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## **Building Resilience in Children Who Stutter through Camp Dream. Speak. Live**

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*Abstract:* Resilience is the ability to adjust and cope in an adaptive manner when confronted with adversity while moving forward with optimism and confidence. Support networks in one's environment are crucial in fostering resilience. A program that actively targets resilience in children who stutter, among several other components, is Camp Dream. Speak. Live. It is an evidence-based intensive therapy programme where the goal is not increasing fluency but improving how children feel about their ability to communicate, and decreasing the impact of stuttering on their daily life.

## Introduction

For most children who stutter worldwide, standard practice targets learning to reduce stuttering as one of the primary goals. Yet, many children will continue to stutter, despite years of trying not to do so. The immediate and long-term effects of fluency conformity during the school-age years are not trivial. A large amount of data indicates that preschool, school-age, and adolescents who stutter report negative attitudes toward communication. Their rejection of the way they talk causes them to engage in unhealthy coping strategies (e.g., social avoidance, rejection of social networks, reduced social activity) that exclude them from protective mechanisms known to improve quality of life (e.g., peer and familial support). Years later, after many failed attempts at fluency, many adults lament how different their lives would have been if only, as a child they could have been taught that it is truly ok to stutter (e.g., Byrd, 2015; O'Dwyer et al., 2018).

The purpose of the present chapter is to review the theoretical framework, and participant outcomes of Camp Dream. Speak. Live. (Camp DSL), an intensive treatment program for children who stutter that focuses exclusively on the cognitive and affective components of stuttering. Despite the absent fluency focus, the substantial gains in communication that participants in this unique program experience, directly contribute to reduced stuttering and/or reduced fear of stuttering as a natural by-product of participation. Further, their gains are not predicted by frequency or severity of stuttering. Specifically, through the translation of the Blank Center's distinct **C**ommunication, **A**dvocacy, **R**esiliency, and **E**ducation (**CARE**) framework to clinical practice, participation in Camp DSL empowers children from culturally and linguistically diverse backgrounds who stutter to communicate effectively, speak confidently, and advocate meaningfully so that their daily lives and aspirations are not limited by whether or not they stutter when they speak.

## **Resilience and stuttering**

Resilience is commonly defined as the ability to recover from setbacks while moving forward with optimism and confidence, or ‘the quality of bouncing back’. Craig et al. (2011) describe it as a “dynamic process in which individuals adjust and cope in an adaptive manner when confronted with significant and threatening adversity (p.1485).” Factors contributing to the development of resilience in children include, among others, internal locus of control, good emotional (self-)regulation, constructive belief patterns (e.g., positive outlook on life), effective coping skills, as well as support networks in one’s environment (Benzies & Mychasiuk, 2009). Importantly, some children have a better ability to recover from adverse psycho-social and emotional circumstances, while others need some extra support, but *all* children can become more resilient.

Children with good resilience seek solutions rather than engaging in self-doubt, catastrophic thinking, or victimization (‘Why me?’) (Ginsberg & Jablow, 2015). Given that young children who stutter are at risk for the development of negative reactions toward their speech, and may experience negative peer reactions from an early age on (Vanryckeghem et al., 2005), improving resilience is particularly critical in protecting them from developing the higher anxiety, lower self-esteem, lower optimism for the future, and greater victimization reported by persons who stutter in their later adolescent and adult years (Blood et al., 2011).

Specific intervention programs including a resilience component have been documented to improve the long-term impact of stuttering considerably. Druker et al. (2019) describe how pre-school children whose parents received a resilience component in therapy developed better self-regulation skills, became more resilient themselves, and experienced a reduction in behavioural and emotional problems related to their stuttering. Similar findings

have been reported for school-aged children (Caughter & Crofts, 2018), adolescents and adults (Craig et al., 2011).

Negative attitudes toward stuttering and persons who stutter of all ages (Valente et al., 2017) have been documented worldwide. Additionally, Davis et al. (2002) found school-age children who stutter are four times less likely to be considered ‘popular’ amongst their classmates, two times less likely to be nominated as ‘leaders’ by their fluent peers, and, at least, three times more likely to experience bullying. The overt behaviour of stuttering is often assumed to be the trigger for the difference in interpersonal relationships, but it is possible that the child who stutters may display an attitude towards his/her speech that yields the peer perception of reduced social status. The more reticent the child feels in social situations, and the less confident they feel in their ability to make friends, puts the child who stutters at greater risk for being an “easy target” for bullying.

