

Responsiveness of The Child and Adolescent Scale of Participation (CASP) Items

Kathryn Colleran, OTS; Kelly Kirschner, OTS; Michelle Moser, OTS; Matthew Rousseau, OTS; Gary Bedell, PhD, OTR/L, FAOTA

Background & Rationale

CASP: Measures extent to which children participate in home, school and community activities compared to children of the same age as reported by child's caregiver¹

- ➤ Initially developed for children/youth with traumatic brain injury (TBI) and has reliability and validity evidence^{1,2}
- ➤ 20 items across 4 sections, rated on a 4 point scale (1=unable; 2=very limited; 3=somewhat limited; 4=full/ age expected participation)

Previous research:

- Children and youth with TBI are more restricted in participation as compared to those without TBI^{1,2,4,5}
- Children with TBI more restricted in more complex activities compared to more routine activities¹⁻³

Rationale for study:

- > Participation is a key aim in rehabilitation
- > Responsiveness of CASP items has not been examined
- Examining responsiveness of individual items can help depict patterns of change in specific activities in different types of settings over time
- Identifying patterns of participation change might help direct where potential resources, programs, services, or interventions are needed

Research Objectives

- Examine the responsiveness (change) of the items of the CASP for youth with moderate to severe TBI over a 3-year period
- 2. Describe the patterns of participation and patterns of change in participation over time as reflected by the CASP item scores
- 3. Compare the patterns across the four sections of the CASP over a 3-year period

Sample, Procedures & Methods

Sample: 48 youth with moderate/severe TBI drawn from larger Rivara et al. longitudinal study (n=769)⁵

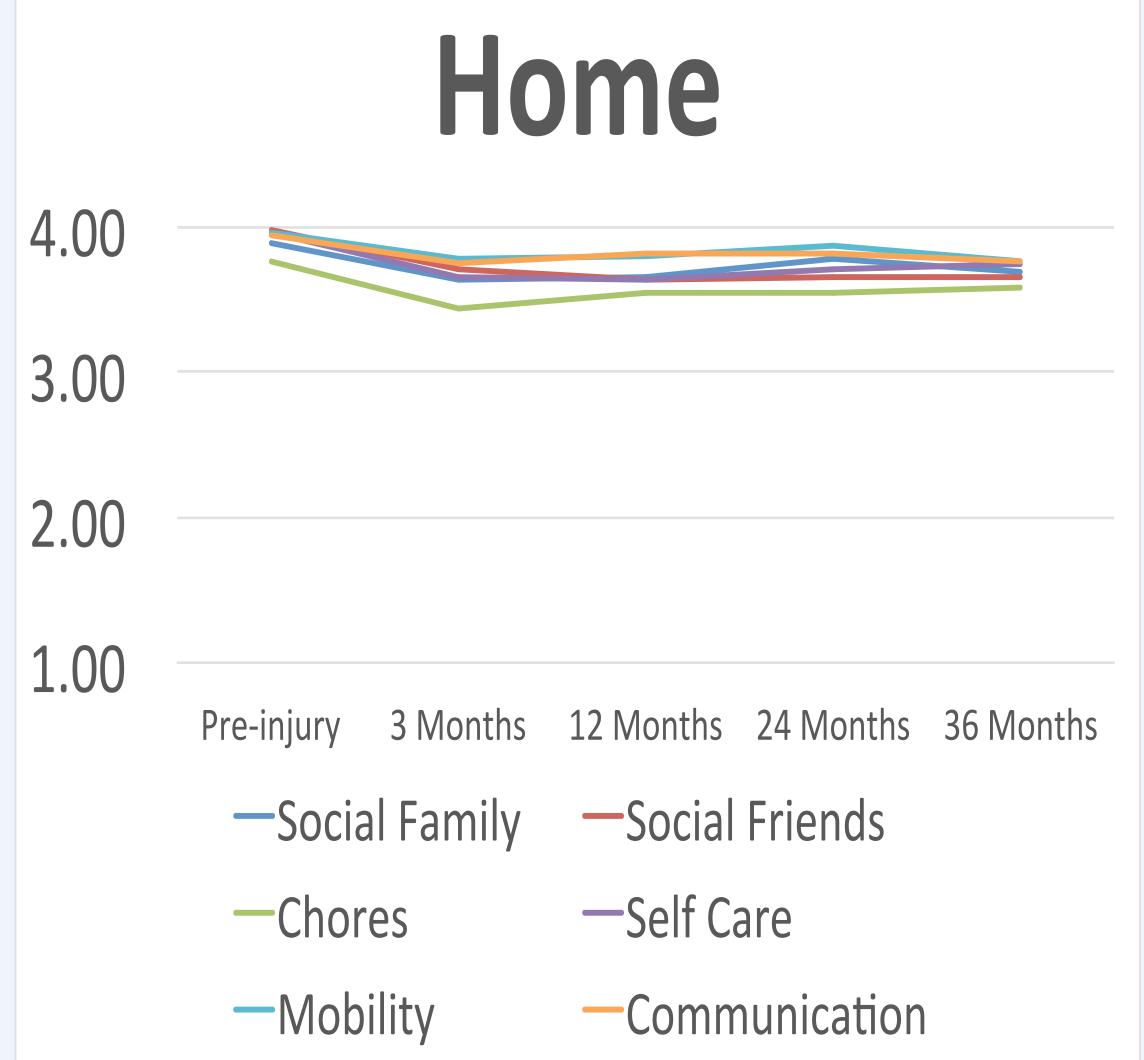
- ➤ Youth from 3 different hospitals (in WA & PA); admitted between Mar 1, 2007 & Sept 30, 2008.
- > Ages: 12 18 (mean 15.5);
- > Sex: Male N = 33, Female N = 15;
- Race/ethnicity: Asian: 1, Black/AA: 7, Hispanic/Latino: 3, Other: 6, White: 31;
- > TBI severity: Moderate TBI: N = 40, Severe TBI: N = 8,

