

TOMs Connect

Key steps to developing a TOMs adapted scale.

*Pam Enderby
Alex John
Kathryn Moyse*



p.m.enderby@sheffield.ac.uk



2

THE CORE SCALE

ADAPTED SCALES

1. Anorexia Nervosa and Bulimia Nervosa-scale under development
2. Augmentative and Alternative Communication (AAC)
3. Autistic Spectrum Disorder
4. Cardiac Rehabilitation
5. Cerebral Palsy
6. Child Language Impairment
7. Challenging Behaviour and Forensic Mental Health
8. Chronic Pain
9. Cleft Lip and Palate
10. Cognition
11. Complex and Multiple Difficulty
12. Dementia
13. Diabetes
14. Dietetic Intervention for the Prevention of Cardiovascular
15. Dietetic intervention for Enteral Feeding – Paediatrics

ADAPTED SCALES 2

16. Dietetic intervention for Home Enteral Feeding –
17. Dietetic intervention for Irritable Bowel Syndrome
18. Dietetic intervention for Obesity – Paediatric
19. Dietetic intervention for Obesity – Adult
20. Dietetic intervention for Undernutrition – Paediatrics
21. Dietetic intervention for Undernutrition – Adults
22. Dysarthria
23. Dysfluency
24. Dysphagia
25. Dysphasia
26. Dysphonia
27. Dyspraxia –Developmental Co-Ordination Difficulties
28. Equipment Services
29. Head Injury
30. Hearing Therapy/ Aural Rehabilitation

ADAPTED SCALES 3

32. Laryngectomy
33. Learning Disability – Communication
34. Mental Health
35. Mental Health – Anxiety
36. Multi-Factorial Conditions
37. Musculo-Skeletal
38. Neurological Disorders (Inc Progressive Neuro Disorders)
39. Palliative Care
40. Phonological Disorder
41. Podiatric Conditions - scale under development
42. Post Natal Depression
43. Respiratory Care- (COPD)
44. Schizophrenia
45. Stroke
46. Tracheostomy
47. Wound Care

SCALES IN DEVELOPMENT

- o ADHD
- o Selective Mutism
- o Erratum for AAC
- o Acquired Apraxia
- o Paediatric Dysphagia
- o Sensory Processing Disorder
- o Paediatric Podiatry
- o Chronic Fatigue Syndrome/ME
- o Selective Mutism
- o Prefeeding/ parent infant engagement
- o Oral Hygiene
- o Oral Aversion
- o Orthopaedic -Hip and knee surgery
- o Transgender – Communication
- o Trismus
- o Cognitive Impairment-- Communication Disorder
- o Velopharyngeal Dysfunction
- o Vocal Tract Discomfort
- o Auditory impairment /deafness/ partially hearing
- o Acute Enteral Feeding-

BEFORE YOU START

- Make sure that you have understood the **principles of the domains** as specified in the 3rd edition:
- Enderby P., John A., Therapy Outcome Measures For Rehabilitation Professionals-3rd edition. 2015 J and R publishing services Ltd. Croydon UK.*
- Review the 47 adapted scales contained in that book -- is there one that can be modified slightly?



Is there a real need for an adapted scale?



ADAPTING A SCALE

- discuss possible changes with your colleagues
- send a copy of your amendments to Pam Enderby or Alex John for them to check that they are in line with the principles of TOMs
- if the amendments are minor PE or AJ may authorise the use straight away
- if the amendments are more major then---



DEVELOPING A NEW SCALE

- Get the principles right!
- Remember it is easier to describe the descriptors for scale points 0, 1, 4 and 5 before attempting descriptors 2 and 3. Describing 'moderate' is always difficult!
- Try it out on clients who have severe and mild problems.
- Identify any lack of clarity or agreement and improve wording



VALIDITY AND RELIABILITY

- Further informal trials
- Check with PE or AJ
- **Intra-rater** reliability is the degree of agreement among repeated administrations performed by the same rater--- Casenotes?
- Does adapted scale help to be consistent in rating over time.



VALIDITY AND RELIABILITY 2

- **interrater reliability** examines the extent to which those who use the scale assign the same or very close scores to the same variable.



ADD TO EACH ADAPTED SCALE--
TO ASSIST RATER

**Therapy Outcome Measure Adapted Scale--
addclient group --- in development**

The individual does not have to have each feature mentioned in the descriptor. It is a best fit description i.e. does this description fit the individual better than the other one. Use 0.5 to indicate if the individual is slightly better or worse than the descriptor. Consider as appropriate for age.



TO COMPLY WITH COPYRIGHT PLEASE ADD
THE FOLLOWING FOOTER:

*Therapy Outcome Measure Adapted Scale for---
--- in development in line with principles
detailed in: Enderby P., John A., Therapy
Outcome Measures For Rehabilitation
Professionals-3rd edition. 2015 J and R
publishing services Ltd. Croydon UK*



ACKNOWLEDGEMENTS

