

SAC Shining Lights Podcast: Episode 1 Transcript

Intro: Welcome to the SAC Shining Lights S-LP Schools podcast. I'm your host, Dr. Lisa Archibald from Western University. As you know, many speech-language pathologists in Canada are employed in schools. Their job is to support children with communication disabilities in accessing the curriculum and achieving their academic and personal potential. It's a challenging job. So many schools, so many students and not many S-LPs. Across the country, S-LPs are finding unique solutions to providing the best possible services to the students and school teams with whom they work. In this podcast, our guests describe their innovations in school-based speech language pathology. Thanks for listening, as we shine a light on some brilliant projects.

Lisa Archibald:

Well, hello and welcome to our podcast today. I'm really excited to have our guests today. Carolyn, I'm gonna ask you to introduce yourself.

Carolyn Hovey-Johnson:

Hi, I'm Carolyn Johnson. I am a speech pathologist in Northern Alberta. I've been working in schools for 24 years. My team that I work with is called peace collaborative services. The peace region is the area we work in. So that's why that is named it's in grand Prairie, Alberta. We serve urban and rural schools and our team is interdisciplinary interdisciplinary. So we have OTs, psychologists physical therapists, consultants for the hearing impaired and visually impaired. And and then of course we work closely with mental health family supports and of course the teachers in the school have been, so I very much a team approach.

Lisa Archibald:

Thanks. Thanks, Carolyn. And welcome. And it's really great to have all that experience that you'll be bringing, talking to us about. So you talked a little bit about the members of your team in terms of your own speech and language services. Can you talk, just briefly about your service delivery model?

Carolyn Hovey-Johnson:

Absolutely. So the core of our service delivery model is consultation. So I do not deliver direct services myself. We have 12 S-LP's spread over about six school divisions. So what we'll do is go in and consult to the school staff. So we'll have teachers educational assistants school admin, those kinds of things. And we do that in a team model. I also have a therapy, supervision caseload. So most of the schools that I work in or all of the schools I work in has an educational assistant that is trained, that does my direct intervention typically for the mild to moderate speech sound disorders or language. So I supervise all that. And then I also consult specifically to the more severe kids who have perhaps a one-on-one one on two educational assistant. And I supervise that intervention too.

Lisa Archibald:

Okay. Interesting. Mm-Hmm <affirmative> so the there's an, maybe that educational assistant is in each school, you said maybe there's one in your school,

Carolyn Hovey-Johnson:

Perhaps. Yeah. So in the school division that I work in they're employed by the school.

Lisa Archibald:

Right. And they're dedicated to working with this, they're full time dedicated to the speech-language pathology services?

Carolyn Hovey-Johnson:

In my schools. Yes. But in some schools, not. Sometimes they're the librarian assistant or the kindergarten assistant, and we have chosen them to provide a little bit of intervention because some of the schools are very small, so they wouldn't have a full time caseload of intervention.

Lisa Archibald:

Sure. Okay. Mm-Hmm, <affirmative> interesting.

Carolyn Hovey-Johnson:

And because we're in Northern Alberta and unfortunately funding, isn't great for some of these services they're educational assistances. So they may not have any specialized training apart from the professional development we provide for them.

Lisa Archibald:

Right. Mm-hmm <affirmative> yeah. All right. And so you said 12 speech pathologists across six school divisions. Mm-Hmm <affirmative>. And so do you have a number of schools that you go to? What, what number of schools are you providing supervision or services to?

Carolyn Hovey-Johnson:

Yeah, so I have three elementary schools. One is really large, about 800 students and then two smaller ones. And I also have a middle school, which is four to nine and then a high school, which is nine to 12. So that's primarily, well, 100% consultation in the high school. Right.

Lisa Archibald:

Okay. Yeah. Thank you.

Carolyn Hovey-Johnson:

So it's, I have students who are two and a half years old, and I have students who are 18 years old. My caseload, a variety of severities.

Lisa Archibald:

Yes. Right. Thanks, Carolyn. All right. Well I think you have , a major challenge that you were gonna talk to us about. What did your group face? Do you wanna just tell, talk about, first of all, the challenges that you noticed before your project began?

