

Episode 58: A Day in the Life of a Medical SLP: Conversation with a Pediatric SLP

Meet Lauren Pontoppidan, a pediatric medical SLP who works within the school system and in the hospital setting. She tells us how she discovered speech pathology, walks us through a typical work day, explains what it's like working with children with severe medical conditions, and offers advice on how newer SLPs can break into the field.

Discussion & Reflection Questions

1. Tell us a little bit about why you became a speech pathologist. How long have you been an SLP?
2. Did you always want to be a medical SLP, and did you always have an interest in working with children?
3. Tell us how your typical day works out. When do you start? When do you end? Do you get a lunch break?
4. What do you do if you do start getting burned out? Any words of advice there?
5. What is one of the favorite things that you do working in the school system? What about in the hospital?
6. Was it scary starting to work with NICU babies? How did you build your confidence in that?
7. What are some of the resources you recommend for students or SLPs just starting out?
8. What words of advice do you have for the new or fresh SLP who is an inner clinical fellow and wants to move into a career like you have?

Quote of the Conversation

"Be confident in yourself. You've gone to graduate school. You have a Master's degree. You're a smart, capable person. So, I think a lot of people come out really scared. And it's good to know your limitations and know what you need more help in, but also know that you know things."

-Lauren Pontoppidan, MA, CCC-SLP

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*Medical Speech-Language
Pathologist*



Lauren Pontoppidan is a pediatric Speech-Language Pathologist practicing in New Orleans, Louisiana. She earned her Master's Degree in Speech-Language Pathology from the University of Memphis in 2013 and completed an Advanced Certification in Pediatric Dysphagia from New York Medical College in 2020. Additionally, Lauren is a Level 2

SOS provider and SOFFI certified.

Lauren works for Jefferson Parish Public School System, where she specializes in treating children with severe communication disorders and is a member of the AAC team. She also works for Children's Hospital New Orleans and is an independent contractor for Early Steps, where she specializes in infant and pediatric dysphagia and feeding disorders.

Lauren resides in New Orleans with her fiancé (Norwood), Labrador (Magnolia), dachshund (Mona), cats (Graycie and Baloo), and horse (Bailey). When she is not working, Lauren is busy planning her May 2021 wedding. She also enjoys cooking, gardening, Orange Theory fitness, and horseback riding

Keep the Conversation Going

Lauren Pontoppidan, MA, CCC-SLP

Contact Lauren Pontoppidan

Email: LPontoppidan24@gmail.com

Resources

www.sosapproachtofeeding.com

www.feedingfundamentals.com

"When you're the speech therapist, people like to talk to you. And they like to tell you their life stories, and they tell you their secrets. And they depend on you, and they share stuff with you. And that is really fun. I love learning about people's lives. And they're so fascinating."

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Mattie Murrey

Hello, and welcome to The Missing Link for SLPs podcast. I am so glad you are here. Today's episode is part of the Medical SLP series, where we talk to some amazing speech paths who work in a variety of medical settings — all the way from intensive care through to homecare, and everything else in between and beyond. You're going to hear some incredible medical SLP stories and lots of advice from these passionate medical SLPs.

Mattie Murrey

Welcome to Lauren. Happy to have you here. Names are so important. So, I'm just really glad to have you here on The Missing Link for SLPs. Welcome to the podcast, Lauren.

Lauren Pontippidan

Thank you. Thanks for having me.

Mattie Murrey

So, you're going to be, I think, a very popular episode because you are bringing together the pediatric world and the med SLP world. So, it's just like a wonderful combination of two of the things our field has to offer. So, tell us a little bit about why you became a speech pathologist. And then we're going to jump into a deep dive into your settings and all that you do as a pediatric SLP.

Lauren Pontippidan

So, it's a pretty uninteresting story. I started my college career as a pre-vet. I have a lot of animals, so everyone was like, "You should be a vet. You should be a vet." I didn't really know what I wanted to do, so I was like, "I guess I'll be a vet." And I started that, and I hated it. So, I guess it was my sophomore year. First semester of my sophomore year of undergrad, I went to my advisor and was like, "I don't like this." So, I literally just picked up the course catalog and was like, "What do I think sounds kind of interesting and I can make an A in while I figure my life out?" And they had "Intro to Language" ... Or it was "Intro to Communication Disorders." I had to also take "Intro to Language," but it was "Communication Disorders." I was like, "Oh, that sounds like I can make an A in it." That's terrible to say. But that was the truth. And so, I took that and I loved it. I loved it. And so, I was like, "Yeah, I think I'm going to be a speech pathologist." And my whole family was like, "What are you talking about?" But I didn't realize this until later, until I got deeper into the coursework and stuff. But I always — like in high school — I really always liked English and science, which was such an unusual mix of interests. And as I got deeper into the SLP world, I was like, "Oh my gosh, this is English and science." So, it's perfect. So, that's that. I graduated in Communication Disorders [for] my undergrad, and then I wound up at... So, I'm from South Louisiana. From New Orleans. And so, I ended up at University of Memphis for grad school. I am very much a homebody and was pretty terrified to go, but I got accepted. It was a competitive program. So, I got in, and then I was like, "Oh, it's so expensive." So, they had this, like a mentorship or a traineeship. A professor had a grant, and



