



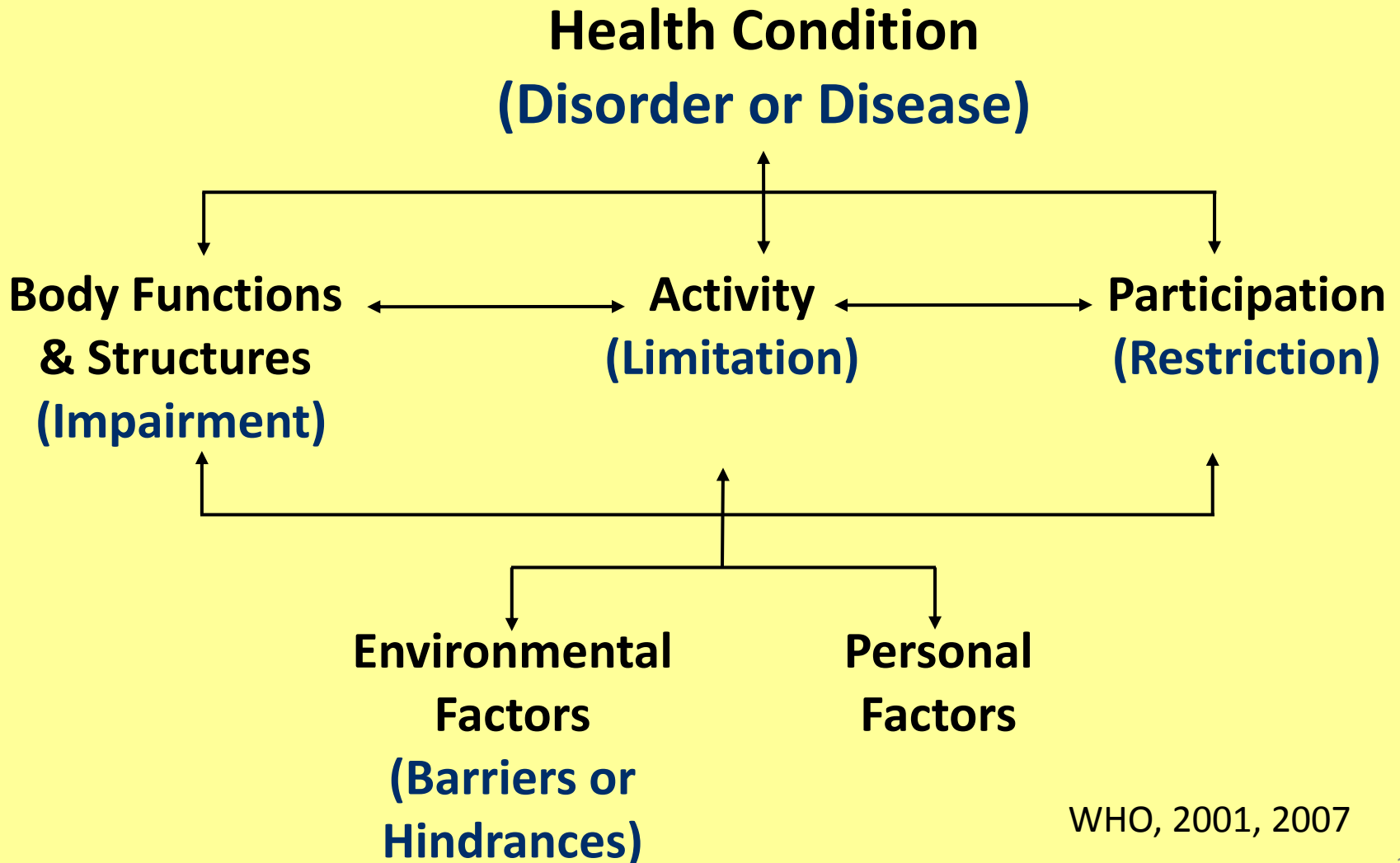
Communication and CP: What do CFCS scores tell us?

