

Ep 159 Impostor Syndrome

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Sarah: Welcome to the Happy Hour podcast. I'm Sarah, a private practice in Oregon, and today our topic is Imposter syndrome. I have two guests with me so we will all introduce ourselves, starting with my friend Nikki.

Nikki: Hi, I'm Nikki Hunjan, I'm in Virginia, currently working in private practice,

Emily: and I'm Emily Cohen. I have a pediatric private practice in Austin, Texas.

Sarah: And I do want to say just for the recording quality, that I am in a speech therapy clinic right now, and there's a session going on next door. So if you're listening to this later, you might hear some noises. So let's get started with what is imposter syndrome. And I'll get I'll start. So I, I did some research on the history of the term. And it really it was developed in 1978 to talk about specifically women in healthy and helping professions. And it's really most of the research I've seen has been mental health providers and doctors, which are both, you know, suffering from imposter syndrome. But it is really interesting to me that when researching it, what people are saying over and over again is it's a term developed for women. So I think that that is problematic and something that, you know, if we have time today, we should discuss that. For me, imposter syndrome is feeling like I'm doing a bad job paired with. And that means that I'm not good at what I do if I if it doesn't also make me doubt myself, it's not imposter syndrome. So those are my initial thoughts. Emily and Nikki. What what is imposter syndrome to you?

Emily: I think for me, another component of it is like that comparing myself to someone else. It's not like me reflecting within myself, it's how I perceive my performance compared to another SLP or another person that I have some kind of interaction.

Nikki: Yeah, I agree, I think it's the for me, it's a comparison piece to it. Um. Especially think with the social media influence, getting on Instagram and seeing, you know, other SLPs doing what they do. I think it's hard to not compare yourself.

Sarah: And it's it's really hard to not compare yourself because of course, everyone's sharing things that go well, right? Like if things if a child is having a meltdown or a session isn't good, we're not like taking out our cameras and talking to the screen. So it's definitely a distorted view. I'm wondering when if either one of you would be willing to share? Maybe either or like a time recently where you felt imposter syndrome, or maybe it was a time in your career in the past where you felt a lot of imposter syndrome, and also with that, what the early signs of imposter syndrome are for you? How did how it starts?

Emily: I think I was thinking about this earlier and kind of in preparation for us all chatting. And so the what popped into my head right away is that I was recently invited to speak at a conference that's going to have a bunch of SLPs, and I was talking to the the SLPs who invited

me and was curious who the other presenters were going to be. And I was like, whoa, like, this is not the right spot for me. You know, think, feel like I had thoughts of like, I no deserve to be here. Like what? What what am I going to share? These people are like fantastic SLPs and great business owners with all this stuff going on for them. And like, I just own this teeny tiny little space in Austin and it's just me and it's nothing impressive. Um, and for me, that started to manifest as, like anxiety like that, like fluttering in my chest and like, then it translates into, like, analysis paralysis, you know, the, the, the women who are putting on this conference, you to write like a three sentence blurb about what was going to talk about literally took me way too long to do because I was just so stuck in my own head.

Nikki: Uh, so just started a new job. I'm doing private practice now, three days a week, and I think I have imposter syndrome every time I start a new job. But for the last, you know, nine years I've been in school, and so. I've had my kind of school brain on, and so when I switched to private practice, I am still going into a private school. But like there is no IEPs, there's none of that. And the that I'm taking over for, um, was talking about, you know, referring out when we need to and things like that. And because in the schools I'm sure you both remember we are not allowed to really say that. So I think I have to shift my brain to a different to being a different type of SLP to know that, oh yeah, that's okay. I can I can say this to parents, I can't, I can't refer out. It's okay. I don't have to, you know, talk around the topic and think as someone who already has anxiety, like Emily said, it does. It manifests for me as just that pit in your stomach. I don't know what I'm doing kind of feeling, and it's not a good feeling.

