Child Occupational Self Assessment

(Version 2.2) Copyright 2014
Version Printed 2014

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We would like to acknowledge the following organizations for their support of this project:

United Kingdom Centre for Outcomes Research and Education (UKCORE)  
The Model of Human Occupation (MOHO) Clearinghouse, University of Illinois at Chicago  
Department of Occupational Therapy, Amsterdam University of Applied Sciences, the Netherlands  
Department of Occupational Therapy, Boston University

In memory of Dr. Gary Kiellhofner, who brought us together and will live on through our ongoing work.
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INTRODUCTION TO THE COSA

Overview of COSA

The Child Occupational Self Assessment (COSA) is a client-centered assessment tool and an outcome measure designed to capture youth’s perceptions regarding their sense of occupational competence and the importance of everyday activities. The COSA may be used by occupational therapists or other professionals concerned with understanding young clients’ self-perceptions of their abilities. This information can then inform intervention planning, and provide a mechanism for youth to participate in identifying goals and priorities for intervention.

The COSA contains 25 items that ask about everyday activities a young person may do at home, at school, or in the community. The COSA items pertain to different areas of occupations, including self-care, play and leisure, and learning. The COSA items were not designed to assess specific occupational tasks, such as putting on shoes or handwriting. Rather, the COSA items were designed to ask about general areas of occupational performance and allow the young person to identify specific tasks or aspects of an occupation that he or she feels is most important and relevant.

The COSA is not a standardized assessment, but it is a theory-driven and evidence-based assessment. The COSA can be administered using a variety of formats and modifications in order to provide young people with a range of abilities the opportunity to identify their strengths and needs. This manual suggests ways to modify the COSA for youth.

This manual is designed to provide the therapist with the necessary background information, guidelines, and forms for using the COSA. Figure 8-1 presented on page 25 shows an overview of the content of the COSA manual and how it may help with different aspects of assessment administration, interpretation, and intervention planning. This manual uses the term “youth” to refer to children and adolescents age 7-18. The manual also consistently uses the term “youth” instead of “client” to emphasize their primary role and identity as a young person, not a client.

Therapists are encouraged to review the entire manual before administering the COSA and to follow the provided guidelines. Therapists using the COSA benefit from knowledge of the Model of Human Occupation (MOHO), the theory that guides the interpretation of the COSA.

If you would like to download color forms of the COSA, visit: https://www.cade.uic.edu/moho/productDetails.asp?aid=3
Select the link to access the color PDF. This PDF is password protected, and should only be accessed by the therapist who has purchased this COSA manual. The password is: colorcosa.

History and Development of the COSA

The earliest work attempting to create a competence self-report for children based on MOHO was done by Kathi Baron and Clare Curtin in 1985. At that time the assessment was titled “My Strengths and Goals.” A revised version of this assessment, “Children’s Self Assessment of Occupational Functioning” was developed by Baron and Curtin in 1990. The COSA is a modification of these early works and the Occupational Self Assessment (OSA) (Baron, Kielhofner, Iyengar, Goldhammer, & Wolenski, 2002) that was designed to measure concepts similar to the COSA in the adult population.

This version of the COSA manual is the result of 10 additional years of international research and development to establish the COSA as an evidence-based measure. The evidence tables in
Appendix B highlights the last 10 years of COSA related research. After the publication of the COSA manual 2.1 (Keller, Kafkes, Basu, Federico, & Kielhofner, 2005), several quantitative and qualitative research studies suggested that modifications may enhance the COSA. In October 2012, COSA researchers from the United States, the United Kingdom, Bulgaria, Spain, and the Netherlands founded a COSA working group to review recent scientific articles and to implement updates to the COSA manual in version 2.2. This most recent manual reflects findings from their research and clinical experience. Using an implementation methodology (Grol, Wensing, Eccles, & Davis, 2013), the group shared and discussed insights, and reached consensus on modifications, identifying commonalities, and incorporating evidence-based practices in the development of the revised manual. Examples of evidence-based and practice informed changes in this manual are: a new summary form; chapters on dialoguing with youth that include scripts and examples for therapists; using the COSA to create Goal Attainment Scales; and guidelines for ensuring cultural relevance for youth in diverse contexts.

Research Summary

This emerging body of evidence indicates that the COSA is a valid measure of competence and value (importance) for everyday activities. Details about the studies are provided in the evidence tables in Appendix B.

Overall, this research suggests:

- Items all function well to measure the two constructs of competence and value, and youth with disabilities consistently interpret the meaning of those items in a similar manner (Kramer, Kielhofner, & Smith Jr., 2010; Kramer, Smith, & Kielhofner, 2009).
- One study also showed that while youth use the four-point rating scales appropriately to indicate more or less competence or importance, some youth, especially those who are younger and who have an intellectual disability, have some difficulty using the four rating categories appropriately (Kramer et al., 2009).
- Youth enjoy using the COSA to talk about everyday activities, and the COSA items reflect activities that are relevant and important to youth (Kramer, 2011; Kramer, & Hammel, 2011). The COSA is a useful tool to explore youth’s values and their perceptions of performance of daily occupations (ten Velden, Couldrick, Kinébanian, & Sadlo, 2013).
- When parents and youth use the COSA, they report differences in competence and importance for everyday activities (O’Brien, Bergeron, Duprey, Olver, & St. Onge, 2009).
- Administering the COSA using dialogue techniques based on cognitive interviewing enhances the collaborative process of reasoning, decision making, and goal setting with youth (ten Velden et al., 2013).

References


The COSA is based on the Model of Human Occupation (MOHO) (Kielhofner, 2008). MOHO provides the theoretical foundation that shaped the content of the COSA, and client-centeredness provides the framework for using the COSA in practice. This chapter contains information about MOHO and other concepts influencing the design of the COSA.

Rights of Children/Rights of Persons with Disabilities

Youth have the right to participate in making decisions that impact them and their treatment (United Nations General Assembly, 1989). The use of self-assessments such as the COSA recognizes that youth are experts on their own lives and have the capacity to contribute to decisions about their health and well-being (Cavet & Sloper, 2004). This is endorsed by the United Nations Convention on the Rights of Persons with Disabilities (2007), and in line with client-centeredness (Sumsion & Law, 2006), with the United Nations Children’s Fund (UNICEF) Innocenti Digest No 13 “Promoting the Rights of Children with Disabilities” (UNICEF, 2007), the disability community’s call for self-determination and self-definition, and the World Report on Disability (World Health Organization, & World Bank, 2011).

According to Sturgess, Rodger, and Ozanne (2002) and Riley (2004) there is a clear rationale for using self-reports with youth from the age of 6 years: youth’s views may be different from but are as valid as those of their parents. A study by O’Brien, Bergeron, Duprey, Olver, and St. Onge (2009) confirms this, showing discrepancy between parent and youth ratings on the COSA, and suggests that the intervention plan should be tailored to the perspective of both the youth and the parents. Using the COSA supports a client-centered approach to occupational therapy.

Using the COSA also helps therapists communicate to youth, families, and the intervention team that the youth’s point of view is important and respected. While using the COSA, therapists are enabling youth to be involved in occupational therapy intervention planning and goal setting, and allowing youth to identify specific aspects of an activity that are important or are a concern to them.

Model of Human Occupation (MOHO)

The COSA addresses occupational adaptation and its components: occupational identity and occupational competence. MOHO defines occupational adaptation as “a construction of a positive occupational identity and achieving occupational competence over time in the context of one’s environment” (Kielhofner, 2008, p. 107). Occupational identity refers to the composite sense of who one is and wishes to become as an occupational being. Occupational competence refers to fulfilling the expectations of one’s roles, values and standards for performance, by participating in a range of occupations that provide a sense of ability, control, satisfaction and fulfillment. Youth answer each COSA item twice: first to indicate how competent they feel doing everyday activities, and then to indicate the importance of those activities. Understanding a youth’s perceived value for an activity may be one way to measure their occupational identity.

The COSA items also ask about occupations that can be aligned with the “personal factors” considered in the Model of Human Occupation. Personal factors include the individual’s motives (Volition), roles and habits (Habituation), abilities and limitations (Performance capacity), and Skills. Different COSA items can capture information about these different “personal factors.” For example, an item about how one uses one’s time
cultures information about habitation; an item about using one’s hands captures information about skills; and an item about engaging in preferred activities captures information about volition.

**Personal Factors**

Volition (sense of capacity, preferences, values, interests) refers to the motivation for occupation. Volition is defined as a pattern of thoughts and feelings that predisposes and enables persons to anticipate, choose, experience, and interpret behavior. Volition pertains to what one holds important (values), perceives as personal capacity and effectiveness (personal causation), and finds enjoyable (interests).

Habituation (time use, routine behaviors completing tasks) refers to the processes that maintain a pattern in everyday life. Two components of habituation, internalized roles and habits, give regularity to occupational behavior. Internalized roles reflect one’s positions in the social environment (e.g., being a student, friend, and sibling). Roles provide both identity and expectations for behavior. Habits evolve from repeated behavior in a particular environment. One’s daily routine and manner of doing familiar occupations are examples of habit.

Performance Capacity refers to the ability for doing things. This includes both objective physical and mental components, but also the subjective (emotional and psychological) aspects of performance: the experience of the lived body to be able to perform and how disease or impairment is experienced and affects performance.

Skill is demonstrated when an individual’s personal factors (including volition, habitation, and performance capacity) interact with the environment during engagement in occupation. MOHO considers three types of skills: motor skills, process skills, and communication/interaction skills. Some COSA items ask directly about specific skills (such as “Keep my mind on what I am doing” and “Use my hands to work with things”) while other items may involve the use of several skills (“Keep my body clean” may involve all three types of skills).

**Environment and Context**

The COSA does not directly ask questions about the environment, but the everyday occupations featured in the COSA may occur in a variety of locations such as home, school, and the community. Thus, the impact of the environment and context should be considered when interpreting youth’s responses to the COSA and planning intervention.

MOHO conceptualizes the environment as both physical and social. Characteristics of the physical environment include objects and spaces that individuals interact within or use to participate in occupations. The social environment is comprised of social groups and occupational forms. The collections of people that make up social groups also provide a sense of identity and purpose. Conventionalized and culture specific ways of performing a set of actions, or occupational forms/tasks, also influence our ways of doing occupations. Whether physical or social, the environment can either provide resources and supports for participation in occupation, or may demand and constrain our actions within the environment.

For more detailed information, therapists using the COSA may refer to the following resources that explain MOHO based therapeutic reasoning processes:

- MOHO-Web ([http://www.cade.uic.edu/moho/](http://www.cade.uic.edu/moho/))

**The COSA and MOHO**

Using MOHO as a theoretical framework when reviewing and interpreting the COSA responses allows the therapist and the youth to generate a more holistic occupational profile and gather information to inform intervention planning and implementation. Therapists administering the COSA will benefit from knowledge of MOHO concepts in order to interpret youth’s responses to the COSA and build an occupational profile and identify goals for intervention. Chapter 10 discusses how therapists can use MOHO to interpret youth’s responses to the COSA.
The youth’s responses to the Competence rating scale (e.g. “I have a big problem doing this”, “I am really good at doing this”) provide insight into their feelings of personal causation, reveal their ability to meet the demands of their environment, and can indicate the level of support their environment provides for participation in activities.

Responses on the Values (importance) rating scale (e.g. Not really important to me, Most important of all to me) can help clarify the youth’s interests, values, habits, and roles.

**Client-Centered Practice and Family-Centered Practice**

Several core values of occupational therapy have been established internationally. One is that occupational therapists respect the individual situations of all those receiving occupational therapy (World Federation of Occupational Therapists, 2005). For example, the College of Occupational Therapists (COT) Code of Ethics and Professional Conduct states that an occupational therapist must: “enable individuals to preserve their individuality” (COT, 2010, p. 7). A collaborative approach to intervention is a second core value of the profession. For example, the American Occupational Therapy Association (AOTA) Code of Ethics states that clients have the right to participate in making decisions that impact them and their treatment (AOTA, 2010). These core values put forth client-centered practice as best practice.

The value for client-centered practice in the profession of occupational therapy coincides with society’s changing view of health and the health care process. Moving beyond being client-centered, the disability community further advocates for client-directed services in which people with disabilities are empowered to make their own decisions regarding the type of services and supports they receive (Hammell, 2007).

Client-centered practice has been defined as an approach to providing occupational therapy which embraces a philosophy of respect for, and partnership with, people receiving services (Sumsiion, Craik, & Glossop, 2006; Sumsiion & Law, 2006). Client-centered practice includes several basic assumptions, including the assertion of each person’s essential humanity and worth and that the individual is viewed as a complex and integrated system, which interacts and influences the social, cultural, and physical environment. Client-centered practice has shown to have a positive effect on the occupational therapy process, although both therapists and clients continue to stress that client-centered practice is difficult to implement (Kjellberg, Kåhlin, Haglund, & Taylor, 2012; Maitra & Erway, 2006; Hammell, 2013).

Using evaluations structured around a client-centered framework is one solution for supporting youth’s participation in therapy. Client-centered self-report assessments, such as the COSA, help the therapist and the youth work together to design an individual’s therapy program. MOHO is inherently client-centered, as it regards each youth as unique and considers the client the catalyst of change (Kielhofner & Forsyth, 2008). However, it can still be difficult to identify a common understanding of the youth’s situation and goals for intervention. The role of the therapist is to offer professional expertise to foster a wide range of solutions to occupational performance issues. The therapist is also responsible for providing information to the youth to facilitate decisions regarding occupational needs. Therapists are advised to consider all youth’s values and priorities, at whatever level they are able to communicate and collaborate. Compromising and negotiating between these different perspectives requires flexibility and emphasizes learning and problem solving. By allowing the youth to identify and clarify what they consider important, and by providing an environment that encourages the youth’s input, the COSA can be used to facilitate client-centered practice.

In a family-centered approach, the focus is on meaningful involvement of families in the planning and implementation of services (Rodger & Keen, 2010; Rosenbaum, 2011; Rosenbaum, King, Law, King, & Evans, 1998). Fingerhut et al. (2013) found that occupational therapists are familiar with most principles of family-centered practice, although implementation differs
significantly across practice settings. A family-centered approach involves a “triadic” partnership, in which the youth, parent/family, and therapist collaborate to agree on the same vision for goal setting and intervention planning. However, it can be difficult to negotiate between youth, their parents, and the therapist’s vision for what is most important for therapy, especially when stated goals are not shared across various stakeholders. Kramer et al. (2012, p. 9) states that in practice, therapists find “it difficult to resolve discrepancies between the youth’s, parents’, or therapist’s beliefs about the youth’s abilities and capacity for future activity performance.” This situation can be challenging for professionals to negotiate and resolve. “Professional reflection regarding the power of professional knowledge and the value of youth and parents’ self-knowledge may enable therapists, youth, and parents to achieve a shared-understanding that more authentically incorporates the voice and expert self-knowledge of the youth” (Kramer et al., 2012, p. 10). For guidance on reflecting on professional assumptions that may impact the administration and interpretation of the COSA, see Chapter 4.

Using the COSA in Relation to Culture and Diversity

Because all societies consist of diverse populations, culture and diversity are relevant concepts that need to be integrated into the daily practice of the therapist (Kinébanian & Stomph, 2009). The meaning of COSA items may differ across cultures; some activities may be more or less valued depending on a youth’s culture. Further, social expectations for activities that youth want to do or should do at certain ages may vary across cultures. These cultural values and expectations should be kept in mind when interpreting youth’s responses. While youth may find the COSA item relevant, due to cultural differences the intended item meaning may not apply. For example, in some cultures it may be the norm to bring food to the mouth by hand, or youth may not be allowed to buy things by themselves, or they may be expected to work rather than have leisure time.

Translated versions of the original American COSA may inadvertently have changed the item or intended meaning. In addition, all assessments may be accompanied by a number of culturally-based assumptions, biases and stereotypes about youth with disabilities. Both of these factors can influence the way in which youth respond to self-report assessments. It is the role of the therapist to ensure the COSA is culturally appropriate and to make any changes to ensure the COSA remains a valid self-report for youth within a specific cultural context. Kinébanian and Stomph (2009) provide a framework therapists may use to reflect on the influence of culture and diversity in practice. A list of COSA translations is available at http://www.cade.uic.edu/moho/.

Therapists who want to translate assessments are recommended to apply appropriate translation procedures, including forward and back translation, and to incorporate cultural differences (Kramer, Smith, & Kielhofner, 2009; ten Velden, Couldrick, Kinébanian, & Sadlo, 2013). A multistep approach is recommended as a guarantee of quality for translation procedures (Acquadro, Conway, Hareendran, & Aaronson, 2008), such as the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) guidelines (Wild et al., 2005). Therapists interested in translating the COSA into a new language should contact the MOHO Clearinghouse for permission and procedures.

References


CONCEPTUAL BASIS OF THE COSA


CONCEPTUAL BASIS OF THE COSA
DETERMINING IF THE COSA IS AN APPROPRIATE TOOL

Therapists are advised to use their therapeutic reasoning to determine if the COSA is an appropriate tool for a youth. The following factors should be considered:

- Age
- Appropriateness of item context
- Appropriateness of rating scale structure given youth’s abilities
- Youth’s capacity to identify interest and reflect on performance.