they were taking two people to work on this mentorship and you would get in-state tuition and a stipend and everything. So I was like, "I'm going to apply for this, and if I get it, then the universe is telling me that I need to go to Memphis." They were only taking two people. And I think I was secretly hoping I wouldn't get it because I was scared to move. But I got it. And so, they called me and I was like, "Oh god." Like, I called my mom and I was like, "I got the mentorship." And she's like, "Yay?"

Mattie Murrey

It was meant to be.

Lauren Pontippidan

Yeah. Yeah, it was. Yeah. So, I just was like, "I have to go. Like, I can't not go." So, I went and now I'm a speech pathologist.

Mattie Murrey

How long have you been a speech pathologist?

Lauren Pontippidan

It'll be eight years. I graduated eight years ago in May. So, this is my eighth year.

Mattie Murrey

So, now you're on the Medical SLP series. You're going to tell us about your medical SLP work. Did you always want to be a medical SLP? Any interest in working with kids? I mean, in a medical setting.

Lauren Pontippidan

Yeah. So, I always thought I wanted to work with kids, which is what I do. I always... I entertained med school for a while, so I always definitely gravitated more toward the medical side. I like blood and guts, I guess. Yeah, I was always really interested in the science aspect, I think more so than the English. So, when I was in grad school, I was really, really fortunate. Like I said, I went to the University of Memphis. I was fortunate to do a clinic rotation at St. Jude. And so, that was great and I loved it. And so, I got a lot of good medical experience there. But that program, I think, is really great because they require you... Like, everyone had to work in a hospital. Everyone had to do a clinic in a hospital. Everyone had to do a clinic at school. So, you really got to see everything that was out there. I guess I just always kind of gravitated toward that. And I started my professional in the schools, actually, but I always really liked those more medically complex kids. And I ended up at a school that has a high special-ed population, with a lot of orthopedically impaired kids and more medically oriented kids. But then... A little bit earlier, going full-time to the hospital, I couldn't see up there. It's kind of tricky. So, I got my med SLP position. I didn't love it as much as I thought I did. So, I actually ended up leaving that and going back to the schools. But in the meanwhile, it worked out because I really found this super love of feeding and swallowing disorders. I was always interested in it. I liked it in adults, but [in] a lot of grad schools, you just don't get that much experience. So, it was lucky that I went



because that's when I kind of was like, "I really want to focus on this." So, another part of the reason I went back to the schools was so I could devote time to studying and getting some advanced training and stuff. And so, that was great because I'm able to PRN, and I only take feeding kids. I get a lot of babies coming out of the NICU. And then I work for our state early intervention program, and the same thing, I only take feeding kids. So, it's like the best of both worlds. I get this nice school schedule, and I'm actually on the AAC team. So, I see all severe, profound, non-speaking children. And a lot of those do have co-occurring medical diagnoses. So, it's great.

Mattie Murrey

So interesting. Because a lot of people will come to Fresh SLP and they'll say, you know, "I want the school setting. I want the school calendar. I want to work with kids. But I like the medical side of things." And it seems like you've been able to pull both together.

Lauren Pontippidan

Yes. It was not easy. So, I don't want to give this false impression that like, "Oh, yeah, you just do that." Because it's taken me eight years to make it happen. But yeah, that really is almost exactly what I've been able to do, is really pull in the things that I love and kind of make my own little niche market. And it's great. You know? I love it. I'm passionate about it. I do work full-time in the school system, and then some kids afterwards. So, you know, a lot of people are like, "Oh my gosh, how do you function? Are you not tired?" But I love it so much. Like, no, I'm not tired. I'm stoked to go see these kids. And then it's great, because I'm kind of becoming... I'll get a lot of personal referrals, like people like, "Oh, you know, you need to go see this girl." So, it's nice. I get kind of the most complicated things, which is what I really like. So, it's great.

