

A review on how best to administering the Canadian Occupational Performance Measure in occupational therapy practice – guidelines to the state of the art

Introduction: Occupational therapists aim to deliver interventions to enhance clients' occupational performance and document outcomes. The COPM is a measurement tool designed for such documentation used worldwide. But misinterpretations and uncertainties regarding the COPM is seen.

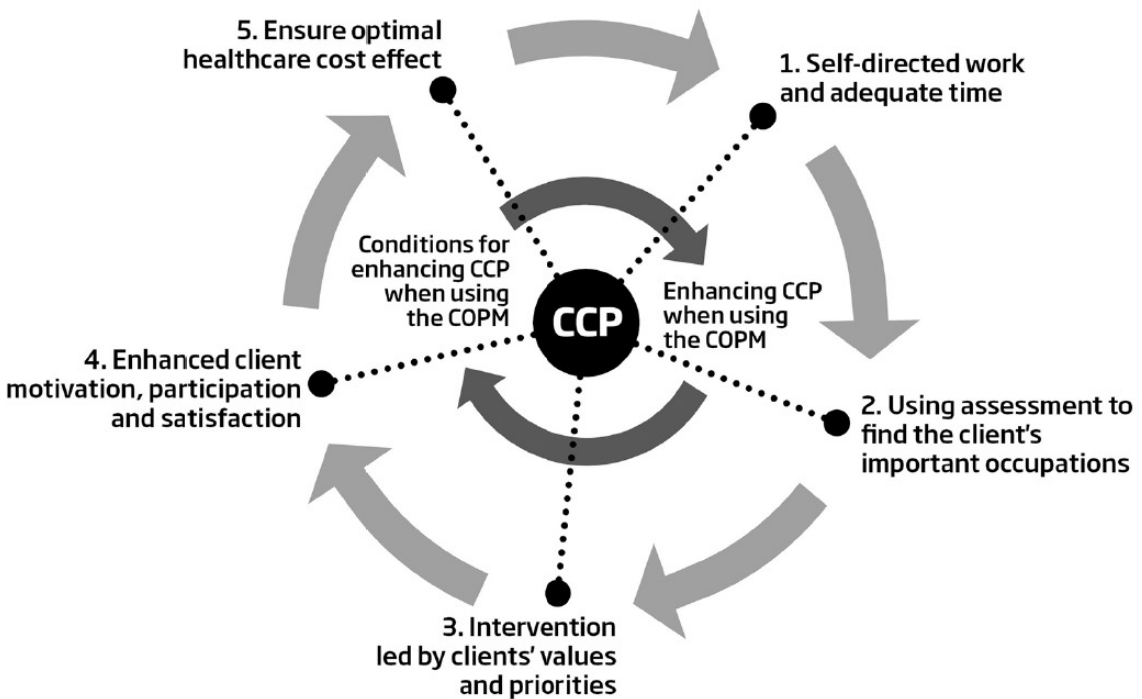
Method: we conducted a state-of-the-art review and identified 856 papers on PubMed. 45 were included to summarize relevant answers.

Results: we included 45 papers with different designs. They were conducted in countries all over the world, i.e. Australia, Canada, Denmark, Israel, Italy, Japan, the Netherlands, Norway, Slovenia, Spain, Sweden, Turkey, United States, and with OTs or experts from different countries including reviews.



Coherence and effect when using the COPM to enhance client-centered practice

Summarized in the figure, several prerequisites for proper use of the COPM have been identified. The center shows that client-centered practice can be enhanced when using the COPM *if* as shown in the circular line specific actions and outcomes are achieved. The process entails:



1. The therapist working in an environment that supports self-directed work and adequate time ->
2. permits choosing an assessment like the COPM to identify the client's important occupational issues ->
3. the intervention can be led by the client's values and priorities which ->
4. enhances the client's motivation for and participation in intervention and results in more client satisfaction ->
5. increase effects and thus optimal healthcare cost effects

Recommendation for administering the COPM

The COPM was developed in a collaboration between Canadian researchers and OTs from practice to enable assessing and documenting changes in a client's occupational performance based on a client-centered focus. Occupations are identified and measured within self-care, productivity, and leisure. Not all 5 steps need to be done at once. You can do a few or divide the interview.

Step 1. Identification of occupational performance problems/ issues (OPIs)	<i>DO NOT ask for problems but ask what the client would like to be able to do that they are currently unable to do satisfactorily. Identify what is valued and meaningful for the clients within the three areas: self-care, productivity, leisure. Assess with general questions and avoid doing a survey. Limit your time to finding the client's OPIs, do not investigate them further and do not start the intervention here - do that later.</i>
Step 2. The client assesses the importance of each OPI	<i>Use the importance scale from 1-10. Use the scores to obtain an understanding of why the occupation is important to the client. Tell the client that it is fine to have many important occupations, hence it is okay to score 10 more than once.</i>
Step 3. The client prioritizes of up to 5 OPIs	<i>Help the clients prioritize the (up to) five OPIs they want to address. It may be an occupation that the client has not scored 'extremely important' but still want to address. If there is a discrepancy between the client's importance score and priorities, it is fine to ask why</i>
Step 4. The client scores the prioritized OPIs in relation to performance and satisfaction with performance	<i>It is often easiest to score both performance and satisfaction for one OPI at a time. Prior to scoring performance, it helps a great deal if the client has performed the occupation. It inhibits the reliability if the clients are asked to guess or imagine their performance. The occupational therapist must believe it doable to score to signal this perception to the client. If the client is not allowed to do certain movements and/ or occupations the performance score of the OPI will be very low.</i>
5. The prioritized OPIs are reassessed	<i>The reassessment scoring is best completed with neither the client nor the occupational therapist seeing the original score. A change between 2 and 3.5 points with adults likely represents a 'true' and clinically important change.</i>

If your focus of intervention differ from the purpose of the COPM, use a measurement that fits your purpose instead of the COPM.