Sarah: And if we can catch it earlier, that's sort of one of my hopes about this episode. And so if you're listening to this, I want you to know that you're not alone. So my early career I've been in since 2007, there was no social media. So I felt imposter syndrome horribly. And I really, truly thought I was the only one and that I had to present the front like I had it all together. So I think sometimes as people in helping professions, we want to come across as capable and not having needs. Even things like small things, like when I worked in the school, I could never have a pee break, right? I didn't complain, I would just keep going. So I think part of it is these really high expectations we have for ourselves. Part of it is our scope of practice is so huge. Part of it is the shame of sometimes thinking like, oh, other people have figured this out. Why? Why can't I figure it out? So I'm just curious what feedback you have about factors that maybe cause or initiate imposter syndrome in you for me, it's if it's a child that's an age that I haven't worked with a lot. If I feel like we're not making the progress we quote unquote should make, or if I feel like there's a certain therapeutic approach that I should be doing, quote unquote, right and might be doing it quote unquote wrong,

Emily: I think for me. Well, think. Another thing that's for me is that the root of sort of imposter syndrome is just like general insecurity and social media breeds that really well. I think personally, I experience less imposter syndrome when I'm being an SLP. Like in my when I'm in my room with my client or a family that doesn't come up for me very often. It's like the it's like being a private practice owner, the business aspect of things, that I experience it more and I think it's just like, oh, well, you know, my practices feel successful for me and I should be growing it more like, you know, people ask me all the time, like, when are you going to hire

another speech therapist? Not if like, not, are you going to just sort of like some of this expectation. And that's never been something I've personally wanted for my work. It was never part of my plan and very happy with the size of my company and how things are. But then I of these questions like plant the seed of doubt, like should I be doing things differently?

Sarah: So it's the expectations that others have of what your business or life should look like. And maybe they're even things you've never even thought of. Or maybe they're things you've thought of and you've made a different choice, right? And then it's like, oh, well, hearing this over and over again, maybe I should be doing that other thing. So I wonder if there's an element, I mean, there has to be an element of self trust in the equation of impostor syndrome.

Nikki: I think too what you were saying, Sarah, before we jumped on here, that it was (or maybe you said at the beginning, I don't remember) that it's the term impostor syndrome is only for women. And I think that there is something to be said about that, because I feel like as a society we kind of just doubt women. Everything they do I mean they can - we can really do anything, and it would garner doubt or some kind of insecurity because people have opinions and people are going to say whatever they'll say. And that's only ever directed at women. No one asks a man like, well, are you gonna are you gonna hire another SLP? Like, are you going to, you know, those those expectations I feel like aren't on men as heavily as they are on women.

Sarah: And maybe their judgmental expectations like, oh, this is a woman. So, Emily, maybe she's not good at business. So I'm going to, you know, give this idea. And for me, I have hired and I don't like it. So I can say like, I have my own data. I've tried it. I've loved everyone I've hired, and it's not for me. And it's not profitable for my business unless I can do it on a large scale. And I don't want to do that. So it's knowing what you want and having that self trust that what you want is okay. So if impostor syndrome is anxiety, high expectations, comparing with others, maybe to a certain extent, gaslighting ourselves and listening to others above ourselves, what would the opposite of that be?

Emily: Compassion for like self-compassion would be a really good counter for that. And like being in a space where at the end of the day I'd say like did a great job.

Nikki: You know, think a lot of us are type A perfectionist. And so when think about that, think the opposite of that is to not seek perfection and give yourself that grace of like, didn't get X, Y, and Z done or didn't do something, but that's okay and move on instead of kind of beating ourselves up about it.

Sarah: So it's a combination of taking that high expectation and shifting it a bit and having a lot of self-compassion if anyone's listening - Doctor Kristin Neff has some great books on self-compassion and free meditations on self-compassion that are just on her website that I found super helpful. I think with impostor syndrome too - so we know it's not just SLPs. It's a lot of help in professions like mental health professionals, doctors and nurses, things like that, people who work in the medical world, people who work in the physical and mental health world. There's a lot of impostor syndrome, and I wonder if a piece of that is because we want to help

