

Family-Centered Service in the California Children's Services Medical Therapy Program

Average time required to complete this training is 2 hours

Outline

- » Family-Centered Services (FCS)
- » Canadian Occupational Performance Measure (COPM)
 - Strategies for Conducting Successful Interviews
 - Administering COPM
 - Scoring COPM
 - Documenting COPM in Client Reports
 - Adapting Interview for Success
 - Purchasing COPM Manuals and Forms
- » Measure of Processes of Care (MPOC)
 - MPOC – 20
 - MPOC – Service Provider (MPOC – SP)
- » Resources
- » References

Expectations for the Implementation of FCS in the MTP

Beginning May 4, 2026:

- » This training will be accessible to all MTP staff and incorporated into each county's MTP orientation materials for new staff
 - Members/families will be introduced to FCS, MPOC and COPM at intake
 - All members/families will be given the opportunity to complete MPOC-20 annually
 - All MTP therapists will complete MPOC-SP annually
 - MPOC-20 and MPOC-SP data will be compiled into an annual report
 - COPM will be completed for each client at every therapy evaluation

“FCS recognizes that each family is unique; that the family is the constant in the child’s life; and that they are the experts on the child’s abilities and needs.”

~Law et al., 2003, p. 2

FCS

FCS recognizes the unique role of both families/caregivers and service providers

» Family

- Unique
- Constant in child's life
- Experts on child's abilities and needs

» Service Providers

- Respect all families
- Build on member/family strengths
- Share honest and unbiased information
- Collaborate with and empower member/family to make decisions

FCS in the MTP

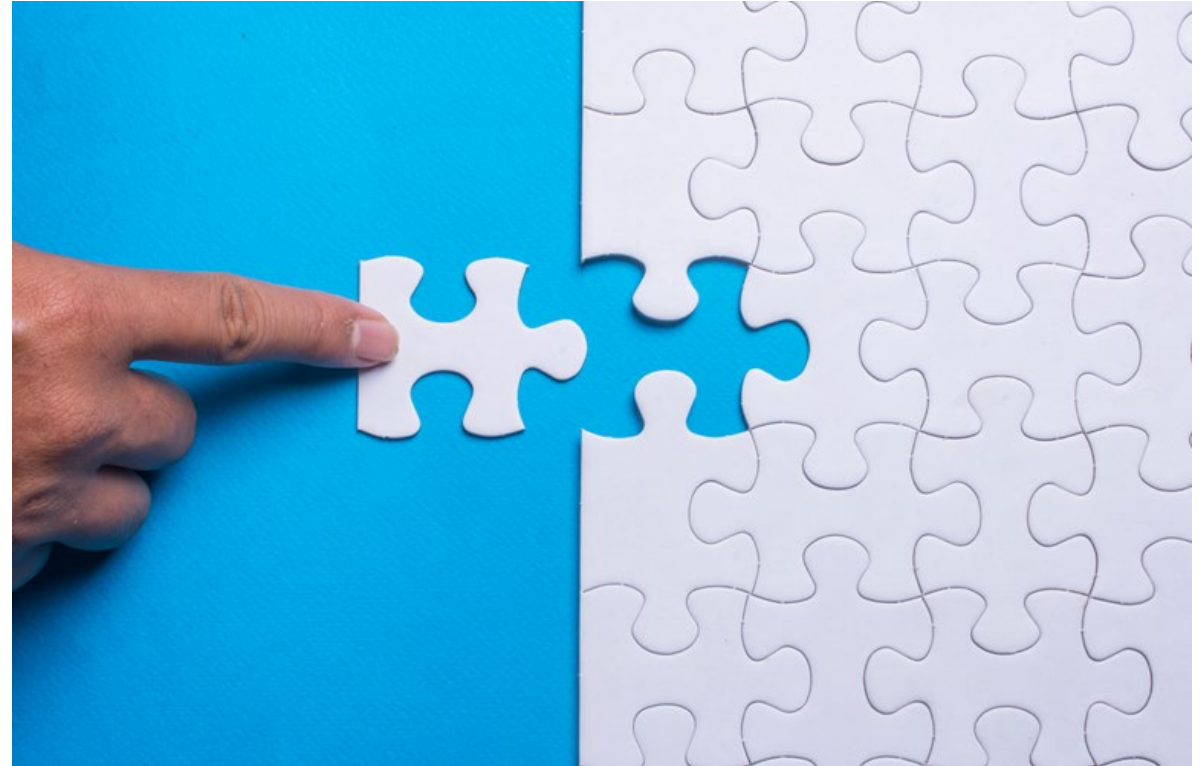
Through FCS, we:

- » Provide information to support member/family in making informed decisions about therapy services
- » Build a collaborative partnership with member/family by:
 - Creating a plan of care together
 - Encouraging ongoing feedback
- » Empower member/family to take an active role in the therapeutic process
- » Coordinate care across services

Shared Decision-Making

A strategy where therapist and member/family partner to consider best evidence and member/family values and preferences in the development of a plan of care.