Mattie Murrey

Yeah. I like complicated, too. So, tell us how your typical day works out. When do you start? When do you end? Do you get a lunch break?

Lauren Pontippidan

I already took my lunch. I do eat lunch. So, like I said, my main job is in the public school system. So, I get to work at 7:10. Our school day starts at 7:20, so I have, depending on the day... Okay, so we have a lot of control over our schedule in the school system, which is, for those who are considering or coming out of school, that is a big perk of the school system. So, I like to front load my week. So, most of my Mondays and Tuesdays are the heaviest. I travel to nine different schools.

Mattie Murrey

Oh, wow. Is that typical?

Lauren Pontippidan

Not that many. So, like I said, I'm on our AAC team, which is for severe and profound non-speaking students — like, kids on devices, but also just your emerging language, lower-level



communicators. So, the way our schools/our public school system is set up, not every school has every class. So, a lot of these kids only go to certain schools that have severe classes for their disability. So, there's not enough need at one school for me to be there full-time, if that makes sense. So, those of us who are on the AAC team, we travel. But for our more traditional SLPs, they are at one or two schools.

Mattie Murrey

Okay. That was the question. So, your day starts at 7:10 in the morning?

Lauren Pontippidan

Yep. And so, I'm at school. I see kids. I go into classrooms. I see kids until... My day ends at 2:15. So, I usually see kids until 12:30 or 1, and then I have paperwork and everything. I do eat lunch. I think that's really important. When you're given lunch, you should take it.

Mattie Murrey

Yes.

Lauren Pontippidan

Don't work for free.

Mattie Murrey

Words of wisdom. Take your lunch break.

Lauren Pontippidan

Yeah. Take your lunch break. That is included. I tell my grads this all the time. Do not work for free. You are a professional, and you are entitled to be compensated for when you're working. So, then I leave at 2:15. I leave school, and I go see... So, on Mondays and Tuesdays is when I have my Early Steps kids. So, that's our early intervention program. So, I will go either to their daycare or their house — wherever the child is at. And I see them. I have two patients, so, usually like 2:30 to 3:30 and then like 3:45 to 4:45. Part of the perk of that job is that I choose the kids I take. So, I only take kids that are geographically convenient for me, just because I work everywhere. Well, then I usually go to the gym. So, I get home at, like, 6 or 6:30. And then on Wednesdays, I have my same school schedule. And then that's kind of my catch-all day. If I have any new evaluations at the hospital, that's when I'll schedule them. So, if I have a baby to go see there, I'll go over to the clinic. Well, it's an outpatient clinic, but it's affiliated with the hospital. So, then I'll go there. And then Thursday is when I have my regular standing patients that I see at the hospital. So, after school, I go see them and see if there's anyone upcoming that I need to schedule for the next week. And then on Fridays, I only work at school. I don't do anything extra.

Mattie Murrey

You are busy.

Lauren Pontippidan



I am a busy bee. Yeah. I'm also getting married in a month.

Mattie Murrey

Oh! Congratulations.

Lauren Pontippidan

Thank you.

Mattie Murrey

Congratulations. You've got a lot on your plate. You've got a lot of passion. A lot of love. A lot of drive.

Lauren Pontippidan

Yeah. I get really bored if I sit at home. You know, with the schools, we have a lot of breaks, which is another perk of the schools. So sometimes, I'm sitting in my house for like a week. And like two hours in, I'm like, "Well, I'm bored, so I need to go do something." So, it's great. And like I said, I like that I have enough control over my medical people that if I feel like I'm getting like, "Oh, I'm too busy," or I'm getting burned out on this, I can take a step back.

Mattie Murrey

I was just going to ask. What do you do if you do start getting burned out? Any words of advice there?

Lauren Pontippidan

So, when I was full-time working at the hospital, I did get really burned out. That was a really hard schedule for me. Just that many kids back to back to back was pretty exhausting. So, I changed settings. That is an option, though. You know, I think a lot of, especially newer grads, feel like, "Oh, I have to work at a job for X amount of years." And that's not true. If you're waking up unhappy to go to work, you need to explore a different setting. And there's no shame in that. You're not a bad person. You're not a bad therapist. You're just a human. But so, for what I'm at now, if I feel like I'm getting burned out... I mean, as far as my kids I see regularly, I wouldn't leave them. But that's when I say, "Oh, I really can't take a new eval right now," or, "I can't pick up a new baby right now." Although typically what happens is they'll call me with a baby that really needs me. And I can't... Like, I'm not going to be like, "Oh well, sorry, I guess your kid just won't eat." You know? Of course not. So, I haven't gotten to the point with this setup where I felt burned out — I think because it works out for me. But I do think it's good to plan ahead for what's going to happen when you feel like you need a break. And vacation. You're given vacation days if you're working full-time somewhere. Take them.