so badly. We decide that we have a certain level of control of the outcome, how it will go. And I've been thinking about this a lot this week, because this week in particular, I've had a really, really difficult time with imposter syndrome. I've cried a little, I've talked to friends, but I have a two year old who just isn't making a lot of progress, and I'm realizing over time that there are a lot of shifts I need to make, one being children progress at a rate that works for them. Parents support children at a rate that works for them. Like if everyone is low bandwidth, this is going to take how long it takes. I also like there's a SLP named Deborah Brooks. She is on Instagram. Her husband is a comedian and she's told me before like, it's like doing a comedy show. You show up, you do your gig and you leave. Sometimes people clap, sometimes people don't. Sometimes people like it, sometimes people don't. And I think that in my own imposter syndrome, I need to keep in mind that everyone is overwhelmed, including the children we work with, and that I was taught in grad school that growth was an upward line, right? Like you do R in words and phrases and sentences and then, you know, and then it goes up, up, up. And that's not life. So when we have a hard session, I'm acting as if I can control everything and I cannot control: How did the child sleep last night? Have they eaten today? What have they been? How are they feeling? Do they have a stomachache and they can't say it? So a piece of that is the self trust of I'm going to trust the process. I'm going to trust it works. I'm going to trust that I know what I'm doing, and I'm going to accept that progress might not look the way I want it to look.

Emily: Yeah. Think that's a really good point. Think that that kind of ties in to what you were saying about that perfectionist mentality that a lot of us have, because we're Type-A people. Another thing I was thinking about is like that what happened has happened to me before is and this just happened, which is why it's popping into my head like the family that ghosts. It brings in all of that self-doubt, like, oh, they stopped showing up to therapy because I'm not a good therapist. They stop showing up to therapy because we were making really slow progress. And oh, I'm sure they found somebody who's a better than I am. Where? Very well, like you were just saying. So it could be they just didn't have the bandwidth for it right now for any number of a million reasons that have nothing to do with me.

Sarah: So this weekend I contacted Amazon customer support and I said, hey, there was this like microwave steamer. I bought it never arrived. It's been like a month. And the first question the person asked me on the chat support was, why didn't you let us know sooner? And I said, because adulting is hard and I only have so much bandwidth. And I think they didn't know what to say about that. They were like, okay. And they ended up sending me one. So actually received my steamer. But when I think about clients who don't get back to us or even friends that we text like, hey, do you want to get together? And they don't get back to us - I do that to people, and that might mean that I'm having health issues or I'm caregiving for a family member, it could mean 100 different things. And so again, I know I keep bringing it back to control and don't want to harp on this too much, but we can only control what we can control. We can control what we do in a session. We cannot control how others react to a session. We cannot control what people do, when we're not in the session. And I think that's hard because we're taught things like, you should do parent coaching and parents should be involved. Well, what does "should" mean? Because I have worked with parents who have, for example, adopted a

drug addicted toddler and a baby at the same time, and they were not able to follow that parent coaching model. So I think some of it also is that as SLPs, we can be rigid. And that's something I really thank the neurodiversity movement for. The more that I have followed the neurodiversity movement, the more I've advocated for my own sensory needs, strangely enough. Um, and I think that recognizing parents might not have the bandwidth for us today. Children might not have the bandwidth for us to do, clients might not have the bandwidth, we might not have the bandwidth. If I'm at 30% today because of things happening in my family or my physical body or my mental health, and I give 30%, I gave all I could get. So I think that a part of this is control. And assuming that we can control everything that happens and I think a lot of that is grad school. And again, being taught that like progress should be the steady upward line and we should always be right in that person's zone of proximal development. And in the real world, when we get kids and families, they are in a completely different place each day. Like I think of one day. I was trying to do a bit of parent coaching, and the parent told me very quietly that they had a family member that was killed in a violent way, and they had just found out. So none of this takes into account bandwidth. None of this takes into account neurodivergence, disability, mental health diagnoses. And I think we're taught that we need to make it all work. And when we work with children and families with reduced bandwidth, we just effort, effort, more and more work is never, in my opinion, more work is never the answer.

