Department of Occupational Therapy

Erin Wolfe OT/s, Amy Wheadon OT OTD OTR NASM CPT, & Margaret Morris OTD OT BCP

Introduction

ExerSHINE Kids[®] **POWER Bootcamp Program**

- ExerSHINE Kids[®] POWER Bootcamp Program is a pediatric group occupational therapy (OT) intervention that combines elements of Ayres Sensory Integration[®] (ASI[®]), the STAR frame of reference, & high-intensity physical activity (PA) to facilitate self-regulation skills & promote occupational performance.
- Existing literature supports the use of ASI[®], the STAR frame of reference, & high-intensity PA in promoting adaptive self-regulation habits among children.^{2,6,8,11,15,17,18,}
- ExerSHINE Kids[®] pilot study \rightarrow improvements in activities of daily living (ADLs), instrumental activities of daily living (IADLs), & the processing of sensory craving subtypes on the Sensory Processing Measure (SPM).¹⁹

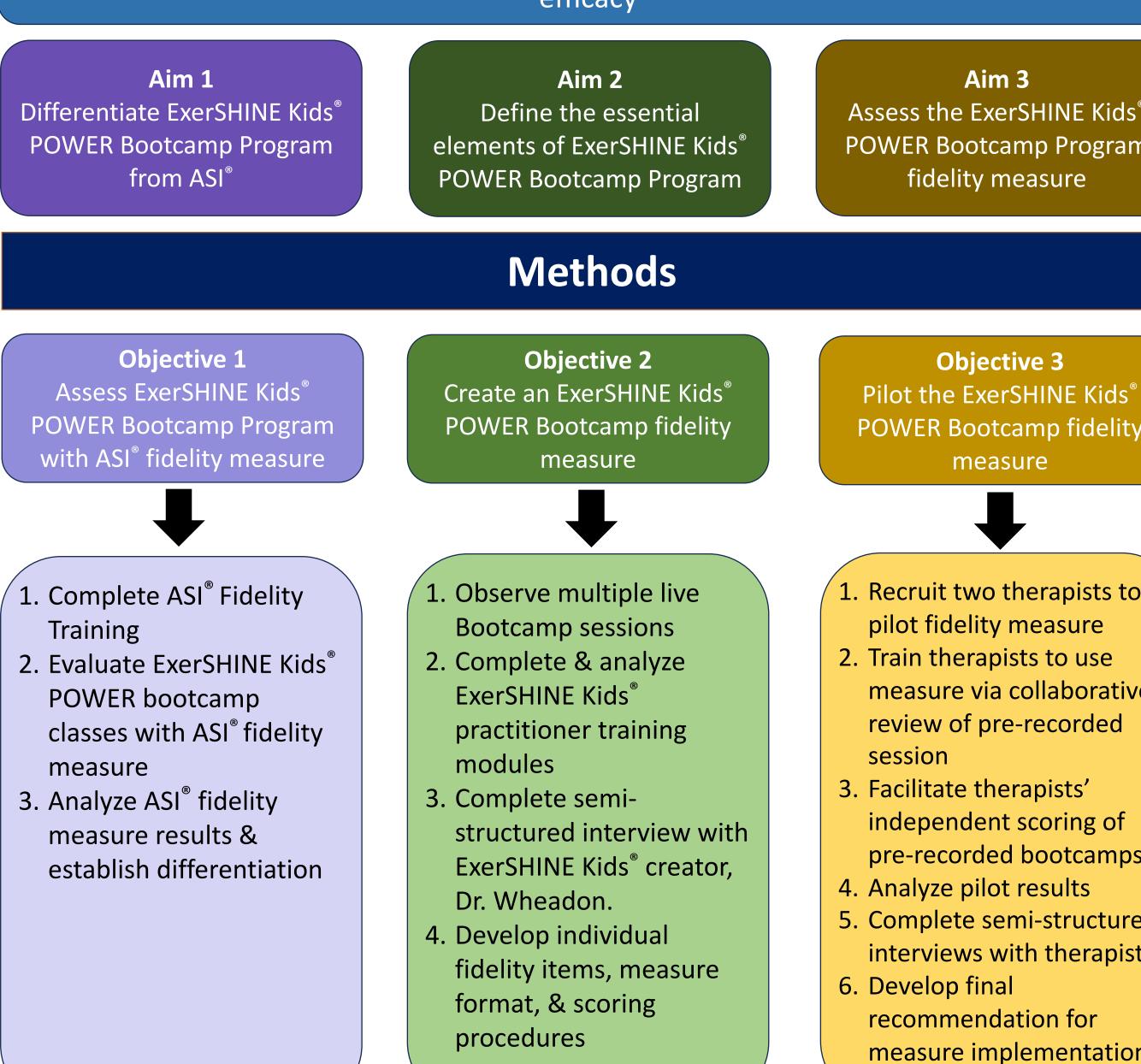
Self-regulation & Occupational Performance in Childhood