Study design: Descriptive, longitudinal

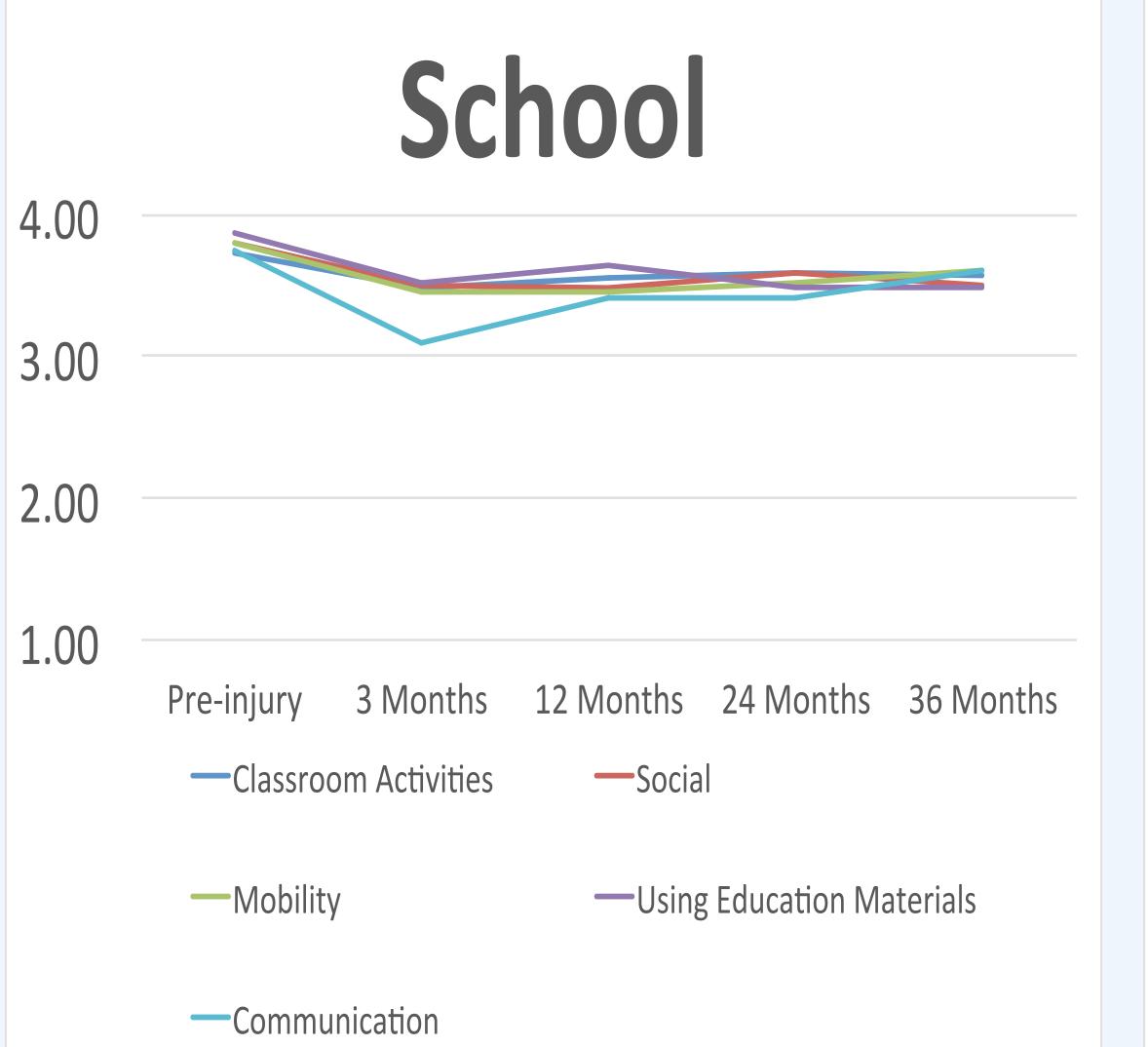
Descriptive Statistics: Means, Standard Deviation (SD), Cohen's d effect sizes (pre-injury to 3 months, pre-injury to 36 months, and 3 to 36 months)