Mattie Murrey

So, you've got a variety of different things that you do. What is one of the favorite things that you do working in the school system with those kiddos? And the same question for the hospital.

Lauren Pontippidan



Okay, so in the schools. So, just as a caveat: Right now, in our school district system, we do not address feeding or dysphasia. We're actually working on building a team. But so, in the schools, that is not something that I do at this time. I focus really on functional communication. And gosh, when you have a kid — especially a kid that is either severely autistic or low cognition — that they finally get it. You know? Especially my kids that have more impacted autism, that have a lot of behaviors that they're using instead of functional communication. Our kids that are, you know, screaming and hitting and biting. The day that kid finally picks their device up and says, "I need a break." It's the best. You know? And everyone is so happy. And so, just that. That's probably my favorite. I co-treat a lot with our OT. With COVID, obviously we're not able to do as much fun stuff as we used to, but I'm hoping it'll come back. You know, I love to do... We'll plant seeds in the spring. We make trail mix for my kids who are able to (because I do have a lot of kids on G tube). But I think about my experience with that... I'm really good at... For our kids who aren't going to be able to eat, they can still participate. And I can think of something else that they can, you know, do. So, I love co-treating. I love doing hands-on, really functional things. I love, you know, making a Mother's Day gift or going — well, we don't do it right now because of COVID — but like, we'll go to the zoo. We'll go bowling. We'll do these community-based activities. So, I love that as far as the schools. And then, my medical stuff. I love the babies. I love love love getting little NICU babies, or babies coming out of the NICU. I love, again, when I can... It's the best when a parent or someone comes in and they're really struggling, and I can be like, "Hey, do this." And then they come back and they're like, "Oh my gosh, he's eating. It's working." And, you know, they're so happy.

Mattie Murrey

Was it scary starting in the NICU with those NICU babies, or when they were first coming out of the NICU? How did you build your confidence in that?

Lauren Pontippidan

So, I did a lot of training. And CEU courses. This is something I think is really important: not just training with the person who currently works in your hospital. And that's it. Like, I'm not hating on the person who works in anyone's hospital. I'm sure everyone has very good, competent people, but I think it is so important to go directly to the source and get, you know, different... Not just an opinion. But that's really important, too. Don't have opinions. Use science. So, I've done Karin Mitchell. Her NICU course is so good. It's "NICU in Transition Home." It's offered through CIAO. I think it's such a good intro course. So, if that's not something that you're familiar with, I definitely recommend her. I've done Erin Ross' course, SOFFI. I'm SOFFI certified.

Mattie Murrey

What is SOFFI? For those who don't know.

Lauren Pontippidan

Supporting Oral Feeding in Fragile Infants. So, it is a feeding course designed for babies that are in the NICU and that are coming home from the NICU. So, you know, sick babies. That is a really good one. I've done SOS, too, which is Kay Toomey's feeding course. That, though, is not for



infants. So, we'll talk about that later. But as far as that goes, I got a lot of training from the experts and the professionals. So, I wasn't scared because I knew what I was doing. And I think that's so, so important. Just prepare yourself. And so, I really haven't had an experience where I've been like, "I'm clueless." You know? And I think you do know what you're doing. If you do your homework and you do your training, you know. And sometimes you need to kind of take a step back and take a breath and be like, "Okay, I'm a really smart, competent person. I have my Master's degree. I've done this training. You know." And then... And then you know.

Mattie Murrey

What words of advice do you have for the new or fresh SLP who is an inner clinical fellow, and she wants to move into a career like you have? Where it's in the medical setting, working with pediatrics. So, you're going to take the courses. How does he or she get started in the medical setting and started on the path like you've had?

