Bonus: What a Year of RA Work Actually Looks Like (A Clinician's Honest Take) with Samantha Sundby

Full Episode Transcript

With Your Host

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.

Heather: Welcome, Samantha. So, obviously, I know you and I know where you work. But for some of the other people, tell me a little bit about who you are, where you work, and the kinds of clients that you like to see right now.

Samantha: Yeah, so I'm Samantha. I work at Abilities in the Chilliwack location. I've been here almost two years now. And I see a lot of different clients on my caseload. A lot of neurodivergent kiddos, a lot of kiddos who are needing extra help with AAC, so those augmentative and alternative ways of communicating, some speech sound kids, even some adults I have on my caseload, some older ones that I think are very exciting as well. So I have quite a range of ages and things that I see.

Heather: And what made you decide to even think about working with rehabilitation assistants?

Samantha: Yeah, at first, because it's been two years now that I've just been working as an SLP, so at first, my first year was just getting used to even myself and how I am as a clinician in the role. And then I wanted to expand upon that. How can I grow as a clinician? And part of that was thinking of a bigger team. How can I incorporate other people, and how can I make the best therapy plan for my clients? And that was adding rehab assistance.

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Heather: Awesome. And I know, because I led it, I know that you went through our internal certification. So I'm interested in what became clear for you after completing the certification.

Samantha: Yeah, I think for me, the first thing that was really tricky was picking the clients that were more appropriate or ones that I felt maybe were better suited for working with a rehab assistant and just picking the first one. I think I was very worried as to who I would send over to my rehab assistant, and that was a barrier for me at the beginning. But after taking the course, that helped clarify things quite a bit. And even just what tasks are appropriate or picking the things that I would like them to work with and setting those goals and expectations. So there were a lot of things, but I think primarily just how to pick those clients at the beginning, especially.

Heather: Sure. And did anything shift in maybe how you think about delegation, supervision, or using rehab assistants in your clinical work?

Samantha: I think that it's just an ongoing process and learning. I'm always looking at my schedule and thinking, okay, who could benefit from rehab assistance and continuously learning in that way. So the certification is a great start and especially just to get you ready and going and get your foot in the door. And then after, it's continuously learning, continuously learning how to do those things.

Heather: Yeah, so it's not really that you've ever arrived. What I'm hearing you say is it's this ongoing process. So where do you see rehab assistants adding the most value for speech-language therapy clients?

Samantha: Yeah, I think it's across all cases, especially the ones where, for me personally, there's a lot of repetition. So for me as a clinician, I will work with a client for a certain amount of time, and then myself, I'll be like, okay, I am burnt out as a clinician. I think maybe they would benefit from a rehab assistant and new ideas from them and just working with another person that's not me and collaborating that way.

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Heather: And are there certain goals or activities or types of follow-through where you feel that kind of support from a rehab assistant feels especially helpful?

Samantha: Yeah, I think for the goals, it can be in any area of speech therapy. So even with using that alternative communication I was mentioning, even with our speech sounds, and collaborating with those, it can be language-based too. So there are so many different areas, even social skills. So I actually have a couple of social groups where the RA will see multiple clients and then have them all together and work on those social skills. Whereas maybe if it was just me and a client one-on-one, it's not as natural as in the real world. But with the rehab assistant, they're able to do more of those groups and lead for that. So that's another thing that they can provide as well.

Heather: Yeah, just already in this conversation, noticing at the beginning what became clear for you was just who you could use a rehab assistant with. That seemed to be a real tough one, which is really natural for all therapists, I think all clinicians in many different disciplines. But I hear the evolution has just expanded of how many different ways and how many different things that you can use a rehab assistant to support you and the client. So when you think about supervising a rehab assistant, what does supervision actually look like practically, not just on paper? How do you approach supervising rehab assistants?