Carolyn Hovey-Johnson:

Sure. In the nineties, the early two thousands, what was happening is that the speech pathologist, the speech pathology services followed the funding. So some of the speech pathologists were paid by health and some were paid by education. And some were paid by an envelope of money for the low incidence population. Back then it was autism, cerebral palsy. And then of course, visually impaired or hearing impaired. So what would happen is that in some schools, you had three speech pathologists specifically, but this covered OT, psychology, the same, all the same professions. So you would have three speech pathologists going into a school during the school year. Some to see their specific clients, some of the classrooms specifically kindergarten would have up to three speech pathologists that they were seeing, receiving recommendations for, trying to implement those recommendations. And the feedback from the, we call them the stakeholders that the teachers, the school admin was just that it was too overwhelming. And there was a real lack of engagement from some, from some schools because they were just overwhelmed. Mm-Hmm <affirmative>. Yeah. So,

Lisa Archibald:

And so just to talk a little bit more about that funding, how that works, what makes someone be funded for receive services through the health S-LP versus the education S-LP?

Carolyn Hovey-Johnson:

So previously health would cover the mild, moderate articulation disorders or something like that. So K to 12, anyone who was mild, moderate was funded under something called school improvement, school, health improvement. So SHIP funding, the puff funding, which is the severe preschool funding, was in our area, provided through either private practitioners or our team. So you would have a separate puff, one that was education funding. And then the third level, you would have the low incidence funding that came from a different level of the education system, recognizing that these kids are low incidents, they're gonna need something a little bit different. So there were three envelopes of money that were being distributed separately, separately mm-hmm <affirmative>. And then the impact on that was we live in Northern Alberta. So some of these schools were five or six hours away. So you had three speech pathologists driving five hours,

Lisa Archibald:

Right? Yes <laugh>. So even so the school, in that case the school has the money, the, that you're talking about is envelopes or that puff funding, but they didn't hire a speech pathologist themselves. That's not the way they were using their money. If I understand it, is that, am I correct there?

Carolyn Hovey-Johnson:

No. There was one school division that we worked with that hired speech pathologists. So that was Grand Prairie Public, but they also housed the low incidents team. So in that, at that time, there were three or four low incidents teams in Alberta: Calgary, Edmonton, Fort McMurray, and us, in Grand Prairie. So we had the low incidence people. So at that time, Grand Prairie Public said, well, we will use these people to also serve our ship money. So our mild, moderate money and our puff. So they were really the first people to say, let's take this money and pool it. But yeah, the rest of the school divisions really either use the health unit, speech pathologist, or private practitioners to serve their puff.

Lisa Archibald:

I see.

Carolyn Hovey-Johnson:

Okay. So it was really whoever they could find and then the health unit people that were assigned to their school.

Lisa Archibald:

I see. Okay. So that, yeah, that, so the health unit people, I was, I was imagining if you, if it's, if it's con you know, getting consultation service from private mm-hmm <affirmative>, could there be one speech pathologist coming in for three different fundings or is it always gonna be more than one speech pathologist, but the health unit is somewhat different for sure. Yeah. And then the ones

Carolyn Hovey-Johnson:

Only in the, in our school division in grand Prairie public, would there have been the same speech pathologist for PUFF mild, moderate, and the so, but in most of the other ones, no, we say, for example, our low incidence team served children in high level, which is five hours away from here. And they would've had a private practitioner come in for their PUFF kids and then a health unit person come in for their SHIP. So there was definitely three,

Lisa Archibald:

Right. Yeah. Just remind us about the low incidence team. I think you, you did mention just remind us what that team is doing.

Carolyn Hovey-Johnson:

So they would see the kids who were visually impaired. All right. Deaf or hard of hearing, in the past autism was included in that low incidence, no longer, of course and then some of the more specific say developmental disorders that were Angelman's, those kinds of things. There was a very strict decision making process who would get to be on the low incidence team.

Lisa Archibald:

Okay. I think that's a, a good picture there, Carolyn, so I think we're ready. I, we can understand the challenge that that system would present. So can you talk then about what you decided to try? What, what project did, did you respond with?

