

Commentary on “How Children and their Parents Value using the Canadian Occupational Performance Measure (COPM) with Children Themselves”

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DESCRIPTION

In pediatric occupational and rehabilitation therapy, interventions are directed at enhancing participation of children and thus are focused on their own experiences, limitations, performance and goals. Setting patient-centered goals and monitoring outcomes at this level can be difficult in daily practise. Often, professionals' and parents' views regarding the child are used as a proxy.

We used the Canadian Occupational Performance Measure (COPM) with children themselves in order to truly engage children themselves. We explored parental and children's experiences [1] and formulated instructions on how to use the COPM with children themselves.

The COPM is a patient reported outcome measure designed to detect changes in a client's self-reported occupational performance over time and can be used with children with a minimum mental age of 8 years [2]. The COPM consists of 5 steps and involves a semi-structured interview performed by a therapist. During this interview children prioritise a maximum of five important activities they would like to address, as part of an agreed intervention.

The children identify the activities they want to do, need to do or are expected to do, but at that time are not able to do or are not satisfied with the way they presently do them. For each of these activities the children rate their performance and satisfaction on a 10-point scale. The scale ranges from a score of 1 which represents 'not able to do it' / 'not satisfied at all' ranging to a score of 10 which indicates 'able to do it extremely well' / 'extremely satisfied'.

These priorities can be used to determine the goals for intervention [3]. After an appropriate period of intervention the final step of the COPM, the reassessment, takes place by asking the children to rate their performance and satisfaction for the five prioritised activities again. The change in the occupational performance, reported by the children themselves, is calculated by subtracting the ratings given at the start of the intervention from the ratings determined at reassessment.

The use of the COPM with children helps to increase self-awareness of their own needs and competencies. Further, the COPM stimulates the autonomy of children by inquiring into their wishes for their own life. In addition, working from requests for help made by the children themselves tends to increase their motivation to engage with the intervention which is put in place to support them [4,5].

However, it is not known how children and their parents experience the use of the COPM. In our study “How children and parents experience the use of the COPM with children themselves”, we aimed to map experiences of children and their parents with the COPM, used with children. The results of our qualitative study show that both the children and parents consider the COPM as a valuable instrument for goal-setting and for outcome of the intervention [6].

Children aged eight and older were able to complete the COPM, and felt able to express their problems and wishes. This helped them to be engaged in their therapies, because it encourages autonomy, relatedness and competence. These factors are important determinants of intrinsic motivation, as stated in the self-determination theory [6].

In order to motivate and help professionals to use the COPM with children themselves, based on the experiences of children, their parents and professionals, we formulated specific instructions. With these instructions we hope to pave the next step toward child centered goal setting, monitoring and outcome measurement.

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Received: February 01, 2021; **Accepted:** February 15, 2021; **Published:** February 22, 2021

Citation: Verkerk G, Meulmeester LM, Alsem M (2021) Commentary on “How Children and their Parents Value using the Canadian Occupational Performance Measure (COPM) with Children Themselves”. *Clinics Mother Child Health*. 18:376

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