Nikki: I feel like we should start every session and like any parent interaction with like. Do you have the bandwidth for this right now? And like with that parent that you said, obviously she was not going to be able to process anything you said at that point, because why would she? And I find it the same way. You know, both my kids are in speech. My daughter has articulation therapy on Tuesday afternoons at like 6:00 at night. And I'm, you know, gotten home, you know, maybe half an hour before rushing around trying to get her on. And then at the end of the session, I do sit on the, you know, the zoom meeting with the SLP for like a few minutes to discuss how she she did. And by that point, I'm just like, I'm not there at that point, you know? But I need to know how she's doing and how, you know, how I can help her and things. And but I can almost feel myself at that moment just being like, I can't do this right now. But I do push through it because obviously we we have to um, but yeah. Agree with you Sarah.

Sarah: And what I love about that, Nikki, is you're talking about grace for the parents, grace for the students, grace for us as professionals. Instead of taking an idea of how a session, quote unquote should be, that does not take into account this dynamic change that children and families have from day to day.

Emily: Yeah, like one of the things that I've been doing when I would like to do parent coaching is like making it like an invitation to the parent versus the making the assumption that they're going to come into the treatment room with me. I'm like, that's one of the shifts that I've been working on.

Sarah: And I've been pretty rigid because I, you know, for example, one day a week I work with almost all of my clients have Arc, and I'm learning about s'mores. And I was reading the research about parent coaching, and I was like, oh my gosh, I have to tell all these parents that

we have to do parent coaching or nothing, because if they're, you know, you've all seen the pie chart. If we're with the kid 1% and the parents are with the kid 99%, or maybe they're in school. For me, that is, you know, taking it back to the neurodiversity movement, I was realizing that I was being structured because we know parent coaching works with AAC doesn't mean that direct therapy doesn't also work, and we need to meet ourselves where we're at. We need to meet parents where they're at. We need to meet teachers where they're at. Yeah. The more I think about this, the more it's about grace. And not just grace for ourselves as helping professionals, but grace for ourselves - and you know, our profession is mostly women - who are also, when we're not working, doing caregiving or doing household management or doing a million other, you know, unpaid pieces of unpaid labor. So this is not our whole lives. We also have full lives outside of the job. And I think we need to give grace for the fact that my job can't take 100% of my energy because I need 50% for home.

But what are all of your thoughts about the size of our scope of practice, and the expectation that an SLP is supposed to be able to practice in all of these areas? Because we have feeding, we have swallowing, we have stuttering, we have speech sounds, we have CAS, we have language, we have dyslexia. So would either one of you just be willing to share your thoughts about the size of our scope of practice and this idea that we have not just competence, but quality service in all of these areas?

Emily: I think as a profession, we would serve ourselves and clients better if in the future there was like almost like physicians do a medical school pick a specialty where there was. Yeah, some some mechanism for that in graduate school where there was like a, you know, maybe you chose a track that you wanted to do or something along those lines. I was a special education teacher before I went to graduate school for a few years, but never went back to the schools because, I mean, and have so much respect for school SLPs. I literally don't know how some of you do it, because the scope of practice in pediatrics alone is so, big, and I'm afforded the luxury of working for myself and being able to say no to clients. And say I'm not the best person, but thankfully I've a network of 50 amazing SLPs that I know well in Austin. And here are six other people that you can talk about your child's needs with.

Sarah: And that does get tricky. I just have to. I just have to mention the rural aspect. Like I live in a small town. There's maybe five of us in our area, not just town. And so there isn't always (someone else) sometimes people have to drive five hours to get to that specialist. And I also want to just sort of insert in here that it is okay to be a generalist. If you work in a schools, you are a generalist and that is enough. Stop making yourself feel like if you get a cleft palate client, you have to be an expert in cleft palate. And if you get a fluency client, you have to be an expert in fluency. Your job description is that you are a generalist and you need to tell yourself that's enough. That is more than enough for this job. That's exactly what they're asking for in this job and with these other areas, I'm going to do my best. So I just want to start with this. I think people are really interested sometimes. Like for example, I'm also in private practice. I also have a specialty. Not 100% of my clients are within that area specialty, just a majority like more than half, less than 90% depending on the time. Right? So I would say that like although I do things like AAC autism and CAS, like that's what I am probably the best at. I still feel like a generalist

because I'm a clinician in a small town, in a small area without any big cities nearby, and being a generalist is enough.