Carolyn Hovey-Johnson:

Sure. So in recognizing that this was a problem, the government said here's some project money in each of your regional divisions. So of course our challenges are different than Southern Alberta, different than Calgary. So they gave us some project money and in 2009 was the year, our pilot project included three schools from three separate school divisions. So the Catholic, the public, and then one of the rural school divisions of the county, they were assigned one speech pathologist, one occupational therapist, and one psychologist along with we had an educational programmer. So who specialized in, you know, translating our recommendations into the classroom for the teacher. So we served all of the students in that school, regardless of severity, regardless of what funding envelope they fell under. If that child needed my service in that school, he got me rather than anyone else. So, and then, so that was one aspect of the project. The other aspect was that we really focused, shifted our focus from the individual students to more of a universal strategies in the classroom, because what we recognized was that we could really impact more students more effectively if we focused on the teacher, if we focused on the teaching practices. Right. Which, which we all know, but what happened was that we were allowed time in our day to really focus on that. So we didn't have to be saying, we're going to see in this student, it was, we're going, I grade four today. Yeah. So we, we really focused or shifted our focus to our client started to include the teacher.

Lisa Archibald:

Right.

Carolyn Hovey-Johnson:

Yeah. So that was a really interesting, really

Lisa Archibald:

Interesting. Yeah. Mm-Hmm <affirmative> and so those three schools that were in that project, they were randomly chosen or they volunteered, or they were particularly enthusiastic or,

Carolyn Hovey-Johnson:

Yeah. So what happened was our team leader went to the school divisions that said, this is our project. You guys pick the school so that they started to have more influence on the services that were provided in their school district. So they chose the schools.

Lisa Archibald:

Right. Yeah. And so, and then the ministries, because of this project funding, you could do all of the available funding was sort of unified, I guess.

Carolyn Hovey-Johnson:

Right. For that project, we were allowed to say, Nope, this is what we're gonna do with it. And we just had to submit a proposal and they okayed it. And off we went.

Lisa Archibald:

And with that project, then how often would your team be in a school? How often would the, the team that school group see you?

Carolyn Hovey-Johnson:

At least weekly. During that year, I only had three schools on my school, on my caseload, and I'm a full-time speech pathologist, so it was quite glorious. Right. So 0.33 for pretty much all of them. So we were there weekly, if not more often.

Lisa Archibald:

And would you be arriving as a team and, and approach things as a team?

Carolyn Hovey-Johnson:

Typically, yeah, we would walk into the school and what another aspect of it is that we really asked the school administrators to engage in, what are your priorities for your school? Where do you think our services need to go? And so they would set our priorities for the day or for the week or for the month. And we would follow up on that typically as the team. Obviously, sometimes we would splinter off into our specific areas, right. Grade one needed OT, because they really were focused on handwriting and printing. So she would go off and maybe do some team teaching with the teacher at, for, and I, I still had my supervision responsibilities. So then I would splint her off and do that.

Lisa Archibald:

Right. Interesting. And so, can you talk about what were some of the priorities that schools were coming up with, putting on your list?

Carolyn Hovey-Johnson:

One of the main priorities was to take all these splintered recommendations that a teacher may get for student A, B and C and say, how can I implement this in my classroom without building separate programs for each of these kids? Mm-Hmm <affirmative>, mm-hmm <affirmative>. So when you have an autistic child and perhaps a child with developmental language disorder and Down syndrome, you, they all want you to use visuals, but it may be they're described in a different way. So we would go in and we would show her how that could be implemented in a classwide universal level, and really benefit all those kids. So really we were taking the recommendations for

individual kids and showing them how to implement them in their classrooms. Yeah. And of course, we still had, you know, the, the children who needed something different.

Lisa Archibald:

So that's interesting, Carolyn, because I would imagine even as a team yourselves, you would see these discrepancies in these recommendations and you needed, there was maybe a time when you needed to work together to figure out what that would look like if it was integrated. Could you talk about how your team grew from that?

Carolyn Hovey-Johnson:

Oh, it was a huge learning year, because honestly, if you are a busy speech pathologist, you're maybe not reading the psychologist's recommendations with a fine tooth comb, so you don't realize how much you're placing on the teacher. The different types of wording as a speech pathologist- I may understand. Oh, that means the same thing I just said, but they don't have that, that education to actually interpret it those ways. So we really started to pay more attention to each other's professions and how our recommendations overlap and really started working together in that implementation of, you know, executive functioning. How can a speech pathologist help support a child who has attention difficulties with the same type of recommendations that I would've used for a child with language difficulties. So we really, really started to pay attention to each other's professions. Yeah. Professional recommendations. That was a huge learning curve for all of us.