Age

The COSA has been used in research with youth ages 7-17. However, age is not the primary determinant of the appropriateness of the COSA. It is possible that the COSA may be appropriate for youth as young as 6 or as old as 21. Therapists are encouraged to use the additional questions below to guide their therapeutic reasoning and determine if the COSA is an appropriate tool for a specific client.

Is the content of the items appropriate for the intervention context?

The COSA items cover a comprehensive set of everyday activities typical of a school aged young person. Therapists looking to gather information about specific skills (such as fine motor skills or vocational skills) might find that the COSA items do not capture the necessary information. Therapists working with older youth who are transitioning to employment or independent living may find the adult version of the COSA, the Occupational Self Assessment (OSA) (Baron, Kielhofner, Iyengar, Goldhammer, & Wolenski, 2002), more appropriate as it includes items about money management and work.

Is the structure of the rating scale appropriate for the youth?

Therapists are advised to review the wording of the rating scales, and the availability of symbols to assist with comprehension when determining if the COSA is suitable for a youth. Several formats (including paper and pencil or card sort) in addition to other modifications can make the COSA rating format more engaging and accessible for young people (see Chapter 6).

Can the young person identify interests? Does the young person have a basic understanding of his/her performance?

Young people may have perspectives of their performance that are different from adults. This may mean that others may perceive a young persons’ self-assessment to be inaccurate. However, these young people should still be encouraged to self-report. Self-reporting, especially when dialoguing with youths as outlined in Chapter 9, can help young people better self-reflect on their performance. Over time, this self-understanding and self-evaluation will enable the young person to be a more effective advocate. In the meantime, the capacity to identify interests or activities that are more or less difficult is all that is needed to complete a meaningful and therapeutically useful self-report.

References

Once a therapist determines if the COSA is appropriate for a particular youth, the therapist may use therapeutic reasoning to decide why and when to use the COSA with youth. Therapists may wish to consider the following when determining why and when to use the COSA:

- What information will be gained?
- What are the other benefits to using the COSA?
- When is the best time to administer the COSA?
- How may my personal and professional assumptions influence the administration of the COSA?

### What information will be gained?

When optimally administered, the COSA provides therapists with an understanding of a young person's perception of his/her own competence and the value of a range of everyday activities. This information can then be used to plan for interventions that are more meaningful and relevant to youth. See Chapter 10 for more information about using theory based therapeutic reasoning to plan interventions.

### What are other benefits to using the COSA?

Therapists in the USA and UK who had experience using the COSA (Kramer et al., 2012) cited the following additional benefits to using the COSA with youth:

- Build rapport with youth by demonstrating the therapist’s value for their perspective
- Plan intervention focused on youth’s interests and concerns
- Help resolve clinical dilemmas that may be interfering with youth’s progression towards goals
- Facilitate communication between youth, their parents, and other professionals.

### When is the best time to administer the COSA?

Some therapists find the COSA is an effective tool to use at the beginning of a new therapy relationship as it provides a tool to understand the youth’s perspective. Other therapists find that young people are hesitant to share their perspectives until some rapport is developed. Determining when to administer the COSA will depend on the context of practice and the youths with whom the therapist engages. The COSA may also be useful to administer before an annual team meeting or review of progress, as it gives structure for the young person to share his/her perspective and goals with the team.

### Critically reflecting on assumptions prior to administering the COSA

Prior to administering the COSA, therapists may wish to jot down any assumptions they have about a young person. As pediatric therapists, underlying and often unexamined beliefs or ideas about disability and childhood may influence the administration of self-reports such as the COSA or the interpretation of youth’s responses. The worksheet on page 17 can help therapists reflect on personal, functional, and professional assumptions. For a specific youth, therapists may also want to consider:

- “What problems do I think this youth has?”
- “What activities do I think are important for successful therapy?”
- “Do I have any assumptions about this youth’s self-awareness, motivation, or values?”

After examining these assumptions, consider how preconceived ideas about a youth’s difficulties, needs, or values could influence the administration process. For example:
DETERMINING WHY AND WHEN TO USE THE COSA

• Would these assumptions lead me to pursue certain topics while missing other important topics that may emerge?
• Would these assumptions lead me to disregard certain answers?
• Would these assumptions influence the type or quality of supports I would provide during the administration of the COSA?

For example, if a therapist assumes that youth with mental health or cognitive disabilities would become upset when discussing their limitations, that assumption may shape the subsequent discussion about youth responses to the COSA. Therapists may avoid asking youth important questions about their priorities or needs that could be addressed in therapy.

Finally, therapists can identify alternative perspectives for their assumptions. For example, an alternative perspective when considering the assumption that youth with mental health or cognitive disabilities would become upset when discussing their limitations is that these youths are already aware of their limitations. Therefore, involving youth in the identification of the challenges that are most important for them will help to increase their self-efficacy for valued occupations.

Using questions to critically reflect on one’s assumptions may help therapists become more aware of how such assumptions could limit or impact youth’s responses to the COSA or influence the therapists’ interpretation of those responses. This awareness can enable a more effective and valid administration process.

References

Worksheet: Critically Reflecting on Professional Assumptions

Step 1: What are my assumptions about this youth?

What problems do I think this youth has? ________________________________________________________
_____________________________________________________________________________________________

What activities do I think are important and less important for this youth? _____________________________
_____________________________________________________________________________________________

Do I have any assumptions about this youth’s self-awareness, motivation, or values? _________________
_____________________________________________________________________________________________

Step 2: What are the potential consequences of these assumptions?

Would these assumptions lead me to pursue certain topics while missing other important topics that may
emerge? Which ones? ___________________________________________________________________________

Would these assumptions lead me to disregard certain answers? About what? __________________________

Would these assumptions influence the type or quality of supports I would provide during the
administration of the COSA? How? ______________________________________________________________

Step 3: Identify alternatives to my assumptions

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
SELECTING THE MOST APPROPRIATE COSA ADMINISTRATION FORMAT

The COSA provides a variety of assessment administration formats:

- A youth self-report version that associates symbols with each rating category response.
- A youth self-report version that does not include symbols.
- A card sort version.

Therapists use therapeutic reasoning to select the most appropriate assessment format for a particular youth. The therapist can best determine the format that matches a youth's abilities, needs, and preferences. The therapist may also identify a necessary accommodation that requires the use of a specific format (as discussed in Chapter 6). If the therapist believes that several formats may be appropriate for a youth, then the therapist can give the youth the choice between formats at the beginning of the administration procedure. This section includes some suggestions on when particular formats may be most appropriate.

Youth Rating Form with Symbols

This form is the “original” COSA form and may be appropriate to use when a youth is less familiar with completing paper surveys or worksheets, or may need additional support to understand the rating scale categories. This form features:

- Faces associated with each “competence” rating and stars associated with each “importance” rating.
- Larger text.
- 5 items on each page.
- The ability to circle or color to indicate responses

The form can be downloaded with rating symbols in color from the MOHO website using the code on page 5 of the manual.

Youth Rating Form without Symbols

This form has been developed for youth who do not need the symbols to understand the rating scales or may find the faces or star symbols unappealing. This form features:

- A matrix in which youth check the box to indicate their competence and importance ratings.
- Standard font size.
- Items presented across two pages.

Card Sort Version

This version may be most appropriate for youth who may have difficulty filling out a form. The Card Sort version of the COSA includes each item on an individual card. Each rating scale is arranged on one page, and can be further modified to play different sorting activities as described in Chapter 8. This version features:

- Faces associated with each “competence” rating and stars associated with each “importance” rating.
- Larger text.
- Can present one item and/or one rating scale at a time.
### Table 5-1: Comparison of advantages and special considerations when using each format to administer the COSA

<table>
<thead>
<tr>
<th>Assessment format</th>
<th>Advantages of format</th>
<th>Special considerations when using format</th>
</tr>
</thead>
</table>
| **Youth Rating Form with Symbols**     | • Larger text size.  
• Fewer items on a page.  
• Symbols associated with rating categories to support comprehension.  
• Provides opportunity for youth to draw and write. | • Youth may perceive the multiple pages as a “long” assessment.  
• Some youth may consider faces and stars juvenile. |
| **Youth Rating Form without Symbols**  | • Youth may perceive the format to be a “shorter” assessment.  
• Form does not use the symbols or font styles that some youth may perceive as juvenile. | • Small text size.  
• Matrix format requires strong visual-perceptual skills to identify and check preferred response for each item. |
| **Card Sort Version**                  | • Can be structured to be completed like a game to enhance motivation and attention.  
• Rating responses are ordered with the highest rating category at the top to support comprehension.  
• Each item rated with one rating scale at a time. | • May take longer to complete.  
• Requires “two” rounds of administration, one for each rating scale.  
• Requires additional preparation time by therapist.  
• Open ended questions must be administered by therapist verbally. |
IDENTIFYING ACCOMMODATIONS TO ENSURE THE ACCESSIBILITY OF THE COSA

The COSA was designed to be flexible and modifiable so that it is optimized for a young person. The COSA is not a “standardized assessment”, and it is the responsibility of the therapist to ensure the COSA is meaningful and accessible to young people. A recent study found that therapists provided accommodations in three ways (Kramer, Heckmann, & Bell-Walker, 2012; University of the State of New York, 2006):

• Scheduling
• Presentation
• Response Format.

Scheduling

Scheduling accommodations adjusted the time allocated for administration of the COSA. This includes breaking the COSA into subsets of items administered at different times, or timing the administration of the COSA to a time of day that is optimal for the youth.

Presentation

Presentation accommodations changed the way assessment formats and processes were presented to the youth during administration to promote optimal performance. This includes clarifying the meaning of the items for youth who have difficulty understanding secondary to their age, cultural differences, or cognitive impairment. One effective way of clarifying item meaning is to act out the activity or have the youth pretend to complete the activity (Kramer et al., 2012). Modifying the presentation can also be done to ensure access for youth with visual-perceptual difficulties secondary to cognitive or sensory impairments. This includes using photocopied versions of COSA forms with the text enlarged, or placing a piece of paper over the items to reduce visual distractions. To help youth select the best response for each rating, therapists may use the “visual guide” (see Appendix C). This guide allows youth to see the text of each rating category directly above each item as it is being answered. There are two different visual guide sheets; there is one formatted especially for use with each of the youth rating forms. Finally, modifying the presentation of the COSA, for example by using the Card Sort in a unique way (see Chapter 8 for examples) or placing the COSA items on the computer, can provide an engaging, interactive format in order to attract a youth’s interest and attention.

Response Format

Response format accommodations adjusted how a youth provided answers to COSA items to ensure access for those with cognitive or physical impairments. This could include writing on behalf of youth to reduce the physical requirements to self-report. This can also include simplifying the rating scale to reduce the cognitive burden when answering and thus more effectively help the youth self-reflect on their abilities and values.

There are two ways to simplify the COSA rating scale. Psychometric testing has not been conducted to ensure these accommodations maintain the psychometric qualities of the COSA. However, ensuring access may result in a more meaningful self-report for intervention planning purposes.

• Option 1: A two-point scale to reduce decision making during response. Competence: “I do this ok” and “I have a problem.” Importance: “Not important” and “Important.”
Option 2: A two-step rating administration for competence: First ask youth to decide between “I have a problem” or “I do this ok.” Next, give youth two additional rating options from the COSA Card Sort. For example, youth who initially indicate “I have a problem” next decide if “I have a big problem doing this” or “I have a little problem doing this.” Similarly, youth who initially indicate “I do this ok” next decide if “I do this ok” or “I am really good at this.”

Table 6-1: Summary of Possible Accommodations for the COSA*

| Scheduling          | • Timing  
|                     | • Administering in parts |
| Presentation        | • Clarification (comprised of):  
|                     |   • Examples and demonstrations 
|                     |   • Rephrasing words  
|                     |   • Pictures and symbols 
|                     | • Visual-perceptual modifications (comprised of):  
|                     |   • Read aloud  
|                     |   • Reduce visual clutter  
|                     | • Engaging format 
| Response Format     | • Non-written format  
|                     | • Simplify response options 

*Original table published in Kramer et al. (2012).

References


INTRODUCING YOUTH TO THE COSA

Create an Effective Environment for Administering the COSA

It is optimal to administer the COSA in a comfortable physical environment that is private, quiet, and free from distractions. Throughout the administration process, the therapist is present and available for the clarification of items if questions arise. The youth should be provided with ample time to complete the form. Youth who do not require extensive modifications generally complete the self-rating items in about twenty minutes. The time to complete the Card Sort version varies according to the activities incorporated into administration - sorting the cards into bins will take less time than incorporating the cards into an obstacle course. Administration time will also vary with the youth’s abilities and level of support required to access the COSA. The therapist schedules additional time to review the results with the youth and use the information to set goals for intervention.

Therapists may have some instances where youth prefer to complete the COSA in private and without support. In this instance, therapists may let youth know how they can ask questions, and schedule time after the COSA is filled out to review the responses following the administrative techniques described in the other steps.

Explain the Purpose of the COSA

It is important for the therapist to clearly explain the purpose of the COSA prior to its administration. When introducing the assessment to the youth, therapists may review the following:

- The COSA allows the youth to express his/her own opinion regarding strengths and areas needing improvement.

- The COSA allows the youth to express what is important in his/her life.

- The COSA provides an organized way for the youth to think about and decide what occupational activities he/she would most like to improve.

- The COSA helps the therapist to learn what type of goals the youth wants to set in order to work with the youth to effect change.

These purpose statements may need to be modified to ensure youth understand the purpose of the COSA.

Therapists may also need to clarify with youth that identifying goals they would like to work on in therapy does not mean they will need to spend more time in therapy. Youth should be assured that helping to pick goals and plan therapy will help make the time they already spend in therapy more fun or more useful.

Addressing confidentiality

Therapists may need to have a discussion with youth about confidentiality of their responses. Some young people may be worried about the ramifications of their responses. They may fear that valued occupations will be withheld as punishment or that the feelings of others will be hurt. Therapists may need to negotiate with young people ways that their responses can be kept confidential while meeting legal and ethical requirements for administering assessments with youth. Therapists may be able to submit a general written summary of the COSA without submitting the actual ratings. Therapists should also be prepared to respond to issues about sexuality, violence, abuse, or depression. These topics may be concerns of young people that emerge when the COSA is administered in a trusting environment.
**Box 7-1: Explaining the COSA to Youth**

“I want to make occupational therapy more helpful for you – the COSA will help you tell me the kinds of things I can help you with.”

“I care about what you think about the things you do in your everyday life – the COSA will give you a chance to share how you think about doing everyday activities at home, at school, and in your neighborhood.”

“I want to know what is important to you – the COSA gives you a way to share that.”

“Everyone else gets a chance to share what they think is important for you – what do you think is important?”
After introducing the COSA to youth, they will be ready to complete the self-report. For a figure that illustrates the full process of using the COSA in practice, from preparation to administration to interpretation and reporting, see Figure 8-1. The preparation work done in step one, including identifying the most appropriate administration format and accommodations, will help ensure youth can complete the COSA successfully. Some therapists may want to give youth the opportunity to choose the administration format they like best. This can be a successful approach if the therapist determines both formats would be accessible to the youth.

Youth will need two types of directions to complete the COSA:

- General directions for how to complete the COSA self-report, and
- Specific directions for using the selected administration format (Youth Rating Form with Symbols, Youth Rating Form without Symbols, and the Card Sort).

All administration formats include open ended questions at the end.
Figure 8-1: Overview of Using the Cosa in Practice or Research

- **STEP ONE: Preparing to use the Cosa in Practice**
  - Introduction to the Cosa
  - Conceptual basis of the Cosa
  - Determining if the Cosa is an appropriate tool
  - Determining why and when to use the Cosa
  - Selecting the most appropriate administration format
  - Identifying accommodations to ensure the accessibility of the Cosa
  - Chapter 1
  - Chapter 2

- **STEP TWO: Administering and gathering information using the Cosa**
  - Introducing youth to the Cosa
    - Create an effective environment for administering the Cosa
    - Explain the purpose of the Cosa
  - Completing the Cosa self-report
    - General directions
    - Specific directions for administration format
    - Monitor for frustration or questions
    - Complete open ended questions
    - How to support youth if they are unsure of their responses
  - Intended Meaning Guide
  - Chapter 3
  - Chapter 4
  - Chapter 5
  - Chapter 6
  - Appendix A

- **STEP THREE: Planning and evaluating intervention using the Cosa**
  - Interpreting the Cosa responses using MOHO
  - Collaborating with youth to develop intervention plans using the Cosa
    - Step 1: Identify large gaps between the competence and importance ratings
    - Step 2: Establish priorities for change
    - Reporting Cosa Results
  - Measuring Outcomes
  - Chapter 7
  - Chapter 8
  - Chapter 9
  - Chapter 10
  - Chapter 11
  - Chapter 12
  - Chapter 13
General Directions for Completing the COSA Self-Report

The following general directions apply to all administration formats of the COSA. Each of the COSA youth rating forms also include some written directions on page one that explain how to complete the COSA.

1. Orient the youth to the COSA’s format by explaining the organization of statements/items/questions.

2. Explain the response categories and the symbols’ meanings.

3. Instruct the youth to give his/her responses by judging how well he/she does each statement on a typical day.

4. Inform the youth that if an item does not apply, he/she may move on to the next item (most items will have relevance to the youth’s life).

