1 Title: **Imaging decision-related neural cascades in the human brain**
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Abstract

Perceptual decisions depend on coordinated patterns of neural activity cascading across

the brain, running in time from stimulus to response and in space from primary sensory

regions to the frontal lobe. Measuring this cascade and how it flows through the brain is

key to developing an understanding of how our brains function. However observing, let

alone understanding, this cascade, particularly in humans, is challenging. Here, we report

a significant methodological advance allowing this observation in humans at

unprecedented spatiotemporal resolution. We use a novel encoding model to link

simultaneously measured electroencephalography (EEG) and functional magnetic

resonance imaging (fMRI) signals to infer the high-resolution spatiotemporal brain

dynamics taking place during rapid visual perceptual decision-making. After

demonstrating the methodology replicates past results, we show that it uncovers a

previously unobserved sequential reactivation of a substantial fraction of the pre-response

network whose magnitude correlates with decision confidence. Our results illustrate that

a temporally coordinated and spatially distributed neural cascade underlies perceptual

decision-making, with our methodology illuminating complex brain dynamics that would

otherwise be unobservable using conventional fMRI or EEG separately. We expect this

methodology to be useful in observing brain dynamics in a wide range of other mental

processes.

Introduction

The detailed spatiotemporal brain dynamics that underlie human decision-making are

difficult to measure. Invasive techniques with sufficient temporal or spatial resolution,

such as depth electrodes or cortical arrays used with epilepsy patients, are only feasible in

rare cases and, in addition, do not capture activity from the entire brain. In comparison,

non-invasive measures such as electroencephalography (EEG) and

magnetoencephalography (MEG) suffer from poor spatial resolution, and blood oxygen

level dependent functional MRI (BOLD fMRI) from poor temporal resolution and

indirect coupling to neural activity (e.g. fMRI)[1]. In spite of this, EEG, MEG, and fMRI

have been used individually to study perceptual decision-making in the human brain,

although, by themselves they provide a limited view of the underlying brain dynamics [2].

Recently, methods enabling simultaneous acquisition of EEG and fMRI

(EEG/fMRI) have led to varied analytic approaches aimed at integrating the

electrophysiological and hemodynamic information contained in the joint measurements.

Such approaches offer the potential to provide a comprehensive picture of global brain

dynamics, and will likely offer new insights into how the brain makes rapid decisions [3,4].

Some of the techniques that have been proposed for combining multi-modal brain signals

have separately analyzed the EEG and fMRI data and subsequently juxtaposed the

results[5,6], while others attempt for a truly integrated approach in order to fully exploit the

joint information contained in the data sets [7]. In general, simultaneous EEG/fMRI and the

associated analysis techniques have been used to identify neuronal sources of EEG trial-

to-trial variability, linking them to cognitive processes such as attention [8] and inhibition [9].

Many previous studies have used known EEG markers (P1, N2, N170, P300, α-

rhythm) or data driven approaches such as Independent Component Analysis (ICA) to

combine EEG with fMRI data [4,8-16]. One promising approach has been to use supervised

machine-learning techniques (e.g. classifiers) to find relevant projections of the EEG

data, where single-trial variability of the electrophysiological response along these

projections can be correlated in the fMRI space. Goldman, et al. [17], Walz, et al. [18] and

Fouragnan, et al. [19] have demonstrated this technique on visual and auditory paradigms.

This methodology has been shown to localize cortical regions that modulate with the task

while preserving the temporal progression of task-relevant neural activity.

Here we combine a classification methodology with an encoding model that

relates the trial-to-trial variability in the EEG to what is observed in the simultaneously

acquired fMRI. Encoding models have become an important machine learning tool for

analysis of neuroimaging data, specifically fMRI [20]. In most cases encoding models have

been used to learn brain activity that encodes or represents features of a stimulus, such as

visual orientation energy in an image/video [21-23], acoustic spectral power in sound/speech

[24], or visual imagery during sleep [25]. In the method presented here, we employ an

encoding model to directly relate the simultaneously collected data from the two

neuroimaging modalities—instead of features derived from the stimulus, they are derived

from EEG component trial-to-trial variability. Specifically, we learn an encoding in the

spatially precise fMRI data from the temporally precise trial-to-trial variability of EEG

activity predictive of the level of stimulus evidence. This approach leverages the fact that

the level of stimulus evidence, as measured via EEG, persists across the trial [26,27], and

that by discriminating this information in a time-localized way, one can temporally "tag"

specific cortical areas by their trial-to-trial variability.

Using our framework for learning the BOLD signal encoding of task-relevant and

temporally precise EEG component variability, we unravel the cascade of activity from

the representation of sensory input to decision formation, decision action, and decision

monitoring. A particularly novel finding is that after the activation of decision

monitoring regions (i.e. ACC), we see a reactivation of pre-response networks, where the

strength of this reactivation correlates with measures of decision confidence. This

specific reactivation, as well as the entire spatio-temporal cascade, is completely

unobservable using conventional fMRI-only or EEG-only methodologies.

Results

In this study, we used a visual alternative forced choice (AFC) task where

subjects were shown brief presentations of pictures corrupted by noise and instructed to

rapidly discriminate between object categories. On any given trial, the level of noise, or

stimulus evidence, was varied randomly. The task itself, as well as similar visual

decision-making tasks [28], is believed to engage an extensive set of cortical areas in a

coordinated fashion, including regions that are responsible for sensory encoding,

evidence accumulation, decision formation, and response and decision monitoring.

However, the dynamic interplay of these regions has never been observed in humans.

Here we exploit previously reported findings regarding the sensitivity of the EEG and

fMRI signals to the level of stimulus evidence during a perceptual decision-making task.

