

**Reviewing Resilience: Studying the Link Between Resilience and Children with Speech and
Language Disorders**

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HN 300: Honors Capstone

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February 28, 2023

Our society lives in an age where self-confidence is paramount, and displaying resilience is seen as “cool” and “inspiring.” However, in facing bullying and indifferences, many shy away from fears with no tools to help themselves. This is especially common for children with speech and language disorders. Speech and language disorders among children are more common than publicly perceived. It is essential to recognize not only the physical but also the psychological effects that these disorders may have. According to the Association of Speech and Language Therapists in Independent Practice (ASLTIP), issues often attributed to speech and language disorders include low empathy, a lack of assertiveness, emotional reactivity, and a lack of flexibility (ASLTIP, 2022). Students will begin to fall behind academically and often become more disengaged and upset, feeling left out or as an outcast. This problem does not have one proper solution; however, the child's mindset can affect their attitude. A speech-language pathologist should guide the child towards a positive mindset and perspective, using resilience as a powerful tool to guide their client in the right direction. With negative self-talk comes the incapability to accomplish significant goals. Little can be accomplished if one is constantly talking down about themselves and under-appreciating their values and skills. However, by teaching self-resilience, positive changes can be made mentally, as well as improving the child's speech and language goals.

My sisters are twins who were born prematurely, causing severe underdevelopment in their speech and language skills. They were unable to communicate their thoughts, constantly got frustrated, and were made fun of by classmates. My mother enrolled them in early-intervention speech therapy, as their assessments provided background on their struggles. When they began

their speech therapy journeys, they were terrified. However, one of the main focuses of their speech-language pathologists' sessions was instilling confidence in them.

Through the first few sessions, my mother or I would have to go into the sessions with them, as they would cry all morning about how nervous they were and how they did not want to go. Even at three years old, my sisters understood that they were not like other "typical" kids their age and did not want to receive extra help, as it seemed embarrassing. As time went on, slowly but surely, progress was seen. The speech-language pathologists they worked with strived at taking care of my sisters' well-being, not just their speech and language skills. Not only did they come out of therapy with better speech and language skills, but they also developed a tremendous sense of confidence and self-appreciation for their capabilities. By telling themselves that they could accomplish their goals and that they were intelligent, beautiful, and strong, they could make the most of their sessions and learn the most.

I have also seen the other side of this perspective: children with speech and language disorders suffer due to having no support system or growth of resilience or confidence. Some children unfortunately do not have the privilege of having a supportive, caring family. Therefore, they are left to face challenges on their own. They might be receiving speech and language services from a speech-language pathologist, but all-in-all, they are not receiving any emotional support for their struggles. Even though they are children, they still have feelings and negative self-talk as well. This is especially in the case of adversity. I have seen students come into their speech therapy sessions, and simply go through the motions, having an almost blank stare on their faces. This is heartbreaking, as they are not truly learning as they are too distracted by their fears, frustration, or sadness due to their struggles.

The passion behind this paper derives from the story of my sisters. Seeing them become the confident girls they are today has stuck with me for most of my life. Becoming a speech-language pathologist requires tactical skills, as well as a drive to make a client's life better, helping them mentally get through any challenges and being a support system to help them transform into the person they want to be. It is being a humanist, as well as a therapist. Making personal impacts on a child's life through their speech pathology journey is the most fulfilling and productive way to achieve clinical goals. Significant improvement will follow by gaining that rapport with the patient and teaching them resilience skills.

Resilience in this work is what gives people the strength to cope with diversity, trauma, or any hardship they may face. In this paper, I am using the American Psychological Association's definition of resilience defined as "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" (American Psychological Association, 2022). It is not a stable or static trait within individuals but develops over time based on adaptive interactions. It is a process through which individuals create personal characteristics to enable them to interact successfully with adversity. I chose this definition as I believe that resilience grows through and with us. By learning and developing it, we are helping to set ourselves up for success down the line. I believe it is not something that comes over us overnight but is a dynamic tool that can ebb and flow throughout our lives. Those with resilience utilize their resources and strengths to work through setbacks or challenges. Many sources have supported the importance of resilience and how it can be implemented in speech therapy for those with speech and language disorders. It is essential to discuss the aspect of resilience when

discussing those with speech and language disorders and how it can be integrated into their speech therapy.