5. Reassure the youth that if he/she is unsure of the meaning of an item or has any questions he/she should feel free to ask for assistance.

6. Emphasize that there is no right or wrong response and that the youth should rate each item based solely on his/her perceptions and not other’s opinions.

7. Reassure the youth that everyone does some activities well and some activities with problems, and considers some activities more important than others. Therapists may need to explicitly reassure youth that having difficulty doing an activity or considering an activity “not important” is not “bad” or “wrong”.

8. It may be helpful to demonstrate how to complete the COSA using the specific administration format with the example item “Watch TV or a video”. See Box 8-1 for specific examples of how to complete each format.

While explaining the COSA, it is recommended that therapists avoid using the word “answer”, as that word is associated with tests and may imply that there is a correct response. Youth may be more comfortable referring to each response as a rating or their feelings about the activity.

Box 8-1 contains an example “script” you can use to explain to youth how to complete the COSA self-report.
You will read some different sentences about things you do every day at home, at school, and in your neighborhood.

For each sentence, you are going to ask yourself two questions. The first question is “Do I have any problems doing this activity?” You can decide if you have a big problem doing the activity, a little problem doing the activity, if you do the activity ok, or if you are really good at doing the activity. There are different types of faces to help you think what rating best describes your feelings about doing this activity.

The second question you will ask yourself about the activity is “How important is this activity to me?” You can decide if it’s not important at all, important, really important to you, or most important of all to you. There are different numbers of stars to help you think what rating best describes your feelings about how important the activity is.

When you have questions about the different activity sentences and what they mean, let me know and I can help answer your questions. If there is an activity that you never need or want to do, you don’t have to give a rating for that activity.

There are no right or wrong responses. This is not a test. I want to know what you think about doing these activities and how important these activities are to you, not to other people. Remember, everyone has problems doing some activities and is good at others, and that’s ok.

Now let me show you how to rate each activity. Let’s look at this first activity for an example: “Watch TV or a video”.

[continue to explain or demonstrate using specific administration format]
Directions for Completing the Youth Rating Form with Symbols

**Step One**

After orienting youth to the COSA Youth Rating Form with Symbols, determine how they would like to respond to each item. Most youths find it more efficient to complete both the Competence and Values (importance) rating for each statement prior to proceeding on to the next statement (see Figure 8-2). However, some youths may find it easier to complete the Competence scale separately for all of the statements before completing the Values (importance) scale (see Figure 8-3). The therapist may decide to use the second method if a youth is experiencing difficulty completing the Competence and Values (importance) scales together during administration. Either method is acceptable for completing the COSA Youth Rating Form with Symbols.

**Step Two**

Have the youth use the example item on the first page of the COSA Youth Rating Form with Symbols, “Watch TV or a video,” to practice using the rating scales.

**Step Three**

Ask the youth to complete the form by reading each item and marking his/her responses on the rating scale. Provide accommodations as needed and monitor for frustration as discussed later in this chapter.
Figure 8-2: Completing both the Competence and Values (importance) rating for each statement prior to proceeding on to the next statement. Here, the youth would rate how important “Dress myself” is before continuing on the next item “Eat my meals without any help”.

Figure 8-3: Complete the Competence scale separately for all of the statements before completing the Values (importance) scale. Here, the youth would rate their sense of competence on each item before rating how important each item is.
Directions for Completing the Youth Rating Form without Symbols

Step One

After orienting youth to the COSA Youth Rating Form without Symbols, determine how they would like to respond to each item. Most youths find it more efficient to complete both the Competence and Values (importance) rating for each statement prior to proceeding on to the next statement (see Figure 8-4). However, some youths may find it easier to complete the Competence scale separately for all of the statements before completing the Values (importance) scale (see Figure 8-5). The therapist may decide to use the second method if a youth is experiencing difficulty completing the Competence and Values (importance) scales together during administration. Either method is acceptable for completing the COSA Youth Rating Form without Symbols.

Step Two

Have the youth use the example item on the first page of the COSA Youth Rating Forms without Symbols, “Watch TV or a video,” to practice using the rating scales.

Step Three

Ask the youth to complete the form by reading each item and marking his/her responses on the rating scale. Provide accommodations as needed and monitor for frustration as discussed later in this chapter.
Figure 8-4: Completing both the Competence and Values (importance) rating for each statement prior to proceeding on to the next statement. Here, the youth would rate how important “Dress myself” is before continuing on the next item “Eat my meals without any help”.

<table>
<thead>
<tr>
<th>Myself</th>
<th>I have a big problem doing this</th>
<th>I have a little problem doing this</th>
<th>I do this ok</th>
<th>I am really good at doing this</th>
<th>Not really important to me</th>
<th>Important to me</th>
<th>Really important to me</th>
<th>Most important of all to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep my body clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dress myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Eat my meals without any help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Figure 8-5: Complete the Competence scale separately for all of the statements before completing the Values (importance) scale. Here, the youth would rate their sense of competence on each item before rating how important each item is.
**Directions for completing the COSA Card Sort**

The COSA Card Sort can be administered using a range of strategies to make a game-type format or to enhance youth's understanding of the rating scale. The basic directions are as follows:

1. Prior to testing, print and cut the item cards and competence and value responses into separate cards. Instructions detailing how to prepare the card sort can be found in Appendix C.

2. Have a blank copy of the COSA Youth Rating Form without Symbols to record responses.

3. After orienting the youth to the COSA, place the competence response categories in front of the youth. Arranging responses with the "lowest" category on the bottom and the "highest" category on the top may help youth better understand the ordering of rating categories. Therapists may use therapeutic reasoning to choose which direction they orientate the youth to the rating categories based on the approach that would be most accessible for the youth.

4. The youth (with assistance as needed) should pick the first item card.

5. Have the youth indicate their response by sorting the item card on the competence response for that activity, and record their response on the COSA Youth Rating Form without Symbols.

6. Continue until all items/cards have been rated using the competence scale.

7. Collect all item cards, and put them back in order.

8. Place the importance response categories in front of the youth using the selected layout/sorting strategy.

9. Repeat steps 4-6 for the importance scale.

Ideas for how to conduct the card sort are shown in Box 8-2.

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**Box 8-2: Ideas for Conducting the COSA Card Sort**

- Place each response category on the front of a bin. Youth can place each item card into the bin to indicate their response.

- Arrange each response category vertically on a wall, with the lowest rating category at the bottom. Youth can tape or Velcro each item card next to the rating category to indicate their response.

- Place item cards on one side of the room, and youth travels through an obstacle course to get to the rating categories on the other side of the room. Youth can then place the item card on the rating category to indicate their response.

- Put the intended item meaning from Appendix A on cards for your reference while youth are completing the card sort.

- Place response categories as labels on communication switches or other assistive communication device. Then read or show each item and have the youth select their response using the communication device.
Monitoring for Frustration

When the youth is completing the COSA, it is important that the therapist monitors the level of success or frustration experienced. Youth should be at their optimal level of attention in order to ensure a valid self-report. If the youth is tired, anxious, scared, upset, or overly distracted, the COSA should not be initiated. During the administration, the youth may begin to experience frustration as a result of thinking about the activity items, making choices on responses, or conceptualizing the relationship between their actual performance and their response on the COSA.

Signs that a youth may be experiencing frustration include:

- Increasing levels of distractibility,
- Repeating the same response for every item,
- Changing the pace of their responses – either slower or faster, and
- Expressing distress when making a response decision.

If the therapist observes the youth feeling frustrated or upset, they should offer a short break or stop the administration of the assessment. If this occurs the therapist should assure the young person that it is ok. The therapist can say things like “oh this is hard to understand – I don’t blame you for feeling frustrated” or “let me see if we can think of a way to make it easier to ask these questions and we will try again later.” The COSA can be finished at another time, in another format, or using additional modifications in order to ensure successful and accurate completion.

Complete Open Ended Questions

After the youth has answered each of the COSA items, administer the open ended questions at the end of the COSA. These questions are:

- What are two other things you are really good at doing that we didn’t talk about today?
- What are two other things that you have a big problem with that we didn’t talk about today?
- Is there anything else that is important to you that we didn’t get to talk about today?

The open ended questions at the end of the COSA have been designed to purposefully elicit additional information. Youth often need to be explicitly invited to share additional information. Often, youth may not share a specific concern or interest unless asked specifically about that activity – it is possible that the youth did not feel that a COSA item pertained to a specific concern or interest they hold. However, the open ended questions may provide them with the opportunity to share that concern. Thus, ending the COSA administration with the open ended questions can provide the therapist with additional information for intervention planning.

How to Support Youth if they are Unsure of their Responses

If the youth is not sure about what an item means, therapists can read aloud or provide the intended meaning as described in Appendix A.

Young people with limited experience self-reporting or self-reflecting may be unsure when completing the COSA. They may look to the therapist to validate their “answers” or help them select the “right” answer. The job of the therapist is to provide a supportive environment that helps the youth confidently select the rating he/she believes best describes his/her feelings about himself/herself and the activities.
The following are examples of responses to the youth’s questions/requests for assistance which support self-administration:

- A youth asks for an example of “Do things with my classmates” and the therapist provides some generic answers such as playing together during free time, interacting during lunch, and working together in the classroom,
- The youth asks what is meant by “Keep my mind on what I am doing” and the therapist describes two activities they have observed the youth participate in, one where they were able to remain focused on an activity and one where they had difficulty, and
- The youth tells a story about finishing class work, and the therapist supports the youth’s reasoning and decision making process by providing neutral cues/prompts such as “What did the teacher say?”, “What grade did you get?”, and “What were the rules for turning that assignment in?”.

The following are examples of responses to the youth’s questions/requests for assistance which invalidate self-administration:

- A youth explains how they feel about an item and asks whether that means it is a little problem or big problem and the therapist tells the youth the response to mark,
- A youth asks how many items should be marked as problem and the therapist indicates a quantity that should be rated as such, and
- The youth asks the therapist to provide a “correct” response for that item.

Youth who are not accustomed to being asked their opinion may use the opportunity to test boundaries or challenge the therapist. Youth may give extreme or contradictory responses in order to elicit a reaction from the therapist. Therapists should embrace such instances as opportunities to build rapport with the youth and demonstrate that young people’s perspectives are valued. Limiting reactions and using follow-up questions will help the therapist understand the youth’s perspectives and may provide youth with opportunity to self-reflect.

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**Box 8-3: Frequently Asked Questions about Youth Responses to the COSA**

| Q: What if the youth doesn’t understand the items? | A: Read the examples from the intended meaning guide in Appendix A. |
| Q: What if the youth says he/she never does an activity? | A: Direct the youth to leave it blank or ask the youth “How do you think you could do?” |
| Q: What if the youth says he/she is not allowed to do an activity? | A: Ask the youth “How do you think you could do if you were allowed? Do you want to be able to do this?” “Would you like to do this?” “Why do you think you are not allowed to do this?” |
| Q: What if the youth asks for help to decide between two ratings? | A: Ask the youth what they think happens MOST often, or how they usually do the activity. |
| Q: What if the youth is worried that he/she may get in trouble or make others mad with his/her responses? | A: The therapist and the youth can negotiate a way to keep the responses private or provide a summary of the COSA instead of specific item ratings. |
USING DIALOGUE TO GATHER ADDITIONAL INFORMATION

Although the COSA can be given to the young person to fill out independently, valuable information can be gathered when therapists dialogue with the youth about their COSA responses. Self-report assessments like the COSA are:

designed to be used as part of a dialogue between therapist and client that aims to generate a deeper understanding of the client’s circumstances. Consequently, therapists should always discuss self-report responses with the client to clarify both their meaning for the client and their significance for the direction therapy should take. (Kielfhöner et al., 2008, p. 237).

The COSA includes one built in opportunity to dialogue: the open ended questions at the end of the assessment. Youth can explain their written answers to the open ended questions. Talking about these open ended questions as well as the youth’s ratings for specific COSA items can help therapists and youth collaborate to identify priorities for intervention (see Chapter 10). Dialogue provides the therapist with an opportunity to demonstrate interest in the youth’s perspective and concerns.

However, some youth may have a difficult time talking about responses to specific COSA items after administration is complete. For example, younger children or youth with cognitive disabilities may have trouble remembering what they were thinking about when selecting a response to an item. For these youth, it may be more effective to dialogue while they are answering each item using think-aloud and probing techniques (ten Velden, Couldrick, Kinébanian, & Sadlo, 2013). This type of dialogue is based on qualitative interviewing techniques, specifically cognitive interviewing (Hak, van der Veer, & Jansen, 2008; ten Velden et al., 2013).

Therapists can use their therapeutic reasoning to ask additional questions as youth complete the COSA. There are several benefits to using these techniques, including:

- Asking youth to tell stories about their occupations as they answer COSA items provides a rich understanding of the youth’s perspective that can then inform intervention planning (Kramer, 2011);
- Encouraging youth to talk about their responses can facilitate self-reflection and self-evaluation (ten Velden et al., 2013);
- Therapists can ensure youth understand COSA items as intended;
- Talking out loud about responses may help some youth attend to task.

Therapists are advised to use caution when using probing or think-aloud techniques with youth while they are completing the COSA. Therapists should be careful to ask questions that are open ended and non-judgmental. This chapter contains specific examples of how to ask questions without unduly influencing youth’s responses (see also suggestions in Chapter 8). Using these techniques can also extend administration time, so therapists should plan accordingly. Finally, youth who are not comfortable expressing themselves verbally may become frustrated by extended questioning.

Encourage Youth to Think-Aloud

Encouraging youth to think aloud as they answer COSA items can provide therapists with insight about what specific occupations a youth is thinking of when responding to the general COSA items. For example, when a youth is answering the item “Do things with my friends,” are they thinking about going to a local restaurant, playing outdoor sports or texting on the phone? This information can help the therapist identify specific activities to address during intervention.
Asking youth to think-aloud can also help therapists identify when a youth does not understand a COSA item. Therapists can then provide additional information from the intended item meaning guide (Appendix A) to ensure youth are responding to each item appropriately.

### Probing Based on Observations

Therapists observe youth’s non-verbal responses for indicators of distress, uncertainty, or confusion (see also Chapter 8 on monitoring for frustration). Therapists may also want to look for behaviors that indicate youth are thinking or uncertain such as erasing initial responses, hesitating when answering, holding a pencil over a response before circling, or furrowing one’s forehead (Hak et al., 2008; ten Velden et al., 2013). Therapists may wish to respond to these observations by asking questions that indicate support for or interest in the youth’s perspective.

### Follow-Up Questions about Specific Items

Therapists use therapeutic reasoning to identify when this additional detail is needed about a specific COSA item or set of items. Instances in which therapists may ask these follow-up questions are when:

- Youth respond in ways that are unexpected or surprising to the therapist.
- If the youth report that they are really good at doing something that the therapist has noted he/she has a difficult time doing the activity.
- If the youth scores something is a big problem, the follow-up questions can be asked to gather more information about this problem for intervention planning.

Youth responses to these follow-up questions can provide insight into the youth’s perspectives and self-understanding. This information is often useful for intervention planning.
### Table 9-1: Example Questions for Dialoguing with Youth*

<table>
<thead>
<tr>
<th>Example prompts to encourage youth to think aloud</th>
<th>Example probes based on observations</th>
<th>Example follow-up questions about specific items</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Tell me everything you are thinking about as you read each question.”</td>
<td>“I noticed you hesitated before you answered – what were you thinking about?”</td>
<td>“I noticed you put really good for doing things with friends but a little problem for doing things with classmates. Why is doing things with these two groups of people so different?”</td>
</tr>
<tr>
<td>“What were you thinking about when you selected that rating?”</td>
<td>“I noticed you smiled/frowned when you saw this question – what were you thinking about?”</td>
<td>“Can you tell me more about how you manage this activity?”</td>
</tr>
<tr>
<td></td>
<td>“I noticed you skipped this question – can I help you with anything?”</td>
<td>“Can you give me an example of how you [insert name of activity].”</td>
</tr>
<tr>
<td></td>
<td>“You are tapping your pencil a lot – how are you feeling right now?”</td>
<td>“What do you think makes it hard for you to [insert name of activity]?”</td>
</tr>
<tr>
<td></td>
<td>“Remember, this is what you think – there is no right or wrong response.”</td>
<td></td>
</tr>
</tbody>
</table>

*Adapted from Hak et al. (2008) and ten Velden et al. (2013).

### References


INTERPRETING THE COSA RESPONSES USING MOHO

Using the Model of Human Occupation (MOHO) to interpret COSA responses can provide a depth of understanding beyond describing the youth responses to each question.

Identifying Potential Difficulties with Occupational Adaptation

MOHO states that when youth feel that an activity is very important but report a low sense of competence for doing that activity, they are at risk for poor occupational adaptation (Kielhofner, 2008). Identification of gaps between Competence (performance) and Values (importance) provides the therapist with the opportunity to see where the youth experiences the greatest dissatisfaction with occupational performance. These gaps are important indicators of issues that can be addressed in occupational therapy intervention. These youth may begin to withdraw from previously valued occupations, leading to changes in their roles or habits. It may be important for therapists to tackle activities with the largest “gaps” first in occupational therapy. For more information on identifying gaps, see Chapter 11 on setting goals with youth.

