

Outcome Measure	LaTrobe Communication Questionnaire (LCQ)
Sensitivity to Change	Yes
Population	Adult
Domain	Language and Communication
Type of Measure	Self-report
ICF-Code/s	d3
Description	<p>The LCQ is a self-rating scale administered in the context of an interview, designed to measure perceived communicative ability after brain injury.</p> <p>The LCQ comprises 30 items that cover six statistically derived components: Conversational tone, Effectiveness, Flow, Engagement, Partner sensitivity and Conversational attention/focus. Two forms are available: Form S (self-completion) and Form O (“close other” or informant). Clinicians use Form O.</p> <p>Administration time with informants approximately 15 minutes, with people with TBI 30 minutes (interview).</p> <p>Responses to each item are made on a 4-point scale in terms of frequency: 1 (never or rarely), 2 (sometimes), 3 (often), 4 (usually or always). Six items, designed to determine whether the LCQ is completed with a response bias, require reverse scoring. The total score ranges from 30 to 120, with higher scores indicating greater perceived frequency of communication difficulties.</p> <p>Age range: Adolescents 13-17 years; Adult 18-64 years</p>
Properties	<p><u>Validity:</u> <i>Internal consistency:</i></p> <ul style="list-style-type: none"> - Normative sample: Self $\alpha = .85$, Informant $\alpha = .86$ - TBI sample: Self $\alpha = .91$, Informant $\alpha = .92$ <p><u>Reliability:</u> <i>Inter-rater reliability (ICC):</i> no information available <i>Test-retest reliability (ICC):</i></p> <ul style="list-style-type: none"> - 8 weeks: Normative sample $r = .76$, informant $r = .48$ - 2 weeks: TBI sample: Self $r = .81$, informant $r = .87$ <p>See Tate (2010) for more details. Rehabmeasures.org</p>
Advantages	<ul style="list-style-type: none"> • Normative TBI data available (Douglas, Bracy & Snow, 2007). • Good construct validity, high internal consistency and good stability in the TBI sample (Tate, 2010). • Cost is free • Involves both the person with TBI, as well as the communication partner • Valid, as it includes information from the communication partner, who

	<p>is able to consider communication in a natural context</p> <ul style="list-style-type: none"> • Looks at a range of communication skills, both verbal and non-verbal • Can be repeated • Applicable to clients with social communication difficulties • Can be used with clients who have significant to mild cognitive communication difficulties • Easy for clinicians to administer and score • Uses language appropriate to clients, rather than jargon • Free resource – Downloadable from internet
Disadvantages	<ul style="list-style-type: none"> • It is lengthy for a questionnaire • It is not designed to be able to leave with most clients/communication partners. Quite often a clinician is required to guide the discussion • The form can be confusing for some clients and communication partners. E.g. scoring changes throughout the form (in some questions 4=no difficulty and in others 4=lots of difficulty) • There is lots of language on the form • Clients need support to complete
Additional Information	<p>LCQ can be administered “interview-style” to people with TBI, in order to provide assistance if required (Douglas et al., 2007).</p> <p>Lyn Turkstra: Supplemental is appropriate for the LCQ. It is standardized but not normed – i.e., there are some data from people without TBI but not enough to call it a “norm-referenced” or even “criterion-referenced” measure (e.g., there is no cutoff for “impaired”). The best use is to characterize behaviours in someone who already has a diagnosis.</p>
Reviewers	<p>Vicki Anderson (paediatrics) Cathy Catroppa (paediatrics) Leanne Togher (adults)</p>

References

- Douglas, J.M., Bracy, C.A., & Snow, P.C. (2007). Measuring perceived communicative ability after trauma injury: Reliability and validity of the La Trobe Communication Questionnaire. *Journal of Head Trauma Rehabilitation*, 22, 31-38.
- Tate, R. (2010). A compendium of tests, scales, and questionnaires: The practitioner's guide to measuring outcomes after acquired brain impairment. New York, US: Psychology Press.