By striving to be better clinicians, speech-language pathologists should incorporate resilience into their therapy sessions. As struggling with the severe hardship of having a speech or language disorder, these children may need profound guidance to become confident in their capabilities and ability to recover. Although some cases may be more severe than others, incorporating resilience for all can bring about the confidence that the client may not have even realized they possessed. Resilience incorporation can only benefit therapy sessions, never causing any harm.

Speech and language disorders are labeled as two separate entities. First, speech is how sounds and words are said. Those with speech problems may have a hoarse or raspy voice and cannot clearly display sounds (American Speech-Language-Hearing Association [ASHA], n.d.). Second, language is the words used to share ideas. Those with a language disorder may have problems talking, reading, or writing (American Speech-Language-Hearing Association [ASHA], n.d.). Both children and adults can have speech and language disorders and it can affect them for a variety of reasons. Specifically for children, some causes for these disorders may include hearing loss, neurological disorders, physical impairments such as cleft lip or palate, and intellectual disabilities, and more (Kennedy Krieger Institute, 2022). Nearly 7.7% of U.S. children ages 3-17 have a speech, language, voice, or swallowing disorder (National Institute on Deafness and Other Communication Disorders [NIDCD], 2016). Out of this percentage, over half of them received intervention services in the past year (National Institute on Deafness and Other Communication Disorders [NIDCD], 2016).

First, one must answer, "why is resilience important for children with speech and language disorders?" This question can first be evaluated by a journal article titled "Motivation, Rapport, and Resilience: Three Pillars of Adolescent Therapy to Shift the Focus to Adulthood." This article discusses the importance of speech-language pathologists incorporating resilience into therapy sessions. Many students with communication disorders will experience adversity, thus making resilience much more essential to learn. Resilient people consistently show common characteristics: self-efficacy, positive social support, and optimism. A student with solid self-efficacy shows increasing abilities to cope with stress and belief in their self-control strategies as a buffer to environmental stress (Abendroth & Whited, 2021). The article explains, "For adolescent students, risk factors – having a communication disorder, facing discrimination, bullying, or academic concerns – can be absorbed or decreased by protective factors – hope, agency, and positive social relationships" (Abendroth & Whited, 2021). The discriminatory factors faced by students with language and speech disorders can be lessened as the student builds a wall of resilience against these negative aspects. This article summarizes why children with speech and language disorders must build resilience to cope with life's challenges and decrease the separation they may experience due to their differences from other students (Abendroth & Whited, 2021).

Helping these children develop a sense of hope and independence can improve their resilience, thus aiding them in overcoming their speech and language deficits more efficiently (Teaching Resilience in Children With Speech and Language Disorders, 2023). A website article titled, "Teaching Resilience in Children with Speech and Language Disorders," also describes resilience and its importance. The article quotes Hillary Guest, a speech-language pathologist based in Austin, TX, who says, "a significant barrier for children with language and speech

disorders is that “most of the diagnoses that impact communication can be quite isolating” (Teaching Resilience in Children With Speech and Language Disorders, 2023). These barriers can hinder a child’s ability to bond with classmates or other children. It can also hinder their ability to communicate during times of stress.

Incorporating it into speech therapy is the next step in building resilience in children with speech and language disorders. Many different types of practice can be used, including the RIRO framework, the Penn Resiliency Program, and Cognitive Processing Therapy (CPT). “Nurturing a Resilient Mindset in School-Aged Children Who Stutter” is a journal article that describes the potential benefits and methods of growing resilience in school-aged children who stutter. This article describes the RIRO framework, which provides a valuable structure for clinicians working with children who stutter or may be more vulnerable to adverse reactions from others. The article describes that “this program (RIRO) is based upon the extensive research carried out at the University of Pennsylvania, showing that thinking habits and styles have a significant impact on the ability to cope with stress, our health, our mood, and resilience” (Caughter & Crofts, 2018, page 1112). RIRO, which stands for “Reaching In Reaching Out,” is a Canadian program designed to build resilience in children from birth to 8 years old. This program is designed to influence younger children’s evolving thinking styles during their time of most growth and opportunity (Caughter & Crofts, 2018). This program utilizes a relationship-based, cognitive-behavioral, and social problem-solving approach along with self-regulation strategies (Reaching IN... Reaching OUT, 2023).

