USE OF THE CANADIAN OCCUPATIONAL PERFORMANCE MEASURE IN SCHOOL-BASED OCCUPATIONAL THERAPY

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INTRODUCTION
The College of Occupational Therapists (COT) defines occupational therapy as enabling people to “achieve health, well-being and life satisfaction through participation in occupation” (COT, 2004). To ensure the future commissioning of occupational therapy services, occupational therapists need to be able to demonstrate changes in levels of participation in occupations following intervention. For occupational therapists working in schools, this requires them to identify the child’s baseline level of participation in school occupations. School-based occupations include accessing the curriculum, following school rules, looking after oneself and playing with peers (Hasselbusch, 2011). Children need to adopt the primary occupational roles of student and friend at school. The Canadian Occupational Performance Measure (COPM) is one tool that can be used to identify occupational performance issues. The COPM is a semi-structured interview and goal setting tool which enables the identification of occupational performance issues. As a well-established assessment and evaluation instrument, the COPM has been used in a wide range of settings and with varied client groups in practice and research over the last two decades (McCull et al., 2006). This article will explore the use of the COPM within the context of occupational therapy services provided within regular, mainstream schools. The emphasis will be on the practical application of the COPM as an individualised measure focusing on the perceptions of the parents, school staff and child / young person with regard to the occupational performance of the child / young person in typical school occupations.

IDENTIFYING THE CLIENT
Collaboration with the client is a core occupational therapy skill (COT, 2009). Prior to the assessment, the occupational therapist needs to identify the client(s). Parents / caregivers, school staff and the child could all be considered clients within school-based practice. Depending on the practitioners’ decision about ‘who the client is’ will influence who they collaborate with to complete the COPM. For example, being family-centred in school-based practice can shift the focus of intervention away from educational priorities, whilst being solely child-centred may not incorporate occupations that children are expected to do in school, even though the child may not like them (see Table 1 for definitions).

Law et al. (2005) acknowledged that nominating all three of the above stakeholders as clients might be time and resource intensive; however, there can be definite benefits in gaining these different perspectives. This can be achieved by all the individuals completing the COPM from his or her own perspective. The COPM offers an opportunity to set the scene for a collaborative relationship between therapist and parents, child / young person and school staff. Furthermore, parents, teachers and children do not always have the same goals and the goal setting process requires negotiation skills to ensure that all voices are heard and different goals acknowledged (Dunford et al., 2005). Through this negotiation parents, school staff and the child are more likely to take ownership of the goals and actively participate in an intervention process focusing on achieving their goals.

USE OF COPM WITHIN THE SCHOOL-BASED OT PRACTICE PROCESS
The COPM is used as part of the initial assessment, with

<table>
<thead>
<tr>
<th>Client-centredness</th>
<th>describes a partnership between client and therapist that empowers the client; listening to and respecting the client’s needs and perspective are key features, including actively negotiating goals and provision of choice (Sumison, 2006)</th>
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<tbody>
<tr>
<td>Family-centredness</td>
<td>recognises that every family is unique, the constant in a child’s life and therefore has expertise in the child’s abilities and needs (Law et al., 2003). Therefore therapist and parents work in partnership, with parent engagement in goal setting and therapists enabling informed decision making by providing the relevant information (Stewart &amp; Cameron, 2006).</td>
</tr>
<tr>
<td>Child-centredness</td>
<td>recognises the child as the focus, seeing the child as an individual as well as member of their family unit; consistent with key features of client-centredness. In addition, particular care is taken that the child’s voice is heard in the goal setting, which may include negotiation or perhaps even resolving conflicting perspectives and priorities of child and adults (e.g. parents, school staff) (Rodger &amp; Keen, 2010).</td>
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Table 1: Definitions of client-, family- and child-centredness
the identified client, within the context of an initial interview, commonly during one of the first contacts or meetings. Some therapists may like to see the child in the classroom, at least briefly, prior to conducting a COPM interview, while others may choose to do the COPM during a first meeting. To gather information from parents, school staff and the student together, the COPM might be administered as part of an Individual Education Plan (IEP) meeting. Within the context of a meeting, the therapist might engage as a next step in collaborative goal setting process with the clients, based on the information collected through the COPM, e.g. setting SMART goals or doing Goal Attainment Scaling (GAS).