Understanding How COSA Responses May Reflect Volition

Youth’s responses to different activities may provide insights about their volition; that is, one’s thoughts and feelings about how capable and effective one feels, what one holds as important, and what one finds enjoyable and satisfying.

The following examples illustrate how youth’s responses on the COSA can be interpreted using the concept of volition:

Gaps between competence and importance ratings

Youth who report low competence but high importance for an activity may experience volitional challenges if competence for those activities is not addressed during occupational therapy intervention. That is, their future occupational choices may be impacted by their perceived competence for a specific occupation. Figure 10-1 below illustrates the volitional process.

![Volitional Process](image)

**Figure 10-1: Volitional Process (modified from Kielhofner, 2008)**

Therapists can help youth change their volitional processes by structuring therapy to impact or change any step in the process. For example, therapists may modify the environment and task to create a just right challenge to create a positive experience. Therapists may encourage youth to engage in self-reflection to help reframe negative interpretations or anticipations about an occupation. Finally, therapists can create opportunities to choose new or preferred occupations. Information from the COSA can be used to identify occupations that may be highly motivating for youth, and thus, may be a good occupation to begin to re-shape youths’ volitional process.
Interpreting consistently high competence ratings

Youth with impairment-related skill challenges may still have high self-efficacy for specific activities. Youth may feel that they can be effective to accomplish the occupations that are important to them. Youth in one study reported high levels of competence when they felt fully engaged in occupations, even if their impairments created some challenges during participation that required additional support or time (Kramer & Hammel, 2011).

Rather than assume these youth lack insight into their challenges and needs, therapists may wish to dialogue further with youth to explore their perceptions of their abilities. Youth with a strong awareness of their needs but with a high sense of personal causation are ready to advocate for their own needs. Therapists can provide these youth with strategies that may enable them to become better advocates for themselves by:

- Practicing communication and interaction with others - the MOHO based Assessment of Communication and Interaction Skills (ACIS) (Forsyth, Salamy, Simon, & Kielhofner, 1998) can be used;
- Identifying aspects of the physical and social environment that provide appropriate or inappropriate opportunities and demands; and
- Working on targeted skills that will enhance the youth’s ability to engage in preferred occupations that support transition to adulthood such as independent living or pre-vocational goals.

Interpreting consistently low importance ratings

A youth with low self-efficacy may identify all activities as not important if he/she does not believe in his/her ability to achieve desired outcomes. By indicating no activities are important to him or her, the youth does not have to attempt to engage in activities that he/she feels cannot be performed successfully. Youth may also report low importance in order to protect themselves from adults and professionals and maintain a level of control. Hiding values from adults may protect the youth from having those valued activities withdrawn for purposes of punishment or shared with other people who are not trusted.

O’Brien, Bergeron, Duprey, Olver, and St. Onge (2009) found discrepancies between parents and youths views on importance of activities; youth consistently reported lower importance than expected by parents. It is possible that youth “may have adapted their values to coincide with their abilities” (p. 177). In situations such as this, the therapist may help youth develop new abilities or preferences rather than intervening in an area that is not cited as valuable to the youth. In other instances, the therapist may decide to work on the activity as a way to help the youth develop capacity and correspondingly, confidence for future occupational performance.

Using COSA Responses to Guide Therapeutic Reasoning

The Model of Human Occupation (MOHO) provides a framework for designing occupational therapy intervention for youth. A summary of the six steps of therapeutic reasoning and how COSA process and findings can inform reasoning is presented.

The six steps of therapeutic reasoning (Kielhofner, 2008, Mahaffey, 2009; O’Brien et al., 2010) include:

1. Generate and ask questions about the youth and their environment
2. Gather information about the youth using structured and unstructured means
3. Create a conceptualization of the youth’s situation that includes the youth’s strengths and challenges
4. Identify goals and strategies for intervention
5. Implement and review therapy
6. Collect information to assess outcomes.
1. Generate and ask questions about the youth and their environment

Therapists use MOHO theory to generate questions about the client and the environment. Specifically, MOHO suggests that therapists ask questions regarding one’s volition, habituation, performance, and environment. Understanding the interactions between the components of the model helps practitioners develop questions to better understand youth. For example, understanding a youth’s volition for a given activity may provide the motivation to develop performance or habit changes. O’Brien et al. (2010) generated the following questions to learn about youth and environment:

- **Volition**: What does the youth like to do? What motivates him/her?
- **Habituation**: What is his/her day like? How does he/she spend the weekend?
- **Performance Capacity**: What activities is he/she doing when he/she demonstrates more effective skills? What activities are difficult for him/her to complete?
- **Environment**: Where does he/she live? What is his/her home life like?

The MOHO textbook (Kielhofner, 2008) lists more questions. Therapists can use the COSA process as an opportunity to develop more questions that may inform intervention planning.

2. Gather information about the youth using structured and unstructured means

The COSA provides therapists with a structure to gather information on the youth’s values, interests (volition), and performance capacity. This information is key to designing meaningful intervention and helps the therapist develop rapport and address client goals. This knowledge may present an area for dialogue between therapist, youth, and parent. The information gained from the COSA can help the youth and therapist identify areas for intervention. Therapists may observe the youth as he/she completes the COSA to gather information on the youth’s frustration tolerance, ability to attend, problem-solving as well as to gather data on the COSA items.

3. Create a conceptualization of the youth’s situation that includes strengths and challenges

Once the therapist has evaluated the COSA findings and developed a profile of the youth’s strengths and challenges, he/she conceptualizes the youth’s situation. The COSA allows the therapist to incorporate the youth’s perspective in this conceptualization. Therapists can use MOHO theory to create this conceptualization as discussed earlier in this chapter.

4. Identify goals and strategies for intervention

The COSA provides a client-centered structure to identifying goals for intervention. Furthermore, youth who are motivated to participate in therapy may experience more positive intervention outcomes. The COSA provides a tool to help identify these goals. Using Goal Attainment Scaling (GAS) (Chapter 11) may help therapists develop measureable goals using the COSA.

5. Implement and review therapy

The COSA begins the dialogue of listening to the youth and their needs. This process continues in therapy as the therapist facilitates reflection and problem-solving for the youth. The therapy process is reviewed throughout and adjusted as needed.

6. Collect information to assess outcomes

The COSA allows the therapist to assess the outcome of occupational therapy intervention using an evidence-based theory that promotes occupation-based intervention. Applying the steps to therapeutic reasoning provides practitioners with a structure to measure and assess outcomes to the benefit of clients. Approaches for assessing outcomes using the COSA are discussed in Chapter 13.
References


After completing the COSA, the therapist involves youth in a discussion to identify goals to address in therapy.

**Step 1: Identify large gaps between the competence and importance ratings**

Therapists and youth can review the COSA responses and identify items with the biggest gap between the competence and importance ratings. This can be done visually, or the therapist or the youth can use a colored marker to draw lines between the two selected ratings. Longer lines then indicate bigger gaps. Figure 11-1 shows an example of a gap between Competence and Values (importance) in response to the item “Have enough time to do things I like”.

After identifying gaps, the youth should be encouraged to share his/her perceptions for each of the items that were marked as a problem. If the dialogue approach described in Chapter 9 was used, this information may have already been shared. The therapist should make notes of those things identified by the youth as contributing to his/her difficulty, including personal factors, skills, and environmental factors. Occasionally, the review of the COSA responses may result in the youth wishing to change his/her rating. If the discussion results in a clarification that changes a youth’s decision, it is acceptable for youth to change their rating.

Therapists should pay particular attention to areas where the youth’s self-assessment of competence does not fit with the therapist’s professional opinion. In cases where there is a difference of opinion, the therapist needs to communicate to the youth that he/she views the statement differently and needs clarification through discussion. However, it is important to reassure the youth that his/her views are important, and the therapist should avoid thinking in terms of the youth being “wrong” or incapable of sharing their perspectives. It should be noted that several studies have demonstrated that young people’s perceptions of themselves are valid and stable over time (Riley, 2004; Sturgess, Rodger, & Ozanne, 2002). In addition, the therapist should consider the youth’s previous experience with decision making and self-reporting, as these skills require practice and repetition. Completing the COSA may be the youth’s first experience with contributing to the

<table>
<thead>
<tr>
<th>Myself</th>
<th>I have a big problem doing this</th>
<th>I have a little problem doing this</th>
<th>I do this ok</th>
<th>I am really good at doing this</th>
<th>Not really important to me</th>
<th>Important to me</th>
<th>Really important to me</th>
<th>Most important of all to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get enough sleep</td>
<td>😞 😞</td>
<td>😞</td>
<td>😞</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
</tr>
<tr>
<td>Have enough time to do things I like</td>
<td>😞 😞</td>
<td>😞</td>
<td>😞</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
<td>🌟 🌟 🌟 🌟 🌟 🌟 🌟</td>
</tr>
</tbody>
</table>

Figure 11-1: A gap between sense of competence and importance on the item “Have enough time to do things I like”.

COSA v2.2
intervention process, and the therapist may want to provide opportunities that build decision making skills during the intervention process. The therapist should not disregard goals or potential goals identified by the youth if they do not coincide with concerns reported by parents, teachers, or other adults, but respect those goals as valuable and meaningful areas for occupational therapy intervention.

**Step 2: Establish priorities for change**

During this step, the therapist and youth discuss the activities the youth would most like to change. Youth may be unaccustomed to having input into this process. Historically, the results of assessments are reviewed and intervention goals are established based on “professional” and “objective” information. Intervention goals are typically explained in terms of deficits identified by “professionally scored” assessments. The use of the COSA changes the process of goal setting, and thus, may change the way that goals are written.

For those areas youth identify as wanting to change, have youth give their reasons and view of desired outcomes. Through discussion and therapeutic reasoning, the therapist can guide the process of establishing goals and objectives for occupational therapy intervention. For example, an 11 year old young person identified “Finish my work in class on time” as a big problem. His view of the outcome was to have an aide to complete his assignments. This is not a realistic or beneficial strategy. Through discussion, several alternative means of completing written work and methods of increasing competence in this area were discussed.

After areas for change are identified, the youth and therapist establish intervention goals. The goals should reflect the youth’s concerns and values. Clearly state the goals in language that is understood by youth, and if possible, the therapist should use the youth’s words when writing the goal.

**Using the COSA to create “Goal Attainment Scales”**

Goal Attainment Scaling (GAS) is an individualized approach to writing sets of goals that can be quantified to measure outcomes. GAS can be an effective approach to measuring outcomes in contexts such as occupational therapy, when interventions may be individualized to meet the very unique needs and desires of youth. Priorities identified during the COSA administration can be easily translated to GAS. An added benefit is that in the GAS approach, sets of goals are often written in collaboration with clients and/or other stakeholders, such as parents.

To create a goal attainment scale for one goal, the therapist, youth, and other team members first identify the specific behavior or skill that would be considered a successful outcome of therapy in a specific time period. This outcome is expected to happen 43% of the time. That is given a value of a “0”. The therapist, youth, and other team members then identify the possible outcomes that are somewhat more and less than the expected outcome. The less than expected outcome is typically the current baseline performance. These outcomes should still be feasible given the content and length of the training program. These outcomes are given a value of +1 and -1 (see Table 11-1 for more information about the expected rate of occurrence). Finally, the therapist, youth, and other team members identify the possible outcomes that are much more and much less expected; these outcomes are assigned values of +2 and -2. This creates a continuum of 5 goal attainment levels for one goal area (see Table 11-1 for an example).

In GAS, it is important to be sure that each goal level on a continuum is measuring the same construct, or main idea. However, in the GAS example in Table 11-1, goal levels measure two different ideas. Goal levels -1 to +2 are about skills for dressing, and level -2 is about volition. MOHO theory recognizes that skill is an observable behavior that results from an individual’s capacity, volition, and the environmental circumstances. Thus, volition is actually incorporated into the skills in goal levels -1 through +2. If a youth is attempting to
Table 11-1: Examples of Goal Attainment Scaling Levels

<table>
<thead>
<tr>
<th>Rating</th>
<th>Goal Attainment Level</th>
<th>Level Description</th>
<th>Example Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>+2</td>
<td>Much more than expected outcome</td>
<td>Likely to occur 7% of the time given intervention length and context</td>
<td>I can put on my pants to get ready for school without any help while I am wearing my orthosis, in 4 weeks.</td>
</tr>
<tr>
<td>+1</td>
<td>Somewhat more than expected outcome</td>
<td>Likely to occur 21% of the time given intervention length and context</td>
<td>I can put on my pants to get ready for school with a little bit of help while I am wearing my orthosis, in 4 weeks.</td>
</tr>
<tr>
<td>0</td>
<td>Expected/desired outcome in a specified time period</td>
<td>Likely to occur 43% of the time given intervention length and context</td>
<td>I can put on my pants to get ready for school with a little bit of help while I am not wearing my orthosis, in 4 weeks.</td>
</tr>
<tr>
<td>-1</td>
<td>Somewhat less than expected outcome OR Baseline/current</td>
<td>Likely to occur 21% of the time given intervention length and context</td>
<td>I can’t put on my pants to get ready for school by myself but I would like to in 4 weeks.</td>
</tr>
<tr>
<td>-2</td>
<td>Much less than expected outcome</td>
<td>Likely to occur 7% of the time, given intervention length and context</td>
<td>I don’t want to dress myself or allow someone to help me get dressed to get ready for school in 4 weeks.</td>
</tr>
</tbody>
</table>

participate in dressing, as described in goal levels -1 through +2, volition is required for that task. The goal level -1, baseline, integrates volition because the youth identified this goal in collaboration with the therapist during the initial COSA. The youth’s identification of that goal reflects his/her volition to engage in dressing. For this youth, a change in his/her motivation to engage in dressing would be worse than his/her current level of performance. Thus, the goal level -2 reflects a loss of this youth’s volition to achieve this goal. If this occurs, the therapist may need to address the youth’s volition, or collaborate with the youth to identify a new goal.

Numerous goal attainment continuums can be written for different goal areas. These goal attainment continuums can then be scored at the end of therapy or a designated time to measure the outcomes. Therapists are advised to create no more than three goals for intervention planning that have high priority for the youth. A specialized formula is used to convert attained levels from each continuum to one T-score. Kiresuk, Smith and Cardillo (1994) provide instructions for using the formula and conversion tables.

For the approach to be effective, therapists are advised to be very familiar with the quality standards of goal attainment scales. We recommend therapists interested in using GAS first read a goal attainment scaling text and other helpful resources. Some of these include:


**References**


REPORTING COSA RESULTS

The COSA does not produce a “score”. Rather, therapists use MOHO theory to interpret the COSA and then identify the most appropriate way to convey that interpretation to others. We suggest several potential approaches for reporting COSA results to parents and other professionals.

COSA Occupational Profile Form

The COSA Occupational Profile Form can provide a visual depiction of the relative competence and values youth report for the 25 everyday activities on the COSA.

For each item, the therapist can mark an “X” or “shade” the boxes to indicate the youth’s response to each item. When viewed in landscape format, the therapist can quickly convey the items for which youth report more and less competence for and to identify patterns in those items. When reviewing this form to generate an occupational profile, youth’s specific concerns about each item should guide the interpretation. For example, if youth report difficulty getting dressed in the morning and completing chores due to difficulty with routine, then ratings on the occupational profile may indicate difficulties with routines, not skills. Alternatively, if youth report difficulty getting dressed and completing chores due to fatigue and poor coordination, the ratings on the occupational profile may indicate difficulty with skills.

In the example below, the occupational profile shows that this young person feels relatively competent taking care of oneself, physically doing activities, and socializing with others. However, the occupational profile reveals a pattern in which the young person reports less competence for items that require self-regulation and time management, such as “Get my homework done,” “Calm myself down when I am upset,” and “Have enough time to do things I like.” This occupational profile suggests that this young person’s habituation may need to be prioritized in therapy.

---

**Figure 12-1:** COSA Occupational Profile Form
REPORTING COSA RESULTS

Table 12-1: Frequency Table

<table>
<thead>
<tr>
<th>COSA Items</th>
<th>Big Problem</th>
<th>Little Problem</th>
<th>Do OK</th>
<th>Really Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care Items</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I-ADLs</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Fine and Gross Motor Skills</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Socialization</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Academics</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communication</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Self-Regulation and Self-Direction</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Frequency of rating responses**

Reporting the frequency with which youth indicate having big problems, little problems, do ok, or really good at doing can help therapists and others understand the relative number of activities that youth feel more or less competent doing. Depending on the practice context or the unique needs of the client, the therapist can also group items into meaningful related groups, such as all items related to socialization, or school activities. The frequency of rating responses for these sets of items can then be reported.

In Table 12-1, we show the same example from the occupational profile in a frequency table. As with the occupational profile, reporting frequencies organized by item content areas that are relevant for a young person can identify patterns of strengths and needs.

**Understanding Competence using the Percent of Maximum Possible Score (POMP)**

Using a percent of maximum possible (POMP) approach provides the relative competence youth report only for those activities the youth finds important. This can result in a better understanding of overall competence of youth who have strong preferences for specific activities or for whom some activities may not be relevant (Cohen, Cohen, Aiken, & West, 1999; Coster et al., 2012). This approach does require therapists to assign number values to the rating scales, which has limitations that should be acknowledged when using scores.
REPORTING COSA RESULTS

Step 1: Identify the number of “relevant” competence items

Cross out any COSA items that the youth rated “Not really important to me”. Then, count the number of remaining items that also have competence ratings (do not count unrated items). Enter that number into the formulas below.