In addition to RIRO, the Penn Resiliency Program is a widely researched resilience program that strives to improve school-aged children’s psychological well-being, as well as promote resilience (Caughter & Crofts, 2018). This program is also discussed in the journal

article, “Nurturing a Resilient Mindset in School-Aged Children Who Stutter”, in which it is described as a group therapy that teaches coping strategies, which contribute to growing resilience in children. According to the article, “studies have shown positive results for early adolescence, including improved explanatory style for positive events and prevention of depression and anxiety among high-symptom participants” (Caughter & Crofts, 2018, page 1112).

Both programs are tools to build factors of emotional regulation, self-efficacy, optimism, and empathy within children who suffer with speech and language disorders, especially children who stutter. One of the main goals in aiding the child toward success is by supporting them. The importance of supporting the child can be expanded on as the speech therapist aids the child and his or her family on their path to communication. Chapter 9 of the book “Multi-Tiered Systems of Support: Implementation Tools for Speech-Language Pathologists in Education” describes the tools related to socio-emotional skills that speech therapists can implement in their sessions. These tools include acting as a support person for students who are bullied. By offering themselves as a “listening ear,” speech therapists can let students discuss their feelings and reactions, thus allowing solid and positive relationships to flourish. Through the development of this relationship, therapy sessions become a safe space for students rather than a place of fear or frustration. During sessions, the speech therapist can also read and discuss books about bullying and associated issues so that the speech and language targets are being met while also allowing the conversation of this topic to be discussed (Sylvan, 2021).

Cognitive Processing Therapy (CPT) is a final method that can be incorporated into speech therapy sessions. This type of therapy is discussed in the book *Resilience: The Science of Mastering Life’s Greatest Challenges*. Chapter Three of this book describes CPT, another

therapeutic technique that involves confronting fear. This therapy focuses on emotions, including anger, guilt, humiliation, and sadness. CPT has therapists ask questions aimed at helping the patient arrive at more realistic conclusions, being that their disorder is not their fault. They are not to blame for the exclusivity they may feel; therefore, they should not place so many trauma-based emotions on themselves (Southwick & Charney, 2012).

Cognitive Processing Therapy is generally delivered over 12 sessions to help patients learn how to challenge and modify their trauma-related beliefs (Posttraumatic Stress Disorder, 2017). By doing so, patients can create a new conceptualization of their traumatic event to reduce its ongoing negative impacts on their lives. Treatment of this type begins with psychoeducation regarding PTSD, thoughts, and emotions. The speech-language pathologist would address these terms with the client. Then, as the patient becomes more aware of the connection between thoughts and emotions, the next step of formally processing the traumas would begin. Once defining the causes of the negative feelings, the speech-language pathologist would help the patient question their unhelpful thoughts and reframe them into more positive ideas. Finally, once the patient has developed the skills to address their unhelpful thinking, they will use those skills to continue evaluating and modifying their unhelpful beliefs (Posttraumatic Stress Disorder, 2017).

Some may believe that teaching resilience may be a waste of time, as there are more important elements to discuss and implement in speech pathology. Especially if the child does not present social challenges or embarrassment, is teaching resilience necessary, or does it take these children off track? The standard teaching method in speech pathology follows many activities focusing on speech and language deficits and lacks focus on resilience training and the socio-emotional aspect of the disorders. According to ASHA, many activities can be involved for

different age groups. For example, for birth to two-year-olds, different activities that can be incorporated include integrating toys to focus on speech or teaching prepositions with different objects (ASHA). As seen here, typically, teaching resilience is not something that is a standard goal of treatment. What is taught in graduate school and clinical placements seems to focus more on the clinical goals than mental goals for the patient who may be struggling.