Samantha: So I initially like to start with meeting and checking in with them and seeing, hey, how's your schedule looking, right? Are we able to fit in another client? What their preferences are, maybe how they want to grow as a rehab assistant too if they are wanting to see new clients as well. So just that initial, before we're just giving them a client, I like to have that conversation first. And then once that's all set up, I'll usually do either an overlap, so where the rehab assistant will come in with me and we'll do the session together so they can really see what we're doing and the different ideas that we can make and collaborate on together. So that's part of the initial setup.

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And then just over time, it's continuous emails, checking in, reading their chart notes, chatting in the halls. Try not to make those too long, right, because they're brief moments and we're also busy. But it's a lot of emailing and asking them for feedback as well on how we as clinicians can support them better if there's any areas or things that they're maybe not understanding and understand the purpose behind the activity and what they can do for certain goals and what cues to give them. So that's it in a quick nutshell.

Heather: And how are you noticing if, and how, they are helping you increase consistency, carryover, or the client practice in between direct therapy sessions?

Samantha: Yeah, actually, so I'll give an example. It was really neat. I would see the client biweekly and the rehab assistant biweekly as well, so we would alternate, and we were working on the same goals but just in a different way. She would come in with different ideas and would share different things that she saw in her sessions versus my sessions. I would say what I saw and then we could collaborate on those. And that was super helpful for the client and then also for the RA and myself. And I think when it is just the RA too, and I'm not seeing them directly, it gives me more of that time to think about the treatment plan, even caregiver coaching as well, and more clinical decision-making. It lets you step back and kind of look at the bigger picture too and how you connect other team members, like other healthcare professionals, because I find sometimes when you're directly in it, you're focused more on that task, but when you step back, you can look at the bigger picture too.

Heather: Yeah, it sounds like what is becoming possible. I hear you're saying you have more time, you have more ideas, and you're getting more signals or input to help you, so improving your judgment. Obviously, those seem really helpful for the client, but I'm just noticing how helpful that is for you as well, as a therapist. Have you noticed anything about your satisfaction or anything else about what becomes possible for you when you're involving a rehab assistant?

Samantha: Yeah, at first, I think when in that first year, right, when I was a new clinician, I was thinking, "Oh, I got to see them all directly," and I did start to feel

a bit of burnout already. And I was like, "Oh, what fuels myself?" And part of that is that indirect treatment. So I think that allowing myself the space to do that, to step back so I can provide more care for other clients as well.

Heather: Yeah, that's amazing. So what would you say to a therapist or a clinician who feels hesitant about supervising a rehab assistant?

Samantha: Yeah, I would say, especially just how I said at the beginning of this, that I felt the same way, especially just picking that first one. So I think it is just taking that first step and making a small plan on which client you want to pick as your first client, even choosing one activity and one clear goal. And then that way, it doesn't seem like this big task that you have to give all the goals and all the ideas and everything with the RA. It's more so just making it narrow. And even if it's just one thing, like one client, one goal, one activity, and start from there, then it'll make it seem hopefully a little less daunting.

Heather: Yeah, it sounds like you've approached that the way that many of us approach clients, right? Pick one thing, focus on one thing, and then you build from there. It sounds like you took the way that you approach your work with clients, and then you approach that with the way that you work with your rehab assistants as well.

Samantha: Yeah, and I also just want to add one other point that I really feel like they can add so much insight and ideas too. So sometimes I come in with all these ideas that I have in my head, and then they'll say something that I didn't even think of. And I'm like, wait, yes. So it's truly a collaboration piece and us stepping back and not having to think because our wheels are always turning. And it's nice to have that input from someone else too. So they can make a huge difference for us, the client, the family, the whole thing.

Heather: And so if somebody is interested in connecting with you and learning more, what's the best way for them to connect with you?

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Samantha: Yeah, I'd say to reach out and look at my information on the Abilities website, and we can go from there. Or reach out to you, to Heather, to get my email and my contact information.

Heather: I know where you are. I know where you work. I'll forward it. All right. Well, thank you so much, Samantha. I really appreciate you sharing your experience today.

Samantha: Awesome. Thank you so much.

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.