In the COSA, the number of items is 25. However, if COSA items are not answered or left blank, the number of items rated will be less.

- \( \text{Lowest possible score} = (\text{Number of competence items rated as important}) \times 1 \)
- \( \text{Highest possible score} = (\text{Number of competence items rated as important}) \times 4 \)

Step 2: Assign a “score” to relevant competence ratings:

Assign the following numbers to each of the competence rating responses for items that are rated “Important”, “Very important” or “Most important of all.”

Note you are not assigning scores to competence ratings for items rated as “Not really important to me”.

- \( \text{Really Good} = 4 \)
- \( \text{Do OK} = 3 \)
- \( \text{Little Problem} = 2 \)
- \( \text{Big Problem} = 1 \)

Step 3: Obtain an “actual score” on the Competence Scale

Sum the values obtained in Step 2. This is your “actual score”.

Step 4: Obtain the percent of max possible score by entering the numbers you obtained in steps 1 and 3 to the formula below:

\[ \text{POMP} = \left( \frac{\text{actual} - \text{lowest}}{\text{highest} - \text{lowest}} \right) \times 100 \]

An example of how to obtain a POMP score for an example on the COSA can be found in Box 12-1.

Chapter References


Box 12-1: Example of how to obtain a POMP score for an example on the COSA

Isha just completed the COSA, and her therapist would like to obtain a POMP score on the COSA.

**Step one: Identify the number of ‘relevant’ competence items**
The therapist realizes that Isha indicated 7 items were not important to her. She crosses out those items. Then the therapist counts the remaining COSA items that had competence ratings. One item was not rated, “Get my homework done”, because Isha’s school doesn’t assign homework. That leaves 17 relevant competence items. The therapist found the following values for step one:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Lowest possible score** $= 17 \times 1 = 17$
- **Highest possible score** $= 17 \times 4 = 68$

**Step two: Assign ‘scores’ to the relevant competence ratings**
The therapist looks at the 17 relevant competence items. She counts up the number of ratings in each category, and the value for each item based on the COSA competence rating.

<table>
<thead>
<tr>
<th>COSA rating</th>
<th>Number of items</th>
<th>Competence score for this rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Really Good</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Do OK</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Little Problem</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Big Problem</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Step three: Obtain ‘actual score’ on Competence Scale**
The therapist adds the sum of scores for each rating to obtain an ‘actual score.’

- The sum for relevant items rated as “Really Good” is 24 ($6 \times 4$).
- The sum for relevant items rated as “Do OK” is 18 ($6 \times 3$).
- The sum for relevant items rated as “Little Problem” is 6 ($3 \times 2$).
- The sum for all items rated as “Big Problem” is 2 ($2 \times 1$).
- The total sum or ‘actual score’ is 50.

**Step four: POMP**
The therapist puts all the numbers in to the POMP formula to get Isha’s percent of maximum possible score:

\[
POMP = \frac{([actual] - [lowest])/([highest] - [lowest]) \times 100}{100}
\]

POMP $= \frac{50 - 17}{68 - 17} \times 100$

POMP $= \frac{33}{51} \times 100$

POMP $= 64.7\%$

This score shows Isha’s sense of competence for all items she felt were important to her. The score by itself may be difficult to interpret. However, the therapist will use the competence POMP score to measure change after therapy. The therapist will re-administer the COSA, and calculate the competence POMP score. If the competence POMP score is higher than 64.7%, the therapist can demonstrate that Isha’s competence may have improved after therapy (this approach does not account for measurement error).

The therapist could also gather competence POMP scores from several youths in her caseload to get a better understanding of youths with lower or higher relative sense of competence, or to evaluate the success of the therapy program across clients.
MEASURING OUTCOMES

The COSA can be used to capture outcomes and determine the effectiveness of the occupational therapy intervention process. Outcomes can be assessed in two general ways:

- The youth could complete the full COSA by rating all items
- The therapist may interview the youth regarding specific items to see if changes have occurred.

Administering only targeted COSA items can be a useful approach if specific intervention goals were developed in alignment with specific COSA items. For example, if during the initial COSA, the youth shared that they were thinking about getting along with classmates in the cafeteria when answering the question “Do things with my classmates,” youth can respond to that item and think specifically about getting along with classmates in the cafeteria.

Youth can rate their current perceptions of competence and value for their therapy goals using the Card Sort version of the COSA. For example, a youth identified on their initial COSA that they had a big problem “Have enough time to do things I like” (see Figure 13-1). Discussion with the youth about this item revealed that the youth was frustrated with not having time to hang out with friends during lunch because he needed to attend in-class tutoring. The therapist and the young man created a goal “Identify alternative tutoring schedule and strategies so that I can eat lunch with my friends two times a week”. During the outcome, the young man indicated that he was doing an “OK” job on this goal because he was able to meet with his friends at least once a week (see Figure 13-2).

![Figure 13-2: Rating the outcome of the goal “Identify alternative tutoring schedule and strategies so that I can eat lunch with my friends two times a week”.

<table>
<thead>
<tr>
<th>Myself</th>
<th>I have a big problem doing this</th>
<th>I have a little problem doing this</th>
<th>I do this ok</th>
<th>I am really good at doing this</th>
<th>Not really important to me</th>
<th>Important to me</th>
<th>Really important to me</th>
<th>Most important of all to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get enough sleep</td>
<td>☹️☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
</tr>
<tr>
<td>Have enough time to do things I like</td>
<td>☹️☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
<td>☹️</td>
</tr>
</tbody>
</table>

![Figure 13-1: Initial COSA
During the review of the second COSA or interview, the therapist can discuss items and areas that were important to the youth that are no longer a problem, or are now less of a problem. In addition, the youth and therapist may discover new areas that are now challenging or require support for participation due to recent changes.

**Reporting change on the COSA**

If a full COSA was administered to assess outcomes, you may also compare the POMP score, frequency of rating scale use, or Occupational Profile Form from initial to follow-up. Box 13-1 shows an example of a therapist who compared rating frequencies on a COSA completed at the beginning and the end of the year.

If only key COSA items are re-administered to assess outcomes, therapists may wish to summarize initial and outcome ratings in a table to communicate change, as illustrated below in Table 13-1.

Therapists may also use Goal Attainment Scaling and calculate a T-score to identify level of outcome achieved (see Chapter 11 for more information).

### Box 13-1: Comparing Rating Frequencies for Initial and Outcome COSA

Rasheem started the school year with only 3 items listed as important and 22 items as “Not important to me”. Intervention during the school year focused on supporting Rasheem in his classroom and teaching him cognitive strategies to improve completion of class projects during small OT group time. During the end of year progress reports, Rasheem indicated that 5 school related items were important to him in some way.

### Table 13-1: Summarizing rating changes in key COSA items

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial Competence</th>
<th>Follow-up Competence</th>
<th>Initial Value</th>
<th>Follow-up Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get around from one place to another</td>
<td>Little problem</td>
<td>I am really good</td>
<td>Important</td>
<td>Really important</td>
</tr>
<tr>
<td>Keep working on something even when it gets hard</td>
<td>Big problem</td>
<td>I do this ok</td>
<td>Not really important</td>
<td>Important</td>
</tr>
<tr>
<td>Make my body do what I want it to do</td>
<td>Big problem</td>
<td>I do this ok</td>
<td>Really important</td>
<td>Really important</td>
</tr>
</tbody>
</table>
The cases in this section illustrate the use of the COSA with youth with a range of abilities and needs. The cases demonstrate how the therapist administered the COSA and worked with the client to plan intervention.

For more example cases of how the COSA can be used in practice, refer to Chapters 16 and 21 of the MOHO 4th edition text (Kielhofner, 2008).

COSA Case Study: Rachel

Using the COSA in Transition Planning

By: Sara Harney, MS, OTR/L, School-Based and Early Intervention Therapist

Background

Rachel is a 17 year old student in a Life Skills classroom in a public high school. She has a diagnosis of Spina Bifida with hydrocephalus with a VP shunt on the left. Rachel was born with club feet and received intervention to address this issue when she was a toddler. She is also diagnosed with Attention Deficit Hyperactivity Disorder which is stabilized with 5 mg of Ritalin. Rachel has progressing scoliosis, and uses a wheelchair to self-propel around her school building. She uses Lofstrand crutches to ambulate short distances with supervision. Rachel self-catheterizes without incident and has been independently dressing and undressing at school for swimming. She also prepares her own lunch in the Life Skills classroom microwave with supervision. As part of her job training in her Life Skills classroom, she does the cafeteria laundry and requires supervision for unexpected problem solving and time management. Rachel is social and has many friends, and initiates small group free time activities with other students such as making jewelry and forming a “lunch club”. She has done volunteer work with her class at a local private high school for special events, where her duties include setting tables and decorations, passing out name-tags and welcoming guests, and after event clean-up such as clearing tables and washing dishes.

A student transition survey was completed by Rachel in October. The survey addresses student plans and goals after completion of high school. Of the 9 choices, including: college, military service, technical/trade school, adult continuing education, apprenticeship, community training program, employment, other and “don’t know”, Rachel chose a community training program. Rachel would also like to take a flower drying class before she graduates and states she “feels nervous” about graduating. The survey asked whether the student has any medical or behavior situations that would affect her on the job, and she answered yes. She then stated that once during her volunteer work she “spit in the water pitchers because she didn’t want to work”. The results of a Life Skills self-report assessment were also included on her Individualized Educational Plan. Rachel was asked to indicate her ability to perform skills in several areas including shopping for clothing, buying food, money management, eating at a restaurant, driving a car, using public transportation, cooking a meal or a snack, and finding her way around town. She stated that she could eat in a restaurant, but felt she could not do any of the other tasks and needed help to shop for clothes. She stated that she needed someone’s help to make change when buying things, and required assistance to keep a checking account, budget or allowance.

Rachel’s mother reports that at home, she is responsible for cleaning her room and that she likes to watch TV in her free time. Outside of school, Rachel shares that she likes to spend...
time with friends and her hobbies include reading and playing the game “Bop-It”.

The occupational therapist was concerned by Rachel’s reported level of skill on life-skill activities. If the activities Rachel was not able to do were important to her, she may be at risk for a decreased sense of efficacy and competence as she transitions out of high school and moves to a less supportive environment. This may affect Rachel’s volition to try new things and/or continue with life-skills training after high school. The occupational therapist wanted to have Rachel more clearly articulate what was important to her, as well as identify some occupations that Rachel felt she did well in order to build on her current strengths. The occupational therapist decided the COSA was an appropriate assessment for the following reasons:

- Rachel was able to provide self-report and reflection with assistance,
- The COSA could assess Rachel’s sense of competence and importance for everyday activities, and
- The COSA covered a range of occupations that would hopefully enable Rachel to identify activities she feels she does well.

COSA Responses

Rachel completed the COSA with the supervision from the occupational therapist to clarify items. Rachel completed the COSA over two sessions as she took several minutes to answer each item. The occupational therapist also completed a COSA in order to reflect upon her own perception of Rachel’s strengths, needs, and interests. Finally, the occupational therapist used the COSA as a guide during a meeting with Rachel’s mother in order to understand how she perceives her daughter’s strengths, needs, and interests. The responses of the student, parent, and therapist were all considered during the intervention planning.

Rachel, her mother, and the occupational therapist all agreed that Rachel did well “eating her meals without help” and that “getting enough sleep” was really important to Rachel.

Rachel’s mother and Rachel agreed that she has a big problem with “keeping her mind on what she is doing”, and “making her body do what she wants it to do”. Both mother and daughter agreed that she is OK at “finishing what she’s doing without getting tired too soon.” For the remainder of the items, Rachel reported a level of competence that differed from her mother’s perception of her skills.

Rachel and her mother agreed more on the importance of tasks than they did of the performance of tasks. For example, Rachel and her mother agreed on the importance of “having enough time to do things that she likes”, on “being able to get around from one place to another”, on the importance of “keeping her mind on what she’s doing” and on the importance of “doing things with friends”. Rachel and her mother also felt that “being able to calm down when she is upset” and “making her body do what she wants it to do” is also really important to Rachel. They also agreed that “finishing her work in class on time and “getting her homework done” are not really important to her.

Conversely, Rachel and the occupational therapist agreed on Rachel’s competence more than they did on the importance of these tasks. For example, the occupational therapist and Rachel agreed that Rachel is “really good at using her hands to work with things” and that she is “OK” at “getting around from one place to another.” They also agreed that she is really good at “choosing things that she wants to do” and at “doing things with her classmates.” Rachel and her occupational therapist felt that she is “OK” at “keep on working when something gets hard” and with “calming herself down when she is upset.”

The tasks that Rachel and the occupational therapist agreed were really important included being able to “take care of her things”, “doing things with her family”, and the classroom occupations of “following classroom rules” and “asking her teacher questions.” They also agreed upon the importance of Rachel’s being able to “make others understand her ideas” and “thinking of ways to do things when she has a problem.”
Name: Rachel  
School Grade: 11  
Therapist: S. Harney  
Assessment Date: 10/25/05  
Date of Birth: 9/1/88  
Education Program: Life Skills Classroom  
Assessment Time:  

Values

Most important of all to me

Really important to me

Important to me

Not really important to me

Competence

I am really good at doing this

I do this ok

I have a little problem doing this

I have a big problem doing this

Myself

Keep my body clean  
Dress myself  
Eat my meals without any help  
Buy something for myself  
Get my chores done  
Get enough sleep  
Have enough time to do things I like  
Take care of my things  
Get around from one place to another  
Choose things that I want to do  
Keep my mind on what I am doing  
Do things with my family  
Do things with my friends  
Do things with my classmates  
Follow classroom rules  
Finish my work in class on time  
Get my homework done  
Ask my teacher questions when I need to  
Make others understand my ideas  
Think of ways to do things when I have a problem  
Keep working on something even when it gets hard  
Calm myself down when I am upset  
Make my body do what I want it to do  
Use my hands to work with things  
Finish what I am doing without getting tired too soon  

COSA Follow-up Questions:

What are 2 other things you are really good at doing that we didn't talk about today?
1) Making jewelry  
2) Listening to my friends  

What are 2 other things you have a big problem doing that we didn't talk about today?
1) Walking far using my crutches  
2)  

Is there anything else that is important to you that we didn't get to talk about?

I really want to learn some new crafts and practice life skills more.
Interpreting the COSA Responses

Several concerns emerged when comparing the responses of Rachel, her mother, and the occupational therapist. Rachel reports a sense of competence in several activities that is lower than her mother’s or occupational therapist’s perception of her abilities. This could impact Rachel’s identity and sense of competence as a young adult if she feels she is unable to meet role expectations. For example, Rachel thinks that she has a big problem with “getting her chores done” but her mother and therapist feel that she can do this OK. Rachel also thinks that she has a big problem with “following classroom rules” while her mother and therapist think she does this really well. Although Rachel is a very talkative person, she feels that she has a big problem with “making others understand her ideas”, but her mother and therapist think that she does this OK. Although Rachel feels she has a big problem doing these occupations, she feels they are really important to her.

The occupational therapist noticed several discrepancies between Rachel and her mother’s perceived level of importance for several of the activities included on the COSA. Her mother thinks that Rachel does not really think that doing chores is important, but Rachel thinks that getting chores done is a really important activity. Rachel’s mother also thinks that following classroom rules isn’t really important to Rachel. The core issue may be that when Rachel has difficulty completing activities, her mother perceives this to be a lack of interest in doing them. The therapist had a phone conversation with Rachel’s mother and used MOHO as a way to explain the difference between motivation (volition) and skill. The occupational therapist was able to use Rachel’s responses on the COSA to help her mother identify other daily activities that she thought Rachel found unimportant due to her difficulty completing the tasks. This exercise helped Rachel’s mother recognize Rachel’s ability to keep on working on things even when it was hard, and Rachel’s mother ended the conversation by sharing she was going to try and more openly encourage Rachel and acknowledge her perseverance. This may support Rachel in improving her sense of competence.

During this phone conversation, the occupational therapist also asked Rachel’s mother about the items “get around from one place to another” and “calm myself down when I am upset”. Both Rachel and her therapist think that she gets around “OK” from one place to another, but her mother thinks that she has a little problem with this. This difference may have to do with the different environments that Rachel has to negotiate. Rachel is able to move around her accessible school building adequately, but has more difficulty moving around her home and community, which is the environment in which her mother observes Rachel. Rachel’s mother also thinks that she has a big problem with calming herself down, while Rachel and her therapist think she does this “OK”. This may be due to the difference in environmental demands and social groups in Rachel’s home and school, as Rachel may feel she is expected to stay calm and maintain control of her emotions when at school.

The occupational therapist also talked openly with Rachel’s mother about areas where they did not agree on Rachel’s skills. The occupational therapist thinks that Rachel should be able to “buy something” without difficulty, however Rachel’s mother agrees with Rachel and thinks that this is a problem for her. The therapist also described the improvements Rachel has made in process skills and gross motor skills. However, Rachel’s mother still thinks that Rachel has a big problem “keeping her mind on what she is doing” and “making her body do what she wants it to do”. As Rachel also feels she has a hard time doing these activities, the therapist agreed to help Rachel identify specific goals related to these skills.