~ Moore and Kaplan, 2018



Stages of Shared Decision-Making

- » Shared decision-making has **three** stages
 - **Prepare for collaboration**
 - Invite participation, identify decisions to be made, and negotiate priorities
 - **Exchange information on options**
 - Member/family knowledge, concerns, values combined with the expertise of client and therapist
 - **Affirm and implement decision**
 - Summarize plan and confirm congruence with client priorities

~ Moore and Kaplan, 2018

'F-words' article website and link



The image shows a laptop screen displaying a journal article page. The browser's address bar is visible at the top, showing various navigation icons and the text 'Edit in Paint'. The article is from the journal 'Child: care, health and development', which is displayed in a blue header bar. Below the header, the text 'Review Article' is on the left and the DOI 'doi:10.1111/j.1365-2214.2011.01338.x' is on the right. The main title of the article is 'The 'F-words' in childhood disability: I swear this is how we should think!'. The authors are listed as 'P. Rosenbaum* and J. W. Gorter*†'. Below the authors, their affiliations are provided: '*CanChild Centre for Childhood Disability Research, McMaster University, Hamilton, ON, Canada, and †NetChild Network for Childhood Disability Research, Utrecht, the Netherlands'. The article was accepted for publication on 18 September 2011. At the bottom, there is a call to action: 'Please read the full article' followed by a blue hyperlink: 'https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2214.2011.01338.x'. A small '5' icon is visible in the bottom right corner of the article content area.

Child: care, health and development
Review Article
doi:10.1111/j.1365-2214.2011.01338.x

The 'F-words' in childhood disability: I swear this is how we should think!

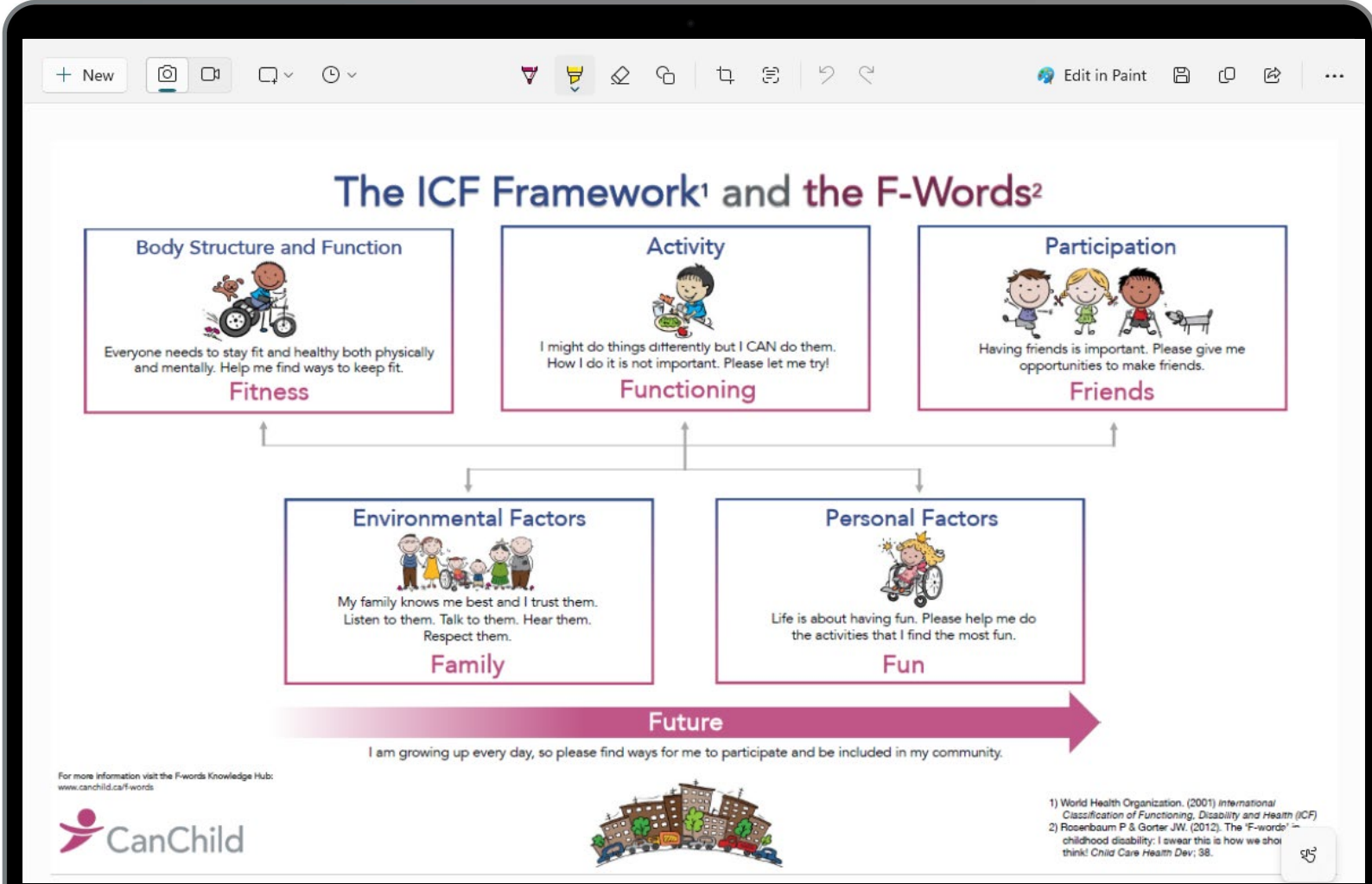
P. Rosenbaum* and J. W. Gorter*†

*CanChild Centre for Childhood Disability Research, McMaster University, Hamilton, ON, Canada, and
†NetChild Network for Childhood Disability Research, Utrecht, the Netherlands

Accepted for publication 18 September 2011

Please read the full article
<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2214.2011.01338.x>

International Classification of Functioning, Disability, and Health (ICF) Framework and the F-words



The F-Words

"Addressing function, family, fitness, fun and friends will constantly remind us of what is important in the development of all children. We can ask parents and children with disabilities, at any time, about their expectations and dream for a future that is possible – and not decide for them what is impossible."