Lauren Pontippidan

Okay. So, this obviously might vary from different regions of the country. But my best advice would be: Take as many CEU courses as you can. And again, if you can go to the trainings from the people — if you can go to Catherine Shaker or Erin Ross or Kay Toomey — go to their trainings. And then, get into the hospital system in any way that you can. So, if the first job that's available is an outpatient, kind of your more traditional articulation and language setting, take that. Because the hardest thing that I've experienced, at least, is getting into the system. You need to get in, even if that's not your dream position. Because also, how most of these places work is, they'll hire from within. So, if you're trying to come, say from the school system or straight from grad school, and you want to go work in the NICU or work in acute or something really specialized, you'd better be amazing. And if you're a new grad, maybe you are amazing. You probably are amazing, but you don't have that experience to make you as amazing on your resume. But if you're already there and you're working, then you have this opportunity to show, "Oh hey, I have an interest in feeding." And maybe you take one feeding kid. Or you say, "Hey, I have some time at lunch." You know, if you're in a physical hospital, be like, "Hey, can I go with the impatient or the acute therapist?" So, getting in is going to be your hardest part. And then, I think, like I said, just take every opportunity. Because kind of how I got started was, I did a little bit of feeding in grad school. I loved it. But then, when I came back, I kind of forgot about it. And I started with like one or two feeding kids. Our lead SLP... No one else really had an interest in it and was really comfortable with it. And so I was like, "Yeah, I want to do that." And so, the first few, looking back, I didn't know what I was doing. And that's a little embarrassing. But whatever, it happened. So, just start with one. Start with one kid. And if you can, find a really good mentor. Find a person that is passionate about it and will help you and will be your biggest cheerleader and tell you what courses to take.

Mattie Murrey



And you can look to your state association — Speech and Hearing Association — for mentors. You can look to dysphasia clubs in your area or in your state for mentors. You can possibly look to ASHA for mentors. Correct?

Lauren Pontippidan

Yeah.

Mattie Murrey

Any other mentors or just other local speech paths who have interest?

Lauren Pontippidan

So, I mentor a lot of people. And usually how it works is, we'll get a new hire, say at the hospital, and I will say, "Okay." I introduce myself when I come in. Like, "I'm Lauren, and I do feeding [with] the kids." And if they have an interest, then help them out. Another thing that a lot of people, I think, overlook is OTs. So, we share a lot of passion for the feeding. Not so much dysphasia. That really should be speech, unless you're in California. So, don't discount your OTs. There are some really, really great OTs. In the same way, if any OTs happen to be listening, don't discount your SLPs. I collaborate a lot with our OTs. I'm actually mentoring two right now that really want to get into it. And the same thing. They're like, "I don't know where to start." So, I'm like, "Take this course."

Mattie Murrey

And have those conversations. I'm an assistant professor four days a week, and I keep my clinic days on Friday. Because I just love my clinic work, and I work with babies as well. And we had a little kiddo come in once upon a time, and the OT, she was newer out of school. And she said, "Oh, we just got this referral. And what do you do? What areas do you cover?" And then, we had this conversation about how we work together and collaborate. And we'll pull from here, and then from the mouth down. So, yeah, definitely. Who else is on your team that you work with? You have OT. Do you ever work with anybody else closely?

Lauren Pontippidan

So, unfortunately, like I said, we're in an outpatient [setting]. That's not in close physical proximity to the hospital, so a lot of it is via email, which is not my preferred format, but we do what we do. We have physical therapy. Well, physical therapy is in our department. So, our clinic is PT/OT speech. So, I work with them a lot. Also, your physical therapist. If you don't have good core support and good feeding, you're not eating well. So, don't count them out either. Then obviously, your GI doctor. Your ENT. Your child's pediatrician should be on this team. Nutrition, for sure. A lot of these kids, especially once they start getting older, it gets more complicated. Or when you have babies on some type of tube-feeding system. That's when you really need to have nutrition on board. Because I have a lot of training in nutrition, but I'm not a nutritionist. So, that is not something... You know, I would never be qualified to recommend calories or whatever. Yeah, so, all of those guys or ladies — people — should be on the team.



Mattie Murrey

All right. Words of wisdom for the new speech pathologist?

Lauren Pontippidan

Oh gosh. I think my first thing is, you know, be confident in yourself. You've gone to graduate school. You have a Master's degree. You're a smart, capable person. So, I think a lot of people come out really scared. And it's good to know your limitations and know what you need more help in, but also know that you know things. Okay, so that's kind of my first word of wisdom. Just know your own worth and your own abilities. Then, with that, recognize where you need further mentoring and don't be afraid to ask for help. You know, I get a lot of grad students who are lamenting, like, "Oh, you know everything." Which I don't. I don't know everything. And the things that I do know, I don't know because of magic. I know because someone else taught me. So, seek out the help. And seek out as much as you can. You know, these Facebook groups are great. People post on Facebook groups, like Little CEU's. And sometimes they're cheap. You know, a \$40 CEU on the cleft palate. Take that. Do all those little things. And, I think, take as much training and courses as you can. I always say, for me personally, I'm not going to settle for mediocrity. I think part of what I really like is that I specialize in a really, really small area because I want to be really, really good at that area. I don't really like knowing a lot [or] knowing a little about a lot of things. You know? I want to really... This is what I do. And then I build my network of other people that are really, really good at something else. So, when a parent comes to me is like, "Oh, my kid stutters," for example, well, yeah, I know about stuttering. I am licensed. I could treat that. But I'd rather say, "Hey, but you know what? I have a girl or man — usually it's a girl — who is great. So, you know, build your team of people that have your interests. But also people that have other interests, so that you always know what to do or who to send that child to.