### Assessment Stage:
Initial administration of COPM with parents, school staff and/or child to identify and prioritise issues the child experiences when participating in and performing school occupations.

### School-based Occupational Therapy
Intervention based on COPM findings

### Evaluation Stage:
Measuring outcomes of school-based intervention through re-administration of COPM with parents, school staff and/or child; re-rating of child's performance and satisfaction, as well as calculation of change score.

### Figure 1: COPM within the practice process in school-based occupational therapy

### OCCUPATION-BASED ASSESSMENT IN SCHOOL-BASED OCCUPATIONAL OCCUPATION PRACTICE

The notion of refocusing practice on occupation and placing occupation at the centre of our practice with children, young people and families has been asserted by a number of occupational therapy theorists and researchers (e.g. Dunford, 2011; Polatuk & Genting, 2006, Rodger, 2010). Use of the COPM has the potential to facilitate a move towards occupation-based or occupation-centred practice. Definitions of occupation, occupational performance and engagement based on the Canadian Model of Occupational Performance and Engagement (CMOP-E) are given in Table 2, as this is the terminology underlying the Canadian Occupational Performance Measure (COPM).

### Table 2: Definitions of occupation, occupational performance and engagement based on CMOP-E

**OCCUPATION** refers to the groups of activities and tasks of everyday life, named, organised, and given value and meaning by individuals and a culture.

**Occupation** is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity).

**Occupational Performance** refers to the ability to choose, organise, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community.

**Occupational Engagement** relates to involving oneself or becoming involved, participating in occupations.

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### Children, Young People & Families Occupational Therapy Journal

### Autumn 2011

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**School Occupations**

<table>
<thead>
<tr>
<th>School</th>
<th>School Self-care</th>
<th>School Leisure &amp; Recreation</th>
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<tbody>
<tr>
<td>School work is a &quot;child's job&quot; becoming a permanent part of their life; increasing occupation in terms of independence, quality of work and efficiency are part of moving up through the school year.</td>
<td>Children have to increasingly look after themselves and their belongings; an increasing level of independence is expected. Additionally, mobility &amp; transportation are key school self-care components.</td>
<td>Students engage in leisure occupations during moving tea and lunch break (&quot;lunch break&quot;), while some choices are given by the contact. children occupy themselves in a variety ways on their own and/or with peers.</td>
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**Academic Work**

- **Personal Care - looking after self & own needs** (physical & physiological)
  - **Personal Hygiene** - washing, brushing, getting dressed, grooming, maintaining & monitoring appearance (e.g. hair)
  - **Eating & Drinking** (meals & snacks time) - consuming food & drinks, portioning, opening lunch box/containers' wrappers
  - **Clothing** - putting on, taking off clothes

- **Active Leisure**
  - **General Sports/Active Play** - running, kicking, throwing, catching, throwing, jumping, running, kicking, throwing, catching, jumping
  - **Dancing/Phisical Activity** - playing catch, skipping rope, playing hide and seek

- **Quiet Leisure**
  - **Library** - reading, looking at books/magazines
  - **Listening** - listening to music/audiotapes
  - **Games** - playing board games, cards games

- **Non-Academic Work & Responsibilities**
  - **Functional Mobility** - within classroom environment
    - **Independent Mobility** - walking, standing, climbing stairs, transporting belongings/chairs (books, work materials, bags)
    - **Social Mobility** - moving from one area or room to another, accessing school grounds, accessing playground area
    - **Indoor Mobility** - moving around classroom (without with traffic), walking down school corridors (without with traffic)
    - **Transportation & Route-taking** - pushing chair or in, standing in front, sitting down on chair, adjusting chair

- **Homework**
  - **Transportation** - outside school boundaries
    - **Getting to & from school** - walking or cycling to school, may include using a bus or car, in varying weather conditions (considering climate in country & seasonal changes)
    - **School Entry/Exit** - transportation by bus or car, using public transport