Lisa Archibald:

Yes. Yeah. I can imagine that. And the richest, so, so some, I think that's an interesting perspective, right? Sometimes when I read a list of recommendations, I say, oh, you know, they're all just the same as mine. And I can exactly appreciate what you're saying, is that that's may not be what the teacher's feeling. Right. Right. Even

Carolyn Hovey-Johnson:

Though, and we also go ahead, please.

Lisa Archibald:

No, you,

Carolyn Hovey-Johnson:

We also learned that a list of recommendations is not doing what we needed to do. We really needed to focus on as a team, what are our top three recommendations for this teacher? And because we could come back the next week or the next week we could say, we're gonna shelve these recommendations until she feels really comfortable with the first three, and then we can come back. And that was a huge luxury that we didn't have when we were traveling three hours, five hours away, three times a year. We had to give it all at once and hope they could do it.

Lisa Archibald:

Yeah. Right.

Carolyn Hovey-Johnson:

Because our feedback from our our stakeholders, our teachers, and saying, you give me a 12 page report, I'm overwhelmed.

Lisa Archibald:

Right.

Carolyn Hovey-Johnson:

You know, they just have so much on their plate that we really needed to parcel out for them. Right. And it was so much more beneficial for the children.

Lisa Archibald:

Absolutely understandable too. Right. Mm-Hmm. I mean, how could we expect a teacher to, to really put that kind of a information, digest it and put those recommendations, into place

Carolyn Hovey-Johnson:

For those frequent conversations. We were able to take really understand the teacher's perspective of what our service looked like and felt like to them. And we hadn't taken that time before.

Lisa Archibald:

Right. And that must have been very insightful, you know, realizing, what it felt like might feel like on the other side of that table. I wanna talk some more about that, but first I wanna go back to, you mentioned this educational programmer. Can you, can you talk more about that person?

Carolyn Hovey-Johnson:

So that person was just a wonderful teacher who had been working, had worked in the classroom and then had transferred her skill to, she had worked in a segregated, special education classroom. So she really had a wide vast knowledge of the types of recommendations. She understood what they, she had worked closely with our teams. And so she came on our team and really helped those teachers take those recommendations, sit there with them and say, along with the curriculum, how would these fit in your classroom? Because what we don't, and we are not experts on and teachers are, is the curriculum. So that person was a real ,she had a real skill in being able to meld the two because she understood both worlds.

Lisa Archibald:

Right. And did she also challenge you guys?

Carolyn Hovey-Johnson:

Absolutely.

Carolyn Hovey-Johnson:

Yeah. And any little stories on, on what that might look like?

Carolyn Hovey-Johnson:

Well, what would she just, she really challenged us to stop using the language of our professions and start using the language of the classroom and of the teachers, because that is our setting. And so it really became like, what do you mean? What do you mean? What would that look like? And it was a huge challenge for us to say, Hmm, well, I don't know. And especially a couple of the team members were relatively new to the profession. I had been working a little bit longer, so I could give specific examples of how that would be implemented, but just that challenge of you need to make this more functional for the teacher and doable.

Lisa Archibald:

Yeah.

Carolyn Hovey-Johnson:

And so then, and I learned that a white board visual schedule was just as good or better than a printed board maker, visual schedule, draw some stuff on the whiteboard. And then that was something, oh, the teacher's like, I can definitely do that. Those are the kinds of visuals that are being able to be implemented daily.

Lisa Archibald:

Right. On the fly. That, that that's the, of that. Yeah. Mm-hmm <affirmative> yeah. Yeah. Interesting. Any other and examples of the top of your head of the you know, of what of your, how your recommendation might have changed? I know to, for the classroom,

Carolyn Hovey-Johnson:

It really, it really did challenge me to get to know how the curriculum introduces things like vocabulary, how the intro, it, it introduces the idea of comprehension. That was really my first year that I, that I dipped my toe into literacy too. So really thinking about she, you know, she would say, well, in grade three, we're looking to, to change to, you know, comprehension, how are you going to, to support this child who, who has a apraxia and is not yet speaking clearly? How do they know if he comprehends? So really taking those I in the, or in the sky kinds of recommendations and making them super functional for the teacher.

Lisa Archibald:

Yes.