As suggested by Byrd et al. (2016), for a child who stutters, the relationship between negative peer evaluation, social anxiety, and bullying can become a ‘vicious cycle’. Camp DSL is designed to end this “vicious cycle”, by improving children’s confidence and competence in their communication, educating them about the nature and development of stuttering, teaching them how to share about stuttering in a way that is empowering and facilitates positive listener perception, and preparing them for challenges they may encounter that are specific to stuttering as well as how to navigate those challenges. The motivating rationale is that if the child who stutters is more competent and confident in their communication, they will be less likely to feel anxious in social settings and more likely to feel positive about their ability to make friends.

Participation in Camp DSL also provides these children with a firm foundation regarding the underlying nature of stuttering, and specific strategies for mitigating the

stuttering stereotype. Participants are armed with knowledge of stuttering and how to reduce potential roadblocks that may yield negative thoughts and feelings towards communication both in terms of the listener, as well as in terms of their own perception. Thus, in addition to improving communication, advocacy, and education, participation in Camp DSL builds resilience, and this improvement in the child's ability to navigate the daily and future challenges unique to stuttering is achieved through a variety of unique activities, including improvisation, mindfulness, self-compassion, everyday leaders, paying it forward, peer to peer relationship training.

### ***Improvisation.***

To prevent stuttering from negatively impacting their everyday life, persons who stutter need to be able to demonstrate stability when they sense they are about to experience a stutter and variability in the manner in which they address that unexpected moment of disfluency. The use of improvisation training is a key strategy to developing and strengthening resilience (e.g., Rankin et al., 2013). Through improvisation, children who stutter can learn that they cannot anticipate every possible exchange they will have but they can feel comforted by learning that they can respond in a variety of ways, all of which can lead to a successful communicative exchange. Thus, these children will experience positive emotional responses specific to communication which will in turn increase their resilience.

### ***Mindfulness.***

Given that the relationship between resilience and positive emotional thinking is moderated by negative thoughts (Rosenberg, 2016), Camp DSL also engages the child in group reflection of negative thinking and specifically targets increases in understanding of the value and use of positive self-talk. Researchers have suggested mindfulness training such as Acceptance and Commitment Therapy (e.g., Boyle, 2011; see also Chapter 6) as an effective

approach for adults who stutter, but further exploration is needed in children who stutter. Enabling participants in Camp DSL to recognize their thoughts regarding their communication and to learn how to neutralize those thoughts is a critical component to building their resilience.

### ***Self-compassion.***

In addition to the value of being mindful of negative thinking, studies have also indicated that for children at risk for increased anxiety and low self-confidence, providing opportunities to engage in self-praise that are intended to replace the negative thought patterns they have already developed and/or to counter potential future negative thoughts that could develop over time is of significant benefit to their resilience (Delany et al., 2015). *Camp DSL* addresses expression of these thoughts verbally as well as through art given the research showing that some children are better able to share difficult emotions through artistic outlets (e.g., Gantt & Tinnin, 2009).

### ***Pay it forward.***

As is summarized by Byrd and colleagues (e.g., 2016; 2021) another fundamental aspect of *Camp DSL* is the value of helping oneself through helping others. There is a significant body of literature to suggest that the act of helping someone else to cope with the same behaviour with which you have struggled results in increased self-esteem, a deeper connection to the community who would need your help, and also increases self-advocacy (e.g., Anderson & Bigby, 2015). Through helping others, people are more likely to acquire a more profound understanding of their own challenges and how to best navigate similar challenges in the future. Thus, helping others increases resilience.

Camp DSL assigns participants to Pay it Forward peer networks wherein older children who stutter share advice for navigating life as a person who stutters with the younger

children in their group. Additionally, on each day of the program participants share what they learned from each other through their interactions in these networks and, together, each network provides specific suggestions for helping other people who stutter whom they have not yet met.

### ***Everyday Leaders.***

Leadership skills are increased when people are provided with an opportunity to share their life lessons with others who may potentially encounter similar challenges. Leadership skills are also enhanced through the act of teaching others specific skills that the individual has found to be useful (e.g., Martinek & Schilling, 2003). Every child who participates in *Camp DSL* is educated about the importance of leadership. They interact with everyday leaders who review with them what makes a good leader, acknowledge famous leaders, and brainstorm ways to be every day leaders. Each child reflects upon what the everyday leaders share, and they align with the ways in which they lead by example, and the leadership role they envision for themselves in the future.

