

Cognitive Communication

CHECKLIST

for Acquired Brain Injury (CCCABI)

An SLP Screening and Referral Tool

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COMMUNICATION AND BRAIN INJURY

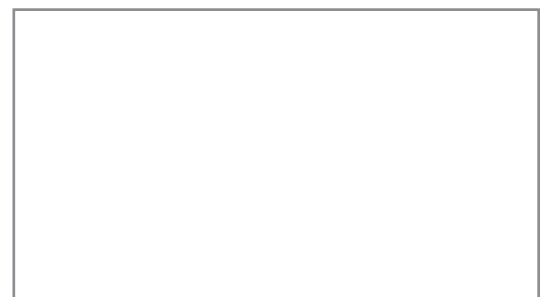
- Regardless of severity, acquired brain injuries (ABI) can result in complex cognitive, communicative, physical, and emotional impairments that require interdisciplinary assessment.
- This checklist, the CCCABI identifies communication difficulties to be addressed by a speech-language pathologist (SLP) or speech therapist. Communication impairments after ABI:
 - Are prevalent with reported incidence rates higher than 75%.
 - Result from a variety of causes including: motor vehicle crashes, falls, sport concussions, blows to the head, stroke, neurological disease, cardiac arrest, or penetrating head injury etc.
 - Include difficulties with listening, speaking, reading, written expression and social interaction.
 - Are related to disturbance with underlying systems needed for communication (voice, speech muscles, language, word access, fluency, cognition, thought organization).
 - Can occur even after mild brain injury or concussion.
- Cognitive-Communication deficits result from underlying cognitive or thinking difficulties in attention, memory, organization, reasoning, executive functions, self-regulation, or decreased information processing.
- Communication skills are essential to success in daily life. Compromised communication can undermine social participation, family interactions, vocational and academic success.
- Speech-language pathologists (SLP's) are regulated health professionals who are trained to assess and treat communication disorders. They are called speech therapists in some countries.
- A full SLP evaluation is recommended based on international standards of care for ABI (Togher et al, 2014).
- A full SLP evaluation includes an interview, case history review, analysis of pre-injury functioning, administration & interpretation of standardized tests, qualitative assessment, and functional evaluation of real world communication.
- The CCCABI provides communication referral indicators to assist individuals in accessing SLP intervention.

CCCABI INTENDED USE

- The CCCABI is a referral tool designed to help flag communication difficulties after brain injury that require referral to SLP.
- This is a referral tool only and is not intended to replace thorough SLP assessment or to provide a diagnosis.
- Non SLP's use the CCCABI as a referral indicator to report on whether SLP is required.
- SLP's can use the CCCABI to screen during initial contact, initial interview, hospital bedside interview, or clinic follow up to plan for subsequent assessment.
- Further analysis about the presence, functional impact, and severity of cognitive-communication difficulties is to be determined by the assessing SLP.

INSTRUCTIONS

- Interview the individual along with a communication partner (family, friend) whenever possible as individuals with ABI may have difficulties in recognizing their impairments.
- Check all difficulties noted during the interview using a checkmark ✓.
- A more specific option is to record whether difficulties were reported by Self (S), Reported by others (R), or Observed by the interviewer (O). You may note S, R, or O after each item. This is optional.
- If 1 or more difficulties are noted, obtain consent and refer for full speech-language pathology evaluation.



See reference list. More references available at; www.abiebr.com; www.ncds.org; www.asha.org; www.caslpo.com; www.speechBITE.org

SLP Cognitive-Communication **CHECKLIST** Checklist for Acquired Brain Injury (CCCABI)

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Individual _____ Significant Other _____

Interviewer _____ Date _____

Functional Daily Communications (Activity/Participation)

Decreased amount, quality, effectiveness, speed, frequency, independence, or stamina. Changed since the injury.

1. Difficulties with Family or Social Communications
2. Difficulties with Communication in the Community (stores, services, internet, telephone, medical, financial, legal)
3. Difficulties with Workplace Communications
4. Difficulties with School Communications/Academic Performance
5. Difficulties with Communications needed for Problem Solving/Decision Making or Self Advocacy

Specific Functional Difficulties (Check all noted) Refer to Speech-Language Pathologist/Therapist if problems noted.