Carolyn Hovey-Johnson:

When he's reading out loud, these are the types of questions you need to ask him so that you know, that he comprehends.

Lisa Archibald:

Right. Yeah. Right. And so then you had to do the work to figure out what that would look like so that you could make that recommendation.

Carolyn Hovey-Johnson:

Absolutely. Yeah. And then, because we were only three schools, I could go in and try them and go, oh, well, that didn't work. Let's go back.

Lisa Archibald:

Right. <laugh>

Carolyn Hovey-Johnson:

And what I realized when working with the teachers, there's a value in failing in front of a teacher. Because they have this idea that a speech pathologist is an expert and the expert is coming into my classroom and we need to show them, we are just professionals with the specific set of knowledge, and we're going to try this and see if it works.

Lisa Archibald:

Right. Right. And I think that's fair enough. Right. Because of these strategies, we might even try them out in, in a, you know, withdrawal setting, but with so much going on in the classroom, you don't know for sure that that strategy's gonna work. And I think it brings that team. Right. You know, that didn't work, but if I tried this or you could, right. Then maybe together, you and the classroom educator could figure out how to implement that strategy in a way that will work for that child.

Carolyn Hovey-Johnson:

That's right. And sometimes the benefit was having the occupational therapist or the psychologist watch me try to implement that. And the psychologist would say, well, no wonder he didn't sit still his feet weren't on the floor. Or the psychologist would say, did you see how many distractions were in the area? Right. So that the benefit of having an observer. And then the teacher was involved in that with us.

Lisa Archibald:

Yes, yes. Yes. So I'm interested in the teacher focus there. Right. So you, you know, you already sort of alluded it to, with, you know, the experts coming in the classroom, and now you're bringing a team of experts, even perhaps, as you've just described, you know, how responsive to that were, were the teachers, were they, you know, were they all equally embracing of it or, you know, how did that go?

Carolyn Hovey-Johnson:

No, there's definitely a spectrum, of I'm welcoming you into my classroom, please come in open door policy. And there were some teachers who, who absolutely never invited us into their classroom. And so as a consultant what we learned was that we needed to gauge the readiness of the teacher to receive any type of consultation. And if you didn't gauge that properly and say, for example, you, you gauged it wrong and a teacher was, was quite resistant and you piled her with recommendations, you've just done harm to future consultations. So during that year, sometimes what we did, a lot of what we did was we sat in the staff room and we became, tried to become part of their staff so that they would open the door to us and say, yeah, you're not so scary. Or I'm, I'm gonna welcome you into my class only for this, you know, class. Excellent. But what we would do is we would change their level of acceptance for us.

Lisa Archibald:

Mm-Hmm <affirmative> mm-hmm <affirmative>

Carolyn Hovey-Johnson:

And then other teachers were completely open to come on in.

Carolyn Hovey-Johnson:

Yes. And do you think the educational programmer was you know, had a part to play there?

Carolyn Hovey-Johnson:

Absolutely. She really was that bridge between the team and like the experts, I, I detest that word, the different professionals and the teacher because she'd been there, she'd taught a classroom of, you know, little kids and

Lisa Archibald:

Yeah. Right. I mean, that was a really, I think, important and, you know, brilliant really piece to the project that, of design right. Having absolutely the design itself had an educational programmer in it. Which is, I think could easily be overlooked as an idea.

Carolyn Hovey-Johnson:

Yeah. It, it often is overlooked. Now our project changed into a different type of implementation. Typically our educational programmers or inclusive ed teachers are based at the school, so they're school staff, but they have an essential role in making sure that what we are doing, benefits the teacher and the student.

Lisa Archibald:

Yeah. Really, really interesting. To include that you know, I've often seen like literacy consultants, you know, those expert teachers that are supporting teachers and they are almost in a different service group than the speech language pathology or other groups. And so that you know, I'm not sure that I've seen that really working closely together. So that's, that's a really interesting part of that.

Carolyn Hovey-Johnson:

Yeah. It was a huge part of the success of the project.

Lisa Archibald:

Mm-Hmm <affirmative>. Absolutely. alright, so that was in 2009, how long did that project last Carolyn?

Carolyn Hovey-Johnson:

Just a year.

Lisa Archibald:

Oh, just a year, right? Yeah. And, and what did you demonstrate at the end? Or how did you show what happened in that project?

