

The Child Assessment of Self-Care: Refinement & Development

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The purpose of this qualitative descriptive research was to collaborate with occupational therapists to develop the assessment items of a top-down, child, self-report, self-care assessment tool and an outcome measure based on the model of human occupation called the Child Assessment of Self-Care (CAS). Research questions were aimed at illuminating the self-care areas occupational therapists identify as the most important for children ages 10–15 years old, how they believed the CAS could support or not support documenting progress, and how they described children's involvement in identifying areas of self-care deficits. The researcher recruited twenty experienced occupational therapists with purposeful network and snowball sampling. Participants identified themselves as (a) an experienced pediatric therapist with an average rating of 3 or more on the self-reported scale of expertise, (b) currently treating and evaluating pediatric clients for self-care, and (c) able to administer the CAS to five or more clients in a 3-month time frame. The participants rated the 114-items on the CAS questionnaire using the content validity ratio. With the help of a research team, the researcher conducted five 90-min focus groups to discuss the content validity ratio, gain a more in-depth understanding of the participants' experiences with assessing self-care, and allow participants time to reflect on their opinions about the final items on the CAS. The research team recorded, transcribed, and coded the focus groups. Thematic analysis identified five primary themes: importance of context, CAS structure, process skills and performance patterns, assessment challenges, and child insight and participation. The CAS must incorporate performance patterns and performance skills in an item's wording to accurately demonstrate the quality and process of performing self-care. The CAS must also be culturally and socioeconomically sensitive to be used in various settings. The items on the CAS must have a uniform structure with personalized wording that is concise and cohesive. Lastly, involving the child in assessing self-care skills brings important awareness of their occupational identity and occupational competence to the child and the adults involved in their care.

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