- Self-regulation how individuals manage behaviors/emotions in relation to their environment.^{5,20}
- Early childhood experiences predict self-regulation skills later in life.^{3,4,7}
- Strong self-regulation skills are associated with improved occupational performance in children.^{2,9,10}

Fidelity To Intervention

- Fidelity to intervention (FI) is defined as the degree to which an intervention is implemented as intended.¹⁶
- Fl is necessary to demonstrate the association between an intervention & its effect on the targeted outcomes.¹⁶
- Higher fidelity is associated with improved outcomes.^{12,13}

Purpose: To differentiate ExerSHINE Kids[®] POWER Bootcamp program through the development of a fidelity measure in preparation for continued study of program efficacy



Creation of a Fidelity Measure for ExerSHINE Kids® POWER Bootcamp Program

Results

Aim 1: ASI[®] Fidelity Measure Applied to ExerSHINE Kids[®]

ASI [®] Structural Fidelity	ASI [®] Pro
35.5% = Poor structural fidelity	80% = Strong proced
Does NOT meet criteria	Meets criteria
 Key difference in content: ExerSHINE Kids[®] does NOT require a formal assessment Significant equipment differences Different therapist credentials 	 Key differences relate ExerSHINE Kids[®] is ExerSHINE Kids[®] is

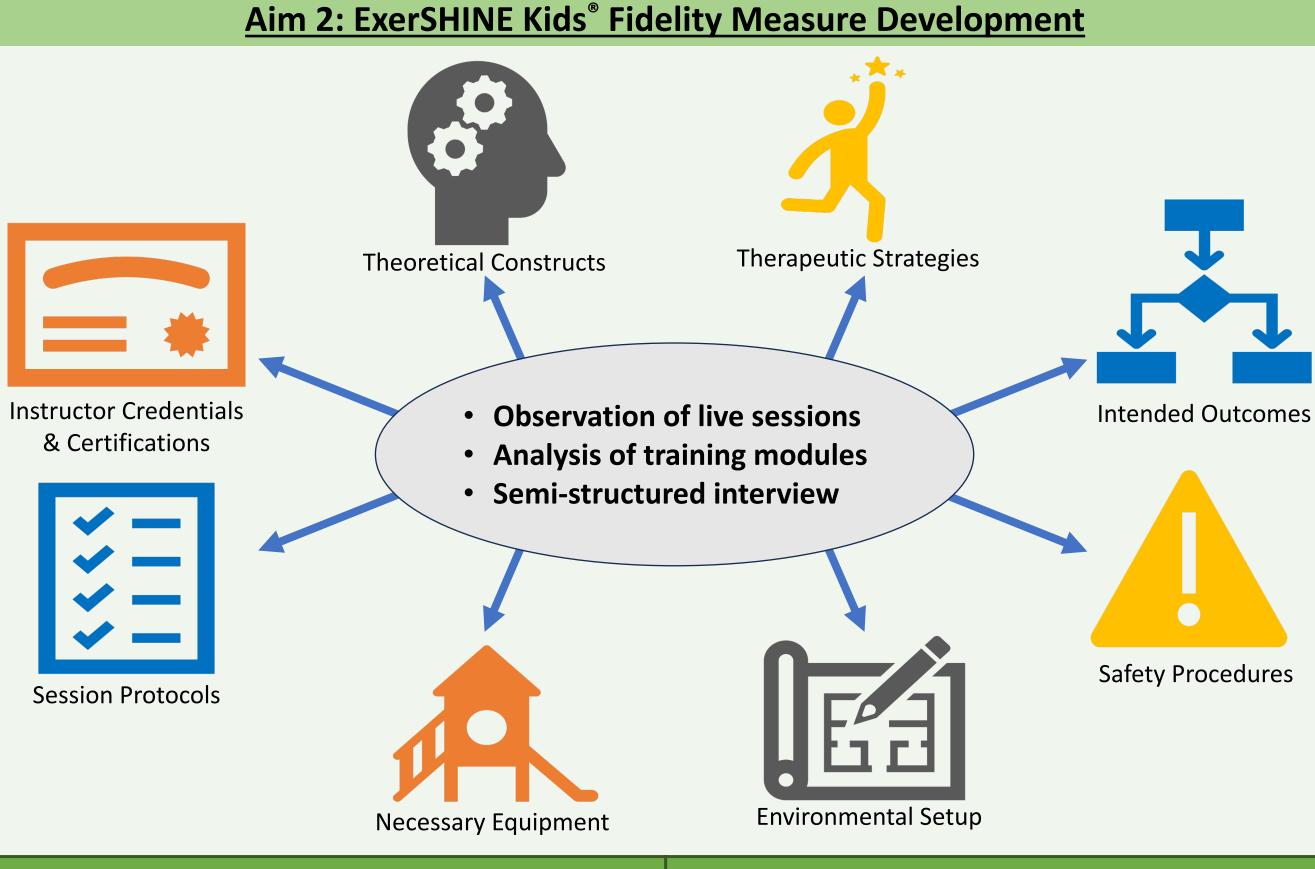
Aim 3 **POWER Bootcamp Program** fidelity measure