Carolyn Hovey-Johnson:

It was mostly feedback from the teachers. So we surveyed them. So what we found and what was reported by based on our outcome survey was that they felt more supported through not only the frequent visits, but the different type of service. They didn't feel overwhelmed. They felt like they knew who they could go to when they needed help. Whereas previously, I might have walked in a school and said, oh, oh, I'm sorry. He's not in my service envelope. I can't help you with that. So they could ask any of us for help. And we would figure out we would be the person who had to figure out how to get other outcomes included a single referral form, which was huge for the teachers. We started to think about, it wasn't developed at that time, but we started to think about an online access to reports so that they could go on and find the report rather than waiting for it to be mailed. So some of that infrastructure became some of the most important outcomes, but to me, the relationships were the, were the big outcome that they felt that we were part of their school team. And we were there to help all of the students in this school, not just a specific few.

Lisa Archibald:

Yeah. interesting. The idea, and this sort of relates to the old, your earlier comments about where the people came from the single referral form, but people on that team, like your psych and OT, and you were you potentially from different agencies or you were all coming from the same agency?

Carolyn Hovey-Johnson:

We were all coming from the same agency just because Grand Prairie public had been the, the model for this. Had we implemented the project in a different town than we would've come from different agencies for sure.

Lisa Archibald:

Right. And do you think that would've like the single referral? I mean, that is a pretty big achievement, as you said. Do you think that would've the, if you'd had more than an

agency, do you think, because that team over that year, that you still would've been able to develop that?

Carolyn Hovey-Johnson:

No, probably not. Because healthcare, the health unit speech pathologists are governed by Alberta Health Services, who have a much more top down type of decision making process. So there's no way that we would've been able to change their referral form at that point. We were lucky enough to be a small organization kind of on our own. And we made this decision that this is our referral form. This is our informed consent process in a way we went that would've never happened in a bigger organization.

Lisa Archibald:

Okay. Well, that's a lot of success in a one year project. So tell me what, where you've come to from, from then?

Carolyn Hovey-Johnson:

Well, it's been a, a bit of a process, the Alberta government in the 2010- 2012, decided that we would be having regional collaborative service delivery teams across the province, and the regions could decide what those looked like. So our region, because of the success of the project chose this model. So then we expanded to all of the schools, all of the school divisions in this area, and also included a couple of First Nations that were in our area. And we started implementing this one professional in the school model. So don't get me wrong. There were some bumps along the way because the regional collaborative service delivery took all of that. So we started to have health unit speech pathologists on our team and, and we started to have other types of service delivery people on our team. So, and again, we needed to agree on, on referral forms and consent processes and all of that kind of thing. But that was our difficulty on the ground in front of the teacher, this type of service was delivered. So I feel that that was a huge success. And again, we had tons of great feedback that this was really working better for them, regardless of the hiccups.

Lisa Archibald:

So that that's interesting. And so in that case, now you had people from different agencies, as you've said, and that they could, they could form a cohesive team across the agencies there.

Carolyn Hovey-Johnson:

Yes. We did a lot of teaching of mentoring. So the team members of the original project started we call it the road show because we would go on the road and we would teach the individual teams how to consult together.

Carolyn Hovey-Johnson:

What did that look like?

Carolyn Hovey-Johnson:

So we would hold in-services half day in-services, and we would talk about, these were our core learnings. These were the core infrastructure things that we changed. And then one of the psychologists helped the consultants figure out how to gauge where your teachers at, are they really gonna buy into what you're saying? Or do we need to, you know, at a different level he based it on the stages of change, different stage of change. You have different types of recommendations. So that was because we are not trained to be consultants in university, we're trained to be direct providers of service. So it's a definitely a different skillset.

Lisa Archibald:

Yeah. Interesting. Did you have any teams that really struggled?

Carolyn Hovey-Johnson:

Yes. Yeah, we do. Yeah. Because again, like if they, if the professionals aren't brought into the service model, then, then they're going to struggle with that. I've had a lot of speech pathologists really mourn the direct service. Like they're not providing direct service anymore. In some of these places. And that's a professional choice. You know, if you wanna be a direct provider, then being a consultant is not for you.

Lisa Archibald:

Yeah. And and did the roadshow do some extra support for some of those teams that struggled more?