(Midroll)

Sarah: Thank you for listening to this episode of the Happy Hour podcast. I hope you are enjoying this interview with Emily and Nikki on Imposter Syndrome and being a generalist. If you'd like to help out SLP happy hour or keep in touch, there are two ways to do that. The first is you can join the monthly or so newsletter that I send out full of therapy ideas, and you can sign up for that at SLP Happy Hour. Com forward slash newsletter. Another way you can get involved is to review this podcast wherever you're listening. I don't know about you, but I don't hear a ton of SLP podcasts that have this kind of discussion that talks about the realities of being an SLP. Upsides, the downsides, and really how to work through these challenges in a way that we can develop a sustainable practice. So that's it for now. Back to the show.

Nikki: Yeah I agree. Our scope of practice is ginormous and no one person can be good at everything. So, you know, as I was a school SLP for several, a lot of years and I found that hard to be kind of a generalist because, you know, something would come across my desk where you don't get the choice, like, you have to figure it out. Now, I'm lucky that I'm in, I was in a big district where usually there was someone else I could call to get to kind of pick their brain and get some more guidance, but it's still left me with some imposter syndrome because, you know, it wasn't an area that I was well versed in and I kind of had to do a crash course in it to become versed enough that I could treat this child. So yeah, I like the idea of kind of specializing. And I, you know, I work for am a private practice. It's not my own private practice. So I think it's nice to be able to say, I think my boss will be like, hey, do you want this client? And I can say, no.

Sarah: yes. And I'm also circling back to Emily, something that you said, which was about being invited to this conference. And I do feel like, you know, being on social media, the idea is that I sometimes know more than I actually know. And I'm like, no, no, no, you all like, I'm trying to figure it out every day. I have at least one session, many days, several sessions where I'm like, that did not go well. Is there anything I could have done? And I reflect on it. So I think that this idea that, you know, kids should sit down and listen or if we're doing play based kids should sit down and play those very basic assumptions that we leave grad school with. And we say, okay, therapy is going to be this way are not necessarily a given. And so we're not trained to, well, one, we're not trained in trauma, which we should have been. We're not trained in ableism and recognizing, like, again, there are a lot of societal factors that cause families to not have a lot of bandwidth, whether they're caregiving for an elderly person, they have a disability, they have a mental health condition. There are other children in the families who have disabilities, etcetera, etcetera, etcetera. Right. Like we don't know what's going on with the children and the families that we're working with. And I feel like a more balanced approach would have been if I was taught, we show up, we do our thing, we do the best we can, and everything else is dynamic and constantly changing.

Emily: Yeah, think I finished grad school around the same time as you Sarah. And yeah, social media wasn't a thing like it is now by any stretch of the imagination. And yeah, I feel like in grad school we were sort of painting this picture like, this is this is the one way you do this thing and it

works, and then you discharge your client. And then here's this other thing, and here's the way you do it. Like it's like this neat, tidy package. And nothing is like that. Nothing in life is like that. I think I've had to learn to be much more flexible in my work than I am naturally inclined to be.

Sarah: I'm wondering if we could all share, or whoever feels comfortable, just an instance of imposter syndrome and the early signs that they saw in themselves. And then, now that you've had time to reflect on it, what you wish you would have told yourself so I can, I can start this child is two that I was talking about. I was just feeling like parents were high achievers and had high expectations. I'm a high achiever, I have high expectations. And although we're making progress, we are not making progress as quickly or in the ways that I expected. Like we're seeing progress in play, but not in verbal language, right? I'm working on play, I'm introducing AAC, and we're doing a lot of things, and I will have a great session with this child, and then I'll have two sessions where he's crying or upset or tired and it just doesn't work. The first signs of imposter syndrome that I saw myself was this feeling of overwhelm and sadness and like kind of a racing heart, a desire to act upon it. I'm going to research this, or I'm going to talk to other providers, or I'm going to take a class. My first, those first symptoms, when I'd feel them like the racing heart, the feeling overwhelmed, the "this isn't good enough, we should be doing more." I think things that I wish I would have told myself is, first of all, just like gone for a walk and the next thing is just to be like, how much of this is within my control? And I am allowed to do my best, and whatever happens after that is outside of my control.