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WHO ICF Framework



Shifting to ICF Activity/Participation

Classifications

- **Communication Function Classification System (CFCS)**
(Hidecker et al., 2011)
<http://cfcs.us>
- **Gross Motor Function Classification System (GMFCS)**
(Palisano et al., 1997)
<http://www.canchild.ca/en/measures/gmfcs.asp>
- **Manual Ability Classification System**
(Eliasson et al., 2006)
<http://www.macs.nu/>
- **Eating and Drinking Ability Classification System (EDACS)**
(Sellers et al., under development)

Outcomes

- **Focus on the Outcomes of Communication Under Six (FOCUS)**
(Thomas-Stonell et al., 2010)
<http://www.hollandbloorview.ca/research/FOCUS/>

Activity-Focused Classification Tools

	GMFCS	MACS	CFCS
Level	Mobility	Handling objects	Communicating
I.	Walks without limitations.	Handles objects easily and successfully.	Effective sender/receiver with unfamiliar and familiar partners
II.	Walks with limitations.	Handles most objects but with somewhat reduced quality and/or speed of achievement.	Effective but slower sender/receiver with unfamiliar and familiar partners
III.	Walks using a hand-held mobility device.	Handles objects with difficulty; needs help to prepare and/or modify activities.	Effective sender/receiver with familiar partners
IV.	Self-mobility with limitations; May use powered mobility.	Handles a limited selection of easily managed objects in adapted situations.	Inconsistent sender and/or receiver with familiar partners
V.	Transported in a manual wheelchair.	Does not handle objects and has severely limited ability to perform even simple actions.	Seldom effective sender/receiver even with familiar partners

**Inter-relationships of functional status in
cerebral palsy:
Analyzing Gross Motor Function, Manual Ability,
and Communication Function Classification
Systems in children**

Hidecker et al, 2012

AIM

- **Investigate the relationship among GMFCS (mobility), MACS (hand use) and CFCS (communication) in children with cerebral palsy**

PARTICIPANTS AND METHODS

- **222 children** met the case definition: children diagnosed with CP, aged 2-17 years, born in Michigan
- GMFCS, MACS, CFCS reported by mothers.
- CP types and associated impairments from physician referral forms.

CORRELATION RESULTS

- GMFCS-MACS $r_s = .69$ Strong
- CFCS-MACS $r_s = .54$ Moderate
- GMFCS-CFCS $r_s = .47$ Moderate

- May be due to overlapping locations and amounts of original brain injury
- Mobility, hand function, or communication function not likely to functionally predict each other

GMFCS-MACS-CFCS RESULTS

		GMFCS Level I (n=59)					Row
		CFCS Level					Totals
		I	II	III	IV	V	
MACS Level	I	21	5	5	0	0	31
	II	9	7	3	4	0	23
	III	4	1	0	0	0	5
	IV	0	0	0	0	0	0
	V	0	0	0	0	0	0
Column		34	13	8	4	0	59
Totals							

GMFCS-MACS-CFCS RESULTS

GMFCS Level II (n=62)

CFCS Level

		I	II	III	IV	V	
MACS Level	I	11	5	1	0	0	17
	II	11	5	9	3	0	28
	III	3	3	2	3	1	12
	IV	2	0	1	1	0	4
	V	0	0	0	0	1	1
Column Totals		27	13	13	7	2	62

GMFCS-MACS-CFCS RESULTS

GMFCS Level III (n=26)

		CFCS Level					
		I	II	III	IV	V	
MACS Level	I	4	0	0	3	0	7
	II	5	3	2	0	1	11
	III	3	1	2	0	0	6
	IV	0	0	0	2	0	2
	V	0	0	0	0	0	0
Column Totals		12	4	4	5	1	26

GMFCS-MACS-CFCS RESULTS

GMFCS Level IV (n=26)

