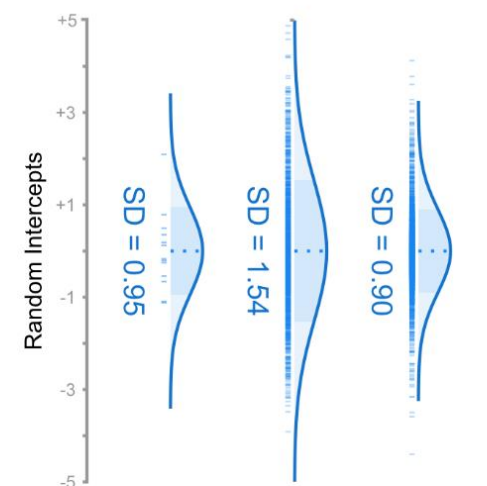
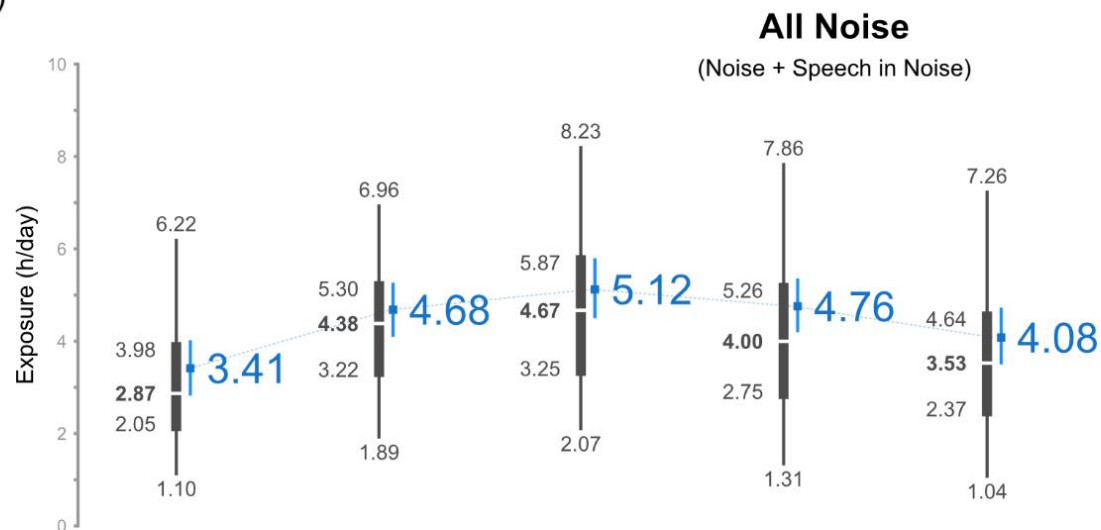


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a)



b)



Early Childhood

n user averages: 223
n logs (HLM): 572

Primary School

184
430

Secondary School

94
162

Adult

615
1374

Senior

385
903

country
 (w_{00c})
n=13

user
 (r_{0uc})
n=1501

residual
 (e_{iuc})

Main conclusion

Significant differences in environments between and within age groups.

Open Question: Are the differences meaningful?

Can they explain variability in outcomes, identify risk cases?

→ optimize environment, optimize rehabilitation

Next Study:

Predict **language development** from past **auditory environment**

Download the paper here (open access):

<http://jslhr.pubs.asha.org/article.aspx?articleid=2621837>

Review of Topics

- Contents of data logs
- The 3 steps of sound classification
- Applications for sound classification and data logging:
 - Changing HA settings online and trainable hearing aids
 - Fitting and counselling with data logs
 - Research: The auditory environment of CI users