How to Overcome Obstacles to Carryover in Pediatric Therapy

Bethany Darragh, MSOTR/L
Chief Clinical Officer & Co-founder
Theralinq

Disclosure:
Bethany Darragh is Chief Clinical Officer & Co-Founder of Theralinq, LLC. Theralinq is referenced as an example of a technology solution related to supporting home program implementation. The presenter has no other relevant financial relationships to disclose.

Learning Objectives

01 Identify common barriers to carryover in pediatric therapy.

02 Apply evidence-based strategies to improve caregiver participation and adherence.

03 Utilize family-centered approaches to strengthen home program implementation.

04 Describe how ongoing support between visits may improve carryover and outcomes.

The Carryover Gap

Bridging the space between therapy and everyday life

THERAPY HAPPENS

30–60 min/week

LIFE HAPPENS

24 hours/day

How do we bridge the gap?

Think about your current caseload. How many families consistently complete home activities as intended?

Repetition Drives Change

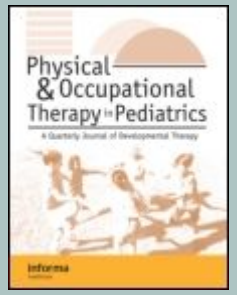
- Motor learning requires practice
- Neuroplasticity is experience dependent
- Greater practice opportunities are associated with better outcomes
- Home environments provide the greatest opportunity for repetition

What the Literature Says:
Home Programs Work

Research suggests home programs can:

- ✓ Provide additional opportunities for practice
- ✓ Extend intervention beyond scheduled therapy sessions
- ✓ Support skill development within daily routines
- ✓ Improve participation when families are supported

(Novak et al., 2009; Novak & Berry, 2014; Tang et al., 2011)



Successful Home Programs Are Built Through Partnership

Research highlights key factors that improve implementation:

Family-centered goal setting

Activities that fit daily routines

Clear instructions and confidence-building

Collaboration between therapists and caregivers

Ongoing communication and support

(D'Arrigo et al., 2019; Lage et al., 2024; Segal & Beyer, 2006; McConnell et al., 2015)

Why Home Programs Fail?

Common barriers occur across three levels:

Family

The realities of daily life, routines, and caregiver capacity

Therapist

How programs are designed, communicated, and supported

System

The structure of pediatric therapy delivery and access

Family Barriers

Time
Work, siblings, appointments, daily responsibilities

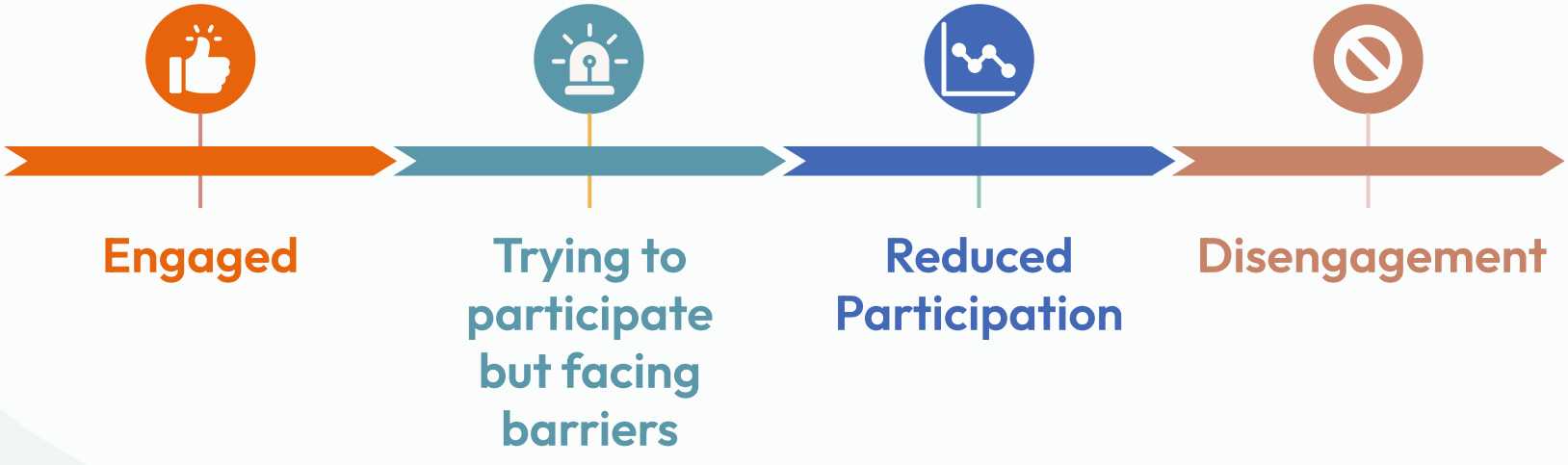
Confidence
Knowing what to do, how to do it, and how to adapt