		CFCS Level					
		I	II	III	IV	V	
MACS Level	I	1	0	0	0	0	1
	II	1	0	3	0	0	4
	III	3	2	4	5	0	14
	IV	1	1	3	0	0	5
	V	0	0	0	0	2	2
Column Totals		6	3	10	5	2	26

GMFCS-MACS-CFCS RESULTS

GMFCS Level V (n=49)

		CFCS Level					
		I	II	III	IV	V	
MACS Level	I	0	0	0	0	0	0
	II	1	2	0	1	0	4
	III	1	2	2	2	0	7
	IV	1	2	8	7	3	21
	V	0	1	3	5	8	17
Column Totals		3	7	13	15	11	49

Propose Functional Profiles

- By considering the GMFCS, MACS, & CFCS separately and in combinations
 - “All I’s” GMFCS I, MACS I, & CFCS I
 - “All V’s” GMFCS V, MACS V, & CFCS V
 - GMFCS III (uses crutches)
MACS I (uses hands functionally)
CFCS II (uses a speech-generating device)
 - GMFCS IV (uses powered wheel chair)
MACS I (uses hands functionally)
CFCS II (uses a speech-generating device)

FUTURE DIRECTIONS

- Relate functional profiles to measures of activities & participation
- Increase sample size to compare possible differences by age & type of CP
- Repeat analysis in population-based samples

**Early predictors of
communication function in
children with cerebral palsy:
Methods of communication and
associated impairments**

Hidecker et al., 2013

AIMS

- 1) Investigate the relationship between CFCS levels and communication methods and associated impairments.**
- 2) Identify potential predictors of CFCS levels.**

PARTICIPANTS AND METHODS

- **215 children** met the case definition: children diagnosed with CP, aged 2-17 years, born in Michigan
- CP types and associated impairments from physician referral forms.
- CFCS and methods of communication reported by mothers.
- Potential predictors from maternal interview.

RESULTS **n, (%)

Associated Impairments	All 215	CFCS I 81 (38)	CFCS II 42 (20)	CFCS III 42 (20)	CFCS IV 35 (16)	CFCS V 15 (7)
Cognitive impairment	60 (28)	9 (4)	13 (6)	15 (7)	16 (27)	7 (3)
Hearing impairment	9 (4)	4 (2)	0	1(<1)	2 (1)	2 (1)
Seizure	59 (27)	9 (4)	10 (5)	10 (5)	18 (8)	12 (5)
Speech impairment	76 (35)	8 (4)	18 (8)	20 (9)	22 (10)	8 (4)
Visual impairment	67 (31)	24 (11)	13 (6)	11 (5)	13 (6)	6 (3)
No comorbidities	74 (34)	43 (20)	16 (7)	12 (6)	2 (1)	1 (<1)
One comorbidity	57 (27)	25 (12)	8 (4)	14 (7)	8 (4)	2 (1)
Two comorbidities	51 (24)	11 (5)	10 (5)	6 (3)	17 (8)	7 (3)
Three or more comorbidities	33 (15)	2 (1)	8 (4)	10 (5)	8 (4)	5 (2)

RESULTS ****MULTIPLE METHODS USED** n, (%)

Communication methods used	All 215	CFCS I 81 (38)	CFCS II 42 (20)	CFCS III 42 (20)	CFCS IV 35 (16)	CFCS V 15 (7)
Speech**	164 (76)	81 (38)	37 (17)	29 (13)	15 (7)	2 (1)
Speech only**	58 (27)	43 (<u>20</u>)	11 (5)	2 (1)	1 (<1)	1 (<1)
Sounds **	125 (58)	28 (13)	23 (11)	33 (15)	29 (13)	12 (6)
Eye gaze, facial expression, gesture, pointing**	131 (61)	36 (17)	27 (13)	37 (17)	26 (12)	5 (2)
Manual sign*	53 (25)	13 (6)	11 (5)	17 (8)	12 (6)	0
Aided AAC	46 (<u>21</u>)	8 (4)	5 (2)	14 (7)	18 (8)	1 (<1)
Communication boards, books, and/or pictures**	38 (18)	8 (4)	4 (2)	12 (6)	14 (6)	0
VOCAs or SGDs**	24 (11)	1 (<1)	3 (1)	7 (3)	11 (5)	2 (1)