Mattie Murrey

Interesting fact: A lot of voice referrals that go to private practice voice speech pathologists... Their referrals come from a more generalist SLP from the outpatient setting. They're referring to somebody who is specialized in that area.

Lauren Pontippidan

Right. That's good. That's great. Right. Our scope is huge, especially within this feeding world. Like, this needs to be its own profession. Because we have so many things, and even if you are the best, smartest SLP on the Earth, no human can possibly know everything about everything that is in our scope. That's just... I don't know that anyone's brain can hold that much information. So, I think pick the things that you love and be really, really good at that. And then know who's really good at the things you don't love so much.

Mattie Murrey

Do you have a story you can share with us that was just more challenging for you in your setting?



Lauren Pontippidan

Yeah, I got one. So, I saw this little boy. He came to me. He was three, like three years when he came to me. And he had a really complex medical history. He had had a brain tumor, a posterior fossa tumor that they had resected. Like, a partial resection. I think he had an astrocytoma, but don't quote me on that. But I know it was a posterior fossa tumor. And so, this was I guess about when he was a year old, when the tumor resection happened. But he subsequently had a trach. He had a G tube. He ate nothing by mouth. Like, just a very, very aversive... just a really complicated thing. And their home situation was pretty complicated. [There was] a lot of guilt and blame put on the mom. (It was her fault. Like, she was a great mom. She still is a great mom.) And so, when he came to me, this was the most scared-of-food child I've ever encountered. This was pretty new. I had just done... Actually, I started with him before I had done my SOS training — which, thank God I took that course because it really helped me with him. The first time we ever saw him for the evaluation, the mom pulled out this little drinkable yogurt smoothie thing — like a Danimals or whatever — and the child literally screamed and ran out of the room. And he was a darker skinned child. He turned white, screamed, and ran out the room. Like, just scared to death. So, therapy with him was really, really slow... I mean, really slow-going. So, he's one that is the type of child that I think can really make you question your competence because the progress is so slow. Like, he was one of the first times that I was like, "Man, do I need to send this kid to someone else? Like, I'm just not good at this." But then, you know, one day we had these little graham cracker Gripz, like teeny little graham cracker circles almost. And he tasted one. You know? He put it to his tongue, and he didn't love it. He kind of made a face and was like, ugh. But, you know, previously, if he got a smell of food — if he got anything — he would shut down. And this time, he had this big sensory response, but then he was able to keep going in the session. It was huge. And his mom cried. I cried. We all cried. It was great. But that, I think, is kind of... Sometimes you'll get kids and it's easy, and you'll feel like a rock star. Like, "I'm so good at my job." And then you get these harder cases that, you know, you have to stay the course. And he was one that really taught me, like, stay the course. But again, it was helpful because I did the SOS program. They have an advanced Mentorship Program, which I did as well. So, you know, I had that training and knowledge to know, like, you're doing the right thing. You're doing it right, and just stay the course — which, even knowing that, I still was like, "It's not working!" But it did eventually work.

Mattie Murrey

With cases like that... I had one little kiddo where we'd get him ready to eat, and even the presence of food would cause him to vomit. And we would do flybys with him. And he couldn't even tolerate it on his tray for messy play. And we would just do a flyby. And you know, eventually... And it's just stories like that, that it's good to hear from each other because then we know that not everything is like, "Oh, a quick fix," and, "Oh, look how wonderful I am." But taking these courses, learning from one another, and sometimes realizing that the work we do does take a long time.