It should be noted that while the occupational therapist had Rachel’s mother reflect on the COSA items, the therapist only included Rachel’s COSA responses in her records and Individual Education Plan to convey that Rachel’s COSA responses were the official COSA responses.
Developing an Intervention Plan Using COSA

Results

Rachel's, her mother's, and the occupational therapist's responses on the COSA have several implications for occupational therapy intervention and goal planning. The therapist first wanted to address the task areas that Rachel found to be most difficult but were of most importance to her, that is, COSA items with the biggest gap between Rachel's sense of competence and importance. In Rachel's case, this includes being able to buy something herself and keep her mind on what she is doing.

The therapist and Rachel talked during their next session about these two issues, and Rachel agreed that she would like to work on these activities. As Rachel feels that she is good at being with friends and finds this very important, the therapist suggested incorporating a social activity into the goal of buying something so Rachel was more motivated to continue working on this goal. Rachel came up with the idea of purchasing something for her “lunch club”, and she and the therapist made a weekly plan for buying something special for the lunch group, such as stickers, a snack, or jewelry making supplies.

When reviewing Rachel's response to the item “keep my mind on what I am doing”, Rachel shared that she finds she has the most difficulty keeping her mind on what she is doing when doing laundry in the cafeteria and working her volunteer position. Through discussion, Rachel and the therapist identified this is due to distractions such as talking and joking with her classmates when working together. The therapist and Rachel agreed that in each occupational therapy session they will identify and practice a new strategy that will enable her to communicate to her classmates and friends that while she is working she cannot socialize and needs to stay focused. Rachel shared that this will also give her practice in making others understand her ideas and feelings. The therapist suggested to Rachel that her inappropriate behavior at work, such as spitting in the water pitchers, may be related to her frustration when attempting to communicate with others, and Rachel agreed. Identifying positive communication strategies will help Rachel to be more successful at her volunteer work and future jobs in the community.

The therapist also talked with Rachel about the importance of communicating with her physician regarding her diagnosis of ADHD. Rachel’s ability to keep her mind on what she is doing may be related to her impulsivity and distractibility secondary to ADHD, and changes in her attention may be related to changes in medication effectiveness. Rachel shared that she usually lets her mother talk with the doctor during appointments, and stated that she would like to participate more in her health care. The therapist and Rachel decide to practice ways she can approach her mother about this goal in order to increase her sense of control over her health.

The therapist also talked with Rachel about “making her body do what she wants it to do”. The therapist described the improvements she noticed in Rachel's gross motor skills over the past year. Although Rachel agreed with the therapist, she still talked about some difficulties she is having at home and in her neighborhood. The therapist shared with Rachel her mother's concerns regarding the accessibility of the environment, and suggested that inaccessible spaces, places, and objects in her environment may be impacting the control she feels she has over her body. The therapist made a plan with Rachel to meet with her and her mother and discuss community accessibility issues and the American with Disabilities Act (ADA). Since Rachel expressed an interest in attending a community training program after high school, her ability to get from one place to another within the community is an important issue to address.

Conclusion

Through the use of the COSA, Rachel was able to identify occupations she was good at doing in addition to activities she was having problems doing. By asking Rachel to evaluate the importance of activities, the occupational therapist was able to prioritize issues that were most important to Rachel. In addition, the COSA was a way to increase Rachel’s mother awareness of Rachel's strengths and value for activities. By acknowledging Rachel's interests and honoring her concerns, Rachel may feel like she has more control during the occupational therapy evaluation and intervention process.
COSA Case Study: Sam

Using the COSA to generate intervention goals and strategies

By: Michelle M. Savrann, MHA, OTR/L, Pediatric Consultant

Sam is an eleven year old Caucasian male with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Pervasive Developmental Delay non-specific (PDD NOS) who was admitted to a co-ed diagnostic assessment center and hospital diversion program, as a step down from a seven week acute in-patient hospitalization. At time of admission, Sam was accompanied by his biological mother who has full legal custody. Sam was admitted due to uncontrollable impulsive behavior, which included being assaultive to others verbally and physically. Medications to manage Sam’s attention deficit have been unsuccessful due to adverse reactions such as skin rashes, the development of tics, and significant adverse behavioral changes. Sam is currently not on medications.

Sam’s family consists of his biological mother. His parents were never married but he has contact with his father regularly. Both parents have a history of drug/alcohol abuse. There is no reported physical/sexual abuse. Sam is an only child. Prior to his recent acute admission Sam had been living at home with his mother and attending a Collaborative School for children with special needs. His mother is very interested in having Sam come home, however feels his behavior needs to be in better control.

Sam was familiar with the occupational therapist and was eager to leave the unit to participate in the COSA, which was described as a tool used to better understand what activities were important to him and which areas he would like more help in. Sam did request a reward of going outside once he completed the assessment. Sam was interviewed in an office space off the unit. He sat in a desk chair which he spun around in throughout the interview. When Sam was required to answer a question he would stop and point to the appropriate smiley face or star to answer the question. Sam became a little concerned once the page was turned to answer the last few open ended questions, but when he was reassured he would go outside he was able to complete the assessment. At the completion of the assessment, although eager to go outside, Sam stood up, turned to the occupational therapist, and said “I think this is a very good test.”
**Child Occupational Self Assessment (COSA)**  
**Occupational Profile Form**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sam</th>
<th>Gender:</th>
<th>M x F □</th>
<th>Date of Birth:</th>
<th>3/19/93</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Grade:</td>
<td>5</td>
<td>Education Program:</td>
<td>Collaborative</td>
<td>Assessment Date:</td>
<td>6/14/05</td>
</tr>
<tr>
<td>Therapist:</td>
<td>Michelle</td>
<td>Assessment Time:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Values**

- Most important of all to me
  - X X X X X X X X X X X X X X X X X X
- Really important to me
  - X
- Important to me
  - 
- Not really important to me
  - 

**Competence**

- I am really good at doing this
  - X X X X X X X X X X X X X X X X X X
- I do this ok
  - X
- I have a little problem doing this
  - X
- I have a big problem doing this
  - X

**Myself**

- Keep my body clean
- Dress myself
- Eat my meals without any help
- Buy something myself
- Get my chores done
- Get enough sleep
- Have enough time to do things I like
- Take care of my things
- Get around from one place to another
- Choose things that I want to do
- Keep my mind on what I am doing
- Do things with my family
- Do things with my classmates
- Follow classroom rules
- Finish my work in class on time
- Ask my teacher questions when I need to
- Make others understand my ideas
- Think of ways to do things when I have a problem
- Keep working on something even when it gets hard
- Calm myself down when I am upset
- Make my body do what I want it to do
- Use my hands to work with things
- Finish what I am doing without getting tired too soon

**COSA Follow-up Questions:**

What are 2 other things you are really good at doing that we didn’t talk about today?

1) **Playing**

2) **Fishing**

What are 2 other things you have a big problem doing that we didn’t talk about today?

1) **Controlling my anger**

2) **Making friends**

Is there anything else that is important to you that we didn’t get to talk about?

No. It’s time to go outside.
Sam’s identified areas of strengths and weaknesses were consistent with reports from unit staff. Due to Sam’s impulsivity he often has difficulty following the classroom rules, yet he clearly values the importance of the rules. Regarding homework, Sam has difficulty organizing and regulating his arousal system to independently complete his homework in the evening consistent with other children on the unit. Sam also reports difficulty in making others understand his ideas, which often results in increased frustration and consequently behavioral outbursts. His ability to persevere when tasks are difficult can also be compromised, contributing to potential behavioral problems.

Sam was also able to articulate having challenges in controlling his anger and making friends. Sam demonstrates difficulty in recognizing nonverbal signals from his peers and requires explicit instruction on how to interpret the reactions of other people, in an effort to control his responses to the behavior of others.

The following goals were developed in a follow-up discussion with Sam:

1. Sam will follow classroom rules with one reminder for one week.
2. Following instruction in organizational strategies and self-regulation strategies, Sam will independently complete his assigned homework for one week.
3. Sam will initiate a cooperative play activity with a peer on the unit daily for one week.
4. Sam will demonstrate improved anger management skills by expressing his ideas and remaining restraint free for one week.

The therapist recommended the following intervention strategies to support Sam in achieving his goals:

- Classroom rules will be represented with pictures and words and will be reviewed with the entire class at the beginning of the day and prior to transitions to assist Sam in improving his performance in following rules.
- Sam will be provided with individual instruction in how to organize his daily homework. In addition he will learn strategies to regulate his particular arousal system to maximize his ability to sustain his performance.
- Sam will participate in a social skills group with a particular emphasis on anger management. Sam will also learn strategies to engage his peers in appropriate play activities to improve his ability to form friendships.
- Consultation to unit staff and teachers by the OT will be provided to ensure follow through with programs as well as providing Sam with regular feedback on his performance and progress towards goals.

Using a self-report assessment during evaluation and using the assessment information to form an intervention plan supports a client-centered occupational therapy process. The COSA allowed Sam to share his perceptions of his performance, and revealed that Sam cared very much about doing well in school! The therapist was then able to implement strategies that would enable Sam to meet his goals of completing his homework, following the rules, and trying to make others understand him in a more effective and appropriate way.
**COSA Case Study: Ellie**

**Using the COSA to develop an intervention plan**

By: Julie McGuire, Occupational Therapist

**Background**

Ellie is a nine year old girl who is a pupil currently in primary 5 in her local main stream primary school. She lives with her mum in a ground floor house.

Ellie has a diagnosis of Symmetrical Cerebral Palsy. Overall muscle tone is increased more on the right than the left in her arms and legs. Ellie operates a powered wheelchair within school and local area with supervision. With support she can do a standing transfer from chair to chair. Ellie has use of both her arms however movement and control is reduced particularly in her right arm. She has had Occupational Therapy (OT) intervention to enable her to access and participate in her home and school environments. There are support assistants in school who assist Ellie with physically accessing the curriculum and with her personal care. Currently a mixture of handwriting, Information Technology and scribing (where a member of teaching staff writes on behalf of Ellie) is used within school for Ellie to produce her work. A ceiling track hoist has been installed in school which enables Ellie to transfer with supervision and minimum assistance from wheelchair to the toilet and toilet to standing at the sink to wash her hands.

Ellie’s home environment is currently being reassessed. She has recently had a section of kitchen work top lowered so she is now preparing snacks and her own breakfast with minimal assistance. Ellie’s mum assists with her personal care and dressing at home.

Ellie presents as a bright sociable girl who enjoys interacting with people and is a popular member of the class. Ellie particularly enjoys actively participating in horse riding on a weekly basis.

As Ellie is getting older concerns have been raised by school and home about how best to support Ellie’s needs. The OT felt that Ellie has insight into her own situation and that implementing the COSA would be a useful tool to gain an overall picture from Ellie of her perception of her current participation in daily tasks at home and in school and to gain insight into the value that Ellie places on these different activities. It was felt that this would provide a client-centered baseline on which to review the current situation and plan targets/strategies and intervention around Ellie’s priorities. Ellie will transfer from primary to high school in two years time, so preparing for this is also held in mind.

**Implementation of the COSA**

Ellie and her parents were happy for Ellie to participate in completing the COSA. It was agreed to complete this out of school time in a quiet environment away from distractions. Ellie reflected on each question and made comments on them to the OT. She marked the assessment sheet herself with the responses. The COSA was completed over two sessions as she took several minutes to answer each item.

The OT met separately with Ellie’s mother using the COSA as a guide to facilitate a discussion around her perceptions of her daughter’s participation in daily activities and her current strengths and challenges. The OT has also met and discussed with key staff in school.

**Outcome of the COSA**

Ellie and her mum agreed that “buying something herself” and doing things with her family” were activities that she participated in well and were most important to Ellie. It was clear from discussion with Ellie’s mother that she has provided Ellie with opportunities, supervising from a distance, and using family members, i.e. older cousins, to develop independence in shopping and socializing.

Ellie identified “following classroom rules”, “asking my teacher questions when I need to” and “thinking of ways to do things when I have a problem” as skills that she is really good at and most important to her. Ellie’s class teacher and support assistants agree with this.
Ellie rated herself as being really good at “eating her meals without any help”, “getting her chores done”, “choosing things that she wants to do” and “calming herself down when she gets upset” and that these areas are important to her. From discussion with her mum and class teacher there seems to be some inconsistency in perceptions of the level of skill. Mum agreed with Ellie that at home she does take responsibility for tidying her desk, she is careful with her belongings and puts them away in set places, and she will help with vacuuming and as previously stated can, with minimal assistance, make sandwiches and toast. Within the physical environment of school and the time frames of the school day, participating in the organizational routines/chores is more of a challenge.

Ellie talked with the OT about “calming herself down when she is upset “ and strategies that she and her mum have come up with to help manage this, which was supported by discussion with her mum.

Ellie reported that she was really good at “keeping her mind on what she is doing”, “doing things with her friends” and “doing things with her class mates”, “finishing her work in class on time”, “getting her homework done”, “making others understand her ideas”, “keeping working on something even when it gets hard” and that these were all really important to her. Feedback from Ellie’s mum and school suggests that they agree with the value that Ellie places on these skills, however the level of competence differed, particularly around “finishing school work in class on time”. School reports that she tires easily. It has also been raised that Ellie has difficulty talking at times due to poor breath control, particularly in group situations – thus the environment and number of people she is with impacts on whether she physically can articulate her ideas.

From discussion with Ellie, her mum and school it is clear that Ellie has established two particularly good friendships with class mates over the last year. For the first time in primary school Ellie is wanting to see these friends out of school – her mum is very aware of the physical challenges that Ellie has in relation to implementing activities such as sleepovers.

Ellie reported that she does the following ok “keeping her body clean”, “getting enough sleep” and “having enough time to do things she likes” and that they are really important to her – again this was supported by her mum within a home context who gave more detail on the assistance that she does need to provide. Finally, Ellie did not identify any areas as being a big problem and overall was very positive in her outlook and perceptions.

Ellie stated that she had a little problem with “dressing herself”, “making my body do want I want it to” and “finishing what I am doing without getting tired too soon” and that each of these areas were most important of all to her. Again her mum further clarified the assistance that she gives at present. Class teacher strongly agreed with Ellie on not finishing what she is doing without getting tired too soon – some further clarity around Ellie’s perception of this within school will be sought.

**Evaluation**

In line with the OT’s anticipated outcome it is agreed that Ellie’s physical skills are impacting on her occupations, particularly within the demands of the school environment. It has become apparent though that Ellie’s volition is high. At the end of the COSA when asked if there was anything else that Ellie would like to tell me she replied “That I always try my best at whatever I do”.

She has a strong identity in her roles of daughter, pupil and friend. She participates in occupations on a regular basis which are meaningful and pleasurable for her, for example horse riding. Ellie has also identified strengths which she can use to support her physical challenges such as “keeping working on something even when it gets hard”, “thinking of ways to do things when she has a problem” and “asking questions when she needs to”.

Through discussion with school it has become apparent that this environment has become increasingly challenging for Ellie. An inconsistency in perceptions of skill level between Ellie, school and mum also seems to have become apparent.
and mum also seems to have become apparent and has led to further discussion. It has been agreed with Ellie and her mum to review the balance of Ellie’s physical and academic curriculum needs in school.

Based on Ellie’s responses to the COSA, three specific goals were agreed in collaboration with Ellie, her mum and school, and the OT. These goals focused on areas which Ellie identified as being both challenging and very important to her. The OT selected skill based goals to address the physical difficulties reported by Ellie in finishing tasks without getting tired too soon, dressing herself and keeping her body clean. In addition the development of each specific goal was influenced by Ellie’s high sense of efficacy and motivation to achieve each task. The following goals were set:

1) I will complete two paper tasks per day from the start of term.

   Strategy: Support assistant scribing, extra time, use of quiet space, 1:1 support, movement and alternative activity breaks.

   Responsible: School, Ellie, and OT

2) I will be able to put on my jumper independently.

   Strategy: Review of Ellie’s positioning during task, education of school support staff in positioning, use of verbal and physical cues gradually reduced over time, use of natural opportunities for practice.

   Responsible: OT, Ellie, mum and school

3) I will be able to be as independent as possible in my personal care.

   Strategy: Trial of clos-o-mat toilet, review of strategies currently used at home and school

   Responsible: OT, Ellie, mum and school
# APPENDIX: TABLE OF CONTENTS

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The following table may be used to clarify the intended meaning of the COSA statements. The therapist may use this guide to explain the COSA statements to youth if further elaboration is needed. It should be noted that the therapist may reword the definition of an item to make it more meaningful to a youth.