Stress
Adjustment, fatigue, and caregiver burden

Routine
Finding realistic ways to embed therapy into everyday life

(Novak, 2011; D'Arrigo et al., 2019; McConnell et al., 2015; Jose et al., 2023)

Engagement Is Not All-or-Nothing



(D'Arrigo et al., 2019; Lage et al., 2024)

Therapist Barriers

Time

No time to create materials from scratch with back to back appointments or to reach out to families mid week

Feedback

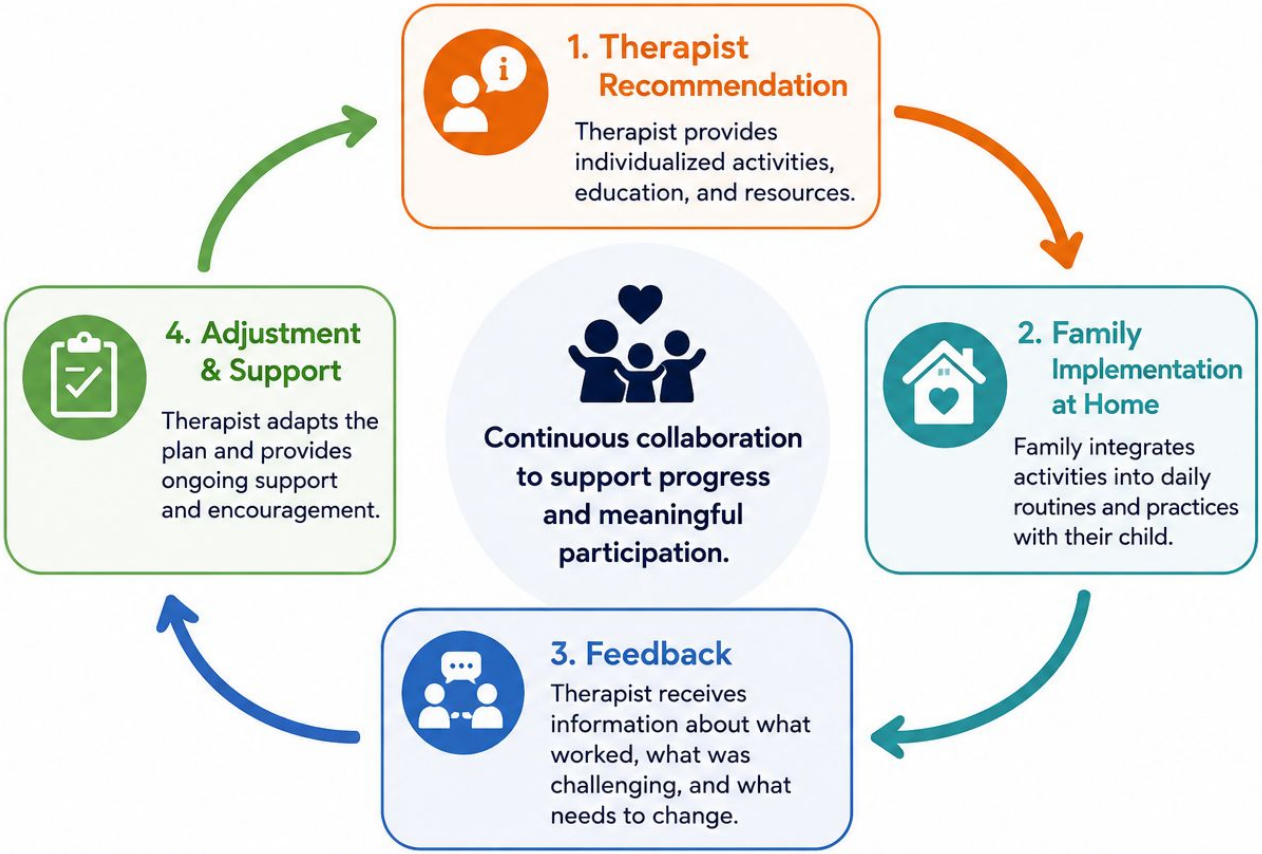
When families get back to therapy they don't have very specific notes about the program, usually just report one or two very memorable behaviors

Systems

Some clinics run on a system of handouts or a software that is made for able bodied adults, not play based or individualized

(Segal & Beyer, 2006; D'Arrigo et al., 2019; Lage et al., 2024)

Home Program Feedback Loop



Timely feedback helps ensure activities are realistic, meaningful, and effective.

System Barriers

Low Reimbursement

Payment models undervalue the time required to support carryover and caregiver engagement.

Coverage Limitations

Payors determine which services and billing codes are reimbursable, prioritizing direct treatment over caregiver coaching.