Specifically, previous work has shown differential neural responses to high vs. low

stimulus evidence in trial averaged EEG event-related potentials (ERPs), where this

difference persists across the trial[26,27]. Similarly, fMRI studies have shown that for

perceptual decision making tasks a number of spatially-distributed cortical areas

significantly correlate with the level of stimulus evidence[29,30]. We leverage the fact that

the level of stimulus evidence is expressed temporally in the EEG and spatially in the

fMRI to "tag" voxels with a time. Specifically, using a classification methodology (i.e.

discriminative components) we identify temporally precise expressions of the level of

stimulus evidence that then can be spatially localized through an encoding model of the

fMRI BOLD data.

We collected simultaneous EEG/fMRI data from 21 subjects as they performed a

3-AFC task discriminating between faces, cars, and houses (Fig. 1A). Subjects were

instructed to discriminate the object class after briefly viewing an image corrupted by

varying levels of noise (Fig. 1B) and respond by pressing one of three buttons. Overall,

subjects responded with accuracies of $94 \pm 5\%$ and $58 \pm 12\%$ and with response times of

634 ± 82ms and 770 ± 99ms for high and low stimulus evidence trials, respectively (Fig.

1 C, D). Subject accuracies and response times across stimulus types (faces, cars, houses)

for low stimulus evidence trials were similar; however, for high stimulus-evidence trials

subject accuracies were higher and response times were shorter for faces than for cars or

houses (See Supplemental Information Fig. S1).

GLM based analysis of BOLD fMRI shows superposition of cortical areas correlated

with stimulus evidence

A traditional general linear model (GLM) analysis of the fMRI (see Methods)

revealed differences in BOLD activation between the two stimulus evidence conditions

(Fig. 1F, SI Table 1). Brain regions showing greater BOLD activation to high vs. low

stimulus evidence trials included areas associated with early visual perception and the

default mode network[26], such as fusiform gyrus, parahippocampal gyrus, lateral occipital

cortex, superior frontal gyrus, and posterior cingulate cortex. Regions with greater BOLD

activation to low vs. high stimulus evidence trials included areas in the executive control

and difficulty networks, such as dorsal lateral prefrontal cortex, anterior cingulate cortex,

intraparietal sulcus, and insula. Overall, these GLM results for the BOLD data

reproduced previous results in the literature where similar stimuli and paradigms were

used [29](Fig. S2A).

Extracting temporally localized EEG signatures of stimulus evidence variability

The traditional fMRI results showed multiple brain regions correlated with the

difficulty, or stimulus evidence, of the trial; however, this traditional approach does not

enable one to infer the relative timing of these fMRI activations. To infer timing at a

scale of tens of milliseconds, we used linear classification[31,32] of the EEG to extract trial-

to-trial variability related to stimulus evidence at specified post-stimulus time points.

The basic idea is illustrated in Figure 2, where hypothetical neural activity is

shown for two different regions that are constituents of the perceptual decision-making

network. Averaging over trials would clearly reveal a difference in the mean neural

activity between high and low stimulus evidence. However, the two regions contribute

differentially to the network, with one region encoding the stimulus evidence (Region 1)

and the other integrating it over time (Region 2); both are sensitive to the level of

stimulus evidence, though varyingly so at different times in the trial. By taking

advantage of this sensitivity to the stimulus evidence, we can learn EEG discriminant

components, i.e. spatial filters, that best classify trials at different time windows given the

neural data. We used the trial-to-trial variability along these component directions as

features to uniquely tag fMRI voxels with the specific time window of the component.

This tagging is done by building an encoding model of the features, given the BOLD

signal, details of which are described in the following section.

We constructed EEG components by learning linear classifiers at 25ms steps,

starting from stimulus onset to 50ms past the average low stimulus evidence response

time. We chose a time step of 25ms due to an empirical analysis showing a half width of

50ms in the temporal autocorrelation of the EEG data, though in principle this

methodology allows for temporal resolution up to the EEG sampling rate. Each classifier

was associated with a set of discriminant values, which can be represented as a vector y_τ;

each element of the vector is the distance of a given trial to the discrimination boundary

for the classifier at time step τ (Fig. 2). This distance can be interpreted as a measure of

the EEG classifier's estimate of the level of stimulus evidence for that trial[17,18,31-34].

Results of the EEG analysis show discriminating information for stimulus

evidence spanning the trial (see Fig. 4A), beginning roughly 175ms post-stimulus to past

the average response times. A dip occurs around 300ms, indicating stimulus evidence is

less discriminative at this time and serves to demarcate early and late cognitive processes.

The early process corresponded to the time of the D220 ERP component, which has been

shown to modulate with the degree of task difficulty, whether via stimulus noise or task

demands[35]. The later and more prolonged component is likely related to more complex

cognitive and motor preparatory processes that differ between high and low stimulus

evidence trials. Importantly, although the early and late EEG components were both

discriminative, we found their trial-to-trial variability to be uncorrelated (Figs. 4B and

S3E), indicating that while the discriminating information (level of stimulus evidence)

persists across the trial, it couples differently to processes across time.

