

Outcome Measure	Scales of Cognitive and Communicative Ability for Neurorehabilitation (SCCAN)
Sensitivity to Change	Not established
Population	Adult
Domain	Language and Communication
Type of Measure	Objective test
ICF-Code/s	b1
Description	<p>Milman & Holland (2013) http://www.linguisystems.com/products/product/display?itemid=10789</p> <p>Stated Purpose is to:</p> <ul style="list-style-type: none"> • identify patients with neurocognitive and communicative impairment • determine the severity of the impairment • help plan treatment • measure changes in patient functioning over time <p>“The test contents relate to daily activities adults would be expected to perform for independent living.”</p> <p>Sample is 147 adults with neurological disorders (10 with TBI) and 109 typical adults. Education level is low (e.g., 76% of clinical sample and 60% of typical sample with less than a Bachelor’s degree).</p>
Properties	<p>Overview: Examination of the test’s psychometric properties does not support any of the above purposes for adults with TBI (or other groups, other than severity of impairment). That is, it does not assist in identifying patients with neurocognitive and communicative impairment, does not help plan treatment and does not measure changes in patient functioning over time.</p> <p>Internal consistency reliability calculated on clinical sample: .66 for Orientation subscore to .95 for Total Raw Score. Total Raw Score meets strict criteria for internal consistency (i.e., when you give the full test, it’s consistent in measuring one thing).</p> <p>The authors include calculation of the SEM as a means to separate random fluctuation from test-retest practice effects, but these are really two different things. SEM is about random error sources, which factor into a single score. Practice effects are systematic increases in scores because of having seen and done the test before, so SEM-based confidence intervals do not tell you if score increases are “real.”</p> <p>Test-retest Reliability: .95 for 10 participants with TBI tested one week later. This meets strict criteria for reliability, but individual scores are not listed so it’s not possible to see if there are indeed practice effects.</p> <p>Inter-scorer reliability: .99 based on two raters. Although not clear how many participants they both rated (as it says “carried out all testing” but also “sampled again for five participants in the clinical group”).</p> <p>Construct validity: Participants with TBI excluded from this analysis.</p>

	Discriminant/Concurrent validity: Participants with TBI excluded from this analysis.
Advantages	Some limited TBI data available.
Disadvantages	Some data for TBI patients, but limited – 10 participants in sample for psychometric properties. Examination of the test’s psychometric properties does not support any of the tests purposes for adults with TBI.
Additional Information	This measure was suggested by Lyn Turkstra for consideration/inclusion. However, suggested as an emerging measure due to limited/absence of data.
Reviewers	Kimberley Docking

References

Millman, L.H., Holland, A.L. (2013). SCCAN Scales of Cognitive and Communicative Ability for Neurorehabilitation Set. Austin: Linguisystems.