Productivity Expectations

Heavy caseloads and productivity demands can make it difficult to provide consistent carryover support.

4 Practical Strategies to Implement Tomorrow

01 **Make it Smaller:** Focus on 1-2 high impact activities.

02 **Build it into Routines:** Connect therapy activities to existing daily habits.

03 **Collaborate, don’t prescribe:** Develop plans with families, not just for families.

04 **Create Feedback Loops:** Establish simple ways for families to share, progress, challenges, and questions.

Strategy #1: Less Is Often More

Instead of....

- 8-10 exercises
- A packet of recommendations
- Complex concepts explained at a graduate-school reading level

Consider....

- 1-2 high impact activities
- Clear, simple instructions
- Strategies that fit naturally into daily routines

Strategy #2: Build it into Routines

Instead of....

- Carve out 20 minutes to do these exercises

Consider....

- First tell me what a typical day in your family looks like.
- Could a therapy activity be integrated into
  - Bath time
  - Transitions
  - Car rides?

Strategy #3: Families are more likely to implement what they help create

Instead of....

- Do this!

Consider....

- What feels realistic this week?
- What barriers do you anticipate?
- What are your priorities?
- What reinforcers have worked in the past?

Strategy #4: Create Feedback Loops

Instead of....

- Asking how the home program went at the beginning of the next session.

Consider....

- At home progress tracking
- Feedback chart with simple rating scales
- Celebrate small wins often!

Emerging Models of Support

Pediatric Therapy Is Evolving Beyond the Treatment Session

SHARED GOAL: Helping families implement therapy in everyday life

Rethinking Carryover

Traditional View

Therapy outcomes are driven by what happens during the session.

Emerging View

Therapy outcomes are influenced by what happens between sessions.

The goal is not simply delivering therapy. The goal is supporting implementation.

Key Takeaways

Home Program Success is Influenced by:

- Family factors
- Therapist factors
- System factors

Strategies for Tomorrow:

- Make it smaller
- Build it into routines
- Collaborate, don't prescribe
- Create feedback loops

Remember: The best home program is the one families can successfully implement.

References

D'Arrigo, R., Copley, J. A., Poulsen, A. A., & Ziviani, J. (2019). Parent engagement and disengagement in paediatric settings: An occupational therapy perspective. *Disability and Rehabilitation, 42*(20), 2882–2893. https://doi.org/10.1080/09638288.2019.1574913.

Jose, D. S., Varma, R., Sambasivan, S. L., Philip, L., Sandhya, P., & Sundaram, S. (2023). Autism spectrum disorders: Barriers to implementing parent-based home programs. *Indian Journal of Pediatrics, 90*(1), 79-82. https://doi.org/10.1007/s12098-022-04383-x.

Lage, C. R., Wright, S., Monteiro, R. G., Aragão, L., & Boshoff, K. (2024). Collaborative practice with parents in occupational therapy for children: A scoping review. *Australian Occupational Therapy Journal, 71*(5), 833–850. https://doi.org/10.1111/1440-1630.12974.

McConnell, D., Parakkal, M., Savage, A., & Rempel, G. (2015). Parent-mediated intervention: Adherence and adverse effects. *Disability Rehabilitation, 37*(10), 864-872. https://doi.org/10.3109/09638288.2014.946157.

Novak, I. (2011). Parent experience of implementing effective home programs. *Physical & Occupational Therapy in Pediatrics, 31*(2), 198-213. https://doi.org/10.3109/01942638.2010.533746.

References, cont'd

Novak, I., & Berry, J. (2014). Home program intervention effectiveness evidence. *Physical & Occupational Therapy in Pediatrics*, *34*(4), 384-389. https://doi.org/10.3109/01942638.2014.964020.

Novak, I., Cusick, A., & Lannin, N. (2009). Occupational therapy home programs for cerebral palsy: Double-blind, randomized, controlled trial. *Pediatrics*, *124*(4), 606-614. https://doi.org/10.1542/peds.2009-0288.

Segal, R., & Beyer, C. (2006). Integration and application of a home treatment program: A study of parents and occupational therapists. *The American Journal of Occupational Therapy*, *60*(5), 500–510. https://doi.org/10.5014/ajot.60.5.500.

Tang, M. H., Lin, C. K., Lin, W. H., Chen, C. H., Tsai, S. W., & Chang, Y. Y. (2011). The effect of adding a home program to weekly institutional-based therapy for children with undefined developmental delay: A pilot randomized clinical trial. *Journal of the Chinese Medical Association: JCMA*, *74*(6), 259–266. https://doi.org/10.1016/j.jcma.2011.04.005.

Thank You

Bethany Darragh, MSOTR/L

Chief Clinical Officer & Co-founder

Theralinq

bethany.darragh@theralinq.com