Letter to the Editor: The COPM: Culturally Sensitive by Design

MaryAnn McColl  
Queens University - Kingston, ONT - Canada, mccollm@queensu.ca

Susan E. Baptiste  
McMaster University - Canada, baptiste@mcmaster.ca

Anne Carswell  
Canada, anne.carswell@dal.ca

Mary Law  
McMaster University - Canada, lawm@mcmaster.ca

Helene Polatajko  
University of Toronto - Canada, h.polatajko@utoronto.ca

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Mary Ann McColl, PhD, MTS; Susan Baptiste, MHSc; Anne Carswell, PhD; Mary Law, PhD, OC; Helene J. Polatajko, PhD, OT(C), FCAOT, FCAHS, LLD(h.c.), OC

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To the editor -

We are writing as authors of the Canadian Occupational Performance Measure (COPM) to respond to an article, titled *The Canadian Occupational Performance Measure (COPM): Critiquing its Applicability with Indigenous Peoples and Communities* (Price & Pride, 2023), recently published in your journal. The paper proposes to “examine the use of the COPM critically when working with Indigenous clients to determine its appropriateness and applicability for culturally safe care with this population” (4).

Unfortunately, the article’s authors do not specify the critical framework they used for their analysis, or the data on which their analysis was based. How many therapists did they speak with, how many indigenous clients had those therapists used the COPM with, and did they speak with any indigenous clients about their experience with the COPM?

There appear to be two sets of critiques of the measure: those inherent in the measure and those associated with less-than-ideal administration of the measure. We will address the former category first.

The article’s authors criticize the measure for:

1. being problem-based rather than strengths-based;
2. being individualistic rather than community-oriented;
3. being aligned with a quantitative tradition;
4. having a Eurocentric, western orientation;
5. not sufficiently addressing the particular needs of indigenous people.

We will respond to each of these criticisms.

1. The articles’ authors are absolutely correct in their first critique. The domain of the COPM is occupational performance problems. The COPM is designed for use in a first encounter with a new client to help the therapist gain an understanding of the issues that bring the client to therapy; pay respect to the importance and urgency of those problems in the client’s life; and, put those problems at the center of developing a therapeutic relationship. Therapists typically discuss strengths with clients as therapy continues. If the authors seek a strengths-based assessment only, then the COPM would not be the tool of choice.

2. The second critique is that the COPM is exclusively oriented toward individuals and not adequately responsive to communities. It is true that the COPM was designed to be used primarily with individuals. That is a function of how therapy services are typically constructed. In the vast majority of encounters, therapists receive referrals to see individuals. That does not stop therapists from broadening the scope of their assessment to include support systems and communities, and there is plenty of evidence that the COPM has been successfully used in that way. The COPM website (www.thecopm.ca) offers a number of examples of the COPM being used with organizations, communities, municipalities, and families.

3. The third critique refers to the scoring system of the COPM and criticizes the measure for being overly metric-oriented, bureaucratic, and aligned with an oppressive health care system. The COPM was designed as an outcome measure in the early 1990’s, a time when occupational therapy services were under pressure to demonstrate their effectiveness and worthiness for public sector funding. The ability to show a significant improvement in function as a result of occupational therapy was seen as a distinct advantage. There are therapists who use the scoring feature of the COPM sparingly and only to the extent...
that it is perceived as motivating for their client. Equally, funders do still value outcome data from services and organizations. Use of the scoring system in clinical practice offers the possibility of using the COPM in evaluation to ensure that services are accountable to clients and their families, as well as to funders and ultimately to citizens.

4. The article’s authors claim that the COPM has a western, Eurocentric orientation. It was developed in Canada, and it has subsequently been officially translated into over 40 languages, many of which may not be considered aligned with Western or European orientations, such as Arabic, Farsi, Vietnamese, Filipino, Hindi, and Mandarin, to name a few (https://www.thecopm.ca/buy/translations/). The COPM is the most widely used measure in occupational therapy, worldwide. A brief scan of international occupational therapy journals or of the World Federation of Occupational Therapists conference proceedings validates that it has been found useful to therapists and clients on every continent. Furthermore, COPM website tracking confirms that out of the thousands of inquiries to the website every year, at least half are from non-western/European countries.

5. Finally, the article’s authors claim that the COPM is not sufficiently attentive to the special needs of indigenous clients. We are regularly asked if there is a special version of the COPM for specific populations, such as children, or people with particular impairments or conditions. Our response is consistently, No. The COPM was designed to be used with any client, regardless of their identity, age, or ability, whether individually or in a group. It is incumbent on the skill, experience, and cultural awareness of the therapist to ensure that the assessment is responsive to needs that might be unique to a particular client or to a particular client group. The article’s authors note that the COPM has the advantage of being non-norm-referenced, client-centred, and unstructured, which indeed it is. These very features permit it to be highly customized to the needs of individual clients, including those from indigenous cultures.

This brings us to the second group of criticisms that the article’s authors level based on sub-standard administration of the COPM. As a semi-structured interview, the COPM requires the therapist to guide the interview skillfully and sensitively. Only then can it most accurately reflect the true situation and lived experience of the client. We do not believe that to be a shortcoming of the instrument but rather a strength, since it allows the voice of the client to be heard in all its authenticity.

In closing, we invite the article’s authors to suggest what assessment they find more acceptable than the COPM for use with indigenous clients. Surely all readers of their article would appreciate their views on what would work better.

We also hope the article authors will pursue their recommendation about indigenous-led consultations on the use of the COPM. We, as authors of the COPM, would be delighted to participate in such a dialogue and would be pleased to receive their invitation.

Mary Ann McColl, PhD, MTS
Susan Baptiste, MHSc
Anne Carswell, PhD
Mary Law, PhD, OC
Helene Polatajko, PhD, OC

Corresponding author: Mary Ann McColl, Professor, Queen’s University, Kingston, ON, Canada
mccollm@queensu.ca