**Home Exercise Program - Compliance or Frustration?**

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 LEBA Therapeutic Services requires that we all create Home Exercise Programs for our students so that students have additional and sufficient opportunities at home to practice the various skills they are learning and have learned in school, as a result of our therapy. Our programs are well thought out, individualized, printed, and contain specific, clear instructions for implementation. And yet we are aware that many families do not comply with our HEPs. It would certainly be beneficial to elicit family compliance with the “homework” so that our intent for their development would be achieved. How can we do that? Research calls it Behavioral Change Techniques.

 In each of our professions, we are trained to inform and instruct (patients) parents (in our settings) about the health consequences of their lack of compliance. We tend to communicate via our HEP that we are in possession of the knowledge of what is best for their son/daughter, and we tend to instruct and educate, sometimes via fear, that if there is non- compliance, we know what negative effect will happen and what positive result will not happen. Studies indicate that this course of action does not work and we know that as well, from our own experiences. And so we become frustrated and often cynical about the value of the HEPs.

 **Question:** Do we make sufficient attempts to determine the parent(s) actual or perceived barriers to compliance with our HEPs? Barriers can be financial difficulties, time related and environmental/space hindrances, obstruction due to a different health belief system orientation based on the parents own experiences, and/or poor motivation or confidence to carry out the HEP.

 **Question**: How can we use Behavioral Change Techniques to elicit compliance with our Home Exercise Programs as well as with other proposed recommendations?

 Literature describes several Behavioral Change Techniques theories and constructs. They include Behavioral and Social Learning, Cognitive Techniques, and Motivational Techniques. We already utilize tenets from each of these theories daily as we work with our students. Examples of these successful techniques are: modeling, shaping behavior, grading and pacing learning, positive reinforcement, visualization, feedback on performance, goal setting and review, and self- monitoring. We can and should rely on some of these techniques with parents/guardians as well.

 **Key to Successful Change**: Parent needs to be Ready, Willing, and Able to change non- compliance to compliance!

**Question:** Are you Ready, Willing, and Able to change your attitudes as well?

 Based on evidence from research related to Motivation, I am recommending the following: **Speak to parents** during scheduled opportunities, IEP meetings and Parent –Teacher conferences; **create opportunities**- on the phone, during invited observations of therapy sessions, and in writing via communication books, or e mails.

**Here are the Tips and Techniques for Behavioral Change and Motivation:**

* Recognize and accept that no one is unmotivated, but everyone has their own re-enforcers and values that they may not be conscious/aware of.
* Recognize and accept that an empathetic style of interaction is more likely to bring about motivational responses.
* It is communication and partnership, not just education.
* We need to discover their barriers to compliance, and their state of readiness to find solutions to comply, and then interact with acceptance and compassion. And Listen!
* Instill trust and recognize their autonomy- What can you see yourself doing?
* Improve the confidence of the parent and empower them- let them determine the goal and need of the HEP, solutions to their barriers, their commitment, and the steps they will take to activate their solutions.

**Communication Tips**- Open ended questions, affirmations, reflections, and summarize.

* Thank you for coming in today. Thank you for taking the time to speak to me today.
* What might happen if things continue without the HEP activity?
* What would you like to see happen with your child and what would it look like?
* What are the roadblocks that make it hard for you to do the HEP?
* How important is it for you to do the HEP? On a scale from 1 to 10, how important is it to you to implement the HEP? Why not a 0? What reasons would cause you to say an 8 or 9?
* What can you change at home and what can I do to help you do the HEP/modified HEP?
* On a scale from 1 to 10, how confident are you that you are intending to do the HEP? Why not a 0? What could cause you to say 8 or 9?
* What steps can you take? How can other people help or support you? What could interfere with your plan? What can you do if the first plan isn’t working?
* Summarize the discussion: I hear that you are…..
* Can we schedule a follow up talk?

It is so important that we accept our responsibility to affect this behavioral change and accept it as a challenge, in order to improve our clinical outcomes for our students.

I hope to hear from you as you try these different strategies! As always, I will try to help, and, Good Luck!