~Rosenbaum and Gorter, 2011, p. 462

Canadian Occupational Performance Measure (COPM)

» COPM information and form

COPM

Canadian Occupational Performance Measure

PLACE INSTITUTIONAL STAMP HERE

The Canadian Occupational Performance Measure (COPM) supports high-quality, client-centred, occupation-based practice. The COPM is an individualized measure designed to detect change in a client's self-perception of occupational performance over time. The COPM is intended for use as an outcome measure. As such, it should be administered at the beginning of service to support the establishment of intervention goals, and again at an appropriate interval thereafter to determine progress and outcome.

The COPM is used to:

- identify problem areas in occupational performance;
- provide a rating of the client's priorities in occupational performance;
- evaluate performance and satisfaction relative to those problem areas;
- provide the basis for goal-setting; and,
- measure changes in a client's perception of his/her performance and satisfaction over the course of intervention.

The COPM is completed in 5 steps:

1. Identify occupational performance problems. The definition of a problem is:
An occupation that a person WANTS TO DO, NEEDS TO DO or IS ASKED TO DO, but CANNOT DO, DIFFICULT TO DO, or DOES NOT WANT TO DO.
2. Once specific occupational performance problems have been identified, ask the client to rate each one in terms of its IMPORTANCE to him or her. Importance is rated on a 5-point scale, where:
1 = not important at all, 5 = extremely important
3. Ask the client to choose up to five problems that were most pressing or important, using the rating scale above.
4. Rate PERFORMANCE and SATISFACTION with the top five of the selected issues, and indicate HOW often satisfied are you with the top five of the selected issues?
5. Re-evaluate after 6-8 sessions.

Client information

Name: _____ Date of birth: ____/____/____
Telephone: _____ Address: ____/____/____

Session

Instructions: Once you have rated the top five of the selected issues, then indicate how often you will be satisfied with the activity itself.

1 = not satisfied at all, 5 = extremely satisfied

Occupational Performance Problem (O.P.P.)	Imp.	Time 1		Time 2		Change in Performance (P.U.)	Change in Satisfaction (S.U.)
		Perf.	Sat.	Perf.	Sat.		
1.							
2.							
3.							
4.							
5.							

How often you will be satisfied with the activity itself

1 = not satisfied at all, 5 = extremely satisfied

© Mary Law, Sue Baptiste, Anne Carroll, Mary Ann McColl, Helen Potvin, Nancy Pollock, 2019. Photocopying is prohibited. Published by COPM Inc. To order visit www.thecopm.ca

What is the COPM?

- » Member-centered tool to enable an individual and their family to identify and prioritize issues that impact their performance in everyday living
 - Uses semi-structured interview
 - Identifies issues of importance from member's/family's perspective
 - Detects changes in self-perception of occupational performance over time
 - Assesses member outcomes
- » Measures performance and satisfaction in self-care, productivity, and leisure from member's perspective

COPM Materials



» Manual



» 3 rating cards used to rank

- Importance
- Performance
- Satisfaction



» Member Form

Occupational Performance Areas

COPM addresses three occupational performance areas:

- » Self-Care
- » Productivity
- » Leisure

Looking at the Big Picture

- » To implement member/family-centered service, the occupational or physical therapist needs to consider all three occupational performance areas of COPM: Self-care, Productivity, and Leisure.
 - Be mindful to invite family to share all concerns, including those that are not addressed within the scope of California Children's Services (CCS) Occupational Therapy (OT) and/or Physical Therapy (PT).

Self-Care

Self-care includes occupations such as getting ready for the day and getting around. The COPM measures three aspects of self-care:

- » **Personal Care** (e.g., dressing, bathing, feeding, hygiene)
 - Example: I want my son to get ready for bed by brushing his teeth by himself every night
- » **Functional Mobility** (e.g., transfers, indoor, outdoor)
 - Example: I want my daughter to walk safely from the car into the house using her walker
- » **Community Management** (e.g., transportation, shopping, finances)
 - Example: I want to take the bus to get to my school campus

Productivity

Productivity includes occupations aimed at earning a living, maintaining a home or family, providing service to others and/or developing one's capabilities. The COPM measures three types of productive activity:

- » **Paid/Unpaid Work** (e.g., finding/keeping a job, volunteering)
 - Example: My daughter wants to collect eggs from the chicken coop using her power wheelchair over rough ground
- » **Household management** (e.g., cleaning, cooking, laundry)
 - Example: I want my son to help with doing the laundry by loading the washing machine
- » **Play/School** (e.g., play skills, homework)
 - Example: I want my baby to play with toys using both hands

Leisure

Leisure includes the occupations performed by an individual when freed from obligations to be productive. The COPM measures three aspects of leisure:

- » **Quiet Recreation** (e.g., hobbies, crafts, reading)
 - Example: I want to play the guitar better by knowing where my hand is located on the neck of my guitar without having to look (*for a teenager with hemiplegia with decreased proprioception*)
- » **Active Recreation** (e.g., sports, outings, travel)
 - Example: I want my daughter to be able to ride on an airplane to visit Disney World
- » **Socialization** (e.g., visiting, phone calls, parties, correspondence)
 - Example: I want my son to sit comfortably in his wheelchair to watch his brother's entire Little League baseball game

Strategies for Conducting Successful Interviews



Successful Interviews



- » Promote a collaborative approach
- » Validate member/family perspectives
- » Create member/family centered goals and treatment plans
- » Generate appropriate referrals
- » Increase member/family satisfaction

Things to Consider When Interviewing Members/Families

- » Personal factors that can influence interview
 - Age, gender, race
 - Values, social background, lifestyle, habits
 - Motivation, personality, past experiences, coping style
 - Culture, education level, profession
- » Ask how caregiver prefers to be addressed

Making it Safe to Talk About the Tough Stuff

- » Be aware of your own personal biases and discomfort
- » Set up the environment for privacy and respect confidentiality
- » Encourage member/family to disclose information in a way that respects their comfort level
- » Schedule sufficient time to ensure member/family does not feel rushed



Using Non-Verbal Communication

- » Use body language that invites communication, such as turning toward member/family, using eye contact, and nodding
- » Avoid crossing arms or legs
- » Be mindful of non-verbal communication of member and family



Including Members in the Interview Process

- » Include member in interview to the maximum extent they can participate
- » Consider Instrumental Activity of Daily Living (IADL), when appropriate
- » Ask probing questions, whenever needed
 - "Do you ever feel left out with your friends or family because of something you can't do?"
 - "Where do you see yourself as an adult? Working and living on your own or remaining at home with your family?"



OARS

Open-ended questions

Affirmations

Reflective listening

Summaries

OARS is a communication technique used to promote collaboration to facilitate member/family-centered conversations

~Rosengren, 2017

O - Open-ended Questions

» Empowers members/families to tell their stories in their own words without leading them in a specific direction.

~Rosengren, 2017

» Examples of open-end questions:

- Can you tell me about your daily routine?
- What are some things that are tricky for you/your child?
- What are some things you would like to do more easily?

A - Affirmations

» Using positive statements that demonstrate appreciation for member/family and their strengths.

~Rosengren, 2017

» Examples of affirmations:

- "You have worked hard on..."
- "It hasn't been easy to... but you are determined"
- "Your child is very motivated to..."

R - Reflective Listening

- » Restating or paraphrasing to confirm understanding of what member/family has said.
- » Demonstrates empathy and helps them feel understood.
~Rosengren, 2017
- » Examples of reflective listening:
 - "It sounds like..."
 - "So, you feel... because..."
 - "I noticed you said..."

S - Summaries

- » Summarizing helps to ensure that there is clear communication and expectations between therapist and member/family.
~Rosengren, 2017
- » Examples of summaries:
 - "Let's review what we've talked about so far."
 - "Let me see if I understand so far..."
 - "You've been saying... is that correct?"

Administering the COPM



COPM Administration

- » Introducing COPM
- » Identifying occupational performance concerns
- » Rating Importance, Performance & Satisfaction
- » Scoring

Introducing the COPM to the Member/Family

- » Goal: Help member/family understand how COPM will assist in determining what is most important to them.
- » Possible statements to use:
 - “We will use this tool to find out what activities are important to you” or “what matters to you”
 - “This will help us better understand the challenges that are impacting your daily routines”
 - “This can help us identify possible strategies to make your day easier”

Identifying Occupational Performance Concerns



Occupational Performance Concern

- » An occupational performance concern is a meaningful daily activity (occupation) that a member wants to do, needs to do or is expected to do, but can't do, doesn't do or isn't satisfied with the way they do.

Identifying Occupational Performance Concerns

» It's all in the way you ASK!



Reframing Concerns as Participation

- » What activities do **they** want to do?
 - Enjoy their neighborhood?
 - Join friends at the park?



Function vs. Equipment

- » Think of the function required for a member to participate in an activity that the member/family identifies is meaningful to them vs. the equipment required for participation.
- » Example: A member's occupational concern would not be a need to obtain a gait trainer but rather, member wants to be mobile in the neighborhood so they can play with friends.



Be Specific-Ask Clarifying Questions

- » A family says they want their child to “walk”
 - What does walking look like to them? Walking how? Walking where? How far?
- » A member says they want to be able to “put on a shirt”
 - What kind of shirt: T-Shirt, polo shirt, button down?

What Do You Write on the COPM?

Describe the activities they want to do/improve how they do them in specific terms vs. a vague concern

» **Concern**

- Can't get dressed on their own

» **Activity**

- Assist with putting on T-shirt by pushing arms through sleeves

» **Concern**

- Can't walk

» **Activity**

- Walk from the bed to the bathroom with some assistance

Accurately Represent Member/Family Concerns

- » We are identifying activities that are meaningful to members/families.
- » What we write should reflect their needs and priorities in their words rather than using therapy jargon.
 - If they say “walk”, write walk, not ambulate
 - If they say, “put on a shirt”, write that, not *don* a shirt

Where Do You Write the Concerns on the COPM?

- » Identify the most appropriate COPM section and subsection for each concern.
 - Example: Write putting on shoes in the **personal care** subsection of the **self-care** section.
 - Example: Write wiping down the kitchen table in the **household management** subsection of the **productivity** section.