An encoding model links fMRI activations with temporally distinct EEG trial-to-trial

variability

After extracting the trial-to-trial variability from the EEG discriminant

components, feature vectors y_τ are collected across time steps, τ, along with a response

time vector to construct a matrix Y. This matrix is the temporally precise representation

of the trial-to-trial EEG variability that reflects high vs. low stimulus evidence. An

encoding model is then fit, namely a model in which weights are estimated for each time-

localized EEG window, to predict the trial-to-trial variability of the BOLD response for

each fMRI voxel. Figure 3 shows a schematic of the encoding model framework we used

and compares it to a traditional encoding model constructed by using features derived

directly from the stimulus. Rather than constructing a map that directly relates each voxel

to a type of stimulus feature, such as whether it encodes edges, motion or some semantic

concept such as "animal" [21-23,36-38], our model is used to construct maps that label voxels

by the time window of the variability they encode – i.e. it "tags" each voxel with a

"time", or set of times, when it encodes the variability in the given EEG discriminant

component(s).

It is important to note that this approach does not attempt to improve source

localization typically done for EEG/MEG studies. Our approach instead provides the

temporal resolution of EEG (ms) and the spatial resolution of fMRI (mm) without the

need to solve the ill-posed inverse solution and make the many associated assumptions

required for reliable source-localization results[39].

An example of the quality of the encoding model is shown in Fig. 4C (see also

Fig. S2B) where significant voxels from the encoding model are shown in yellow. Fig.

4D shows the trial-to-trial variability of BOLD signal at a specific voxel, comparing it to

the variability predicted by the encoding model. Additional validity of the encoding

model and single subject results are presented in the Supplemental Information (Fig.

S4A/B). The encoding model was also evaluated as a decoding model (see Methods) with

the BOLD activity used to predict the trial-to-trial variability in the EEG for unseen

data—data on which the encoding model was not trained. Fig. 4E shows these results,

expressed as the correlation between the measured and predicted EEG trial-to-trial

variability across the 800ms epoch. The shape of the curve is highly consistent with that

observed for the EEG data itself (comparing Fig. 4A and Fig. 4E) (additional analysis of

the fidelity of the model is provided in the SI, Fig. S3).

Given the encoding model, we unwrap the BOLD activity across time by

identifying weights that are consistent across subjects in space and time (see Methods).

Fig. 5 shows these results for a group level analysis. We observe a progression of activity

(see Movie S1), at 25ms resolution, which proceeds simultaneously down the dorsal and

ventral streams of visual processing for the first 250ms. After that the cascade becomes

more complex with activation in the IPS at 425ms and 750ms (see Fig. 6A), reactivation

of the SPL at 675ms and activation of ACC at 600ms along with other regions found in

the traditional fMRI results. (see Fig. S5, Tables S2 and an additional analysis using

dynamic causal modeling [40]). The reactivation pattern is particularly significant since it

would not be observable via a traditional fMRI general linear model (GLM) analysis,

which integrates over time and thus superimposes these activities. For example, the

changing sign of the middle temporal gyrus (MT) encoding weights in Fig. 6A

manifested as no activity in the MT for the traditional fMRI GLM analysis—the change

in sign canceled the effective correlation in the GLM (see Fig. 1F and Fig. S1). The areas

of activation we find are consistent with previous reports in the literature for human

subjects[29,30] ; however, here we are able to link activations across time in a way that was

previously only possible with invasive techniques.

Cortical reactivation correlates with decision confidence

Further analysis of the spatiotemporal dynamics (see Fig. 6B), shows that the

reactivation pattern in the network occurs after decision-monitoring areas become

engaged (i.e. after ACC). Spontaneous reactivation, or "replay", of neural activity in the

human brain has been observed and believed to be important for memory consolidation[41]

and more recently has been hypothesized to play a role in perceptual decision-making by

enabling the formation of decision confidence[42]. To test the hypothesis that the

reactivation activity we see is in fact related to decision confidence, we used a

hierarchical drift diffusion model (DDM)[43,44] to fit the behavioral data for high and low

stimulus evidence conditions (see Methods). Specifically, our model enables us to define

a proxy for decision confidence based on the DDM fits to the behavior[45]. Correlating the

reactivation level to this confidence proxy shows a strong and significant monotonic

relationship between confidence and the level of reactivation (high stimulus evidence-

slope=0.037±0.008, t=4.657, p=3.2x10^{-6}; low stimulus evidence-slope=0.062±0.008,

t=7.754, p=8.88x10^{-15}), with low stimulus evidence trials reactivated more strongly than

high stimulus evidence trials (difference in slopes=-0.025±0.011, t=2.189, p=0.029)(see

Fig. 7 and Fig. S7). Additionally, reactivation amplitude correlates with behavioral

accuracy (Fig. S8) (high stimulus evidence, slope=0.0115±0.0047, t=2.41, p=0.016; low

stimulus evidence, slope=0.0104±0.0047, t=2.19, p=0.028).

Discussion

We have shown that linking simultaneously acquired EEG and fMRI using a novel

encoding model enables imaging of high-resolution spatiotemporal dynamics that

underlie rapid perceptual decision-making — decisions made in less than a second. This

method, which resolves whole-brain activity with EEG-like temporal resolution, was

shown to uncover reactivation processes that would otherwise be masked by the temporal

averaging and slow dynamics of traditional fMRI. More broadly, our results

demonstrated a general non-invasive data-driven methodology for measuring high

spatiotemporal latent neural processes underlying human behavior.

This approach temporally "tags" the BOLD fMRI data by encoding the trial-to-

trial variability of the temporally precise task relevant components in simultaneously

acquired EEG. In effect, the EEG discrimination indexes the activity of interest at high

temporal resolution, defining a feature space, and the trial-to-trial variability of these

discriminant components becomes the specific feature values used in the encoding model.

For the case presented here, this variability was used to tease apart the cascade of activity

modulated by stimulus evidence across the trial, and this allowed us to observe, as never

seen before, the spatiotemporal brain dynamics underlying a perceptual decision.