Lauren Pontippidan

Yeah, a really long time. And, you know, what I had to remind myself of with this little guy was... He was probably four or five by the time he started entertaining eating things. You know, he didn't learn to not eat in a day. So, he's not going to learn to eat in a day. I just thought, I also had an instance where... So, like I said, I'm mentoring some OTs who are working in feeding. And one of our OTs, she also just took the SOS course, and she got this little guy. Really tough, tough kiddo. Like, five years old. Super ex-premy. Like, a 28 weeker or something. G tube fed. I mean, super aversive to food. And she had her first session with him, and she called me up and was like, "Lauren, it was terrible. Oh my gosh, it was awful." So, that was when... Because I had kind of helped her. Like, "Oh, I want you to try these things." And they didn't work, and she was so upset. So, I recommended... I said, "Okay, let's back up even further. This is too hard for him. So, take a whole orange with the skin, everything on, and try to roll the ball back and forth." This child also has some cognitive deficits. And so, the next week she came in, she texted me and she was like, "Oh my gosh, it worked. It was great. You know, he eventually held it up to his mouth." And so, that was just a great little moment. But that was so great because it gave her confidence that she can do it. It made me feel good that I also know what I'm doing. So yeah, just... I always try to think about, like, if what I'm doing isn't working, make the task easier. And I think if you keep that mindset. If the child isn't doing what you want, they're missing a skill and the task is too hard. So, that really helps me keep myself on track. Instead of panicking and being like, "Oh gosh, it's not working," be like, "Oh, it's too hard. Make it easier."

Mattie Murrey

Yeah. In scaffolding, you add or you take away.

Lauren Pontippidan

Right. Right.

Mattie Murrey

Do you have a story you can share with us where you're like, "This is why I do what I do"?

Lauren Pontippidan

Well, yeah. So, I recently had a baby — I had two, actually, similar babies. The baby was like a 28 or 26 weeker. A little premy. Yeah, discharged with an NG. Was doing well, like medically. Just couldn't really get it together for eating. You know, wanted to eat. This is all, you know, the report coming to me from the hospital. Wanted to eat. Just couldn't quite get that suck, swallow, breathe coordinated and just really wasn't doing well. And it was simple. I just literally changed her bottle. I just gave her a slower-flow nipple. And the parents... Because we were talking about G tube. The parents didn't want the G tube. But you know, we talked about how NG is not meant to be long-term and this whole thing. And they came back the next week, and they were like... I mean, the mom had tears in her eyes. Like, "Oh my gosh, I'm so thankful. She's been eating. She's been eating all week." And she's like, "Do you still think we have to have a G tube?" And I was like, "Well, at this point, no, I don't." And I mean, they were so grateful. So, it's those moments, where you're like, "Man, this is great. Like, I really helped someone." Or you know, I had a little guy, too, that has a genetic microbe deletion. And the first time he ate a puff, in our



room, his mom, I mean, she was like, "Where'd it go?!" And I was like, "Mom, he ate it." She was like, "What?" She's like looking at his mouth. And she's like, "He really ate it?" Like, "Yeah, he ate it." And she's like, you know, just her face. She's like, freaking out. And she's like, "Oh my God!" And I was like, "Yeah, he did it." So, you know, just those little moments where... Like, I didn't do it. The child did it. I didn't eat it for him. But just where you helped someone achieve a skill that they maybe didn't think their child would do. It's great.

Mattie Murrey

Those little moments are so big, though.

Lauren Pontippidan

Oh, yeah. They're so big.

Mattie Murrey

And then they just become so momentous. And then those kiddos reach those milestones. It's why we do what we do.

Lauren Pontippidan

Right. It's great. And not just for our feeding kids. With my speech and language kids, too. Oh my gosh, like the first time a kid says a word or points is great.

Mattie Murrey

Well, you gave us a lot of great advice today. Would you be willing to give us a list of your top resources and courses you would recommend for students working? You mentioned some of them, and we can put it in your show notes and for download on the Fresh SLP website as well. It'd be helpful to have that written out.

Lauren Pontippidan

Yeah. So, for people who are wanting to move into infant feeding — babies coming out of the NICU — I think Karin Mitchell's course. It's called... Like, "NICU and Transition Home." It's offered through CIAO. Like, C-I-A-O. That, I think, is like the best introduction if you have no experience with this topic. And then, Erin Ross has SOFFI. S-O-F-F-I. Supporting Oral Feeding in Fragile Infants. That one I do think is better if you have a bit of background knowledge. It could be a little confusing if you don't have some cognitive experience. So, I think if you do Karin's course first and then Dr. Ross', that's a really nice segue. And then, for our older kids — and by older, I mean like six months and up — SOS. It's life-changing I love it. So, Kay Toomey is the creator of it.

Mattie Murrey

What does SOS stand for?