Rating Importance, Performance & Satisfaction



Rating Importance, Performance & Satisfaction

- » 10-point rating scales are used to quantify member/family perceptions, establish priorities, and measure outcomes of intervention
- » Use whole numbers
 - Rating cannot be 0
- » May use pictures to assist if respondent is struggling with rating (happy/sad faces)



Importance

- » Rate importance of each occupational performance concern
- » “On a scale of 1-10, how important is it to you for your child to assist with putting on their T-shirt by pushing their arm through the sleeve?”

Top 5 Occupational Performance Concerns

- » If more than 5 occupational performance concerns are identified, member/family will prioritize their top 5 (these might not be their highest rated items)



Rating Performance and Satisfaction

- » Include top 5 occupational performance concerns in scoring section of the member form.
- » Using rating cards, have member/family rate performance (how well they are doing) and satisfaction (how satisfied they are with how they are doing) for each concern.
- » Be mindful that sometimes members/families feel uncomfortable rating performance and satisfaction.
 - Can be perceived as equating to the amount of effort that member is demonstrating or equating to the amount of love and acceptance family has for member.

Scoring the COPM



Entering Scores on Assessment Form

- » Document respondent
- » Enter importance rating for each in **Imp.** Section.
- » Enter performance and satisfaction ratings for each concern in **Performance T₁** and **Satisfaction T₁** columns.
- » Add performance scores and enter total in **Total Score** box. Divide this score by number of concerns rated to get **average** performance score. Enter in average score box.
- » Repeat this process for the satisfaction scores.

COPM Reassessment Scoring

- » Document respondent (Note that when respondent is different from T_1 to T_2 this may impact scoring.)
- » Enter concern ratings in T_2 sections for performance and satisfaction.
- » Calculate total and average performance and satisfaction.
- » To calculate change, subtract T_1 from T_2 for performance and satisfaction.

COPM Reassessment Scoring

» COPM Reassessment Scoring Example

SCORING

PERFORMANCE (How would you rate the way you do this activity now?) SATISFACTION (How satisfied are you with the way you do this activity now?)

1 = not able to do it at all 5 = able to do it extremely well 1 = not satisfied at all 5 = extremely satisfied

TIME 1: 10 / 10 / 24 TIME 2: 3 / 13 / 25

Occupational Performance Problem (OPP)	Imp.	Performance T_1	Satisfaction T_1	Performance T_2	Satisfaction T_2	Change in Performance ($T_2 - T_1$)	Change in Satisfaction ($T_2 - T_1$)
1. Stand while pulling up/down pants for toileting	10	4	4	7	9	3	5
2. Get on/off toilet on his own	9	1	1	5	7	4	6
3. Put on a shirt on his own	9	6	5	6	6	0	1
4. Play using both hands	8	4	5	7	9	3	4
5. Walk at the park without the walker and without falling	7	2	2	5	5	3	3
TOTAL SCORE ($\Sigma=1+2+3+4+5$)		17	17	30	36		
AVERAGE SCORE ($\Sigma/\text{number of OPPs}$)		3.4	3.4	6	7.2	2.6	3.8

COPM Reassessment Reflection

- » It may be helpful to share previous scores with respondent.
- » Invites members/families to reflect on the impact of change (or lack of change) on their daily life routines. This may lead to evolving priorities for therapy.



COPM at Re-evaluation

- » Use new blank form
- » Discuss what occupational performance concerns member/family would like to address in upcoming period.
- » When concerns are similar across multiple COPMs, take the opportunity to probe for more details about aspects of concern that have changed since previous COPM

COPM Cycle

- » When OT and PT evaluations are done on the same day therapists will use the same form for documentation.
- » Often OT and PT evaluations do not occur simultaneously
 - When this happens, therapists do not use a second form. (There should only be one current form for a client at a time.)

When OT and PT evaluations do not occur simultaneously - Example scenario:

- » PT reassessed previous COPM and started a new COPM at the member's evaluation.
- » OT does evaluation 1 month later, confirms the recent COPM is still relevant, adds and rates any additional concerns and updates T_1 averages.
- » OT documents results of COPM assessment including concerns identified during PT assessment and any new COPM concerns.

Documentation of COPM in Client Reports



Documentation in Therapy Evaluation

- » Document current occupational performance concerns and the results of the reassessment of previous COPM concerns.
- » Document how occupational performance concerns will be addressed, including referrals made for concerns that are not within the scope of the CCS Medical Therapy Services (MTP).



Example Documentation for Initial/New Concern

Example 1:

- » Per the COPM, member's father identified concerns related to walking to the car and tying shoelaces.

Example 2 (including scores):

- » Per the COPM, member's father identified the following concerns:
 - **Walking to the car**
 - Performance: 5
 - Satisfaction: 4
 - **Tying shoelaces**
 - Performance: 3
 - Satisfaction: 5

Example Documentation for Re-Evaluation

Example 1:

- » Improvements were noted in Performance and Satisfaction Scores from previous COPM for concerns related to walking to the car and tying shoelaces.