Previous studies have sought to generalize the timing diagram of a perceptual

decision through multi-unit recordings in non-human primates[46,47] or more broadly in

humans[29,30] using fMRI. Our results confirmed the general temporal ordering of

activations found previously (early visual processing, decision formation, decision

monitoring). However, there was a possibility the temporal order we observed using our

technique was an artifact of our methodology. To assess this possibility, we performed

additional analyses using dynamic causal modeling (DCM) to further validate the

temporal activation sequence (see Fig. S6) and show, using a different set of assumptions

and method, that the temporal sequence we observe is highly likely under a set of

alternative sequences. We found that the most likely model is the one consistent with the

time course inferred from our encoding model. The DCM results provide additional

evidence that the temporal profile uncovered by the encoding model is a likely temporal

decomposition of the superimposed fMRI activations.

The approach we present requires that EEG and BOLD data be collected

simultaneously and not in separate sessions in order to exploit the correlations in trial-to-

trial variability to "tag" the BOLD data. To show the importance of collecting the data

simultaneously, we ran a control analysis that randomly permuted the trials within their

stimulus evidence class, thus effectively simulating an EEG and BOLD dataset collected

separately. By destroying the link between the EEG and BOLD trials, the encoding

model failed to find any consistent activation (Fig. S9/10), indicating the necessity of

simultaneous acquisition.

Alternative techniques for fusing simultaneous EEG-fMRI typically do not

exploit EEG across the trial and instead only analyze specific ERP components or time

windows of interest [4,8,10,12-19,48,49]. Results from these techniques identify regions that

modulate with the specific components, but yield limited information about the timing of

other task-relevant regions seen in traditional fMRI contrasts. The methodology

developed here extends the work of [17] and Walz, et al. [18] by combining their EEG data

reduction techniques with techniques developed for encoding stimulus features onto

BOLD data[20-23,36,38], ultimately providing a framework for labeling voxels in task-

relevant fMRI contrasts with their timing information (Fig. S2C/E/F).

Clearly, other EEG components that are task-related can be isolated and could

potentially be used to "tag" BOLD data. The sliding window linear classification used

here acts to reduce the EEG data along a dimension that categorizes stimulus evidence;

however, this could be replaced by any other data reduction technique, such as

temporally windowed ICA or PCA. Variability along these component directions could

then be used in the encoding model to link with the simultaneously collected BOLD data.

The choice of data reduction technique (i.e. feature space) would be highly dependent on

the nature of the inferences.

Our methodology enabled us to observe reactivation of the pre-response network,

spatiotemporal dynamics that would be masked using traditional fMRI analysis.

Interestingly, the reactivation terminated in a network that included the MFG, insula, and

IPS, similar areas previously reported to be reactivated in metacognitive judgments of

confidence in perceptual decisions[42,50,51]. Gherman and Philiastides [52] observed this

network using a multivariate single-trial EEG approach, coupled with a distributed source

reconstruction technique. Fleming, et al. [42] and Heereman, et al. [53] used BOLD fMRI to

show that areas in this network negatively correlate with subjective certainty ratings.

Unique to our findings, we saw this reactivation on a single-trial basis after engagement

of the ACC, which has been shown to be involved in decision monitoring[52,54], and also

observed the dynamic sequence leading up to this network reactivation. Our results

showed that reactivation/replay occurred on a trial-to-trial basis after a decision, was

stronger for difficult decisions, and correlated with decision confidence.

The encoding model we developed was able to decompose traditional fMRI

activation maps into their temporal order with significant voxel overlap between the

encoding model results and traditional results. The encoding model was also able to show

regions that were activated at multiple time points throughout the decision, indicating

temporal dynamics that were hidden previously. The regions of activation we found are

consistent with earlier findings; however, the work here provided the precise temporal

decomposition of these previously reported, temporally superimposed regions of

activation. In general, we have shown that simultaneously acquired EEG/fMRI data

enables a novel non-invasive approach to visualize high resolution spatial and temporal

processing in the human brain with the potential for providing a more comprehensive

understanding of the neural basis of complex behaviors.

Methods

Subjects

21 subjects (12 male, 9 female; age range 20-35 years) participated in the study. The

Columbia University Institutional Review Board (IRB) approved all experiments and

informed consent was obtained before the start of each experiment. All subjects had

normal or corrected-to-normal vision.

Stimuli

We used a set of 30 face (from the Max Planck Institute face database), 30 car, and 30

house (obtained from the web) gray scale images (image size 512x512 pixels, 8

bits/pixel). They were all equated for spatial frequency, luminance, and contrast. The

stimulus evidence (high or low) of the task was modulated by systematically modifying

the salience of the image via randomization of image phase (35% (low) and 50% (high)

coherence)[55].

Experimental task

The stimuli were used in an event-related three-alternative forced choice (3-AFC) visual

discrimination task. On each trial, an image -- either a face, car, or house -- was presented

and subjects were instructed to respond with the category of the image by pressing one of

three buttons on an MR compatible button controller. Stimuli were presented to subjects

using E-Prime software (Psychology Software Tools) and a VisuaStim Digital System

(Resonance Technology) with 600x800 goggle display. Over four runs, a total of 720

trials were acquired (240 of each category with 120 high coherence trials) with a random

inter-trial interval (ITI) sampled uniformly between 2-2.5s. Each run lasted for 560

seconds.

fMRI acquisition

Blood-oxygenation-level-dependent (BOLD) T2*-weighted functional images were

acquired on a 3T Philips Achieva scanner using a gradient-echo echo-planar imaging

(EPI) pulse sequence with the following parameters: Repetition time (TR) 2000ms, echo

time (TE) 25ms, flip angle 90°, slice thickness 3mm, interslice gap 1mm, in-plane

resolution 3x3mm, 27 slices per volume, 280 volumes. For all of the participants, we also

acquired a standard T1-weighted structural MRI scan (SPGR, resolution 1x1x1mm).