Research related to the influence of role models on perception of self and future achievement suggest positive effects particularly when the role model has navigated a comparable path whether it be race, gender, intellectual disability, etc. (e.g., Egalite et al., 2015) as the more a person can see success reflected in others who have faced similar challenges, the more positively they will view their own potential. Perhaps of greatest importance, through their interaction with these everyday leaders, they learn that every leader faces challenges, and it is not only how they bounce back from those challenges that defines their success, but also how they perceive themselves as well as how others perceive them - another fundamental component to developing resilience.

### ***Peer to peer relationships.***

Children who experience friendships in preschool and early school age years are less likely to have difficulties with perceptions of self and also less likely to face social isolation (e.g., Laursen et al., 2007). For those children who have not experienced friendships, feelings of insecurity and social inhibition are more likely to develop (e.g., Laird et al., 2001).

Through participation in the variety of activities distinct to Camp DSL, children are provided opportunities to bond with each other in meaningful and lasting ways. For example, research has shown that peer relationships in both children and adults are effectively fostered through dance (American Dance Therapy Association, 2009). Dancing facilitates the desire to connect with others (e.g., Deveraux, 2012) and with dancing there is no concern about speech fluency. Thus, dancing is a critical component to Camp DSL.

In addition to dancing, we use art, written expression, small group discussion, and participation in open mic opportunities to establish authentic connections with each other. Across each one of these methods, participants are encouraged to share personal journeys with others with each journey ending with advice for their peers specific to how they can manage the situation if they should ever face the same situation. This process of sharing individual experiences coupled with advice has been documented as a necessary step in the establishment of meaningful bonds. Celebration, laughter and fun is also a fundamental component to the establishment of genuine friendships, therefore, throughout the duration of Camp DSL, children engage in activities designed to ignite joy and humour (Pottie & Sumarah, 2004).

### **Camp Dream. Speak. Live. Summary**

In summary, Camp DSL has been developed to address the affective and cognitive components of stuttering. The treatment protocol includes a variety of distinct opportunities



designed to address these components, with activities that independently and collectively improve a child's ability to proactively protect them from and prepare them for adverse experiences unique to stuttering. As is documented in prior studies by Byrd and colleagues, further detailed in Byrd and Hampton (2016), the following targets, general themes and activities comprise the daily schedule for Camp DSL:

1. *Improve communication attitudes and increase resiliency.* Activities designed to improve overall communication attitude are guided by the principle of speaking freely, rather than fluently, across communication exchanges which vary in difficulty. Such activities include open mic events, such as sharing: "What I wish people knew about stuttering" both in front of the camp participants, and in highly trafficked areas. Perseverance and resilience toward self-expression across a variety of environments are also targeted through diverse performance activities, such as a magic show, breakdancing, and improvisation sessions.

2. *Facilitate mentorship and leadership.* To encourage mentorship and leadership, participants are assigned leadership roles, such as leading group activities. Participants are given opportunities to mentor others about stuttering by creating informative and educational messages for parents and peers about stuttering. Activities are designed and varied to offer participants distinct, age-appropriate opportunities for leadership and mentorship.

3. *Improve perception of their ability to establish friendships.* To improve perception of peer relationships, participants engage in complex team problem-solving activities. Open mic activities are designed for reflective peer-to-peer feedback: participants are required to share thoughts and feelings of peers, or to provide feedback on peers' specific talents or traits that make them unique.

4. *Address bullying and teasing.* A motivational speaker and mascot pair are used to promote understanding and navigation of bullying. Participants engage in activities with the speaker

mascot pair designed to identify bullying moments, and brainstorm solutions to navigate different teasing situations.

5. *Desensitization toward stuttering.* To desensitize each child toward stuttering, participants learn about and engage in daily activities such as self-disclosure and voluntary stuttering (see Chapter 7). Additionally, participants are required to reflect upon their speech, completing sentences such as “I love my speech because....”

Participants and parents complete self- and parent-report measures three to seven days before the intervention and again three to fourteen days after the intervention. These measures assess participant communication attitude, participant impact of stuttering on their overall quality of life, and participant and parent perceptions of peer relationships. Behavioural measures include participant performance on core communication competencies. These data are collected on the first and final days of the intervention and analysed post-intervention.