Example 2 (including scores):

- » Improvements were noted in Performance and Satisfaction Scores from previous COPM (previous scores are in parentheses).
 - **Walking to the car**
 - Performance: 7 (5)
 - Satisfaction: 5 (4)
 - **Tying shoelaces**
 - Performance: 8 (3)
 - Satisfaction: 7 (5)

COPM Form Maintenance

- » All COPM Forms must be maintained in the member's medical record, either the original form or a scanned copy, to document their initial and subsequent COPM scores



Adapting the Interview for Success



Emotional Intensity

- » Acknowledge emotions and check in to ensure you understand what member/family is feeling, rather than assuming you understand
 - “It sounds like that was very frustrating.”
 - “It seems like it’s making you sad to think about this.”
 - “You seem discouraged. Is that right?”
- » Validate member/family’s emotion



Emotional Intensity

- » Focus on the present and what can be offered to address concern now but be mindful not to shift conversation from emotion to action too quickly
 - “Thank you for sharing those concerns with me. Is it alright with you if I share some ideas I have about how we could address them?”
 - Respect their response. If they are not ready to move forward, consider rescheduling

Members with Severe Impairments and Infants

- » Focus on **participation**.
 - “What activities does your family enjoy doing together?”
- » Reframe the conversation:
 - “Tell me about the things you do for your child throughout their day.”
 - “Is there anything that is especially difficult for you or that you are not satisfied with how it is going?”
 - “What would you like to change?”
 - “What would it look like if it worked?”



Members with Progressive Conditions

- » Be mindful of stage of the condition. It will impact the framing of this conversation
- » Mentor members in how to direct others involved in their care
- » Provide resources for leisure/recreation activities
- » Focus on participation
 - "As you think about your day, what activities are important for you to keep participating in? Would you be willing to try them in a different way?"



Member and Family have Different Priorities

- » If member can respond, ask them for their priorities before asking the family for their separate priorities
- » Member and families can both be respondents
 - Ratings can be negotiated or separated

No Concerns Identified

- » Use professional judgement and therapeutic use of self, based on your experience, to invite discussion regarding areas of concern that member/family may not have considered such as:
 - **Diagnosis related** - Self-catheterization for members with spina bifida
 - **Prognosis driven** - Powered mobility for members with Stage 3 Duchenne muscular dystrophy for community access
 - **Age related** - Independence with menstrual hygiene
- » If there are still no concerns after discussion, consider discharge

Interpretation

- » Arrange for interpreter prior to appointment
- » Allot additional time
- » Introduce interpreter
- » Look at and speak directly to member/family
- » Use clear language and provide frequent pauses for interpretation



Member uses a Speech-Generating Device

- » Allot additional time
- » Look at and speak directly to member
- » Avoid looking at communication device screen or attempting to finish member's sentence
- » Ask one question at a time and provide ample response time
- » Consider introducing COPM to member prior to evaluation to allow them time to consider concerns and program responses into communication device



COPM Takeaways

- » The COPM should look the same whether an OT or PT administered it
- » Ask open-ended questions
- » Ask about all areas of occupation, e.g., leisure
- » Remember to incorporate member in the process
- » Use interview tips for help phrasing questions
- » Focus on activity and participation (occupational performance), not on problems, impairments or solutions

Purchasing COPM Manuals and Forms



Purchasing COPM Manuals and Forms

» COPM materials

- Manuals (in either digital or hard copy format) and forms can be purchased from the American Occupational Therapy Association (AOTA) with CCS funds (AOTA membership is not required for purchase).
 - Counties are not required to purchase COPM manual but are required to purchase COPM forms. **COPM forms may not be photocopied.**

» Counties will be reimbursed for 50% of the cost of COPM manuals and forms when reported on the MTP Quarterly Expense Report.

- Reference N.L. 02-0525 "Assessment Tools to Enable FCS in the MTP" as the authority for the expenditure.

Measure of Processes of Care (MPOC)



Measure of Processes of Care Questionnaires

- » MPOC-20 and MPOC-Service Provider (SP) are established, reliable, validated, anonymous questionnaires that are frequently used in both clinical and research settings to elicit perspectives about FCS from families and healthcare providers, respectively.
- » The MPOC questionnaires are a confidential means of gathering data regarding provision of family centered services. The questionnaires are specifically targeted for members with childhood disabilities and their families.

MPOC in the MTP

» **MPOC-20**

- All members/families will be offered the opportunity to complete MPOC-20 annually

» **MPOC-Service Provider (SP)**

- Will complete MPOC-SP annually
- » The Department of Health Care Services will distribute access to MPOC-20 and MPOC-SP questionnaires to counties annually.

What is the MPOC-20?

- » MPOC-20 is a self-report measure of parents' perceptions of the extent to which the health services they and their child(ren) receive are family-centered.
- » MPOC-20 is a research driven validated measure that has been used internationally in many evaluations of FCS.

MPOC-20

- » Self-administered questionnaire
- » Approximately 15 minutes to complete
- » 20 total questions
- » Each question is rated on a 7-point scale
- » Five Domains

MPOC-20 Domains

- » Enabling and Partnership
- » Providing General Information
- » Providing Specific Information about the Child
- » Coordinated and Comprehensive Care for the Member and Family
- » Respectful and Supportive Care

MPOC-20

» Sample Section from MPOC-20

ORGANIZATION: refers to all staff from the health care organization, whether involved directly with your child or not. In addition to health care people they **may include** support staff such as office staff, housekeepers, administrative personnel, etc.