EEG acquisition

We simultaneously and continuously recorded EEG using a custom-built MR-compatible

EEG system[56,57], with differential amplifiers and bipolar EEG montage. The caps were

configured with 36 Ag/AgCl electrodes including left and right mastoids, arranged as 43

bipolar pairs. Bipolar pair leads were twisted to minimize inductive pickup from the

magnetic gradient pulses and subject head motion in the main magnetic field. This

oversampling of electrodes ensured data from a complete set of electrodes even in

instances when discarding noisy channels was necessary. To enable removal of gradient

artifacts in our offline preprocessing, we synchronized the EEG with the scanner clock by

sending a transistor– transistor logic pulse at the start of each image volume. All

electrode impedances were kept below 20 kΩ, which included 10 kΩ resistors built into

each electrode for subject safety.

Functional image pre-processing.

Image preprocessing was performed with FSL (www.fmrib.ox.ac.uk/fsl/). Functional

images were spatially realigned to the middle image in the times series (motion-

correction), corrected for slice time acquisition, spatially smoothed with a 6mm FWHM

Gaussian kernel, and high pass filtered (100s). The structural images were segmented

(into grey matter, white matter and cerebro-spinal fluid), bias corrected and spatially

normalized to the MNI template using 'FAST' [58]. Functional images were registered into

MNI space using boundary based registration (BBR)[59].

EEG data preprocessing.

We performed standard EEG preprocessing offline using MATLAB (MathWorks) with

the following digital Butterworth filters: 0.5 Hz high pass to remove direct current drift,

60 and 120 Hz notches to remove electrical line noise and its first harmonic, and 100 Hz

low pass to remove high-frequency artifacts not associated with neurophysiological

processes. These filters were applied together in the form of a zero-phase finite impulse

response filter to avoid distortions caused by phase delays. We extracted stimulus-locked

1500 ms epochs (-500:1000) and subtracted the mean baseline – -200 ms to stimulus

onset – from the rest of the epoch. Through visual inspection, we discarded trials

containing motion and/or blink artifacts, evidenced by sudden high-amplitude

deflections.

Sliding window logistic regression.

We used linear discrimination to associate each trial with the level of stimulus evidence

represented in the EEG. We considered high stimulus and low stimulus evidence trials

irrespective of behavioral accuracy. Regularized logistic regression was used as a

classifier to find an optimal projection for discriminating between high and low stimulus

evidence trials over a specific temporal window. A sweep of the regularization

parameters was implemented using FaSTGLZ[60]. This approach has been previously

applied to identify neural components underlying rapid perceptual decision-making

[17,18,31,33,34,45,49,61].

Specifically, we defined 50ms duration training windows centered at time, τ,

ranging from stimulus onset to 800ms following the stimulus in 25ms steps. We used

logistic regression to estimate a spatial weighting, on N EEG channels, vector (w_τ which

is N x 1) that maximally discriminated between EEG sensor array signals E for each class

(e.g., high vs. low stimulus evidence trials):

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$$y_\tau = w_\tau^T E_\tau \tag{1}$$

In eqn. 1, E_τ is an N x p vector (N sensors per time window τ by p trials). For our

experiments, the center of the window (τ) was varied across the trial in 25ms time-steps.

We quantified the performance of the linear discriminator by the area under the receiver

operator characteristic (ROC) curve, referred to here as AUC, using a leave-one-out

procedure. We used the ROC AUC metric to characterize the discrimination performance

as a function of sliding our training window (i.e., varying τ). For each subject, this

produced a matrix Y where the rows corresponded to trials and the columns to training

windows, i.e. Y is the combination of the calculated y_τ for each time window.

Traditional fMRI analysis.

We first ran a traditional general linear model (GLM) fMRI analysis in FSL, using

event-related (high and low stimulus evidence) and response time (RT) variability

regressors. The event-related regressors comprised boxcar functions with unit amplitude

and onset and offset matching that of the stimuli. RT variability was modeled using the z-

scored RT as the amplitude of the boxcars with onset and offset matching that of the

stimulus, and these were orthogonalized to the event-related regressors.

Orthogonalization was implemented using the Gram-Schmidt procedure[62] to decorrelate

the RT regressor from all other event-related regressors. All regressors were convolved

with the canonical hemodynamic response function (HRF), and temporal derivatives

were included as confounds of no interest. An event-related high versus low stimulus

evidence contrast was also constructed. A fixed-effects model was used to model

activations across runs, and a mixed-effects approach was used to compute the contrasts

across subjects. Activated regions that passed a family-wise error (FWE) [63] corrected

cluster threshold of $p < 0.01$ at a z-score threshold of 2.57 were considered significant.

fMRI deconvolution.

Associating fMRI data to each trial is challenging for two main reasons: (a) the temporal

dynamics of the hemodynamic response function (HRF) evolve over a longer time-scale

than the mean ITI of the event-related design, resulting in overlapping responses between

adjacent trials; and (b) the ITI was random for each trial so that the fMRI data was not

acquired at a common lag relative to stimulus onset. To overcome these issues, we

employed the `least squares - separate' (LS-S) deconvolution[64] method to estimate the

voxel activations for each trial. For every trial, the time series of each voxel was

regressed against a "signal" regressor and a "noise" regressor. The "signal" regressor was

the modeled HRF response due to that trial (a delta function centered at stimulus onset

convolved with a canonical HRF), while the "noise" regressor was the modeled HRF

response due to all other trials (superimposed linearly). The resulting regression

coefficients of the "signal" regressor represented the estimated voxel activations due to

that trial. These voxel activations were then organized into a single brain volume per trial.