The unique outcomes of Camp DSL have been replicated across multiple studies, suggesting participants’ improved communication attitudes and developed more positive perceptions of their ability to form peer-to-peer relationships after participation is statistically and practically significant. Recent findings also demonstrated improved communication competence is achieved, regardless of stuttering frequency. Together, these findings suggest that intensive treatment programs such as Camp DSL – designed specifically to target the psychosocial consequences of childhood stuttering communication skills – positively impact participants’ communication attitudes, perceptions of peer relationships, and overall communication effectiveness in a relatively short time frame. Additionally, findings provide additional support to reform treatment guidelines to focus on overall communication competence rather than fluency.

## Cross-cultural case reports

In the summer of 2014, a young father by the name of Stephen Washington, whose wife was due to have their second child drove from Atlanta, Georgia to Austin, Texas to provide the opportunity for his son, also named Stephen Washington, to attend the initial launch of Camp DSL. Aside from sharing the same bright smiles, Stephen and his son had another similarity - they both stutter. As a father who had experienced stuttering since he was a young child, Stephen was determined to provide his first-born son with opportunities he never had. During his initial inquiry regarding the program, Stephen's overarching goal for his son was that he learns to speak without stuttering, as Stephen felt that was a skill he was never able to attain as a child, despite years of therapy.

Yet, after participating in Camp DSL, rather than speaking fluently, Stephen's son continued to stutter. However, like the published findings have demonstrated, Stephen understood stuttering in a way that put his mind at ease as he felt he was an expert rather than a victim of a circumstance that he was not able to comprehend or explain. He also improved his ability to communicate and advocate, and gained a skill that Stephen's father realized was the most critical skill he was lacking in his own childhood: resilience. Near the end of the weeklong programming, Stephen, age 5, stood up in front of an audience of over 100 people (that included his father) and poignantly shared the following: *"What I learned from my group is, if you stutter, don't give up, just keep on trying and don't let stutters stop you from being who you are."*

Over the last 7 years, both Stephen and his father have continued to stutter, yet, they have accomplished remarkable goals. Stephen tested out of the first grade, travelled to Japan where he learned to speak Japanese fluently, and assumed multiple student and peer leadership roles. His father, through observing the transformation in his son, began to share

openly about his own stuttering, and offer lessons regarding communication effectiveness and self-advocacy within his own company where he was recently appointed to an executive leadership position. Together, and individually, they continue to attend Camp DSL but they do so now to help others, as they both want to ensure that stuttering does not stop anyone from being who they are. And, as Stephen, now age 12, shared when he recently served as a peer mentor in our initial launch of Camp DSL in his hometown of Atlanta, Georgia:

*“Stuttering can’t stop you from living your dreams in your life”*

Although the stigmatization of stuttering may vary, the pervasive misperception that stuttering is something that a person can stop doing, if they try hard enough has been documented worldwide (see Chapter 1). Interestingly, learning about stuttering, enhancing communication skills, and sharing about stuttering in a neutral informative way, have all been shown to yield significant outcomes in persons who stutter from culturally and linguistically diverse populations. Thus, it is not surprising that the positive impact of Camp DSL has been replicated in other countries, such as Ireland, Belgium, and The Netherlands, with several additional countries set to launch in the coming years.

Alice (12 years), a participant in Camp DSL Ireland gave the following feedback: “I have definitely got a lot of positivity and when I go back to school, I will be able to tell the other people that I do stutter and I am ok with it.” Fahad (15 years) said that he learned to be confident and that: “you shouldn’t be sorry if you stutter, it’s just a part of who you are”. Thus, like Stephen, and many other children around the world who have participated, Camp DSL facilitated these children to be more resilient, ensuring that they will be able to withstand any ignorance regarding stuttering, so that speaking fluently will never be a prerequisite to them living their lives fully.

Clinicians who participated in the Camp in Ireland work within a free public health system and expressed surprise and satisfaction when following the Camp, many participants and their parents reported that they no longer wished to attend weekly group sessions focused on stuttering modification. These clinicians expressed the view that the increase in communication confidence, along with the acquisition of self-disclosure, resilience, and self-advocacy skills meant that the children no longer focused on trying to fix stuttering but on getting on with their lives. This has implications for offering more effective therapy as opposed to higher doses of therapy focused on changing stuttering behaviours.