IN THE PAST YEAR, TO WHAT EXTENT DOES THE ORGANIZATION WHERE YOU RECEIVE SERVICES...	Indicate <u>how much</u> this event or situation happens to you.							
	To a Very Great Extent	To a Great Extent	To a Fairly Great Extent	To a Moderate Extent	To a Small Extent	To a Very Small Extent	Not at All	Not Applicable
16. ...give you information about the types of services offered at the organization or in your community?	7	6	5	4	3	2	1	0
17. ...have information available about your child's disability (e.g., its causes, how it progresses, future outlook)?	7	6	5	4	3	2	1	0
18. ...provide opportunities for the entire family to obtain information?	7	6	5	4	3	2	1	0
19. ...have information available to you in various forms, such as a booklet, kit, video, etc.?	7	6	5	4	3	2	1	0
20. ...provide advice on how to get information or to contact other parents (e.g., organization's parent resource library)?	7	6	5	4	3	2	1	0

Impacts of MPOC-20 on Quality of Care

- » Promotes family-centered service
- » Measures member/family satisfaction
- » Promotes communication between therapist and member/family
- » Enables a partnership between therapist and member/family
- » Identifies specific service areas for improvement

MPOC-20 Systematic Review Research Results

» **What is working well**

- Treating people with respect

» **Areas for Improvement**

- Providing general information
- Providing written information about diagnosis
- Ability to choose when to receive information
- Peer support from other families in a similar situation

~Cunningham, 2014

What is the MPOC-SP?

- » A self-assessment questionnaire for pediatric service providers, designed to measure their implementation of family-centered service in caring for children with chronic health or developmental problems (and their families)

MPOC-SP

- » Self-administered questionnaire
- » Approximately 10-15 minutes for most service providers to complete
- » 27 total questions
- » When paired with Parent Questionnaire (MPOC-20), it allows programs to gain multiple perspectives on service delivery in a clinical setting
- » Four Domains

MPOC-SP Domains

- » Showing Interpersonal Sensitivity
- » Providing General Information
- » Communicating Specific Information
- » Treating People Respectfully

MPOC-SP

» Sample section from MPOC-SP

IN THE PAST YEAR, TO WHAT EXTENT DID YOU (OR YOUR ORGANIZATION)...	Indicate <u>how much</u> this event or situation happens to you.							
	To a Very Great Extent	To a Great Extent	To a Fairly Great Extent	To a Moderate Extent	To a Small Extent	To a Very Small Extent	Not at All	Not Applicable
23. ... promote family-to-family "connections" for social, informational or shared experiences?	7	6	5	4	3	2	1	0
24. ... provide support to help families cope with the impact of their child's chronic condition (e.g., informing parents of assistance programs, or counselling how to work with other service providers)?	7	6	5	4	3	2	1	0
25. ... provide advice on how to get information or to contact other parents (e.g., through a community's resource library, support groups, or the Internet)?	7	6	5	4	3	2	1	0
26. ... provide opportunities for the entire family, including siblings, to obtain information?	7	6	5	4	3	2	1	0
27. ... have general information available about different concerns (e.g., financial costs or assistance, genetic counselling, respite care, dating and sexuality)?	7	6	5	4	3	2	1	0

Impacts of MPOC-SP on Quality of Care

- » Identifies specific service areas for improvement
- » Promotes family-centered service
- » It is not limited in applicability to any specific diagnostic category or form of health care
- » Contributes to initiatives of professional development, program evaluation, and research in the field of health service delivery

MPOC-SP Meta Analysis Research Results

» **What is working well**

- Treating people with respect

» **Area of greatest need for improvement**

- Providing general information

~Yu-Sin Gao, 2023

Always Remember

» "...the family is the constant in the child's life... they are the experts on the child's abilities and needs."

~Law et al., 2003, p. 2

Resources

The image features the word "Resources" in a dark blue, sans-serif font, centered horizontally. Below the text are two thick, wavy lines that span the width of the page. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a smooth, undulating path, creating a modern, abstract graphic element.

Resources

- » CCS Numbered Letter 02-0525 – MTP
 - Assessment Tools to Enable FCS in the MTP. Please read the Numbered Letter
<https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-02-0525.pdf>

Resources

FCS

<https://canchild.ca/>

- » FCS
- » FCS Sheets
- » Participation 101: Tip Sheets
- » The F-Words



F-words Knowledge Hub

The screenshot shows a web browser displaying the F-words Knowledge Hub website. The browser's address bar is empty, and the page title is "F-words Knowledge Hub". The website features a blue header with the CanChild logo and a navigation menu with links to "ICF Resources", "F-words Tools", "Webinars and Podcasts", "F-words Videos", "F-words in Practice", and "F-Words Translations". The main content area includes a welcome message, a QR code, and three quote boxes.



CanChild

CanChild Home Page > Research In Practice > F-Words Knowledge Hub

ICF Resources | F-words Tools | Webinars and Podcasts | F-words Videos | F-words in Practice | F-Words Translations

Welcome to the F-words Knowledge Hub

This is the place for everyone to learn more about our favourite words for child development and beyond!



canchild.ca/f-words

Parent quotes

"The F-words help me tell the story of my son, to paint a picture of who he is, what he likes and focus on what he CAN do!"

"The F-words help our family think about possibilities!"

CanChild

f-words

for
Child Development

Clinician quote

"The F-words focus on all that is possible when we think positively and work together to find solutions. They focus on an individual's unique strengths and interests."