We extracted 58697 voxels from a common gray matter group mask at 3 mm^3 spatial

resolution that excluded white matter and CSF and assembled the resulting voxel

activations into rows of the data matrix F.

Single subject encoding model.

All encoding model analyses were performed in MATLAB. To relate the EEG data with

the fMRI, we devised a subject-wise spatio-temporal decomposition using singular value

decomposition (SVD). Let F be an m x p matrix denoting m-voxels and p-trials that is the

deconvolved high and low stimulus evidence fMRI data for each trial. Let Y be the r x p

matrix denoting r-windows (33 EEG_τ windows and response time (RT)) and p-trials. For

each trial, the first row of Y is the response times while subsequent rows are the y values

at each window time. Let W be an m x r matrix that is the weights on Y that solve for F.

$$F = WY \tag{2}$$

461   Normally, if we solve for W using the least squares approach, we get:

$$W = (FY^T)(YY^T)^{-1} \tag{3}$$

However, each time point might be highly correlated with its neighbors, which reduces

the stability of the least-squares regression. We can use SVD to reduce the feature space

and improve our estimation of W (the weights on each window). Then for a leave-one-

out cross validation, we hold out a single trial from the EEG Y matrix and the

corresponding volume from the fMRI data F and train on the remaining trials. We

repeated this for all trials.

$$Y^{Train} = U\Sigma V^T \tag{4}$$

Where U is an r x r orthonormal matrix, Σ is a r x p diagonal matrix and V is a p x p

orthonormal matrix. After SVD on Y^{Train}, we reduced the feature dimensions on Y^{Train} to

retain 75% of the variance by only keeping v components. To do this, we selected the

first v rows of Σ and zeroed the other rows. We now have $\tilde{\Sigma}$ as our reduced spaced

matrix. If we now recalculate our least squares solution where we have replaced Y by its

reduced form $U\tilde{\Sigma}V^T$ in equation 3:

476                       $$\hat{W} = (F^{Train}V\tilde{\Sigma}^T)(\Sigma\Sigma^T)^{-1}U^T \quad\quad\quad\quad (5)$$

477   So for each leave one out fold, we first calculated the SVD of the training set. We then

478   calculated the number of components to keep and then solve for $\hat{W}$, the weight estimate

479   per fold. To test, we then applied the weights to the left-out test data Y^{Test} to estimate the

480   encoded fMRI data $\hat{F}$ for the encoding part:

481                       $$\hat{F} = \hat{W}Y^{Test} \quad\quad\quad\quad (6)$$

482   While for the decoding model using the left out test data F^{Test}:

483                       $$\hat{Y} = \hat{W}^T F^{Test}(\hat{W}^T\hat{W})^+ \quad\quad\quad\quad (7)$$

Here, $\hat{W}^T\hat{W}$ is not invertible, and so we used the pseudo-inverse.

At this point, we have $\hat{F}$, a m x p matrix with m voxels by p trials. For each voxel

j, we calculated the correlation of $\hat{F}_j$ with F$_j$, resulting in the matrices R^{fMRI} (Pearson

Correlation Map) and P^{fMRI} (p-value map of the Pearson Correlation) that are m x 1. The

P^{fMRI} was then converted to a z-score map. We constructed the m x r weight matrix W by

taking the average of all the trained $\hat{W}$ matrices. To test which time windows were

significant, we also calculated, R_τ^{EEG}, the correlation between $\hat{Y}_\tau$ and Y$_\tau$.

Group level spatio-temporal analysis.

For group level statistics, we first analyzed the R_τ^{EEG} vectors across all subjects. The R_τ^{EEG}

vectors were converted into their p-values, and for each time window (τ), used to

compute combined Stouffer p-values [65]. These group level results were then false

discovery rate corrected (FDR) for multiple comparisons[66]. To identify group level

voxels where our model predictions were significant, each subject's p-value maps for the

leave-one-out correlation were converted into their respective z-values, and voxel-wise

significance was calculated using threshold-free cluster enhancement (TFCE) using a

non-parametric randomization procedure implemented in FSL[67]. Voxels were considered

significant if they passed a conservative false discovery rate threshold of $p<0.01$.

501   These significant voxels were then used as a mask to temporally localize

activations by computing the voxels that were consistent in their direction (positive (high

stimulus evidence) or negative (low stimulus evidence)) and timing (τ window). To this

end, we implemented a spatio-temporal TFCE (stTFCE) in both space (neighboring

voxels) and time (neighboring time windows - response time window not included) and

computed significance through a randomization procedure. 33000 permutations (1000

permutations per window) were run by randomly altering the sign of each subject and the

temporal ordering of the windows, as we were testing whether the weights were

consistent in sign, voxel space, and temporal window. P-values were calculated by

comparing the true stTFCE value with the distribution of permuted values. Again, voxels

were considered significant if they passed FDR correction at $p<0.05$ (high stimulus

evidence: FDR-Corrected $p<0.0019$, low stimulus evidence: FDR-Corrected $p<0.00036$).

Note, that now our number of multiple comparisons was the number of voxels in the

FDR-mask (20256) times the number of time windows (33). We analyzed the response

time separately with a standard TFCE randomization procedure implemented in FSL

(Fig. S2D).

Dynamic causal modeling.