Objective 3 Pilot the ExerSHINE Kids[®] **POWER Bootcamp fidelity** measure

1. Recruit two therapists to measure via collaborative review of pre-recorded

independent scoring of pre-recorded bootcamps 5. Complete semi-structured interviews with therapists

dation for	
plementation	



Structural Fidelity	Proce		
Reflects the content of the session	Reflects the manner		
Objective review of session components	Subjective analysis o strategies reflecting		
 Instructor credentials Available equipment Physical space Safe environment Protocol content Parent/guardian feedback 	 Self-regulation Executive function Social pragmatics Group dynamics Motor planning/p Therapeutic use or 		
Scored on a binary scale (Yes/No)	Scored on a 4-point l		
Scoring Final score determined in each section by dividing points earned by 			

Both sections require ≥80% to meet criteria of "high fidelity to intervention".

	Aim 3: Pilot Results	
Structural Fidelity	Proce	
Rater 1: 37/44 = 84%	Rater 1: 35/48 = 73%	
 Meets criteria for high fidelity 	Rater 1: 35/48 = 73% • Does NOT meet cr	
Rater 2: 37/44 = 84%	Rater 2: 40/48 = 83% • Meets criteria for	
 Meets criteria for high fidelity 	Meets criteria for	

Discussion

FXFRS

ocedural Fidelity

dural fidelity

ted to therapeutic strategies: s NOT child-directed NOT exclusively play-based

dural Fidelity

r in which content is delivered of applied therapeutic

- clinical reasoning
- ning
- praxis
- of self
- Likert scale
- v total possible points

edural Fidelity

- criteria for high fidelity
- high fidelity

Initial Feedback

- Structural form is easy to score & feels representative of the session protocols
- Procedural form is more difficult to interpret (particularly when using prerecorded videos); however, represents the therapeutic nature of ExerSHINE Kids[®]

Recommendations

Structural Form

- **Protocol items** related to incorporating the "exercise of the week" should be explicitly outlined in the practitioner training modules & reinforced in session **protocols** to be considered an essential element & expectation of the therapist.
- The expectation for length of time participants spend engaging in high-intensity physical activity should be lowered to 30 out of 45 minutes

Procedural Form

• Items related to facilitating participant attention & turn-taking are better represented in the structural form. These items are dictated by intervention design & were **not observed to be an intentional choice** by the therapist

Future Directions

Validation of ExerSHINE Kids[®] POWER Bootcamp Programs

- Defines standard of intervention delivery for potential multi-site efficacy study
- Aids in demonstrating the relationship between implementation & intended outcomes

<u>Clinician Training & Intervention Standards</u>

- Tool for certification/recertification of clinicians
- Define/maintain a standard for intervention delivery across all practitioners

Continued research on fidelity measure

- Interrater reliability
 - Percentage of agreement; intra-class correlation; Pearson correlation coefficient ¹⁴
- Empirical evaluation of internal structure ¹⁴ • Cluster factor analysis; Cronbach's alpha

Additional resource development

Development of fidelity measure training module to expand use of measure

Limitations & Conclusions

Limitations

- Informal fidelity measure training
- Small pilot study
- Pre-recorded videos vs live sessions

<u>Conclusions</u>

- ExerSHINE Kids[®] is **structurally different** from ASI[®] & is a unique intervention approach
- Both structural & procedural fidelity items are representative of the manualized **& therapeutic** nature of ExerSHINE Kids[®] POWER Bootcamp Program
- The subjective nature of the procedural fidelity items may impact inter-rater **reliability** due to differences in observation & interpretation of an instructor's application of therapeutic strategies informed by clinical reasoning



References & Resources:



Contact: ewolfe05@tufts.edu margaret.morris@tufts.edu amy@kidshine-ot.com