Lauren Pontippidan

Sequential Oral Sensory. It's not a swallowing program, so it's not for kids with dysphasia. It's an eating program. And it's mostly for your, you know, sensory motor base kids. It does have a lot



of sensory integration components. So, a lot of it is helping the child manage their sensory system, basically, around food. Because, you know, food for them, it's a physiologic stress response. Typically, there's been a lot of things in these kids' lives. They've learned that eating is stressful or painful or all the above. So, it's really helping the kids manage that. But the course is so great. The intro is four days. And then, there's also I think like 10 or 12 advanced topic courses that you can take after. You have to take the introduction first. They have advanced topic courses in G tubes and transition over to D tube. Autism. Kids with severe developmental disabilities. Older kids, like you know, teenagers. So, there's just a lot of advanced topics that you can do. They also offer a mentorship program, that's, I think, 12 weeks. I did it a couple years ago. It's like a weekly class that you need. It's Zoom, or Blackboard — same idea. And so, there's a lot of really great resources for that. That is probably the course that changed my personal practice so much. So, I love SOS. And then, I also... So, I've just finished — well, in August, it's almost been a year now — New York Medical College has an advanced certification in pediatric dysphasia. That is online. Well, when I took it, it was online. I'm not sure. They're probably making some changes to it. But so, that's like a college credit course. It's three semesters. And so, for someone who's interested, that's expensive. You have to go to New York for clinic. So, if you don't live locally... Like I said, I live in New Orleans. So, that got to be a lot. Like, I had to fly to New York four times. But I ended up not [doing that] because of COVID. But so, if that's something you're interested in, too, that I think could be a good one. And also, if you have no experience, it starts out on a pretty introductory level. Yeah. And then... Those are the main ones I've done. I'm trying to think if there's anything else. There are some very good courses free through Passing Mirror. Because a lot of us are having kids with trachs. And that really can impact their eating for a plethora of reasons. And those are free. So, go ahead and do those.

Mattie Murrey

Right. Excellent. Last question: We are working on word cloud here at Fresh SLP. So, we're asking all of our guests to give us one or two words that you think describes an SLP.

Lauren Pontippidan

Oh man. That's hard. Let me think. I think maybe like, adaptable. I think we've all had that experience, where what you think is going to happen is not what actually does happen. You know? Adaptable. You said two or three?

Mattie Murrey

One or two. Do you have another one? Give me another one.

Lauren Pontippidan

Yeah, let's think of another one. I think "undervalued." And maybe not undervalued, but misunderstood perhaps? I think that our field, a lot of times, gets a rap for being easy. It's not. You know, and I think a lot of people... I'm sure we've all had this experience. If you haven't, it's coming to you. Either they think you teach like debate speech at work. "Oh, you just teach kids how to say R." Which teaching kids how to say R is important. If you are the child or the parent



of a child who can't say R, that is a really big deal to you. So, don't say I hate when they say, "Oh, just..." That's not true. But we do a lot more than articulation. So, I think we're, as a profession, pretty misunderstood in what we do and what we have to offer. And what our training is. A lot of people are shocked when I say, "Oh yeah..." I remember, my first year working — my CF year — I had a teacher come to me and say, "Oh, you know, for your speech certification. Was that like a weekend course that you did?" Yeah, I was pretty insulted. I had just graduated. So, I was like, fresh, like remembering grad school, you know? And I was like, "No, it is a Master's degree!" And she was like, "Really?!" Like, shocked. You know? Yeah. Like a lot of people are like, "Wait, what? It's that hard?" And yeah. It's an allied health profession. Yes. It requires real academic performance.

Mattie Murrey

Yeah, yeah. We're the real deal. And advocating for ourselves and for our career and our profession. What we do is so important.

Lauren Pontippidan

Right. Yeah, I'm constantly, you know... And I feel like, especially on the school side, you get the speech teacher. I shut that down pretty quickly. But then, you know, I see a lot of things on social media and stuff like, "Oh, it's pretentious to not want to be called a speech teacher." And I'm like, No, it's not pretentious to want to be called your actual title. Obviously, I don't expect my little kids to say "speech pathologist." But I introduce myself as a speech pathologist, and people kind of will balk at that. I'm like, "Well, that's what I am." If the physical therapist says physical therapist, no one balks at that.

Mattie Murrey

Well, imagine standing in a radiology suite ready to do a modified barium swallow. And the radiology team, we introduce ourselves as a team. "Hi, I'm Mattie, speech pathologist, one of the members on this team. And this is what we're doing today." You know, so it's choosing language that validates what we do. It adds credibility.

Lauren Pontippidan

Right, exactly. And it's not... You know, you don't need to have your nose up in the air about. It's not that you're better than that tech or the teacher or whoever, but that's what you do.

Mattie Murrey

All right. So adaptable and misunderstood. Those are the two we're going to go with? Well, thank you. Thank you. Thank you. Thank you for your time today. This was great talking to you and learning about what you do as a pediatric speech pathologist.

Lauren Pontippidan

Thanks for having me.