CanChild

Resources

» COPM

- For more information about the COPM, visit: <https://www.thecopm.ca/>
- COPM (5th ed.-Revised). COPM, Inc. Law, M., Baptiste, S., Carswell, A., McColl, M.A., Polatajko, H., & Pollock, N. (2019)
- McColl, M.A., Denis, C.B., Douglas, K.-L., et al. (2023). A Clinically Significant Difference on the COPM: A Review. COPM. 90(1):92-102.

Manual and Measure

» Paper

- Paper copies of the COPM Manual and Measure are available through our USA distributor, AOTA
<https://www.thecopm.ca/buy/english-paper>

» Digital PDF version

- Download a copy of the COPM to your computer and print out copies.
- The Measure is printed out and completed by hand.
- Read more about this version here -
<https://www.thecopm.ca/buy/english-copm-pdf/>

Learning Module

- » Comprehensive online course designed for new users of the COPM or those who wish to refresh their knowledge.
 - Paper copies of the COPM Manual and Measure are available through our USA distributor, AOTA <https://www.thecopm.ca/buy/english-paper>
- » Contains 5 chapters that cover background, theoretical foundations, administering the measure and research evidence along with exercises and video examples throughout.

Learning Module (continued)

- » Takes approximately 2 hours to complete, and users will receive a Certificate of Completion.
- » Organization subscriptions available for purchase - <https://www.thecopm.ca/buy/copm-learning-module/>
- » Take a sneak peak of the Learning Module here - <https://www.thecopm.ca/learning-module/>

EHR Licensing

- » Electronic Health Records (EHR) Licensing is available to organizations.
- » Organizations sign a licensing agreement and pay a fee that would permit the organization to replicate the COPM Measure into their EHR system.
- » Therapists can enter COPM data directly into the EHR system. Licensing fees include one-time administrative fee, annual fee for package of measures, discounted rates are available for multi-year agreements.
- » Read more here - <https://www.thecopm.ca/buy/licensing/>

Web-App

- » The COPM web-app allows you to complete the COPM electronically on your computer, tablet, or cell phone, through a web browser.
- » The web-app creates a brief, informative, two-page report that can be saved in PDF format and shared with other members of your team and attached to the electronic health record.
- » Organizations can purchase a group account to allow for centralized billing for staff through an account that permits sub-accounts.

Web-App (continued)

- » Security features include:
 - A private password protected account
 - A two-factor authentication system for protecting the privacy of your data
 - An exclusive, encrypted database for accessing and storing your completed forms
- » Export tool is available as a one-time purchase. It allows the account manager to export all COPM measures completed by the organization to analyze results.
- » Read more about the web-app here - <https://app.thecopm.ca>

Questions

- » Check out our FAQs - <https://www.thecopm.ca/faq/>
- » Tips on using the COPM - <https://www.thecopm.ca/use/>
- » Contact us - <https://www.thecopm.ca/contact/>
- » Visit <https://www.thecopm.ca> and scroll to the bottom of the page to subscribe to the COPM newsletter

Resources

» Interviewing

- Rosengren, David B. *Building Motivational Interviewing Skills, Second Edition: A Practitioner Workbook*. Guilford Publications, 2017.

Resources

Interviewing-Starters for Closed & Open Questions

» Closed

- Do you
- Will you
- Can you ...
- Is it ...
- Did you ...
- Are you ...

» Open

- Tell me about ...
- To what extent ...
- What else ...
- Help me understand ...
- How did you ...
- What, if any ...

Resources

» Interviewing-Starters for Reflections

- It sounds like...
- It has been hard for you...
- You're feeling...
- You're not sure...
- You have mixed feelings about...
- You're thinking about...
- On the one hand...but on the other hand...

Resources

Measure of Processes of Care (MPOC)

- » For more about MPOC-20 and MPOC-SP visit: <https://canchild.ca/>
- Search for: MPOC



Resources

Introduction to the MPOC - *CanChild* Website

- » Follow the link [CanChild](#) to view a video about MPOC from the perspective of a family on the CanChild Website



Thank you!

» If you have questions or need support, please reach out to MTPCentral@dhcs.ca.gov for assistance



References

- » Cunningham, C. (2014). Measure of processes of care: A review of 20 years of research.
- » *Developmental Medicine & Child Neurology*, 56(5), 445–452.
<https://doi.org/10.1111/dmcn.12346>
- » Gao, Y.-S. (2023). Service providers' perception of providing family-centered care for children with developmental disabilities: A meta-analysis. *International Journal of Disability, Development and Education*, 70(5)
- » Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2019). *Canadian Occupational Performance Measure (5th ed., revised)*. COPM Inc.

References

- » Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning-Szkut, T., Kertoy, M., Pollock, N., Viscardis, L., & Teplicky, R. (2003). *What is FCS? FCS sheet*
 - #1. CanChild. <https://canchild.ca/resources/250-family-centred-service-sheets/>
- » Moore, C. L., & Kaplan, S. L. (2018). A framework and resources for shared decision making: Opportunities for improved PT outcomes. *PT, 98(9)*, 713 –723.
<https://pubmed.ncbi.nlm.nih.gov/30452721/>
- » Rosenbaum, P. & Gorter, J. W. (2011). The 'F-words' in childhood disability: I swear this is how we should think! *Child: care, health and development, 38(4)* 457-463.
 - <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2214.2011.01338.x>
- » Rosengren, David B. (2017). *Building motivational interviewing skills, second edition: A practitioner workbook*. Guilford Publications.