- **Other Leisure Activities**
  - **Nature Experience** - doing without peer engagement - e.g. reading, listening to music/audiotapes
  - **Active Leisure Activities** - doing without peer engagement - e.g. walking/running around school grounds, accessing playground equipment

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**Table 3: Typical school occupations within mainstream primary schools** (please note that the list is not meant to be exhaustive by any means, but to provide examples of school occupations that can be included under each heading)
PROVISION OF BASIC INFORMATION ABOUT SCHOOL-BASED OCCUPATIONAL THERAPY

Prior to starting the administration of the COPM, it is useful to clarify with the parents, school staff and child/young person if they do know what school-based occupational therapy is. Some clients may have received occupational therapy prior to this point, while for others this might be the first time they have met an occupational therapist. In any case, the adults and children you encounter may have different ideas and expectations of what you will do and which type of service you provide. In particular if the child, parents and/or school staff are used to therapists withdrawing children from the classroom for therapy, or working with children after school in clinic-based settings, an outline of school-based services will be important. Rather than providing a generic explanation of what occupational therapists do, try to provide a specific description relevant to the services they will receive. The following explanation might assist school staff and parents / caregivers to get a better idea of what to request and expect from you as the practitioner:

"School is an important part of every child's life; however, some children have difficulties taking part in activities which are part of typical school life. Some children have difficulties keeping up with work, others find it difficult to look after themselves and their belongings while at school, and some children find playing and socialising with others during break time particularly challenging. Occupational therapists, also called OT's, can help children to take part in the activities they find challenging, at school."

Providing an information brochure about school-based occupational therapy in easy-to-understand language might be also useful to facilitate parents’ and school staff’s understanding of the services provided and also their role within these services. In particular, "school-based" services, services taking place in the classroom and wider school environment might be a new concept. The above explanation might be difficult to understand for children and young people. A more concrete description with examples might be more useful, such as the following:

"Most people, grown-ups and children, find some things difficult to do. When I was little, I found throwing and catching a ball very tricky. I was not very good as the ball would fall to the ground. There are lots of things children do at school, for example their school work, getting changed for PE, eating a snack with their friends at morning break, playing and having a good time at break time. If there are things that are difficult to do, I am someone who can help to make it easier."

PROVISION OF RELEVANT INFORMATION ABOUT THE COPM

Sharing the purpose of an assessment tool with clients introduces the notion of "working together" (collaboration) as well as parents, school staff and child/young person holding expertise and having a right to make choices within the services they receive (client-centredness). In case of COPM, it also introduces the focus of school-based occupational therapy as enabling a child’s participation in typical school occupations. The following statement might be used to introduce the COPM as assessment tool to school staff and parents / caregivers:

"I would like to use a tool called the Canadian Occupational Performance Measure, COPM for short, with you. The COPM is designed to help us to identify activities which are part of school life, which (name of child) wants to do, needs to do or is expected to do but currently has difficulties with. From these school activities I would like you to prioritise the ones you see as most important or are most concerned about and these will be the therapy goals. These goals will be areas we will work on together."

Prior to beginning a COPM interview with a child or your person, the following statement might outline what is going to happen:

"I would like to ask you some questions about school. I would like to find out what you do at school. I would like to know what you like doing at school, and what you do not like doing at school, or what you find hard to do."

COPM ADMINISTRATION STEP 1: IDENTIFICATION OF OCCUPATIONAL PERFORMANCE ISSUES

Therapists should use a style of administration that is comfortable for them, appropriate for the school-based setting they work in and suitable for the parents, school staff and/or child/young person interviewed. While there is a considerable degree of flexibility in terms of how the interview is conducted, the overall structure of the conversation should be consistent with the Canadian Model of Occupational Performance and Engagement (CMOP-E) and client-centred practice. It can be useful to ask parents and school staff to go through a typical school day to identify specific areas of difficulty. Following an initial conversation based on some open questions (see table 4 for sample open questions), the interviewing therapist may either follow the order of sections in the COPM recording form (self-care / school work – leisure) or pick up on the areas most highlighted as an area of concern (e.g. "it appears that you are very concerned about your child's / student's ability to do his school work") – filling out the work section on rating

STEP 1: Identification of Performance Issues in School Occupations

Identify school occupations that child wants to do, needs to do or is expected to do as part of school life

Sample Open Questions:
- Tell me about a typical school day / week for [name of child]?
- What are things about school life that [name of child] enjoys / likes?
- What are the activities, which are part of school life, that [name of child] finds tricky and struggles with?
- Imagine we are sitting here talking in three months / six months / one year from now. What would you like your child / student to be able to do while at school?