Carolyn Hovey-Johnson:

Yeah, we did some spec, mostly online or telephone mentorship for some of our, so if it was the speech pathologist that was struggling, I would do that extra little bit of mentorship. Or they would come and observe us do our jobs. So we often had people come in shadow us for a day or two.

Lisa Archibald:

Right. Oh, right. So that, that would be quite a useful resource.

Carolyn Hovey-Johnson:

Yes. It would..

Lisa Archibald:

Be because your team stayed together. So that would be-

Carolyn Hovey-Johnson:

Yeah. And then as we change, because one of our challenges is staffing. So we would we would change periodically, but really the core values of what we were doing very much stayed the same. There's been a core team of us oldies that have been here a long time, and we really hold this in high regard. So we, we mentor them into it.

Lisa Archibald:

Right. And I think, you know, one of the real shining parts is the collaboration across the team. Do you wanna talk a little bit about that, Carolyn?

Carolyn Hovey-Johnson:

Sure. So when I have a team day, we have, we have assigned team days in every school pretty much every month. So when we are all expected to be in the school on site for those days, the school administrator chooses priorities for us for that day. So we kind of give up our time and say, okay, what's up? We always have a psychologist, an occupational therapist, and a speech pathologist in those days. We're the core team and then as needed the psychologist or the other low, or the physical therapist or the other low incidents people come in. So what that is, we just really, our lines are blurred at that point. We are there to solve a problem. We can, I talk a ton about executive functioning with all of my people. They may bring up language issues that they heard or observed because we again are paying attention to each other's disciplines. I may note that a child is moving a ton in the classroom. I don't provide recommendations for that, but I make sure to note it to the occupational therapist. Those kinds of things. So it really becomes almost transdisciplinary based on your team.

Lisa Archibald:

Right? Yeah. And you don't have so much of the you know, we often see that speech pathologists are more focused on the earlier grades and the psychologists are more focused on the, on the later grades. Is that still a part of what you're seeing or is that less, so do you think,?

Carolyn Hovey-Johnson:

Probably less so than most places. Of course I do focus a lot of my time and attention on, you know, the K-3 kids, specifically we've started to do a lot of work with with the school divisions around literacy. So and then as the child progresses, maybe we'll be speaking to the psychologist about, well, maybe we need a, an ed psych or maybe I'll do a tills to lead into an ed psych, those kinds of things. But no, across, I will, I will be in all of the meetings for the older students too. Unless of course it's a specific, you know, very sensitive issue or something.

Lisa Archibald:

So there's, there's a bit more access to that collaboration across all the grades there.

Carolyn Hovey-Johnson:

And what I really find is that, because we're interdisciplinary, this psychologist spends a lot less time talking about "behavior" because we really are focused on classroom and then the child's skill versus, you know, behavior plans or sticker charts or anything like that.

Lisa Archibald:

Because, the assumption is that that's got an educational context and that's what you're, that's where the, the discussion is happening.

Carolyn Hovey-Johnson:

Right. There's a gap between what we're asking the child to do and what he can do. Often it's the speech path and the OT and the teacher who come in and try and fill those gaps in.

Lisa Archibald:

Right, as a way of addressing, but not, as you say, addressing it as a behavior plan, rather address addressing the expectations so that the match is better. Yeah. Mm-hmm, <affirmative> really nice. Yeah. So I think you've had a very recent change in Alberta that threatened things and you know, where where's, where are things at now?

Carolyn Hovey-Johnson:

So the RCDs were disbanded by the current government in early 2020. It was a very exciting time, early 2020 <laugh>

Lisa Archibald:

That's that collaborative, that's a regional collaborative team. Right. Right.

Carolyn Hovey-Johnson:

So the regional what they decided was that based on some feedback from the urban centers that this wasn't working. So they got rid of the whole service model. So what has happened, however, our stakeholders did not want to disband the team. And so they, most of them managed to, to work together, continue to pool their money that comes now again from various sources and on the ground, our service looks the same. In most places.

Lisa Archibald:

Yeah. Interesting. Yeah. So at the ministerial level, you were able to get pooling of the...

Carolyn Hovey-Johnson:

Not at the ministerial level, the school divisions.

