## **Cognitive Communication**

# **CHECKLIST**

# for Acquired Brain Injury (CCCABI)

#### **An SLP Screening and Referral Tool**

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- 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:
  - o Are prevalent with reported incidence rates higher than 75%.
  - o 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.
  - o Include difficulties with listening, speaking, reading, written expression and social interaction.
  - o Are related to disturbance with underlying systems needed for communication (voice, speech muscles, language, word access, fluency, cognition, thought organization).
  - o 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  $\sqrt{.}$
- 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.ancds.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)
- 4. Difficulties with School Communications/Academic Performance
- 5.  $\square$  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.

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Auditory Comprehension & Information Processing  Possible factors: hearing, attention, memory, receptive language; comprehension, integration, reasoning, and speed of information processing	<ul> <li>6. Hearing what is said, sensitivity to sounds, ringing in ears – Refer to Audiologist</li> <li>7. Understanding words and sentences</li> <li>8. Understanding long statements (discussions, lectures, news, TV)</li> <li>9. Understanding complex statements (humour, subtle, implied information)</li> <li>10. Integrating information – Cannot 'glue' information together to draw a conclusion or get the gist</li> <li>11. Tendency to misunderstand or misinterpret discussions</li> <li>12. Focusing attention on what is said (distraction, fatigue, interest)</li> <li>13. Shifting attention from one speaker to another</li> <li>14. Staying on track with the conversation, staying on topic</li> <li>15. Holding thoughts in mind while talking or listening</li> <li>16. Remembering new conversations, events, new information</li> </ul>
Expression, Discourse & Social Communication  articulation, word finding, language, memory, attention social communication, fatigue, fluency, reasoning, executive functions, social cognition, perception, self-regulation	<ul> <li>17.  Speech sounds, muscle movements, voice, fluency, stuttering</li> <li>18.  Word finding, word retrieval, thinking of the word, vocabulary, word choice</li> <li>19  Sentence planning, sentence construction, grammar</li> <li>20.  Initiating conversation</li> <li>21.  Generating topics of conversation, thinking of what to say, elaborating, adding</li> <li>22.  Vague, nonspecific, disorganized conversation</li> <li>23.  Overly talkative, rambling, verbose conversation</li> <li>24.  Socially unsuccessful comments (impulsivity, anger, swearing, joking, topic selection)</li> <li>25.  Nonverbal skills (eye contact, personal space, facial expression, tone of voice, mannerisms, gestures)</li> <li>26.  Perceiving or understanding conversation partner cues, emotions, context, views</li> </ul>
Reading Comprehension  any written materials, print or electronic	<ul> <li>27. Physical difficulties (vision: double, blurred, field, tracking, pain, fatigue, dizziness) - Refer to Optometrist, Opthalmologist</li> <li>28. Decoding letters or words, reading aloud fluently</li> <li>29. Comprehending read sentences, paragraphs, text</li> <li>30. Retaining read information over time, remembering, organizing</li> <li>31. Attending to what is read, need to read everything twice</li> <li>32. Reduced stamina for reading (Reads formin now;min prior to onset)</li> </ul>
Written Expression  any written materials, print or electronic	<ul> <li>33. □ Physical aspects of writing, hand movements – refer to Occupational Therapist</li> <li>34. □ Writing words</li> <li>35. □ Constructing sentences, formulating ideas for writing (sentence formulation)</li> <li>36. □ Organizing thoughts in writing (written discourse)</li> <li>37. □ Spelling difficulties relative to pre-injury abilities</li> </ul>
Thinking, Reasoning, Problem Solving, Executive Functions, Self-Regulation (required for communication)	<ul> <li>38.</li></ul>
Total	# of Communication Concerns Identified