Emily: I think for me the yeah, my first inkling is yeah that like racing cart like everything feels like it's like bubbling up in my chest. I can't think of like a really specific incidents very recently where I felt that outside of kind of what I was sharing earlier about this conference invitation that I got and. Yeah. And then get it, that for me just translates into like analysis paralysis. And I wish that I could catch that and be able to like, pause, take a deep breath, remind myself it is all going to be fine. Most of these things that we're experiencing are not like, thankfully, life and death situations. And if I again give myself that grace and say, okay, I'm going to step away from this and gather myself and come back in an hour, the world is not going to have ended and everything will be fine, you know, help me dissolve that anxiety that I'm feeling and approach the scenario that feels challenging in a better space.

Sarah: Yeah. What I love about that is you're accepting the imposter syndrome, but you're turning... It's like a volume dial in the car, right? We're just turning the volume down. We're not saying this is bad. We don't have to fight imposter syndrome, but we are accepting it, and we're turning down that dial. This is not life or death. Progress isn't linear. I'm doing my best. What are your thoughts?

Nikki: My biggest experience with imposter syndrome is obviously I'm on Instagram. I have a store I've had for several years now, and when I first started, I'm an Asaian SLP. I'm in. The 8% don't fit the mold of, you know, the rest of our field kind of thing. When I first started, the people that were doing it, blogging, TPT stores, all of that, they were all white. I had very big imposter syndrome at that point, because I felt like I needed to do what they were doing. I needed to be

friends with everybody. I needed to do all of these things so that I could be, you know, just as successful. And I wish I had told myself back then that I didn't have to do that, because I've since learned that, and I've since stopped that train. But it took a long time to be like, yeah, you don't have to be like everybody else. It is okay. Connect with other Asian SLPs, Bipoc SLPs, that are in the out in the world, too. So yeah, mean but it's it's a battle every day to to not to fall off that cliff of oh my gosh, everyone else is doing XYZ. I'm not keeping up, therefore I'm not good enough. Cue massive amounts of anxiety and just that feeling and then you know, but wish that I had had told I had been kinder to myself and told myself that it was okay. I didn't have to be like,

Sarah: Because as I saw, PS were already such a homogenous group. And then Instagram is an especially homogenous group. I mean, if I could tell you the amount of profiles that are like hashtag boy, mom, Starbucks, you know, that kind of thing, like, love my job, it doesn't leave room for a lot of differences. Diversity. Also, thinking about already there's not a lot of differences of opinions, abilities, mental health conditions, even thinking about being an SLP with anxiety like five years ago, people wouldn't say anything about it. There are a lot of things behind the scenes that we don't see.

So it is time for us to wrap up. If there is an early career professional who listening or someone who's struggling with imposter syndrome, what a 1 to 2 really quick things you would want them to know, or encouraging thoughts, or a piece of perspective that you would give them.

Nikki: You don't have to know everything because you can't know everything and that you know you're not alone if you're feeling these things, I think it's really important to say to to anyone listening like, you're not alone there. I'm sure everybody has felt this, but they won't admit it.

Sarah: Right. And this job is a real struggle. It's not easy for everyone else. Yeah. And to give yourself grace and to give your clients the grace and to accept that so much of what happens is outside of our control.

So that's it for this episode of the Happy Hour podcast. Thank you so much to my guests and a few announcements before you go. If you would like regular updates for happy Hour, including easy lesson ideas, you can sign up for the newsletter at slphappyhour.com. Forward slash newsletter. Also, if you can rate and review the podcast wherever you're listening, that would help like minded SLPs a space and help students find the podcast. That's it for today. I hope this episode was a long slice of a happy hour for you. Until next time.