To validate the encoding model timing, we implemented single-state linear

dynamic causal modeling (DCM) using DCM10 in SPM8 [68], and applied this to the

BOLD data to test the hypothesis that the temporal sequence of BOLD activations we

found in our EEG-fMRI encoding method was most likely, relative to other possible

sequences of these same activations, given only the BOLD data. We used the results of

the encoding model to select seven regions of interest that spanned the entire trial. For the

first region (labeled 175 in our figures), we computed the union of activations during the

175ms and 200ms windows. Activations of the 225ms (225) and 250ms combined with

275ms (250) windows become the second and third regions. We computed the union of

activations during the 325ms and 350ms windows to create the fourth (325). For the fifth

region (400), we computed the union of the activations during the 400ms-450ms

windows. For the sixth region (650), we computed the union of the activations during the

650ms and 675ms windows. Finally, the union of the activations during the 725-800ms

windows was computed to create the seventh region (725). We removed any overlapping

voxels between any of the regions and then extracted time series from individual

subjects' preprocessed functional data in MNI space by estimation of the first principal

component within each region.

We constructed 11 models (Figure S6) to investigate the directed connectivity of

these regions and validate the temporal ordering found by the encoding model. Each

model was feed-forward with first node in each model as the input region. The first

model was the temporal ordering of the regions inferred from our EEG-fMRI encoding

model analysis. For five of the models, we randomized the temporal ordering of the early

regions (175, 225, 250) and the late regions (325, 400, 650, 725) separately. For the other

five models, we fully randomized the temporal ordering of all the regions.

We used fixed-effects Bayesian model selection (BMS) to compare these 11

models both on a single-subject level and at the group level. BMS balances model fit and

complexity, thereby selecting the most generalizable model. It estimates the relative

model evidence and provides a distribution of posterior probabilities for all of the models

considered. We also compared families of similar models[69]; the model space was divided

into two families (early/late or fully randomized).

Drift Diffusion Model (DDM) and Confidence Proxy.

The DDM models decision-making in two-choice tasks. Here, we treated the decision

(correct vs. incorrect) as our two choices. A drift-process accumulates evidence over time

until it crosses one of two boundaries (upper or lower) and initiates the corresponding

response[68]. The speed with which the accumulation process approaches one of the two

boundaries (a) is called drift-rate (v) and represents the relative evidence for or against a

particular response. Recently, Philiastides, et al. [45] showed that for conditions in which

the boundary (a) does not change, a proxy for decision confidence for each trial (i) can be

computed by $1/\sqrt{RT_i - T_{non}}$.

We used Hierarchical Bayesian estimation of the Drift-Diffusion Model in Python

(HDDM) to calculate the drift rate (v), decision boundary (a) and non-decision time T_{non}

for each subject [43]. Specifically, we modeled high and low stimulus evidence response

time data separately. This was to ensure our confidence proxies were consistent within

trial types. We included the response time and whether the subject got the trial correct.

HDDM obtains a sequence of samples (i.e., a Markov chain Monte Carlo; MCMC) from

the posterior of each parameter in the DDM. In our model, we generated 5000 samples

from the posteriors, the first 1000 (burn-in) samples were discarded, and the remaining

samples were thinned by 5%.

After modeling the DDM process, each trial's (i) confidence proxy (CP) for each

subject (j) was computed by $CP_{i,j} = 1/\sqrt{RT_i - T_{non,j}}$ and then z-scored across trials where

$T_{non,j}$ was varied for high or low stimulus evidence trials, separately. Therefore, CP was a

measure of relative trial confidence within difficulty levels.

Confidence Proxy and Decision Replay.

Trial to trial reactivation amplitude was defined as $Y_{j,i}^{R} = W_{j,PostACC}^{T} F_{j,i}$ for each

subject (j) and trial (i), where $W_{postACC}$ is the weight matrix from the encoding model

thresholded by voxels that were significant in the group results from the 675-800ms

windows. The mean of the $Y_{j,i}^{R}$ across time becomes a measure of "decision replay"

strength for that trial (more negative y's indicate more replay activation, more positive y's

indicate less replay activation). $Y_{j,i}^{R}$ was quintiled for high and low stimulus evidence

and the average confidence proxy was calculated within each quintile (Fig. 7). A linear

mixed effects model[70] was used to test if the slope of confidences across quintile

grouping, $Y_{j,i}^{R}$, were significantly different from 0 while including stimulus evidence as a

condition. Separate similar analyses with non-replay windows (175-250ms) and testing

for behavioral accuracy were also performed (Fig. S7-8).

Author Contributions

Conceptualization, J.M. and P.S.; Methodology, J.M., T.R.B., J.W. B.C., R.I.G. and P.S.;

Investigation, J.M.; Software, J.M., B.C.;Writing – Original Draft, J.M. and P.S.; Writing

– Review & Editing, J.M., T.R.B., R.I.G., J.W., and P.S. ; Funding Acquisition, P.S. ;

Resources, J.M., T.R.B., J.W. B.C., R.I.G. and P.S.; Supervision, T.R.B and P.S.

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 Figure Captions

Figure 1. **Paradigm and traditional EEG and fMRI results**

A, 3-AFC task where stimulus evidence for each category is modulated by varying the

phase coherence in the images. **B,** Example of face images with high stimulus evidence

(high coherence: 50%) and low stimulus evidence (low coherence: 35%). **C,** Behavioral

performance shows significant differences, as a function of stimulus evidence, in

accuracy ($p< 10^{-12}$, paired t-test) and **D,** response time ($p< 10^{-8}$, paired t-test) across the

group. **E,** Grand average stimulus-locked event related potentials (ERPs) for electrode Pz

show that differences in stimulus evidence span the time from stimulus to response. **F,**

fMRI analysis showing cortical areas correlated with high (red) vs. low (blue) stimulus

evidence across the entire trial ($Z> 2.57$ with $p< 0.01$ Family-Wise Error cluster

corrected).

