Introduction

Objectives:
- To describe benefits and challenges encountered in the use of this instrument with children and adolescents at all functional levels of cerebral palsy (CP), e.g., GMFCS Levels I-V.
- The COPM is an individual outcome measure designed to detect change in perception of performance and satisfaction by the patient and/or the caregiver over a period of time. A self-structured interview format is used to help identify occupational performance issues in the areas of:
  - Self-care (personal care, functionality, and community management)
  - Productivity (paid or unpaid work, household management, school and/or play)
  - Leisure (spatial recreation, recreational and socialization).
- Occupational performance issues are defined as those with which the patient “wants to do, needs to do, is exposed to,” but can’t do, or believes that they can’t do with the way they do “it.” The respondent is asked to rate how important each identified occupational performance issue is using a scale from 1 to 10 (indicating “not at all important” at 1 and 10 indicating “extremely important”). The respondent is then asked to select the top 5 occupational performance issues and rate these issues on the scale from 1 to 10.
- “Performance—how would you rate the way you do this activity now?” Rating of 1 indicates “not at all satisfied” at 1 and 10 “extremely satisfied.”
- Satisfaction—“how satisfied are you with the way you do the activity now?” Rating of 1 indicates “not at all satisfied” at 1 and 10 “extremely satisfied.”

The COPM has been utilized successfully in children since the early 1990s as an outcome measure for adults. More recently, utilization in pediatrics has increased but is largely limited to focus on specific interventions, e.g., occupational-performance therapy.

Use of the COPM in the CCS Program

The COPM was adopted for program wide use as it focused on the entire family-centred in our child, and we provide services including care coordination. It is being utilized with all patients, regardless of disability or level of impairment, to guide services and measure individual patient outcomes.

Use of this assessment was initiated as part of a systematic change in service delivery model. Interviews are performed primarily by the therapist to one driven by a partnership with parents/families. Four key points of this Partnership Model are:
- Involving patient-participation and commitment.
- Providing the right timing at the right time.
- Providing a platform for dual-intervention.
- Encouraging practices of skills in natural environments.

The program decision was made that the COPM would be the evaluation process:
- Patient family identifies, identifies goals of “wants to include as Childhood outcomes”
- Discussion between parent and therapist regarding “what keeps you from doing that?”
- Main reason identified: “able to stay on track for long periods of time, identifies goals for participants to participate in outcomes.
- Therapy evaluation included assessment of balance, upper extremity function, and assistance.
- Goals designed to address increasing sitting balance and upper extremity strengthening.

Implementation

This change in service delivery model was initiated in 2011. Accomplishments from 2011 on Collaborative Practice Training was conducted over a 3.5 month period of time for all therapists, including those in supervisory positions. This training included:

Part I:
- Review service delivery model highlighting collaboration with families and familiarizing therapists with each commodity.
- Enhancing interview skills with focus on active listening, understanding position of power and the power of language.
- Introduce the COPM and related issues.
- Assignment: administer one COPM and complete feedback form on the experience.

Part II:
- Discuss experiences with COPM administration.
- Discuss strategies for explaining “occupation,” use of translated, use of COPM for patients with significant limitations in body structure and function and other challenging situations, use of input from feedback form.
- Practice COPM administration with simulated scenarios and document COPM results.
- Assignment: schedule observation of COPM administration by therapy education staff of the discipline.

Part III:
- Visit therapy sites by program therapy education staff to observe staff administering COPM in pre-planned.
- Provide feedback using a checklist of skills relevant to the COPM.

Since completion of the initial training period, the COPM has:
- Utilized the COPM on every patient entering the program at the time of “initial” and “renewal” evaluations and at minimum of once a year, during “renewals” evaluations
- Provided new therapy staff and students a modified version of above COPM training.
- Provided feedback periodically in meetings on ways to enhance COPM administration and streamlined process.

The unique use of the COPM as a program wide outcome measure for all patients appears to add greatly to the family-centredness of the program. It seems to enhance the meaningfulness and effectiveness of therapy and care coordination provided. However, there also seem to be some major issues with the use of this instrument. Some issues are related to specific issues of time and translation to pediatric usage while others relate to more conceptual issues. Overall, it is essential that therapists understand the purpose of the COPM and medical reasoning in order to frame the questions and probe to elicit occupational performance issues. Some of our COPM guidelines and use of the instrument:

Benefits:
- Some of the parents of more severely involved patients found it more difficult to identify issues.
- Some difficulties identifying family concerns for other action plans.
- May also have more with the Spanish speaking families that need translation.
- “Some families find it too useful! rather don’t need the intervention.
- “Very difficult to ask family how satisfied they are with their level of performance when they are in chronic care” that they do not carry on day to day and no longer calories to non-remission.
- “Occasionally very with kids who are independent with all normal children skills. Identifying a developmental level of progress is difficult.
- “Many parents have difficulty rating dopamine with their children’s performance.

Challenges:
- Some of the parents of more severely involved patients found it more difficult to identify issues.
- Successful in identifying family concerns for other action plans.
- May also have more with the Spanish speaking families that need translation.
- “Some families find it too useful! rather don’t need the intervention.
- “Very difficult to ask family how satisfied they are with their level of performance when they are in chronic care” that they do not carry on day to day and no longer calories to non-remission.
- “Occasionally very with kids who are independent with all normal children skills. Identifying a developmental level of progress is difficult.
- “Many parents have difficulty rating dopamine with their children’s performance.

Discussion

The unique use of the COPM in a program-wide outcome measure for all patients appears to add greatly to the family-centredness of the program. It seems to enhance the meaningfulness and effectiveness of therapy and care coordination provided. However, there also seem to be some major issues with the use of this instrument. Some issues are related to specific issues of time and translation to pediatric usage while others relate to more conceptual issues. Overall, it is essential that therapists understand the purpose of the COPM and medical reasoning in order to frame the questions and probe to elicit occupational performance issues. Some of our COPM guidelines and use of the instrument:

- Continue to facilitate understanding of the use of the COPM as a tool to identify what is most important to the patient/family and as a basis for developing goals.
- Encourage the use of active listening and providing feedback.
- Promote “fidelity” of use with the original design of the instrument.
- Continue to facilitate understanding of the use of the COPM as a tool to identify what is most important to the patient/family and as a basis for developing goals.
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- Promote “fidelity” of use with the original design of the instrument.
- Continue to facilitate understanding of the use of the COPM as a tool to identify what is most important to the patient/family and as a basis for developing goals.
- Encourage the use of active listening and providing feedback.

References:
- Contact Lora Woo at loucc@la.gov

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