## **Conclusion**

Most children who stutter who are still stuttering at age 7 will likely persist in their stuttering, whether they receive treatment or not. Chronic stuttering can lead to significant negative academic, emotional, social, and vocational outcomes as an adult. However, these outcomes are not the result of experiences in adulthood, rather many adults report that they began in their early childhood through experiencing bullying and diminished peer relationships, and experiences that substantially affected their lives decades later. Thus, treatment approaches for children who stutter should address the affective and cognitive consequences of persistent stuttering early in life, to proactively prevent or, at least, better equip them for and/or reduce challenges later in life.

Camp DSL bolsters children's communication skills, and positively impacts their communication attitudes, and their understanding of stuttering. Attendance provides them with empowering strategies to sharing about stuttering with others, as well as improving their perceptions of their ability to meaningfully establish peer relationships, all of which strengthens their resilience, or rather their capacity for navigating the adversity they may face specific to their stuttering. In sum, every participant is taught that what they have to say is

important, and to never let stuttering stop them from pursuing their dreams, speaking from their hearts, and living their life to the fullest. Hence, the intensive program name, “Camp Dream. Speak. Live.”

## References

- Anderson, S., & Bigby, C. (2017). Self-advocacy as a means to positive identities for people with intellectual disability: ‘We just help them, be them really’. *Journal of Applied Research in Intellectual Disabilities*, 30(1), 109-120. doi: 10.1111/jar.12223
- Benzies, K. & Mychasiuk, R. (2009). Fostering family resiliency: a review of the key protective factors. *Child and Family Social Work*, 14, 103-114.  
<https://doi.org/10.1111/j.1365-2206.2008.00586.x>
- Blood, G. W., Blood, I. M., Tramontana, G. M., Sylvia, A. J., Boyle, M. P., & Motzko, G. R. (2011). Self-reported experience of bullying of students who stutter: Relations with life satisfaction, life orientation, and self-esteem. *Perceptual and Motor Skills*, 113(2), 353–364.
- Boyle M. P. (2011). Mindfulness training in stuttering therapy: a tutorial for speech-language pathologists. *Journal of fluency disorders*, 36(2), 122–129.  
<https://doi.org/10.1016/j.jfludis.2011.04.005>
- Brown, C. and Downey, L., (2009). From the 2008 Research Poster Session at the American Dance Therapy Association 43rd Annual Conference. *American Journal of Dance Therapy*, 31(1), 64-70.
- Byrd, C.T., Hampton, E., McGill, M., & Gkalitsiou, Z. (2016). Participation in Camp Dream. Speak. Live: Affective and Cognitive Outcomes for Children who Stutter. *Journal of Speech Pathology and Therapy*, 1: 116 doi: 10.4172/2472-5005.1000116

- Byrd, C. T. & Hampton, E.(2016). *Camp Dream. Speak. Live.: An Intensive Therapy Program for Children Who Stutter*. Austin, TX: UT Copy Services;
- Byrd C.T. ,Gkalitsiou, Z., Werle, D. & Coalson, G.A. (2018). Exploring the effectiveness of an intensive treatment program for school-age children who stutter, Camp Dream. Speak. Live.: a follow-up study. *Seminars in Speech and Language*, 39 (05) 458-468.
- Byrd, C.T., Winters, K.L., Young, M.,Werle, D, Croft, R. L., Hampton, E., Coalson, G.A, White,A. & Gkalitsiou, Z. (2021). The Communication Benefits of Participation in Camp Dream. Speak. Live.: An Extension and Replication. *Seminars in Speech and Language*, 42(02): 117-135 DOI: 10.1055/s-0041-1723843.
- Caughter, S., & Crofts, V. (2018). Nurturing a resilient mindset in school-aged children who stutter. *American Journal of Speech-Language Pathology*, 27(3S), 1111–1123.  
[https://doi.org/10.1044/2018\\_AJSLP-ODC11-17-0189](https://doi.org/10.1044/2018_AJSLP-ODC11-17-0189)
- Craig, A., Blumgart, E., & Tran, Y. (2011). Resilience and stuttering: Factors that protect people from the adversity of chronic stuttering. *Journal of Speech Language and Hearing Research*, 54(6), 1485-96. [https://doi.org/10.1044/1092-4388\(2011/10-0304\)](https://doi.org/10.1044/1092-4388(2011/10-0304))
- Davis, S., Howell, P., & Cooke, F. (2002). Sociodynamic relationships between children who stutter and their non-stuttering classmates. *Journal of Child Psychology and Psychiatry*, 43(7), 939-947. <https://doi.org/10.1111/1469-7610.00093>
- Delany, C., Miller, K. J., El-Ansary, D., Remedios, L., Hosseini, A., & McCleod, S. (2015). Replacing stressful challenges with positive coping strategies: A resilience program for clinical placement learning. *Advances in Health Sciences Education: Theory and Practice*, 20, 1301-1324. 10.1007/s10459-015-9603-3

