

<b>Outcome Measure</b>	<b>Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)</b>
<b>Sensitivity to Change</b>	Unknown
<b>Population</b>	Adult
<b>Domain</b>	Language and Communication
<b>Type of Measure</b>	Objective test
<b>ICF-Code/s</b>	b1
<b>Description</b>	<p>The SCATBI (Adamovich &amp; Henderson, 1992) assesses cognitive abilities of head-injured patients. The two primary uses of the SCATBI are to assess cognitive-linguistic status during recovery from head injury and to describe the extent of changes during a program of rehabilitation. The SCATBI was designed to measure cognitive processes that are often impaired as a result of traumatic brain injury. These cognitive processes include: perception, discrimination, organization, recall of information, and problem solving skills. The SCATBI consists of 5 subtests (scales): Perception and Discrimination, Orientation, Organization, Recall, and Reasoning. Each scale was developed in such a way that individual items within each testlet were designed to have a slight progression in difficulty from easiest to most difficult.</p> <p>Unlike other tests for this population, the SCATBI progresses in difficulty to levels that even some non-injured adults do not typically master. Thus, patients who functioned at very high levels prior to their injuries can continue to be measured with the same instrument as they regain the use of higher level abilities (such as complex organization and abstract reasoning). Because the subtests use the same standard score scale, direct comparison of performance on the different subtests is possible.</p> <p>Administration time can vary from 30 to 120 minutes. The battery is suitable for persons over the age of 15 years.</p>
<b>Properties</b>	<p>See Adamovich and Henderson (1992).</p> <p>The SCATBI was standardized on a sample of head-injured patients and a sample of matched adults with no history of head injury.</p> <p><u>Internal reliability</u>: coefficients .90 or higher for all subtests.</p> <p><u>Test-retest reliability</u>: from a patient sample ranged from a low of .73 (Reasoning) to a high of .89 (Recall).</p> <p><u>Construct validity</u>: was supported by correlations between SCATBI scores and levels of the <i>Rancho Los Amigos Scales</i>.</p> <p><u>Concurrent validity</u>: Discriminant analysis showed that the five SCATBI scales accurately classified 79.2% of head-injured participants and 95.7%</p>

	of non-injured participants.
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• The SCATBI is relatively simple to administer. It takes very little set-up. You need to be familiar with the stimulus book, stimulus cards, and the cassette tape. The Record Form takes you through each step of the evaluation and what you should say and do for each testlet involved in the 5 subtests.</li> <li>• The battery is relatively inexpensive (compared to the WAIS-IV) - \$300.</li> <li>• Has specifically been developed for a brain injured population.</li> <li>• Valid and reliable.</li> <li>• Standard scores are used for each subtest, thus direct comparison on performance in each test is possible.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Not a well-known test for neuropsychologists.</li> <li>• It's a criterion referenced test thus making any comparison with controls difficult.</li> <li>• Time consuming to administer the entire test.</li> <li>• A few of the sections are outdated</li> </ul>
<b>Additional Information</b>	
<b>Reviewers</b>	Kimberley Docking Leanne Togher Skye McDonald

### References

Adamovich, B.B, Henderson, J. (1992). Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI). Illinois: Riverside.