<table>
<thead>
<tr>
<th>COSA Statements</th>
<th>Intended Meaning</th>
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<tbody>
<tr>
<td>Keep my body clean</td>
<td>You are able to wipe or wash your hands and face or brush your teeth. You take a shower or bath. You are able to use the toilet. You can make yourself look nice by brushing your hair or putting on makeup.</td>
</tr>
<tr>
<td>Dress myself</td>
<td>You are able to choose what you want to wear. You can pick clothes appropriate for the weather. You are able to put your clothes on and off and other things like shoes, hats, or gloves.</td>
</tr>
<tr>
<td>Eat my meals without any help</td>
<td>You are able to use chop sticks, or your hand, or a fork, spoon, and knife to eat with, and a cup or glass to drink from.</td>
</tr>
<tr>
<td>Buy something myself</td>
<td>You are able to choose an item to buy and know how much money to give to a cashier. If you had money and were allowed to buy something, you would know how to purchase a needed or desired item. The purchase could take place within school, the community, or any other setting.</td>
</tr>
<tr>
<td>Get my chores done</td>
<td>You are able to finish jobs asked of you. Chores could involve jobs assigned in the home, classroom, or other setting as appropriate.</td>
</tr>
<tr>
<td>Get enough sleep</td>
<td>You sleep enough so that you have the energy to do the things you need or want to do.</td>
</tr>
<tr>
<td>Have enough time to do things I like</td>
<td>You keep a good schedule to get your work done so you have free-time to do things you like to do. This includes play, social media, sports, music, videogames, and other leisure activities you like.</td>
</tr>
<tr>
<td>Take care of my things</td>
<td>You keep your clothes, books, games, toys and other things neatly so that you can easily find what you need.</td>
</tr>
<tr>
<td>Get around from one place to another</td>
<td>You are able to get to different places in your home, school, work, and/or neighborhood. You can move your entire body to get to where you need to go. You are allowed and able to go to different places in your school or neighborhood. (This item refers to functional mobility within the client’s various environments rather than gross motor skills.)</td>
</tr>
<tr>
<td>Choose things that I want to do</td>
<td>You can choose things you want to do to have fun. You have the control to choose one activity over another in an appropriate situation. For example, you cannot choose to not finish your class work, but you can choose what activities you can do within reason during free time.</td>
</tr>
<tr>
<td>COSA Statements</td>
<td>Intended Meaning</td>
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<tr>
<td>Keep my mind on what I am doing</td>
<td>You are able to keep thinking about what you are doing. You do not need someone to remind you to finish.</td>
</tr>
<tr>
<td>Do things with my family</td>
<td>You are able to work and play with the members of your family. This could be helping your family around the house, watching TV with your brothers and sisters, or going on an outing with your grandparents.</td>
</tr>
<tr>
<td>Do things with my friends</td>
<td>You have others of your age that you like to be with and do things with. You may like to go to the park, use social media, play videogames, or spend the night with your friends.</td>
</tr>
<tr>
<td>Do things with my classmates</td>
<td>You are able to get along with the children in your class to work and share in school. This includes doing school projects together, being in school clubs, or spending time with classmates during lunch and recess.</td>
</tr>
<tr>
<td>Follow classroom rules</td>
<td>You understand and follow the rules and schedule of your classroom.</td>
</tr>
<tr>
<td>Finish my work in class on time</td>
<td>You are able to start your class work once your teacher asks you to and you keep working at it so you finish on time.</td>
</tr>
<tr>
<td>Get my homework done</td>
<td>You are able to study at home to finish your homework on time.</td>
</tr>
<tr>
<td>Ask my teacher questions when I need to</td>
<td>You are able to ask your teacher for help when you do not understand something or when you are having a problem.</td>
</tr>
<tr>
<td>Make others understand my ideas</td>
<td>You are able to share your thoughts and feelings so others understand.</td>
</tr>
<tr>
<td>Think of ways to do things when I have a problem</td>
<td>You try other ways of doing things when you are having difficulty.</td>
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<tr>
<td>Keep working on something even when it gets hard</td>
<td>You keep working on what you are doing even if it is hard.</td>
</tr>
<tr>
<td>Calm myself down when I am upset</td>
<td>You can stop feeling angry, sad, or frustrated when something bad happens. You know things you can do to help mad, sad or frustrated feelings go away.</td>
</tr>
<tr>
<td>Make my body do what I want it to do</td>
<td>You can use your body parts like legs, arms, and head to do activities. You can make your body move to play, work and do the things you want to do. Your body listens to you. (This item refers to gross motor skills.)</td>
</tr>
<tr>
<td>Use my hands to work with things</td>
<td>You can make your hands and fingers move to do things with games, school supplies, or other objects. This could include buttoning your shirt, typing or writing, or playing an instrument. Your hands listen to you.</td>
</tr>
<tr>
<td>Finish what I am doing without getting tired too soon</td>
<td>You get done with what you are doing without your body needing to rest.</td>
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<tr>
<td>Author/s, Year, Title</td>
<td>Issue Examined</td>
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<tr>
<td>Keller, J., Kafkes, A., &amp; Kielhofner, G. (2005). Psychometric characteristics of the Child Occupational Self-Assessment (COSA), Part One: An initial examination of psychometric properties.</td>
<td>This article examined the initial psychometric properties of the COSA ratings scales.</td>
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<tr>
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<td>Keller, J. &amp; Kielhofner, G. (2005). Psychometric characteristics of the Child Occupational Self-Assessment (COSA), Part Two: Refining the psychometric proprieties.</td>
<td>The purpose of this study was to examine the psychometric properties of a revised version of the COSA items and ratings scales.</td>
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<tr>
<td>O’Brien, J. C., Bergeron, A., Duprey, H., Oliver, C., &amp; St. Onge, H. (2009). Children with disabilities and their parents views of occupational participation needs</td>
<td>The aim of this study was to compare parents’ and children’s views of occupational performance, values, and participation needs.</td>
</tr>
</tbody>
</table>
**Conclusions**

The Spanish COSA can be a useful tool when evaluating children with ADHD who may need occupational therapy services. It provides an opportunity for therapists to have a better understanding of a child's perspective on their competence and what they value.

**Limitations**

Use of a convenience sample that may represent children who are more interested in receiving support for ADHD. During the analyses no Bonferroni adjustment was made.

**Methods/ Intervention/ Measurement Tools**

Children underwent a battery of assessments to rule out the presence of intellectual disabilities and to document difficulties with daily living skills and other activities. The COSA was administered individually to each child following the manual instructions by one of three therapists with expertise in working with children with ADHD. All therapists attended a 10-hour training seminar on COSA and MOHO. The psychometric properties for the Spanish version for the COSA were explored in several ways: internal consistency, construct validity, and discriminate validity.

**Outcomes/Findings**

The internal consistency of the Competency and Values scale was .911 (p=.05) and .922 (p=.05). Two items did not correlate with any other competence items. All other competence items were correlated. Only five Competence scale items were correlated with three or more Values scale items. Two Values items were correlated with only one other item. Eight values items were correlated with three or more occupational competence items.

**Participants**

A convenience sample of 30 children between the ages of 7 and 11 was used (mean age: 8.7 years). There were 27 children with ADHD and 3 children with other disorders. All children had difficulties with attention. Before participating in the study, none of the children had received occupational therapy. The children were recruited as part of a larger study.

**Issue Examined**

The purpose of this study was to investigate the psychometric properties of the Spanish version of the COSA.

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**Table**

<table>
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<tr>
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<tr>
<td>Ayuso, D. M. R. &amp; Kramer, J. (2009). Using the Spanish Child Occupational Self-Assessment (COSA) with children with ADHD</td>
<td>The purpose of this study was to investigate the psychometric properties of the Spanish version of the COSA.</td>
<td>A convenience sample of 30 children between the ages of 7 and 11 was used (mean age: 8.7 years). There were 27 children with ADHD and 3 children with other disorders. All children had difficulties with attention. Before participating in the study, none of the children had received occupational therapy. The children were recruited as part of a larger study.</td>
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<tr>
<td>Kramer, J.M., Smith, E.V., &amp; Kielhofner, G. (2009). Rating scale use by children with disabilities on a self-report of everyday activity.</td>
<td>To examine whether children with disabilities interpret self-report of perceived competence and importance of everyday activities as measured by the COSA in a consistent manner.</td>
<td>Participants were selected from a database that included 502 children. This represents a convenience sample. Inclusion criteria: age 6 to 17, completion of the COSA in their primary language, diagnosed with a disability or receiving occupational therapy. Children who responded to fewer than 10 items on the 25 item COSA scale were not included.</td>
<td>Researchers and clinicians using the COSA were invited to contribute children’s responses to a database. Basic demographic information was obtained by each contributor from the child’s medical, school or research records. Ninety-eight practitioners and researchers who were occupational and physical therapists contributed data. Each contributor selected the method of administration and provided modifications as specified in the administration manual to meet the needs of each child. The Mixed Rasch Model (MRM) was used to explore the pattern between self-report response patterns and personal and contextual variables. A two-step process determined the number of latent classes that represented the best MRM solution.</td>
<td>A 2-class MRM solution had the best fit to explain the sample. <strong>Competence scale:</strong> Competence class 1 included 212 children. Children in class 1 used the rating scale as a continuum from less to more competence. Competence class 2 included 195 children who used the 4-point scale like a 2-point scale. <strong>Importance scale:</strong> Importance class 1 included 179 children. Children in this class used rating scale as intended as a continuum. Importance class 2 included 222 children who used the 4-point scale like a 2-point scale. On both the Competence and Importance Scale, children in class two were more likely to have intellectual disabilities and use modifications when completing the COSA.</td>
<td>Results from the study should be interpreted with caution because the database from which the study sample was drawn is not representative of the population of all children with disabilities.</td>
<td>All items but one had acceptable fit to the Rasch model for all ‘classes’ suggesting that the children in the sample interpreted items in a consistent manner. Younger youth and youth with intellectual disabilities may need more support to use the rating scales appropriately.</td>
</tr>
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</table>
### Conclusions
The evidence derived from this study suggests that the COSA has good content, structural and substantive validity as given by acceptable item and child fit and unidimensionality evaluation.

### Limitations
The dataset represents a convenience sample. While the study used a large sample some of the cells did not have adequate numbers of responses. The rigor of translation varied across translations. Administration and the application of modifications was not standardized because many practitioners and researchers contributed data.

### Outcomes/Findings
**Competence:** All items in the Occupational Competence scale fit the Rasch model. The Occupational Competence item hierarchy shows that basic ADLs and spending time with family and friends are activities for which most children were likely to indicate high competence. Moderate competence was found for performing classroom activities and managing one’s body and, personal things and schedule. The least amount of competence was reported for self-regulation, cognitive tasks and chores. The item separation across the continuum was 6.18 which translates to an 8.57 strata; the reliability separation was .97.

### Methods/Intervention/Measurement Tools
Researchers and clinicians from around the world were invited to share children’s COSA responses to a central database. Ninety-eight practitioners and researchers who were occupational therapists and physical therapists contributed COSA data. The COSA has been translated into Icelandic, German and Italian and were included in this study. Most of the COSAs were completed as part of standard practice (82.5%) and the rest were completed as part of other research studies. The researchers and clinicians administered the COSA by following the directions in the administration manual.

### Participants
A total of 502 children responded to the Occupational Competence scale and 496 of those children responded to the Values scale. The most common developmental delay was a specific delay in development such as expressive language delay followed by autism and attention deficit disorder. The most common neurological disorder was cerebral palsy followed by spina bifida. In addition to these disorders 100 children had intellectual disabilities.

### Issue Examined
The purpose of this study was to examine content, structural, substantive and external validity of the COSA.

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<td><strong>Competence:</strong> All items in the Occupational Competence scale fit the Rasch model. The Occupational Competence item hierarchy shows that basic ADLs and spending time with family and friends are activities for which most children were likely to indicate high competence. Moderate competence was found for performing classroom activities and managing one’s body and, personal things and schedule. The least amount of competence was reported for self-regulation, cognitive tasks and chores. The item separation across the continuum was 6.18 which translates to an 8.57 strata; the reliability separation was .97.</td>
<td>The dataset represents a convenience sample. While the study used a large sample some of the cells did not have adequate numbers of responses. The rigor of translation varied across translations. Administration and the application of modifications was not standardized because many practitioners and researchers contributed data.</td>
<td>The evidence derived from this study suggests that the COSA has good content, structural and substantive validity as given by acceptable item and child fit and unidimensionality evaluation.</td>
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<td>Kramer, J.M., Kielhofner, G. &amp; Smith E.V. (2010). Validity evidence for the Child Occupational Self Assessment</td>
<td>[continued]</td>
<td>and made individualized administrative modifications as needed. A Rasch Partial Credit Model was used to examine the psychometric properties of the COSA.</td>
<td>Values: Twenty-four of the 25 Values items met the fit requirements. ‘Get my chores done’ did not meet goodness of fit. Children were most likely to indicate the highest value for tasks and activities they personally controlled and less likely to indicate value for activities typically regulated and demanded by adults. Values item separation across the continuum was 3.96 which is a 5.6 strata; item separation reliability was .94. Youth: Of the 502 children who completed the Occupational Competence scale, 59 did not meet fit requirements (11.75%). Of the 496 children who responded to the Values scale, 76 did not meet fit requirements (15.3%). On average, youth completed the COSA in 27 minutes.</td>
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<tr>
<td>Kramer, J.M. (2011). Using mixed methods to establish the social validity of a self-report assessment: An illustration using the Child Occupational Self-Assessment (COSA).</td>
<td>This study aimed to pilot a process for triangulating multiple methods to determine the social validity of self-report assessments. The COSA was used as an illustration of this process.</td>
<td><strong>Quantitative phase:</strong> Data was obtained from a central COSA database. There were responses to the COSA from 502 children ages 6 to 17 years with a diagnosed disability or receiving occupational therapy. Data was from children in the United States, the United Kingdom, Switzerland, Germany and Iceland. <strong>Qualitative phase:</strong> Five children ages 6-17 years participated in this phase. All were diagnosed with cerebral palsy.</td>
<td>This study used a concurrent triangulation design. This allowed findings across multiple methods to inform a comprehensive evaluation of social validity. Quantitative data was used to examine the psychometric properties of the COSA such as rating scale function and item coherence. The five youth in the qualitative phase participated in a three-step procedure. The first step was a series of participant observations at home and in the community. The second step was a semi-structured interview. Children viewed the photographs and elaborated on their thoughts and feelings about the objects or tasks with the aim of gaining insight into the child’s view of his competence. The third step was to complete the COSA using cognitive interview techniques. Field notes were taken completed after each observation and interviews were recorded and transcribed, picture rankings and COSA responses were recorded on data collection forms.</td>
<td>The congruency between Qualitative observations and Quantitative item rankings varied. Sometimes the responses matched the information shared and sometimes it did not. Open ended responses given to the COSA in the quantitative phase could be organized into content areas that resonated with youth in the qualitative phase. In the qualitative phase, children reported a number of things they liked about the assessment: including the symbols, items, open-ended questions.</td>
<td>The integration process (Quant and Qual) was not able to explain why the items rankings varied across individual children as well as groups of children.</td>
<td>The study findings highlight the benefits of using and integrating multiple methods to evaluate social validity of self-report assessments. It also highlights the social validity of the COSA.</td>
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<tr>
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<td>Kramer, J., Heckmann, S., and Bell-Walker, M. (2012). Accommodations and therapeutic techniques used during the administration of the Child Occupational Self Assessment.</td>
<td>This study sought to identify the techniques practitioners use to foster effective and appropriate administration of the Child Occupational Self Assessment.</td>
<td>This study had 33 participants. All female, from the United Kingdom and the United States, worked in one of the following settings: inpatient hospital, outpatient hospital, center school, mainstream school. They were occupational or physical therapists.</td>
<td>Five focus groups were formed. Participants had to use the COSA for at least 3 months. After each focus group the conversations were transcribed. Line by line coding was conducted to generate descriptive codes. A constant comparative approach was used as each line was analyzed. Other research team members revised and reorganized the codes for conceptual congruency. The transcripts were then coded a second time using the revised codes.</td>
<td>Two main themes emerged from the data with subcategories: Theme 1: Providing accommodations Subcategories: scheduling, presentation, response format Theme 2: Therapeutic use of self Subcategories: develop rapport, empowering the child.</td>
<td>Variations in the amount of data obtained from the various focus groups meant saturation was not reached. And results may not reflect all participants’ experiences.</td>
<td>This study highlights the importance of use of therapeutic techniques and that therapists use strategies to ensure children are able to access and use self-report assessments.</td>
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<td>Kramer, J., Walker, R., Cohn, E. S., Mermelstein, M., Olsen, S., O’Brien, J., &amp; Bowyer, P. (2012). Striving for shared understandings: Therapists’ perspectives of the benefits and dilemmas of using a child self-assessment</td>
<td>The purpose of this study was to understand how therapists used and interpreted a child self-report to achieve a shared understanding in the context of a triadic relationship, using the Child Occupational Self-Assessment (COSA) as an exemplar.</td>
<td>A convenience sample was used to recruit professionals using the COSA for at least 3 months. Thirty-three therapists participated in five focus groups. Participants had 1 to 33 years of experience (mean of 18.6) and on average had used the COSA for 9 months prior to the focus group.</td>
<td>A semi-structured interview guide was used and included specific questions about the COSA and related to barriers to client-and family-centered practice. The recorded conversation was transcribed. There were four phases of data analysis. Phase one and two used line-by-line coding following a constant comparison approach. Descriptive codes were first identified and described the action or content occurring in the data. Transcripts were read a second time to generate interpretive codes. New codes were developed if needed. The third phase was concurrent; a team conducted a conceptual review of the transcripts and existing codes. This team provided written memos and generated draft models. In the final phase of analysis the existing code list was compared to the conceptual models to answer the research question. Therapists chose to use the COSA because of a value for the child’s voice. Therapists described COSA outcomes as “good” when children’s responses were the same/aligned with the therapists. ‘Unexpected tensions’ occurred when COSA responses led to professional dilemmas in relation to child behavior or actions of adults towards a child. This led to the concept of ‘striving for a shared understanding.’ Therapist did this by negotiating with children and their parents, used ‘doing’ to demonstrate a child’s capacity to his/her parent, and engaged in professional reflection. Therapists may have shared only more successful experiences or experiences those that placed a demand on their clinical practice regardless of outcome. This may have caused over-representation of certain types of clinical experiences.</td>
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<td>This study highlights that self-reports, like the COSA, used alongside professional reflection may facilitate shared understanding within the triadic relationship that incorporates the child’s voice and expert self-knowledge.</td>
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<td>ten Velden, M., Couldrick, L., Kinebanian, A., &amp; Sadlo, G. (2013). Dutch Children’s Perspectives on the Constructs of the Child Occupational Self-Assessment (COSA).</td>
<td>This study aimed to reveal how Dutch children with special needs interpret the translated American COSA items, and whether their answers fit the intended meaning.</td>
<td>Six participants (3 boys/3 girls) were between the ages of 8 and 12. Other inclusion criteria were: representative of everyday pediatric occupational therapy practice, ability to communicate in Dutch, adequate cognitive abilities for self-reflection, and mirror the diversity of the Dutch population. Participants were recruited through purposeful sampling. Selection began with the first participant and continued until data saturation was reached.</td>
<td>A cognitive interview approach was applied. The Three-Step Test-Interview (TSTI) was used. This is a qualitative research method for assessing self-report questionnaires. The three phases used were: Phase 1- concurrent think-aloud to collect observational data. Phase 2- focused interview (retrospective think-aloud) to clarify and complete observational data. Phase 3- semi-structured interview to elicit experiences and opinions. For this study the Dutch translation of the American version 2.1 was used. Data were collected in Dutch language. Each child was first provided with the COSA to complete and was asked to think-aloud while filling in the questionnaire.</td>
<td>Two main themes with one of them having subcategories emerged from the data-analysis. Theme 1: Appropriate understanding versus discrepancy. Subcategories: stories contradict scoring, diverse interpretations, (non) accurate translation. Theme 2: No time to play. The findings show that the Dutch COSA is helpful for children, enabling them to share what they consider important in performing daily occupations. However, findings also reveal that several items were not always understandable, due to unclear or ambiguous wording, or translation issues and cultural variations.</td>
<td>Potentially non-accurate translation procedures could have impacted the collection and interpretation of the data. Translating the children’s words may have subtly altered what actually was meant to be communicated.</td>
<td>This study highlights the importance of having a dialogue with the children while using the COSA, and of giving children the opportunity to tell stories about their daily occupations. Cognitive interviewing proves worthwhile for eliciting children’s reasoning and decision making.</td>
</tr>
</tbody>
</table>
Two types of discrepancies were found: the stories the children told in the TSTI contradicted their score or the COSA items were interpreted differently from the intended meaning. Children also offered diverse interpretations when an item was not clear. Analysis of the responses to the follow-up questions of the COSA and the TSTI about the COSA items revealed that important aspects of daily life occupations were missing in the COSA, such as play and toileting.

