

Ep #116: From Orientation to Ownership: Starting with a Rehab Assistant, The Abilities Way



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Heather Branscombe

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Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hello there, friend. I hope you're doing well. Before we dive into today's episode, I just want to take a quick minute to kind of ground us where we left off last time. In our last episode, number 115, we talked about documentation, and not really documentation as a chore, which it can sometimes feel like it is, or as something you have to do to stay compliant. We talked about documentation as something that actually builds trust, and that's trust with families or your clients, trust within your team, and really trust in the system as a whole. Because the truth is, when your charting is clear, thoughtful, and consistent, it really does so much more than satisfy a college requirement. It supports communication. It creates accountability, and it allows continuity of care, even when there's more than one person involved. And here's the foreshadowing, that one more person involved piece is really what brings us into today's episode.

Because in the kind of model we're building at Abilities, you are not always the only one delivering the care. And once your documentation is solid, or as your documentation is becoming more solid, once that foundation is starting to form, you can start to expand who is involved in delivering that care. And one way to

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do that is to bring in a rehabilitation assistant in a way that protects quality. And honestly, in a way that actually enhances it. So that's where we're going today.

Now again, I want to be honest with you. When most therapists think about starting with a rehabilitation assistant, they don't think of it as onboarding per se. And that makes sense. Often, this may be you as well. You might think of it as, okay, I need to show them the task, walk through the routines, show them where the things are, and then I'll get some help. And really, that does make sense. That is how most of us were taught to think about working with any kind of support staff. But at Abilities, we see this differently. You aren't just bringing on help, you are actually building one of the most valuable clinical assets that you can have in your practice.

So when I think about working with a rehabilitation assistant, I think about three things. I think about an extension of your care. I think about an extension of your capacity, and then finally, I think of it as an extension of your leadership. And for me, this isn't just theory. It goes all the way back to the very beginning of my career, and specifically as I started Abilities almost 20 years ago. Because the first person I ever hired at Abilities, you may already know this story, but if not, the first person I ever hired was a rehabilitation assistant. And that wasn't an accident. Even back then, and again, I did not have all the language and understanding that I have now. But even back then, I could see that if I built this relationship well, it would change everything about how I worked. And it would change everything about how much impact I could have.

So today, I want you to start thinking about this in a slightly different way. So not necessarily as training, not as help, but thinking about working with a rehabilitation assistant as building something, something that extends your impact. So here's the biggest shift I want to offer that you can make. So thinking about moving from task delegation to relationship development. Because the default for most of us is task-based. And in that model, and this is the part that I invite you to really think about and potentially sit with, in that model, the therapist is holding all the thinking. And that's hard. You are holding all the clinical

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reasoning, all the why, all the decision making about what to do next. And the rehabilitation assistant is just executing.

And again, I get why that happens. Again, some of us think that is the way the college wants it, and in a way that's true. And it's also faster in the moment to just tell somebody what to do. But over time, that approach has a ceiling. It's a real ceiling, because every session still depends on you. Every decision still depends on you. And there's only so much of you to go around. So at Abilities, we're building something different. We're building a working relationship that serves the client, and over time, that relationship actually becomes a force multiplier.

So instead of asking, how do I get them up to speed, whether you're at Abilities or outside of Abilities, when you're working with a rehabilitation assistant, that's the question that most of us start with. I want you to ask instead, how do I start to build a relationship where together, we can do better work than I could do on my own while still upholding the college guidelines? Because here's the truth. The quality of your outcomes will never exceed the quality of the relationship you build at the start.

When this works well, it's actually built on three things. There's clarity, there's trust, and the direction of the growth. And I'll unpack each one so it becomes more clear for you. So clarity is about understanding who is this client I want them to work with. What matters to them and to their family? What are we actually working towards? Not just in this session, but over the next month, the next quarter, the next year. A lot of times we can skip this step as clinicians. We jump right to here is what we do in the session. But if your rehabilitation assistant doesn't know who the child is or who the client is, what their family cares about, or where you're trying to take them, they can do all the right tasks and still miss the point.

And again, the second point that I wanted to talk more about is trust. And what I really mean by that is really that psychological safety. So can the rehabilitation assistant ask you a question without feeling like they're bothering you? Can they

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not be perfect? Can they say, I'm not sure why we're doing this exercise or this activity? Can you help me to understand it, without feeling like they've just exposed something they should have known? If the answer's no, you're not going to get their best thinking. You're only going to get compliance. And compliance is not what we're after here.

The third one is the direction of the growth. Are you just handing them tasks, or are you actually helping them to develop as well? Because the truth is, when somebody understands how they're growing, when they can see that they're getting better, more capable, more trusted, they're going to engage completely differently. They're going to invest. They notice things. They bring you observations you wouldn't have caught yourself. So again, I can outline these three things, but how does this actually unfold in real life? I actually think about it in three phases.

So the first phase is orientation. So this is at the very beginning, and here's the shift. Again, orientation is about building context, not just showing tasks. So instead of, here's the schedule, here's the bin, here's the toy that we use or the activity that we do, you're taking the time to explain the why behind the work. Why this approach with this client or with this child? Why this routine matters? Why we sequence things the way that we do? What we're actually trying to develop. And yeah, I get it. It takes a little more time up front, but I'm here to say, I have seen so much evidence to show me that it pays you back 10 times over in the future.