- Deveraux, C. (2012). Moving Into Relationships: Dance/Movement Therapy With Children With Autism. In *Play-based interventions for children and adolescents with autism spectrum disorders* (pp. 361-380). Routledge.
- Druker, K. C., Mazzuchelli, T. G., & Beilby, J. M. (2019). An evaluation of an integrated fluency and resilience program for early developmental stuttering disorders. *Journal of Communication Disorders, 78*, 69–83.
- Egalite, A. J., Kisida, B., & Winters, M. A. (2015). Representation in the classroom: The effect of own-race teachers on student achievement. *Economics of Education Review, 45*, 44-52.
- Gantt, L., & Tinnin, L. W. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy, 36*(3), 148-153.  
<https://doi.org/10.1016/j.aip.2008.12.005>
- Ginsberg, K. R., & Jablow, M. M. (2015). *Building resilience in children and teens: Giving kids roots and wings (3<sup>rd</sup> Ed.)*. Elk Grove Village (IL): American Academy of Pediatrics.
- Laird, R. D., Jordan, K. Y., Dodge, K. A., Pettit, G. S., & Bates, J. E. (2001). Peer rejection in childhood, involvement with antisocial peers in early adolescence, and the development of externalizing behavior problems. *Development and psychopathology, 13*(2), 337–354. <https://doi.org/10.1017/s0954579401002>
- Laursen, B., Bukowski, W. M., Aunola, K., & Nurmi, J. E. (2007). Friendship moderates prospective associations between social isolation and adjustment problems in young children. *Child development, 78*(4), 1395–1404. <https://doi.org/10.1111/j.1467-8624.2007.01072.x>



- Martinek, T., & Schilling, T. (2003). Developing compassionate leadership in underserved youths. *Journal of Physical Education, Recreation & Dance*, 74(5), 33-39. <https://doi.org/10.1080/07303084.2003.1060848>
- O'Dwyer M., Walsh I.P., Leahy M.M., (2018). The Role of Narratives in the Development of Stuttering as a Problem. *American Journal of Speech and Language Pathology*, 27(3S):1164-1179. [https://doi.org/10.1044/2018\\_AJSLP-ODC11-17-0207](https://doi.org/10.1044/2018_AJSLP-ODC11-17-0207)
- Pottie, C., & Sumarah, J. (2004). Friendships between persons with and without developmental disabilities. *Mental retardation*, 42(1), 55–66. [https://doi.org/10.1352/0047-6765\(2004\)42<55:FBPWAW>2.0.CO;2](https://doi.org/10.1352/0047-6765(2004)42<55:FBPWAW>2.0.CO;2)
- Rankin, A., Dahlbäck, N. and Lundberg, J., (2013). A case study of factor influencing role improvisation in crisis response teams. *Cognition, technology & work*, 15(1),79-93. <https://doi.org/10.1007/s10111-011-0186-3>
- Rosenberg, A. (2016). Foster resilience in adolescent and young adult cancer patients. *Oncology Times*, 38, 8-9.
- Valente, A., St Louis, K. O., Leahy, M., Hall, A., & Jesus, L. (2017). A country-wide probability sample of public attitudes toward stuttering in Portugal. *Journal of fluency disorders*, 52, 37–52. <https://doi.org/10.1016/j.jfludis.2017.03.001>
- Vanryckeghem, M., Brutton, G. J., & Hernandez, L. M. (2005). A comparative investigation of the speech-associated attitude of preschool and kindergarten children who do and do not stutter. *Journal of Fluency Disorders*, 30, 307–318.