It may be believed that adhering to a more standard, conventional speech therapy route may be more successful because the treatment aims to improve speech. Anything outside of that should be worked on by the child's immediate support system, especially the parents or guardians. Speech-language pathologists support the child in improving their speech or language; they are not trained in anything further than that. There are also many challenges to consider when developing resilience-based interventions. One of these issues is identifying the optimal length for interventions. According to one journal article titled, "Resilience-Based Intervention to Promote Mental and Behavioral Health in Children", childhood adversities are often chronic and ongoing. Recent findings have indicated that short-term intervention may not likely produce longstanding changes in the mental health of children who experience serious adversity (Jiang et al., 2022). How much time is considered too much for resilience-based intervention? The goal of speech-language therapy should not strictly be focused on resilience-based intervention. However, if not enough time is devoted to practicing this skill, will any improvement be seen? This question becomes a significant issue in incorporating resilience into therapy sessions, as the concern of it not being adequate comes into play.

Although the previous rebuttals may be valid, clinicians are not only there to be a teacher but also to help increase the patient's quality of life. Improving the quality of life does not just involve speech and language skills but also means assisting in aiding the child to become the

most confident version of themselves, which includes incorporating resilience into their therapy. An article titled “Resilience as a Mainstream Clinical Consideration for Speech-Language Pathologists Providing Post-Acquired Brain Injury Neurorehabilitation” describes that research suggests that targeting resilience can optimize rehabilitation outcomes (Rothbart & Sohlberg, 2021). These researchers suggest a series of traits across different resilience intervention models that enhance the development of resilience (Rothbart & Sohlberg, 2021). These traits include enhancing optimism, motivation, and self-efficacy (Rothbart & Sohlberg, 2021). According to this article, speech pathologists should consider resilience as a primary ingredient in rehabilitation services, as bolstering this skill can truly optimize clinical outcomes (Rothbart & Sohlberg, 2021).

This article describes the critical factor for speech-language pathologists to be adequately trained in various counseling and communication techniques. To effectively promote optimism and evidence-backed counseling techniques, the clinician must be competent in their fluency and use in incorporating them while administering clinical tasks (Rothbart & Sohlberg, 2021). As speech-language pathologists acknowledge that resilience can be a crucial component throughout the rehabilitation process, the next goal is to examine how to expand resilience-enhancing techniques in clinical practices feasibly. It is simple for clinicians to assume that they are promoting optimism and positive self-talk in their sessions by acting in a positive, supportive manner. However, careful planning and measurement must be implemented to be the most effective. By treating resilience as a critical ingredient in assessment, resilience enhancement is then delivered deliberately.

Speech pathologists are required to follow evidence-based practice (EBP), which is the conscientious, explicit, and judicious use of current best evidence in making decisions about the

care of individual patients... [by] integrating individual clinical expertise with the best available external clinical evidence from systematic research" (ASHA, 1970). In this framework, clinicians must put the patient's best interest at the forefront of their therapy goals. This idea of the client's "best interest" is where resilience comes into play. Maintaining the client's well-being during sessions will ensure optimal success. Another component of evidence-based practice is incorporating internal and external evidence. This incorporation is where competency in resilience treatment becomes essential. It is crucial for the speech pathologist only to incorporate resilience training into therapy sessions if they are competent in it and know its level of success. If this is not upheld, treatment may not be practical or may harm the client.

The best way to incorporate resilience training into therapy is by targeting specific goals and addressing them head-on. Spending just a few minutes checking in with the child, guiding them, and building their resilience can overtly boost their confidence, resulting in their speech and language deficits improving as they feel more confident in their capabilities. Sometimes, some topics the child may want to discuss may be outside the scope of practice of the speech-language pathologist, which is when they would refer to a psychotherapist. It is essential to reiterate the importance of only doing what is within the clinician's scope of practice and expertise. This means focusing on building resilience in their speech and language deficits and problems they may face in that area. This does not include home problems or friendship concerns.

Chapter One of *Cognitive Therapy: Basics and Beyond* by J.S. Beck describes a three-stage plan for becoming a "cognitive behavior therapist expert" (Beck, 1995). In stage one, the individual learns basic skills of conceptualizing a case in cognitive terms while also learning how to structure a treatment plan to help solve the patient's dysfunctional thoughts (Beck, 1995). In

stage two, the speech pathologist will integrate their conceptualization with their knowledge of techniques (Beck, 1995). This stage is where fluidity in resilience treatment occurs, as the speech pathologist's repertoire of techniques will expand and become more proficient. Finally, in stage three, refining occurs (Beck, 1995). The individual will vary the structure and methods of essential cognitive behavior therapy as appropriate. This book, *Cognitive Therapy: Basics and Beyond*, is a tool intended for individuals at any stage of experience and skill development to learn the fundamental building blocks to use resilience-based treatment/cognitive behavior therapy in their practice (Beck, 1995). Using tools such as books and this structured outline will allow the speech pathologist to become competent in administering skills to help their client develop resilience skills and techniques (Beck, 1995).