CRUDE AND ADJUSTED ODDS RATIO (OR) FOR CFCS LEVELS I, II, III, AND COMBINED IV/V

	Crude OR	Conf Interval	Adj. OR	Conf Interval
Gestational age				
<=32 weeks	.53*	.32 .86	.33*	.16 .65
> 32 weeks	REF			
Comorbidities				
No comorbidities	REF			
One or more comorbidities	2.19*	1.14 4.20	1.91*	1.40 2.6
First words				
<= 24 months old				
> 24 months old	10.05*	5.49 18.39	Interaction effect	
Communication methods used				
Speech only	.10*	.05 .20	Interaction effect	

FUTURE DIRECTIONS

- Explore reasons behind aided AAC use or not
- Increase sample size to allow model building
- Repeat analysis in population-based samples

Additional Research Projects

- Phase 1: Further development of CFCS
 - Ordinality of the five CFCS levels
 - Extension of CFCS to adults with cerebral palsy
 - Extension of CFCS to other disorders
 - Development of the Autism Classification of Social Function
 - Factors affecting parents' and professionals' agreement on CFCS
 - Translations & validation of CFCS in other languages
- Phase 2: Analysis using CFCS data
 - Michigan OWL data
 - Ontario Ministry of Children and Youth Services preschool speech and language programs

- CFCS Website (translations & FAQs available)

<http://cfcs.us/download>

Available on website:

Chinese-Simplified

Chinese-Traditional

Dutch

German

Hebrew

Norwegian-SCPE

Spanish

Swedish-SCPE

Turkish

In process:

French

References

- Eliasson, A. C., Krumlinde-Sundholm, L., Rosblad, B., Beckung, E., Arner, M., Ohrvall, A. M., & Rosenbaum, P. (2007). Using the MACS to facilitate communication about manual abilities of children with cerebral palsy. *Dev Med Child Neurol*, 49(2), 156-157.
- Hidecker, M. J. C., Paneth, N., Rosenbaum, P. L., Kent, R. D., Lillie, J., Eulenberg, J. B., Chester, K., Johnson, B., Michalsen, L., Evatt, M., & Taylor, K. (2011). Developing and validating the Communication Function Classification System (CFCFS) for individuals with cerebral palsy. *Dev Med and Child Neurol*, 53(8), 704-710.
- Hidecker, M.J.C., Ho, N.T., Dodge, N., Hurvitz, E., Slaughter, J., Workinger, M.S., Kent, R.D., Rosenbaum, P., Lenski, M., Messaros, B.M., VanderBeek, S.B., DeRoos, S., Paneth, N. (2012). Inter-relationships of functional status in cerebral palsy: Analyzing Gross Motor Function, Manual Ability, and Communication Function Classification Systems in children. *Dev Med and Child Neurol*, 54(8), 737-742.
- Palisano, R., Rosenbaum, P., Walter, S., Russell, D., Wood, E., & Galuppi, B. (1997). Development and reliability of a system to classify gross motor function in children with cerebral palsy. *Dev Med and Child Neurol*, 39(4), 214-223.
- Thomas-Stonell, N. L., Oddson, B., Robertson, B., & Rosenbaum, P. L. (2010). Development of the FOCUS (Focus on the Outcomes of Communication under Six), a communication outcome measure for preschool children. *Dev Med and Child Neurol*, 52(1), 47-53.
- World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. Geneva: World Health Organization.
- World Health Organization. (2007). *International classification of functioning, disability, and health: Children & youth version: ICF-CY*. Geneva: World Health Organization.

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QUESTIONS????????????