Figure 2. **Temporally precise trial-to-trial EEG variability tags brain regions during**

decision-making

A, Illustration of how trial-to-trial variability of neural activity in spatially distinct

cortical areas can be used to tag brain regions. In this hypothetical example Region 1 is

involved in sensory encoding while Region 2 integrates sensory evidence to form a

decision (in NHP literature, Region 1 might represent MT, while Region 2 LIP). Neural

activity across the trial is shown for two stimulus types, one with high sensory evidence

for the choice (red curves) and one with low sensory evidence (blue curves). Also

shown are two temporal windows (τ_1 and τ_2) that represent different times during the

trial. **B**, Linear classifiers are trained to separate trials based on the two levels of stimulus

evidence at specific temporal windows. Shown are classifiers (parameterized by weight

vectors $\underline{w}_1$ and $\underline{w}_2$) for two temporal windows (τ_1 and τ_2) with respect to two EEG sensors

(for simplicity only two dimensions of the full N=43 sensor space are shown. Though

the component hyperplane is optimal for the full 43 dimensions, when projected to a line

in two dimensions for illustration, it may appear that the separation is sub-optimal). This

yields an EEG discriminant component for each temporal window. Variability along

these components serves as a unique feature vector for temporally tagging the BOLD

data—e.g. variability along an EEG component trained with data from τ_1 tags BOLD

voxels with time τ_1 while variability along an EEG component trained with data from τ_2

tags them with τ_2.

Figure 3. **Encoding models based on stimulus derived features versus EEG**

variability

A, A traditional encoding model used in fMRI analysis extracts a set of features from the

stimulus that are potentially representative of low level structure and high level semantics

(green box). Weights are learned to model how these stimulus features are encoded in

the fMRI BOLD signal. The resulting encoding model is used to make predictions based

on how well different voxels predict the features from novel stimuli. For example, one

can create maps of the brain that are labeled based on the stimulus features that each

voxel represents. **B**, The same encoding model concept applied to EEG variability (EEG

encoding model). Instead of features being estimated from the stimulus, they are derived

from EEG component trial-to-trial variability (as in Fig 2a) with each temporal window

representing a different feature (green box). Weights are learned so as to model how the

EEG variability at a given time window is encoded in the fMRI BOLD. As in the

traditional encoding model, predictions on novel stimuli can be done to test the model

and results can be used to construct a map —in this case a map of the brain that shows

the timing of the EEG component variability that each voxels represents.

Figure 4. **EEG discrimination and encoding model results**

A, Group average area under the receiver operating curve (AUC) for the sliding window

logistic regression EEG discrimination analysis, comparing high versus low stimulus

evidence trials; standard error across subjects is shown with shading. **B**, A single subject's

discriminating y-value distributions for high (red) and low stimulus evidence (blue) trials

for two EEG time points (225ms and 600ms). **C**, Significant fMRI voxels resulting from

the group level analysis for the encoding model (p< 0.01 TFCE-False Discovery Rate

(FDR) corrected). Activity is seen encompassing early visual processing regions,

attention networks, and the task positive network. **D**, A random subset of 100 (50 for

each stimulus evidence condition) from 700 total trials of the actual (circle) and predicted

(diamond) BOLD responses from the encoding model, for an example subject at a single

voxel (MNI X/Y/Zmm: -27/-54/-15, r=0.206, $p<10^{-6}$). High and low stimulus evidence

trials are shown separately for clarity. **E**, The averaged correlation of the predicted y-

values with the true y-values across the trial duration. Blue shading represents the

standard error across subjects. Grey shading indicates significant time windows (p< 0.05

FDR-corrected).

Figure 5. **Group-level encoding model weights results show neural activation cascade**

Subset of thresholded (p< 0.05 FDR-Corrected, k=10) group level statistical parametric

maps created by stTFCE randomization procedure on the encoding model weight

matrices show the progression of spatial activity across the trial. Activation can be seen

early in the trial in the occipital regions while progressing more anteriorly later in the trial

to executive control areas. Activations in red indicate areas where high stimulus evidence

trials had larger activations than low stimulus evidence trials, and blue the inverse.

Figure 6. **Spatial-temporal event-related activations show coordinated reactivations.**

A, Union across time windows of significant voxels for high (red) and low (blue)

stimulus evidence activations. Voxels with activations for both high and low conditions

(at different time windows) are displayed in green. Also shown are the encoding model

weights for specific voxels, including fusiform gyrus (FG-R):36/-51/-18, (FG-L):-42/-

42/-18, superior lateral occipital cortex (sLOC):24/-63/36, superior parietal lobule

(SPL):27/-51/54, anterior cingulate cortex (ACC):-6/24/30, intraparietal sulcus (IPS):-

30/-60/39, middle frontal gyrus (MFG):-45/27/30, middle temporal gyrus (MT):-57/-

60/0. Asterisks indicate significant windows. **B**, Sequence of significant weights showing

a "replay" of the network after the onset of ACC activation (shaded ellipse). "Replay" is

faster than the initial stimulus driven sequence and strongest for low evidence trials.

Figure 7. **Trial-to-trial reactivation correlates with decision confidence.**

Trial-to-trial reactivation amplitude ($Y_{j,i}^{R}$ – see Methods) of "replay" correlates with

confidence proxy for both high and low stimulus evidence conditions. Error bars

represent standard errors across subjects.

 Figures:

Figure 1.

930   *Figure 2.*

Figure 3.

Figure 4.

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Figure 6.

Figure 7.