Every client is completely different. Children are going to have different resources, family life, and support systems. If the speech-language pathologist decides to incorporate resilience into therapy, they may want to consider using motivational interviewing. This is a “conversation about change intended to strengthen a person’s own motivation and commitment to change” (Sachet, 2020). This method allows clients to be listened to. The speech-language pathologist allows the client to discuss their concerns or problems (Sachet, 2020). This opens the floor for a raw conversation and allows the child to become more resilient and confident as rapport is built between the patient and the client and creates a safe environment.

Understanding the importance of resilience is very important for children with speech and language disorders to learn. However, if there is no proof of the method working, children may hesitate to be open-minded. However, sources have confirmed the use of this method. In an article titled “An evaluation of an integrated fluency and resilience program for early developmental stuttering disorders,” researchers aim to “explore the effects of using self-

regulation as a component of stuttering treatment for children who stutter” (Druker et al., 2019, page 69). This study had a control group and an experimental group (Druker et al., 2019). The control group consisted of children who stutter and received only stuttering therapy (Druker et al., 2019). In contrast, the experimental group contained children who stutter receiving a preliminary parent-administered resilience component with speech therapy (Druker et al., 2019). This study concluded that the experimental group saw a decrease in behavioral and emotional issues, while the control group did not (Druker et al., 2019). This study concludes that implementing the resilience component increased behavioral resilience in children who stutter (Druker et al., 2019).

A study took eleven 9-to-12-year-old children for purposeful sampling (Lyons & Roulstone, 2018). The children had varying speech and language disorders. The data was used to analyze themes in relation to potential risk factors for well-being and protective strategies (Lyons & Roulstone, 2018). This data was collected over a 6-month period, through the technique of interviews (Lyons & Roulstone, 2018). The conclusions of this study identified potential risks to well-being as well as potential protective strategies (Lyons & Roulstone, 2018). This study aimed to “gain a deeper understanding of the experiences of children with speech and language disorders with a particular focus on potential risks in relation to well-being and potential protective strategies” (Lyons & Roulstone, 2018, page 338). Although more work has to be instigated regarding resilience in children, this study strived to extend the knowledge related to this topic (Lyons & Roulstone, 2018). By valuing the child’s narratives through interviews, practitioners were able to create safe environments for the children. It is necessary, therefore, to “investigate ways in which children’s social ecologies act as mediators in relation to positive and negative experiences” (Lyons & Roulstone, 2018, page 341). In short, more studies should be

investigated regarding resilience, but identifying it as an important trait for children with speech and language disorders to learn is the first step toward success.

Overall, it is essential to understand that the relationship between a child's mindset and how they live their life is crucial, especially for those with speech and language disorders. By building resilience, children can learn how to tackle their differences without running away or being afraid of them. Speech therapists can help clients build these tools to construct confidence and hope through different tactics, including CPT and the RIRO framework. To help children to best succeed with their speech and language disorders, they must have the confidence and resilience to tackle whatever challenge comes their way.

Resilience requires the speech-language pathologist to be a clinician, humanist, and philosopher. A speech-language pathologist's job is to give clients the tools to overcome their speech and language deficits and guide them to becoming the best version of themselves. Clinicians must take pleasure in forming relationships with their clients, enjoy close contact with these people, and have their best interests at the forefront of their minds during sessions.

I believe that following this path of incorporating resilience into speech therapy sessions should be included for all clinicians as it will help the child gain more success. They will be more able to thrive and more confident, thus also resulting in their speech and language skills developing further. Children who are confident and have the mental capacity to believe that they can accomplish their goals will in fact help them in accomplishing them. Nothing is impossible when maintaining the aspect of resilience. Therefore, it is crucial for speech-language pathologists to begin considering incorporating resilience-based interventions into their speech therapy sessions to make the most out of their time with their patients.

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