Then the second phase is guided participation. So this is when you're actually potentially even working together, or you're watching them in a video, or you're talking it through. So there's the same room, the same client, but both of you in however form are involved. And the most important thing you can do in this phase, and I really want you to hear me on this, the most important thing you can do is to say your thinking out loud. Not just what you're doing or what you're watching, what you're thinking. So instead of something like, "Oh, now I notice you did this transition," or, "Now we're going to do this transition," if you're together in real time, you can try something like, I'm noticing the client is getting

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tired, so I'm going to slow down here. And I want to give her a choice between these two activities so she has some control.

Now, I know sometimes that's not necessarily going to work depending on the client and their needs, but you can talk about that in real time. That is the training. That out-loud thinking is what builds a clinically capable rehabilitation assistant because they start to see how you think. And eventually, they start to think that way too. Again, we're not trying to get them to become a therapist. We're not asking them to own the assessment piece, but as they find out how you think, then they're going to be able to give you better input so that you can do better assessment long term.

Then the third phase is ownership building. This is where you begin to step back. Again, not all at once, not in everything, but in small deliberate ways. You can ask things like, what are you noticing? What would you do next? If the client does this again tomorrow, what do you think we should try? And then you let them take small pieces of ownership, a piece of the session, a choice point, a judgment call. Again, within the parameters of the scope, of course, but this is where it shifts from support to shared responsibility. And that shift is actually everything.

Now again, I've given you a lot of the ideal, but I want to name a few common mistakes because I also see this all the time as well. The first one is moving too quickly to independence. If you hand off too soon, before that foundation of clarity and trust is really there, that can be a problem. Then if the quality slips, you end up pulling everything back or feeling frustrated. So again, this is really where you want to front load the support at the beginning to pay dividends in the future.

Now, the second mistake is actually the opposite, staying too involved for too long. You never quite let go. You're always hovering, always redoing things, always second guessing. And then the rehabilitation assistant never gets to grow and you never get that capacity back. And the third mistake, and this is the one I really want you to watch for, is training tasks without training thinking. So

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you can teach somebody every step of a session, and if you haven't invested in their thinking, you really built a worker, but you haven't built a partner. And the cost of that is this. Every time you hold onto the thinking, you're also holding on to the workload. You can't have one without the other.

So let me give you an example of what this can look like in real life. We had a therapist at Abilities, and a lot of you are going to recognize potentially yourselves in this, but this is kind of a composite of a few therapists who generally loved their area of practice. But the actual day-to-day sessions, the day-to-day sessions were starting to wear this person out. The energy demand of being on in the room in every single session was draining this person, and they were starting to wonder how long they could keep doing this and whether this was even the right area for them to work at.

But instead of pushing through that, instead of cutting back their caseload or starting to wonder if they should get a new job or even leave the field, they built a relationship with a rehabilitation assistant to help to support their caseload. This person did the orientation piece really well. They guided the participation piece well, and over time, they were able to hand over real ownership within the scope of practice. And now this person was guiding the work. They were supporting the rehabilitation assistant, and they were still ensuring really high quality care for every client on their caseload. But they didn't have to be the one carrying every single session.

So this person was able to see the clients they most wanted to see directly, and they could work in a way that actually energized them. Ultimately, they were actually supporting more clients overall, even more than they were before. But what was interesting is that her impact went up and her energy was protected. And that to me is the picture of what this can look like when you do it well. I've seen it again and again and again.

So here's what I would invite you to do this week if you're curious to experiment. If you're working with a rehabilitation assistant right now, I want you to try something really small. You can take two or three minutes, that's it with one

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client. Talk to your rehabilitation assistant and explain your thinking about that client out loud. Ask the rehabilitation assistant what they're noticing, and then let them take one small piece of additional ownership. Just one. So maybe it's choosing the activity that kind of goes towards the goal. Maybe it's deciding to end a certain section of the session. Maybe it is deciding how to start the beginning of the session. Just one piece.

And if you're not currently working with a rehabilitation assistant, I want you to know this still applies to you, because you can actually do the same thing with caregivers, other people on the team that are interacting with this client. Because when you transfer understanding and ownership to the people who are with that client the most, so those are the parents, the caregivers and so forth, the impact is huge. Those same principles work for them as well.

So before we wrap up, I want to give you a quick preview of where we're going next. Because when you start building ownership like this, you're going to start seeing growth. You're going to see it in the rehabilitation assistance you're working with. You're going to see it in your clients, and you're also going to see it in your own capacity and in your own energy. So naturally, the question can become, how are we going to track this? How do we measure it without turning it into additional cognitive load or additional pressure? Because for a lot of us clinicians, metrics can feel kind of icky and uncomfortable, not necessarily around our client, but around us. They can feel like judgment. They can feel like performance management. That's not what we're going for here. That can feel like the wrong kind of tool for the kind of work that we like to do.

But at the next episode, I want to look at this from a different angle. We're going to talk about how numbers can actually nurture growth, specifically your growth, how they can support stewardship instead of pressure, and how you can use some simple manageable metrics to see what's working, to celebrate progress, and to keep developing both for yourself and for the rehabilitation assistant. Because when you combine strong relationships with thoughtful, supportive data, that's where things are really going to start to scale in a healthy way.

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So with all that, I'm going to leave you with this. At Abilities, this work isn't about getting somebody up to speed, it's about building people who can carry the work forward with you. And when you do that well, really well, I'm here to tell you everything changes. With that, thank you so much for being here today. I'll see you in the next episode.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to Abilitiesrehabilitation.com. See you next week.