

Title: Examining Rater Behavior on a Revised Version of the Short Child Occupational Profile (SCOPE)

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Major Finding: With training, clinicians can use the SCOPE in an appropriate manner to assess the personal and environmental factors impacting the occupational participation of children.

Participants: n= 168

- 113 male, 54 female, 1 not reported.
- Age: 6 months– 15 years, 8 months. Mean: 4 years, 10.96 months (35.27 months sd)
- Diagnostic Condition: 127 developmental delay, 21 neurological, 16 other/no diagnosis (but receiving OT services), 3 with chronic medical conditions, and 1 sensory impairment.
- Setting: USA; 80= school, 51= private home, 36= outpatient or community clinic, 1= other.
- Ethnicity: 116 Caucasian, 28 Hispanic/Latino(a), 8 multiracial, 5 Asian/Pacific Islander, 4 African–American, 4 Native American/Alaskan, 2 Middle Eastern, 1 other.
- 39 clinicians representing a range of disciplines including occupational therapy, physical therapy, speech/language, special education, and social work, learned how to administer the SCOPE by attending formal in-services, reading the SCOPE manual, and/or discussion with co-workers.

Method: A total of 39 therapists learned how to administer the SCOPE using a variety of methods and then completed the SCOPE with a total of 165 unique clients. Therapists also each rated at least one of three common video case clients to “link” therapists ratings to one another.

Analysis: Rasch analysis using FACETS software

Findings:

- Clinicians' SCOPE ratings are not interchangeable, but clinicians do interpret the SCOPE items and rating scale in a consistent manner (37 clinicians fit the Rasch model),
- Most clinicians are able to differentiate between the various MOHO concepts assessed by the SCOPE (as given by high item separation and minimal therapist underfit to the Rasch model), and
- Clinicians are likely to assign 3 of the 4 SCOPE rating scale categories when rating a client using the SCOPE, but still only assign the rating “restricts” 9% of the time.

Conclusion: Clinicians use a revised version of the SCOPE (v2.1) in a consistent manner and most demonstrate an understanding of the differences between SCOPE items and related MOHO concepts in order to assess children with varying levels of occupational participation. Findings suggest that a variety of methods can be used to learn to administer and rate the SCOPE in an appropriate manner in order to assess the personal and environmental factors impacting the occupational participation of children.

Implications for future research: Future versions of the SCOPE should provide additional examples for each rating criteria statement, particularly to process skill and environmental items. Future research should explore if this increases the interchangeability of clinicians and improves clinician understanding of the different MOHO concepts assessed by the SCOPE.

Evidence– based practice implications:

- **Clinicians across disciplines can use the SCOPE to assess occupational participation.**
- **Clinicians can learn to use the SCOPE through a variety of formal and informal methods.**
- **The information provided in the SCOPE manual supports clinicians' valid use of the SCOPE.**

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