Sample Prompts to get more details:
- Could you tell me more about [activity X, e.g. getting around the classroom and wider school]?
- How about [activity X, e.g. PE, school assemblies, looking after and managing his / her work materials during school work]?
- What does [name of child] do during [time slot / activity X, e.g. break times – does s/he play with peers]?

STEP 2: Rating Importance of School Occupations Issues

Rate self-care activities, school work and leisure activities of importance within the school context which the child / young person struggles to perform at present

Sample Questions: "How important is it to you that your child / student will be able to do [activity X]?

Prompt for Scoring: "A score of 1 means that being able to do this activity is not important at all, a score of 10 means that being able to do this activity is extremely important."

STEP 3A: Current Performance in School Occupations

Rate the child's / young person's ability to perform each of the previously identified and prioritised school activities

Sample Questions: "How would you rate your child's / student's current ability to do [activity X]?

Prompt for Scoring: "How well does your child / student do [activity X] at the moment?"

Prompt for Scoring: "A score of 1 means that your child / student is currently not able to do the activity at all, while a score of 10 means that you child / student is able to do the activity extremely well."

STEP 3B: Current Satisfaction with Performance in School Occupations

Rate satisfaction with child's / student's current ability to perform each of the previously identified and prioritised school activities

Sample Questions: "How satisfied are you with the way your child / student is able to do [activity X] at the moment?"

Prompt for Scoring: "A score of 1 means that you are not satisfied at all with your child's / student's ability to do this activity, a score of 10 means that you are extremely satisfied with how your child / student is currently able to do this school activity."

Table 4: Steps of semi-structured rating process – Parent / School staff interview (Law et al, 2005)
form first prior to moving to the other sections) to complete the rating process.

Either way, the interview can be structured using the school occupation areas identified in Table 3 to ensure that potential challenges in self-care, schoolwork and leisure have been addressed. Following the initial open questions of the interview, the therapist may choose to ask more closed and specific questions related to referral information or other prior information later during the interview. For example, the referral may have mentioned frequent falls but this issue was not mentioned during the COPM interview. Therefore the therapist might ask questions focusing on functional mobility (sub-heading under self-care) such as "How does child’s name manage to get from class to class?", "How does (child's name) manage the stairs?", or "How does (child’s name) move around the classroom?". If, despite further probing, the clients do not highlight an area as causing concern, the therapist does not pursue it during the COPM interview, but may choose to raise it again during a later conversation.

**COPM ADMINISTRATION STEPS 2 TO 3: RATING IMPORTANCE, SCORING PERFORMANCE & SATISFACTION**

Following the initial identification of a potentially high number of possible issues, the clients may have participating in and performing school activities, the therapist will guide the child (parents, school staff, child) to rate these identified issues in terms of their perceived importance. It adds that the therapist does not impose his or her view of importance on the client during the rating process. The therapist may like to check with the client(s) that the occupational performance issues with the highest importance score are really the ones that are the most important to them, for example "the following activities X, Y, and Z e.g. "getting organised for school work, cutting and gluing during maths work activities, and my PE” have the highest score in terms of importance. Are these the most important issues you would like to be addressed?".

The therapist may choose to suggest how many of the identified and prioritised performance issues in school occupations could be realistically addressed within the time and resources available. It is recommended that a maximum of five occupational performance issues is identified; however, the therapist may limit the number to two or three if that would be more realistic. If, in particular parents and/or school staff, feel a higher number of issues should be addressed, the therapist may like to suggest that once the first two or three goals are achieved, the other areas can be addressed in the order of priority.