Lisa Archibald:

Oh, the school divisions. Yeah. Because the school division is receiving monies from all those ministries that's right. And then they could pool that?

Carolyn Hovey-Johnson:

That's right. And some chose to pull out and, and to have their own team. Some of the First Nations chose to pull out and have their own team, but the a core group of school divisions stayed together and decided to continue to pool. Because again, if you're a

school division who has a speech FTE of 1.6 up here, you're never going to hire a 0.6 speech path to move to.

Lisa Archibald:

Right. I see.

Carolyn Hovey-Johnson:

A small rural place. So really our pooling of the, of the professionals really benefits those smaller school divisions.

Lisa Archibald:

Right. For recruitment and retention of the professionals themselves. I see what you mean. Yeah.

Carolyn Hovey-Johnson:

A then they're not isolated, so you're not hiring one speech path. You're hiring to a department where we mentor and support..

Lisa Archibald:

Yes, yes. To your department, which is, where, like, where does that department, when you say they're hiring to your department, where does that department reside?

Carolyn Hovey-Johnson:

So the, the department still resides in the Grand Prairie public school division. So we have offices in our, we are followed by their it and those kinds of things. So see, but really it's, it's become a virtual department. We meet online, we support online, those kinds based in the public school division.

Lisa Archibald:

Even though you're employees of...Who are you employees of?

Carolyn Hovey-Johnson:

PCS has a banker board. So they're just like, here you hold all the money and you pay the people. And that is Grand Prairie Public, just because that's history, they've always done it. We have a leadership team who, based of the six school divisions, they come together and make the decisions. For example, are we going to, you know, change their benefit package or are we going to give them a raise? It's a leadership team decision.

Lisa Archibald:

I see. So are you a school board employee?

Carolyn Hovey-Johnson:

Yes.

Lisa Archibald:

You are. And the school board then would, would post its vacancies and hire into that, and they would become part of your team for this group that's that stayed together as your district.

Carolyn Hovey-Johnson:

Some of the differences I know of, you know, in say if you're employed by Edmonton public, you may be may not have a department you may not have the interdisciplinary kinds of things that we do. We kind of float over.

Lisa Archibald:

Very interesting. Carolyn, thank you so much for your time today. And for telling us about the services in your area, it's been, to learn about how collaborative your team is and how you solve those challenging problems. Right. I think in other provinces, as we was, we have other guests will see that that money is often fragmented across speech and language services and how to be effective, or even how to bring that money together to, to bring a substantive services really challenging. So I think people will be really interested in hearing about what your group has done.

Carolyn Hovey-Johnson:

I think one of the key benefits is an innovative leader and the will to be innovative and, and make that happen.

Lisa Archibald:

Well, that's super great advice. And that brings us just, and that just reminds me and brings us to our final question as a sort of finish to the podcast, then, how do you and your colleagues support one another in the work you do?

Carolyn Hovey-Johnson:

So again, we do have a department, so we often have online chats. We send out messages- come help, come see my one child. Does anyone have recommendations for a child who's who's stuttering those kinds of things. So we provide a lot of online support. And we also have, when a, when a new staff member comes into our department, they're assigned a mentor and they're expected to participate in mentoring. So that's a huge benefit.

Lisa Archibald:

For sure. And what's your top tip on being a school based S-LP? Do you think?

Carolyn Hovey-Johnson:

My top tip, I think, is focus on the teachers and the EA's as your client. Kids are, they will each have individual needs, and that's part of our job too, but really focusing on the teacher and the EA's as the client is a huge- it's very important in our work. And I think don't underestimate how much we know. What I've learned is that teachers are just

given a smattering of information about language and literacy, and we really have the depth of knowledge. So don't be afraid to share it because we are the experts in that area.

Lisa Archibald:

Really nice. And, and one last thing, what's your favorite out of work activity or some of your favorite out of work activities?

Carolyn Hovey-Johnson:

Well, currently, because it's summertime, I love to garden. I love to go and get my hands dirty. I'm not very good at it. And Northern Alberta is a challenge, but that's my real joy.

Lisa Archibald:

Ah, very nice. It does feel great to get your hands in the dirt.

Carolyn Hovey-Johnson:

It sure does.

Lisa Archibald:

Thank you very much for your time today, Carolyn, it's been great to have you.

Carolyn Hovey-Johnson:

Thanks for having me.

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