

Outcome Measure	Canadian Occupational Performance Measure (COPM)
Sensitivity to Change	Yes
Population	Adult
Domain	Global Outcome
Type of Measure	Self-report / interview
ICF-Code/s	d5,d9
Description	<p>The COPM (Law et al., 2005) is a client-centred tool based on the Canadian Model of Occupational Performance. The COPM uses a semi-structured interview format that is designed to facilitate information gathering about what the patient needs, wants or is expected to do by identifying problems in self-care, productivity and leisure. The COPM also enables measurement of change in self-perceived performance and satisfaction in occupational performance areas.</p> <p>The tool can facilitate goal planning as identified problems in occupational performance areas can be rated by the respondent on a scale from 1 (not important at all) to 10 (extremely important). The tool measures changes in self-perceived performance and satisfaction in response to an intervention by asking the respondent to rate highest priority occupational performance problem areas before and after intervention on a scale from 1 (not able to perform/not satisfied at all) to 10 (able to perform extremely well/extremely satisfied).</p> <p>Scoring: Mean scores are obtained for satisfaction and performance with scores ranging from 1 to 10. A change score is obtained by subtracting the post-treatment score from the initial score. The most meaningful scores derived from this assessment are the change scores between assessment and reassessment. A 2-point change between pre and post intervention scores is deemed to be a clinically meaningful change (Law et al., 2005)</p> <p>Median Administration time: 30 minutes (range 10-180 minutes).</p>
Properties	<p>Reliability: excellent test-retest reliability ($r=0.89$ performance; $r=0.88$ satisfaction) (Cup, Reimer, Thijssen, & van Kuyk-Minis, 2003); 2 to 6 months post onset, Acute Stroke). Test-re-test reliability coefficients for the COPM ratings in a ABI sample over the 8-week interval were excellent ($r=0.75-0.86$) for relative ratings and adequate ($r=0.53-0.67$) for self-ratings (Jenkinson, Ownsworth, & Shum, 2007).</p> <p>Validity: the COPM has been compared assessments which measure similar and dissimilar constructs. When compared with the Reintegration to Normal Living Index (RNL), Chen et al (2002) showed significant positive correlations between RNL change score and COPM performance change scores ($r = 0.72$, $p<0.001$) and satisfaction change scores ($r = 0.93$, $p<0.001$) in an inpatient neurorehabilitation setting. Cup et al. (2003) demonstrated the COPM to have discriminant validity by comparing it</p>

with five standardised functional measures (Bartel index, Frenchay Activities Index, Stroke adapted sickness impact profile, Euroqol 5D and the Rankin Scale). Correlations between the COPM performance scores and scores on the individual measures were low and non-significant (BI - 0.22, FAI - -0.115, SA-SIP30 – 0.102, Rankin – 0.209, Euroqol 5D – 0.143) whereas all standardised measures were significantly correlated with each other.

Responsiveness: Several studies have demonstrated responsiveness of the COPM. Bodiam (1999) showed significant improvements in self-ratings of performance and satisfaction in mixed neurological inpatient rehabilitation sample (range LOS 1-34 weeks). Trombly and colleagues (Trombly, Radomski, & Davis, 1998; Trombly, Radomski, Trexel, & Burnet-Smith, 2002) showed significant improvements in self-rated performance and satisfaction in outpatient ABI adult rehabilitation (4-23 week LOS) with similar findings by Doig et al (2011) in a community-based rehabilitation TBI sample undergoing a 12-week intervention. Jenkinson et al (2007) compared COPM performance and satisfaction scores and BIRCO-39 scores for a group of people with ABI receiving an 8-week community-based intervention with a non-intervention group to establish the sensitivity of the COPM. There were no significant differences found at 8 week follow up for the no-intervention group on COPM self-rated performance ($p=0.061$) and relative ratings of performance ($p>0.05$) however there were significant changes in self-rated satisfaction at follow up ($p=0.011$). There were significant changes in all areas for the intervention group: self-rated performance ($p=0.018$), satisfaction ($p=0.013$) and relative performance ratings ($p=0.008$). Comparatively, there were no significant changes in BIRCO-39 scores between pre and post intervention.

COPM and association with mood, self-awareness and cognition:

Jenkinson et al (2007) explored associations using correlations between COPM performance and satisfaction and measures of depression, anxiety, self-awareness and cognitive function in a group of people with ABI undergoing community-based rehabilitation. This study found a significant negative correlation between anxiety and COPM satisfaction however no other significant correlations. Authors noted that the sample was in the mild range for anxiety, normal range for depression, just below normal range for cognition and the sample did not have significant awareness deficits.

	PCRS Discrepancy	HADS Depression	HADS Anxiety	Health & Safety Subtest of the Independent Living Scale
COPM Performance	0.21	-0.23	-0.30	0.18
COPM Satisfaction	0.20	-0.33	-0.42*	-0.02

Doig et al (2010) used the COPM to facilitate goal planning and measure COPM self-rated and relative-rated performance and satisfaction in a 12-week community based rehabilitation setting for 14 participants with TBI. Despite the majority of the sample presenting with moderate or severe

	<p>deficits in self-awareness (according to the self-awareness of deficits interview), 12/14 were able to self-identify their program goals (1 client due to chronic amnesia and 1 client due to severe impairment to self-awareness). COPM change magnitude and direction post treatment was consistent with relative ratings and objectively rated improvement in goal attainment, with exception of these two cases. The client with severe impairment to self-awareness inflated initial ratings on the COPM compared with relative ratings and thus post treatment COPM self-ratings were not consistent with objectively observed improvement in goal attainment and relative ratings of improvement. Jenkinson and colleagues (2007) also found no significant differences between relative and participant COPM performance ratings ($t=0.3$, $p=0.77$) and satisfaction ratings ($t=1.79$, $p=0.078$) although their sample did not have significant awareness deficits.</p>
Advantages	<p>Is both a treatment/goal planning tool and outcome measure. The COPM is designed to facilitate client participation in goal planning, which is important for motivation and engagement in rehabilitation. The COPM has demonstrated test-retest reliability, discriminant and concurrent validity and responsiveness to change post treatment. Has been used extensively with adults and has also been used with children with cerebral palsy and developmental delay.</p>
Disadvantages	<p>Self-rated assessment tool that may be inappropriate as an outcome measure with some clients with impaired self-awareness and cognitive impairment.</p>
Additional Information	<p>Although this measure has been primarily used with adults, it has also been used with children and has been recommended for use with children 8 years and over as young children due to difficulties of self-assessment for younger children.</p>
Reviewers	<p>Jenny Fleming</p>

References

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