Effect sizes: Negligible: <0.2; Small: 0.2; Medium: 0.5; Large: ≥ 0.8 (↑ scores increased; ↓ scores decreased)

Results



- Pre-Injury 36 months: All items had small to medium effect sizes (↓ 0.28 to 0.72)
- Pre-Injury 3 months: All items had small to medium effect sizes (↓ 0.35 to 0.61)
- 3 36 months: All items had negligible effect sizes. Chores approached a small effect size (↑ 0.17)



- ➤ <u>Pre-Injury 36 months</u>: Using educational materials had largest effect size (↓ 0.59); Communication the smallest (↓ 0.19)
- Pre-Injury 3 months: All items had small to medium effect sizes (↓ 0.34 to 0.72); Communication had the largest (↓ 0.72)
- <u>3 36 months</u>: All items had negligible effect sizes except Communication (↑ 0.50)



- ➤ <u>Pre-Injury 36 months</u>: Structured activities had largest effect size (↓ 0.49), Communication the smallest (↓ 0.31)
- Pre-Injury 3 months: All items had small to medium effect sizes (↓ 0.35 to 0.69)
- 3 36 months: All items had negligible to small effect sizes
 (↑ 0.04 to 0.24)

Home & Community Living 4.00 3.00 2.00 Pre-injury 3 Months 12 Months 24 Months 36 Months Household Activities — Shopping and Managing Money Schedule — Transportation Work

- Pre-Injury 36 months: Transportation had smallest effect size (↓ 0.18), Work had the largest (↓ 0.59)
- Pre-Injury 3 months: Managing daily schedule had smallest effect size (0), Transportation the largest (↑ 0.63)
- 3 36 months: Shopping and managing money had smallest effect size (0), Work the largest (↓ 0.58)

Discussion & Implications

DISCUSSION

- > On average, scores on most CASP items declined from pre-injury to 3 months, as expected.
- ➤ Items which described more complex activities were found to be more responsive (↓↑) over time than simpler / more routine items.
- Scores on several items in Home & Community Living and one item in Neighborhood & Community (structured activities) declined from 24 months to 36 months.
- ➤ Decline in item scores from 24 to 36 months may be attributed to lack of services, increasing activity demands and/or heightened parent / societal expectations as youth age.
- ➤ After 3 months, scores for routine activities remained consistent over time across settings.
- The lack of change after 3 months may be due to unwavering demands for routine activities, which began high at pre-injury and were thus not expected to change.
- Lack of change also may be due to the limited response options (1-4) used in the CASP and/or because the items are rated in comparison to same age peers (i.e., participation might increase but still be lower than age expectations).

LIMITATIONS

- Did not control for age, type of injury, race or gender
- Used raw scores rather than other scaled scores
- Parent retrospective report of pre-injury participation done when youth hospitalized (influenced by memory)
- Small sample so unable to generalize

IMPLICATIONS & FUTURE DIRECTIONS

- > Several CASP items were responsive to changes in participation of youth with moderate and severe TBI.
- Future research will need to include a larger sample and explore ways to improve responsiveness of the items (e.g., different scoring, modifying scale).
- The ultimate aim is to have a tool that can detect participation patterns and changes to inform allocation of resources needed to promote participation.

References & Acknowledgement

- 1. Bedell, G. (2011). The Child and Adolescent Scale of Participation (CASP): Administration and scoring guidelines. Retrieved from http://sites.tufts.edu/garybedell/files/2012/07/CASP-Administration-Scoring-Guidelines-8-19-11.pdf
- 2. Bedell, G.M., & Dumas, H.M. (2004). Social participation of children and youth with acquired brain injuries discharged from inpatient rehabilitation: A follow-up study. *Brain Injury, 18*(1), 65-82. Doi: 10.1080/0269905031000110517
- 3. Law, M., Anaby, D., DeMatteo, C., & Hanna, S. (2011). Participation patterns of children with acquired brain injury. *Brain Injury*, *25*(6), 587-595. doi: 10.3109/02699052.2011.572945
- 4. McDougall, J., Bedell, G., & Wright, V. (2013). The youth report version of the child and adolescent scale of participation (CASP): Assessment of psychometric properties and comparison with parent report. *Child: Care, Health and Development, 39*(4), 512-522. doi:10.1111/cch.12050
- Rivara, F.P., Vavilala, M.S., Durbin, D., Temkin, N., Wang, J., O'Connor, S.S... Jaffe, K.M. (2012). Persistence of disability 24-36 months after pediatric traumatic brain injury: A cohort study. *Journal of Neurotrauma*, 29(15), 2499-2504. Doi: 10.1089/neu. 2012.2434

ACKNOWLEDGEMENT

Fred P. Rivara, MD, Department of Pediatrics, University of Washington