<p>Auditory Comprehension & Information Processing</p> <p>Possible factors: hearing, attention, memory, receptive language; comprehension, integration, reasoning, and speed of information processing</p>	<ol style="list-style-type: none"> 6. <input type="checkbox"/> Hearing what is said, sensitivity to sounds, ringing in ears – Refer to Audiologist 7. <input type="checkbox"/> Understanding words and sentences 8. <input type="checkbox"/> Understanding long statements (discussions, lectures, news, TV) 9. <input type="checkbox"/> Understanding complex statements (humour, subtle, implied information) 10. <input type="checkbox"/> Integrating information – Cannot ‘glue’ information together to draw a conclusion or get the gist 11. <input type="checkbox"/> Tendency to misunderstand or misinterpret discussions 12. <input type="checkbox"/> Focusing attention on what is said (distraction, fatigue, interest) 13. <input type="checkbox"/> Shifting attention from one speaker to another 14. <input type="checkbox"/> Staying on track with the conversation, staying on topic 15. <input type="checkbox"/> Holding thoughts in mind while talking or listening 16. <input type="checkbox"/> Remembering new conversations, events, new information
<p>Expression, Discourse & Social Communication</p> <p>articulation, word finding, language, memory, attention social communication, fatigue, fluency, reasoning, executive functions, social cognition, perception, self-regulation</p>	<ol style="list-style-type: none"> 17. <input type="checkbox"/> Speech sounds, muscle movements, voice, fluency, stuttering 18. <input type="checkbox"/> Word finding, word retrieval, thinking of the word, vocabulary, word choice 19. <input type="checkbox"/> Sentence planning, sentence construction, grammar 20. <input type="checkbox"/> Initiating conversation 21. <input type="checkbox"/> Generating topics of conversation, thinking of what to say, elaborating, adding 22. <input type="checkbox"/> Vague, nonspecific, disorganized conversation 23. <input type="checkbox"/> Overly talkative, rambling, verbose conversation 24. <input type="checkbox"/> Socially unsuccessful comments (impulsivity, anger, swearing, joking, topic selection) 25. <input type="checkbox"/> Nonverbal skills (eye contact, personal space, facial expression, tone of voice, mannerisms, gestures) 26. <input type="checkbox"/> Perceiving or understanding conversation partner cues, emotions, context, views
<p>Reading Comprehension</p> <p>any written materials, print or electronic</p>	<ol style="list-style-type: none"> 27. <input type="checkbox"/> Physical difficulties (vision: double, blurred, field, tracking, pain, fatigue, dizziness) - Refer to Optometrist, Ophthalmologist 28. <input type="checkbox"/> Decoding letters or words, reading aloud fluently 29. <input type="checkbox"/> Comprehending read sentences, paragraphs, text 30. <input type="checkbox"/> Retaining read information over time, remembering, organizing 31. <input type="checkbox"/> Attending to what is read, need to read everything twice 32. <input type="checkbox"/> Reduced stamina for reading (Reads for ___ min now; ___ min prior to onset)
<p>Written Expression</p> <p>any written materials, print or electronic</p>	<ol style="list-style-type: none"> 33. <input type="checkbox"/> Physical aspects of writing, hand movements – refer to Occupational Therapist 34. <input type="checkbox"/> Writing words 35. <input type="checkbox"/> Constructing sentences, formulating ideas for writing (sentence formulation) 36. <input type="checkbox"/> Organizing thoughts in writing (written discourse) 37. <input type="checkbox"/> Spelling difficulties relative to pre-injury abilities
<p>Thinking, Reasoning, Problem Solving, Executive Functions, Self-Regulation</p> <p>(required for communication)</p>	<ol style="list-style-type: none"> 38. <input type="checkbox"/> Insight, awareness, recognizing there is a problem 39. <input type="checkbox"/> Making & expressing decisions (getting facts, weighing facts, pros & cons, deciding) 40. <input type="checkbox"/> Discussing without being overwhelmed, upset, withdrawn 41. <input type="checkbox"/> Filtering out less relevant information, focusing on priorities, main points 42. <input type="checkbox"/> Organizing, integrating, analyzing, inferring, seeing the whole picture 43. <input type="checkbox"/> Summarizing, getting the gist or the bottom line, drawing conclusions 44. <input type="checkbox"/> Brainstorming, generating ideas, alternatives, thinking creatively 45. <input type="checkbox"/> Planning, prioritizing, implementing, following through, evaluating, self-monitoring of communication
<p>Total</p>	<p>_____ # of Communication Concerns Identified</p>