<table>
<thead>
<tr>
<th>Author/s, Year, Title</th>
<th>Issue Examined</th>
<th>Participants</th>
<th>Methods/ Intervention/ Measurement Tools</th>
<th>Outcomes/Findings</th>
<th>Limitations</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ten Velden, M., Couldrick, L., Kinebanian, A., &amp; Sadlo, G. (2013). Dutch Children’s Perspectives on the Constructs of the Child Occupational Self-Assessment (COSA).</td>
<td></td>
<td>Phase 1 (think-aloud) and Phase 2 (probing questions) were done in conjunction. Then phase 3 (semi-structured interview) of the TSTI was implemented. Completing the COSA and TSTI lasted approximately 60 minutes. Data was analyzed by the constant comparative method. Each interview was audio and video taped and transcribed verbatim. Then the tape was reviewed with notes being taken. The interviews were analyzed using open coding, close to the original transcription. The codes were then grouped into categories which resulted in code families. The whole process was peer reviewed by experienced qualitative researchers.</td>
<td>Two types of discrepancies were found: the stories the children told in the TSTI contradicted their score or the COSA items were interpreted differently from the intended meaning. Children also offered diverse interpretations when an item was not clear. Analysis of the responses to the follow-up questions of the COSA and the TSTI about the COSA items revealed that important aspects of daily life occupations were missing in the COSA, such as play and toileting.</td>
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References


Child Occupational Self Assessment (COSA)

Youth Rating Form with Symbols

Name: ____________________        Gender: M □ F □        Date of Birth: ____ / ____ / ____

Therapist: ____________________                  Assessment Date: ____ / ____ / ____

Directions: Here are some sentences that tell about everyday things that young people do. For each one, ask yourself, “Is this a problem for me? If so, how much of a problem is it for me?” Mark the face (s) that best matches how you feel.

Also think about how important things are to you. Please tell how important these items are to you, not your parents or teachers. Mark the number of stars that best matches how important something is to you.

There are no right and wrong responses. This is not a test. I want to know what response best describes how you feel about these activities. Let’s try an example:

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<tr>
<th>Myself</th>
<th>I have a big problem doing this</th>
<th>I have a little problem doing this</th>
<th>I do this ok</th>
<th>I am really good at doing this</th>
<th>Not really important to me</th>
<th>Important to me</th>
<th>Really important to me</th>
<th>Most important of all to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch TV or a video</td>
<td>☹ ☹</td>
<td>☹</td>
<td>☻</td>
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<td>Keep my body clean</td>
<td>😞 😞</td>
<td>😞</td>
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<td>★ ★ ★</td>
<td>★ ★</td>
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<td>Dress myself</td>
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<td>★ ★ ★</td>
<td>★ ★</td>
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<td>★ ★ ★</td>
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<tr>
<td>Buy something myself</td>
<td>😞 😞</td>
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<td>★ ★ ★</td>
<td>★ ★</td>
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<tr>
<td>Get my chores done</td>
<td>😞 😞</td>
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<td>Get enough sleep</td>
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<td>Have enough time to do things I like</td>
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<td>Take care of my things</td>
<td>😞 😞</td>
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<td>Choose things that I want to do</td>
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<td>Keep my mind on what I am doing</td>
<td>☹ ☹</td>
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<td>Do things with my family</td>
<td>☹ ☹</td>
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<td>Do things with my classmates</td>
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<td>Follow classroom rules</td>
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<td>Get my homework done</td>
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<td>Ask my teacher questions when I need to</td>
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<td>Make others understand my ideas</td>
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<td>Think of ways to do things when I have a problem</td>
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<td>Keep working on something even when it gets hard</td>
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<td>★</td>
<td>★★</td>
<td>★★</td>
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<tr>
<td>Calm myself down when I am upset</td>
<td>😞 😞</td>
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<tr>
<td>Make my body do what I want it to do</td>
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<td>Use my hands to work with things</td>
<td>😞 😞</td>
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<tr>
<td>Finish what I am doing without getting tired too soon</td>
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</tbody>
</table>
COSA Follow-up Questions:

What are 2 other things you are really good at doing that we didn’t talk about today?

1) ___________________________________________________________________________________

2) ___________________________________________________________________________________

What are 2 other things you have a big problem doing that we didn’t talk about today?

1) ___________________________________________________________________________________

2) ___________________________________________________________________________________

Is there anything else that is important to you that we didn’t get to talk about?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
COSA Visual Guide Sheet
Youth Rating Form with Symbols

<table>
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<tr>
<th>Myself</th>
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</table>
Child Occupational Self Assessment (COSA)
Youth Rating Form without Symbols

Name: ___________________ Gender: M ☐ F ☐ Date of Birth: ___/___/___

Therapist: ______________________ Assessment Date: ___/___/___

Directions: Here are some sentences that tell about everyday things that young people do. For each one, ask yourself, “Is this a problem for me? If so, how much of a problem is it for me?” Mark the box that best matches how you feel.

Also think about how important things are to you. Please tell how important these items are to you, not your parents or teachers. Mark the box that best matches how important something is to you.

There are no right and wrong responses. This is not a test. I want to know what response best describes how you feel about these activities. Let’s try an example:

Example Question

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<td>Dress myself</td>
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<td>Get my chores done</td>
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<tr>
<td>Think of ways to do things when I have a problem</td>
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<tr>
<td>Keep working on something even when it gets hard</td>
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<tr>
<td>Calm myself down when I am upset</td>
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<td></td>
<td></td>
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<tr>
<td>Make my body do what I want it to do</td>
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<td></td>
<td></td>
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<tr>
<td>Use my hands to work with things</td>
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<td></td>
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<tr>
<td>Finish what I am doing without getting tired too soon</td>
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<td></td>
</tr>
</tbody>
</table>
COSA Follow-up Questions:

What are 2 other things you are really good at that we didn’t talk about today?
______________________________________________
______________________________________________

What are 2 other things you have a big problem doing that we didn’t talk about today?
______________________________________________
______________________________________________

Is there anything else that is important to you that we didn’t get to talk about?
______________________________________________
______________________________________________
<table>
<thead>
<tr>
<th>Myself</th>
<th>I have a big problem doing this</th>
<th>I have a little problem doing this</th>
<th>I do this ok</th>
<th>I am really good at doing this</th>
<th>Not really important to me</th>
<th>Important to me</th>
<th>Really important to me</th>
<th>Most important of all to me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Preparing the item cards

The “COSA Card Sort Item Cards” included in this appendix include the same items as found on the COSA Youth Rating Forms. It is recommended that the item cards be copied on to heavy stock paper, pasted to cardboard, or laminated to increase client ease of handling the cards and to make the assessment more durable. The items should be cut into 25 separate cards so each item appears on 1 card, allowing the youth to sort the items one at a time. It is recommended that an original copy of the item cards sheet is kept intact so additional copies can be made if necessary.

We also recommend that when you prepare the cards you number them on the back so that it is easy to “re-order” them for the next administration. It is important that the cards be presented in the same order in the COSA Card Sort of the assessment as in the COSA Youth Rating Forms. We have provided a template of numbers that can be used for this purpose when making the cards. The “COSA Card Sort Item Card Numbers” allows the numbers to be copied onto the back of the “COSA Card Sort Item Cards” using a copy/ duplication machine. The item numbers can be matched to the back of the appropriate item card by the following process:

1) Order the appendix sheets in the following order, all face up
   a) “COSA Card Sort Item Cards” page 1
   b) “COSA Card Sort Item Card Numbers” page 1
   c) “COSA Card Sort Item Cards” page 2
   d) “COSA Card Sort Item Card Numbers” page 2
   e) “COSA Card Sort Item Card” page 3
   f) “COSA Card Sort Item Card Numbers” page 3

2) Select the “1 sided to 2 sided” copy option on a copy/ Xerox/ duplication machine

3) Copy the appendix pages in the listed order.

The item cards can now be administered in the same order for both the Competence and Values (importance) rating scales. If pasting the item cards to cardboard, the “COSA Card Sort Item Card Numbers” could also be copied and cut separately, then matched to the appropriate item card.

Preparing the rating scale response categories

As before, it is recommended that the rating scales are copied on to heavy stock paper, pasted to cardboard, or laminated. The response categories can be presented to the client in a variety of ways. Each rating scale’s responses (e.g., the Values scale) can be presented to the client on one sheet (as currently formatted in the appendix), or by cutting the rating scale into separate labels for each response option.

The rating scales can be downloaded in color from the MOHO website using the code on page 5 of the manual.
### COSA Card Sort – Competence Rating Scale

<table>
<thead>
<tr>
<th>I am really good at doing this</th>
<th>😊😊</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do this ok</td>
<td>😊</td>
</tr>
<tr>
<td>I have a little problem doing this</td>
<td>😞</td>
</tr>
<tr>
<td>I have a big problem doing this</td>
<td>😞😞</td>
</tr>
</tbody>
</table>

This table uses emojis to represent the level of competence, ranging from very good (😊😊) to very bad (😞😞).
## COSA Card Sort – Values (importance) Rating Scale

<table>
<thead>
<tr>
<th>Importance Rating</th>
<th>Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most important of all to me</td>
<td>★★★</td>
</tr>
<tr>
<td>Really important to me</td>
<td>★★</td>
</tr>
<tr>
<td>Important to me</td>
<td>★★</td>
</tr>
<tr>
<td>Not really important to me</td>
<td>★</td>
</tr>
</tbody>
</table>
COSA Card Sort – Item Cards (Page 1)

<table>
<thead>
<tr>
<th>Keep my body clean</th>
<th>Get around from one place to another</th>
<th>Get my homework done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dress myself</td>
<td>Choose things that I want to do</td>
<td>Ask my teacher questions when I need to</td>
</tr>
<tr>
<td>Eat my meals without any help</td>
<td>Keep my mind on what I am doing</td>
<td>Make others understand my ideas</td>
</tr>
<tr>
<td>Buy something myself</td>
<td>Do things with my family</td>
<td>Think of ways to do things when I have a problem</td>
</tr>
<tr>
<td>Get my chores done</td>
<td>Do things with my friends</td>
<td>Keep working on something even when it gets hard</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Get enough sleep</td>
<td>Do things with my classmates</td>
<td>Calm myself down when I am upset</td>
</tr>
<tr>
<td>Have enough time to do things I like</td>
<td>Follow classroom rules</td>
<td>Make my body do what I want it to do</td>
</tr>
<tr>
<td>Take care of my things</td>
<td>Finish my work in class on time</td>
<td>Use my hands to work with things</td>
</tr>
</tbody>
</table>
Finish what I am doing without getting tired to soon
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>11</td>
<td>3</td>
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<tr>
<td>20</td>
<td>12</td>
<td>4</td>
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<td>22</td>
<td>14</td>
<td>6</td>
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<tr>
<td>23</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>24</td>
<td>16</td>
<td>8</td>
</tr>
</tbody>
</table>
Child Occupational Self Assessment (COSA)
Occupational Profile Form

Name: ____________________________  Date of Birth: __________
School Grade: ____________________  Gender: M □ F □
Therapist: _______________________  Education Program: __________
Assessment Date: __________
Assessment Time: __________

<table>
<thead>
<tr>
<th>Values</th>
<th>Most important of all to me</th>
<th>Really important to me</th>
<th>Important to me</th>
<th>Not really important to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am really good at doing this</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do this ok</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a little problem doing this</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I have a big problem doing this</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competence</th>
<th>I am really good at doing this</th>
<th>I do this ok</th>
<th>I have a little problem doing this</th>
<th>I have a big problem doing this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myself</td>
<td>Keep my body clean</td>
<td>Dress myself</td>
<td>Eat my meals without any help</td>
<td>Buy something myself</td>
</tr>
<tr>
<td></td>
<td>Eat my meals without any help</td>
<td>Dress myself</td>
<td>Eat my meals without any help</td>
<td>Buy something myself</td>
</tr>
<tr>
<td></td>
<td>Get my chores done</td>
<td>Get enough sleep</td>
<td>Have enough time to do things I like</td>
<td>Take care of my things</td>
</tr>
<tr>
<td></td>
<td>Get enough sleep</td>
<td>Have enough time to do things I like</td>
<td>Take care of my things</td>
<td>Get around from one place to another</td>
</tr>
<tr>
<td></td>
<td>Have enough time to do things I like</td>
<td>Take care of my things</td>
<td>Get around from one place to another</td>
<td>Choose things that I want to do</td>
</tr>
<tr>
<td></td>
<td>Take care of my things</td>
<td>Get around from one place to another</td>
<td>Choose things that I want to do</td>
<td>Finish things that I want to do</td>
</tr>
<tr>
<td></td>
<td>Get around from one place to another</td>
<td>Choose things that I want to do</td>
<td>Finish things that I want to do</td>
<td>Take care of my things</td>
</tr>
<tr>
<td></td>
<td>Choose things that I want to do</td>
<td>Keep my mind on what I am doing</td>
<td>Finish what I am doing without getting tired too soon</td>
<td>Make others understand my ideas</td>
</tr>
<tr>
<td></td>
<td>Keep my mind on what I am doing</td>
<td>Finish what I am doing without getting tired too soon</td>
<td>Make others understand my ideas</td>
<td>Think of ways to do things when I have a problem</td>
</tr>
<tr>
<td></td>
<td>Finish what I am doing without getting tired too soon</td>
<td>Make others understand my ideas</td>
<td>Think of ways to do things when I have a problem</td>
<td>Keep working on something even when it gets hard</td>
</tr>
<tr>
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<td>Make others understand my ideas</td>
<td>Think of ways to do things when I have a problem</td>
<td>Keep working on something even when it gets hard</td>
<td>Calm myself down when I am upset</td>
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<td>Finish what I am doing without getting tired too soon</td>
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COSA Follow-up Questions:

What are 2 other things you are really good at doing that we didn't talk about today?
1) ____________________________________________
2) ____________________________________________

What are 2 other things you have a big problem doing that we didn't talk about today?
1) ____________________________________________
2) ____________________________________________

Is there anything else that is important to you that we didn't get to talk about?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________