The COPM administration process could be started again at that stage to identify and prioritise new issues or priority areas that could be addressed. The prioritised occupational performance issues are transferred into the initial assessment section, in order of importance. Each of the issues will be scored by the client in terms of their perceived performance and satisfaction. Regular reminders of how the visual cues, such as the following, may make the scale process more accessible.

- **Importance**: reducing / increasing number of stars
- **Performance**: from thumb up, to thumb in middle, to thumb down
- **Happiness (Satisfaction)**: smiley face to neutral face to sad face

For some children, a ten-point scale is simply too challenging, due to their level of numerical understanding. In these cases, the use of three or five point scale could be considered. However, if these shorter scales are used, the calculation of a total and changed scores for performance and satisfaction is not possible. This has implications for the use of the COPM to measure outcomes, as this would mean that outcome measurement can only be done for the scores provided by parent and school staff. However, the child’s voice will still be heard and the potential to shape the focus of the intervention.

**DOCUMENTATION: RECORDING & NOTE TAKING**

Most sections on the COPM form are self-explanatory, such as the client and service information, scoring information and area for change score calculation. Due to the usual high level of information obtained during a COPM interview, therapists usually require additional paper for notes to be taken. It is advisable to keep the information on the client’s specific, for example, "story writing" under the work section: "getting changed for PE" or "getting from one classroom to another" under the self-care section, and "playing with others on playground" under the leisure section. The additional information provided, which is often valuable for further assessment and also intervention planning, should be recorded separately.

**EVALUATION/REVIEW OF COPM GOALS**

As part of evaluating the effect of school-based intervention, the COPM may be re-administered at intervals or following conclusion of the intervention. The date of re-administration should be agreed with parents, school staff and the child at the initial administration. Each goal is scored for performance and satisfaction from the perspective of all the stakeholders who took part in the initial assessment.

**CONCLUSION**

An occupation-based assessment is shaped by the specific practice context in which it is carried out; therefore, in schools the focus is on school occupations. Identifying and measuring occupation-based outcomes focuses school intervention on enabling a range of relevant school occupations. Beyond the traditional focus on improving handwriting abilities, occupational school-based intervention focuses on enabling a child’s engagement and participation in school occupations, as well as self-care and leisure occupations within the school context.

Through the implementation of an occupation-based assessment this broader focus on school occupations within the school context is communicative and collaborative with the client (parents, school staff, child / young person), so it facilitates the client’s understanding of what school-based occupational therapy is and what school-based occupational therapy services will focus on. Enabling the child’s engagement and performance in topical school occupations. The COPM is a useful assessment and evaluation tool which can be used to identify school-based occupational performance deficits, to set goals and to evaluate progress collaboratively with the client (school staff, child / young person). The occupational performance issues prioritised though the use of the COPM have the potential to direct and focus the school-based intervention on school occupations that are important to the parents, school staff and child / young person.

While effective and efficient use of the COPM in school-based occupational therapy requires practice, use of the COPM within the context of an occupation-based assessment process has the potential to facilitate proficient practice. Further familiarisation with the administration, usefulness and psychometric properties of the COPM is achievable through a wide range of journal articles and other available resources.

**REFERENCES**


Accessed on 16/09/2011


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**COPM Resources available through the CAOT Store**
(www.caot.ca)

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| (4th ed., published 2005) | (revised ed., published 2000) | Manual entails key information about the administration and scoring, outlines psychometric properties and special applications; also includes COPM manual, the three scales and 100 measurement | Self-instructional programme to learn use of COPM using a 45 minute DVD and workbook; also includes COPM manual, the three scales and 100 forms

Overview of relevant research that has been published since the initial publication of the COPM, focuses on results and implications for use of COPM in research and practice

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**Workshop during the COT-SS-CYPF Conference 2011**

"Measuring Outcomes in School-based Occupational Therapy: Use of the Canadian Occupational Performance Measure in Practice"

Friday 18/11/2011, 1:30 to 2:15 pm

Exhibition and Conference Centre, University of West England (UWE), Bristol