

Reflections on the extended Functional Communication Classification System for children with cerebral palsy aged 5 -18.

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Invited Commentary on Caynes K, Rose TA, Theodorus D, Burmester D, Ware RS, Johnson, LM. Functional Communication Classification System (FCCS): extended reliability and concurrent validity for children with cerebral palsy aged 5 - 28 years. *Dev Med Child Neurol*, 2019

Context.

Two new validated measures of communication function in children have recently been reported in DMCN, with somewhat confusingly similar titles: the Communication Function Classification System (CFCS^{1,2}) and (here) the Functional Communication Classification System (FCCS³). The interest in classifying communication function follows WHO international approaches, and meets the clinical need to support families, the children's workforce and indeed children themselves to identify child communication abilities in 'real-life' contexts.

CFCS and FCCS began as classifications for children with cerebral palsy. CFCS later established validity for young children with a range of speech and language disorders¹. FCCS retains a focus on cerebral palsy, including some children using alternative and augmentative communication, with the Caynes et al.³ paper extending the age range to 5-18 years. Across this age range, FCCS scores correlated with the presence or absence of concomitant impairments of speech, gross and fine motor skills, and sensory and intellectual development. FCCS scores from an SLT unfamiliar with the child, from their parent, and from the parent responding on how the child communicated with an unfamiliar communication partner showed concurrent validity with the standardized CELF-4 Pragmatics Profile. FCCS procedures proved feasible across the 5-18 age range, with the suggestion that some FCCS prompt questions describing communication scenarios might usefully be adapted to provide functional communication examples for the older children. The study is of interest in adopting robust psychometric techniques to further establish a procedure to classify functional communication, adding to the small number of validated communication measures for children with neuro-developmental disabilities.

Issues.

A review by Hustad⁴ of an earlier DMCN FCCS article (Barty et al. 2016⁵) commented on its sound grounding in theoretical accounts of the constituents of communicative competence, and in clinical requirements for reliable measures. FCCS produces five classification levels, from children who communicate effectively, perhaps using AAC, in most situations (Level I) through those who need help in communicating with unfamiliar people or in unfamiliar environments, to those whose communication is 'unintentional', relying on others to anticipate, observe and interpret their behaviours (Level V). By considering the child's communication, the communication situation, and the responses required of communication partners,

and by offering operational definitions interpretable to families and other non-specialists, a clinically useful classification has been constructed.

The classification that results is very broad - offering only five levels between an essentially normally functioning individual and a non-communicating individual reliant on others to interpret their needs. However, as a rapidly administered and reliable classification, it supports clinical decision-making and can be used to transmit trustworthy information.

Clinical practice

FCCS can be used as a rapid clinical measure to provide a useful summary statistic, and to open up discussion with families. FCCS studies developed play-based pragmatic elicitation techniques to collect data for comparison with the CELF-4 pragmatics profile, but the authors suggest the published elicitation format within the newer CELF-5 pragmatics profile could be used by clinicians unfamiliar with the child, which would further standardise clinical procedures.

Future research.

Caynes et al.³ assessed each child once, preventing measuring the stability of the classification over time or its sensitivity to change. This requires research, along with the views of parents and families asked to assess their child on FCCS. FCCS completion by members of the children's workforce such as school staff, carers, and non-specialist SLTs working with the child would be welcome, computing validity and reliability data. Also, the experiences of 'real' non-familiar communication partners should be investigated. The classification system has sufficient potential to make such research worthwhile.

References

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- 4 Hustad KC. Reflections on the Functional Communication Classification System for children with cerebral palsy. *Dev Med Child Neurol* 2016;**58**:996.

- 5 Barty E, Caynes K, Johnson, LM. Development and reliability of the Functional Communication Classification System for children with cerebral palsy. *Dev Med Child Neurol* 2016;**58**:1036-41.