Fostering Language: How Trauma and Resilience May Impact Language and Communication Development of Children in Foster Care Who Are DHH

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Abstract

In 2016, over 687,000 children spent some period of time in the U.S. foster care system (Children's Bureau, 2017). Existing literature shows that language delays affect between 35% and 73% of children within the U.S. foster care system (Krier et al., 2018). While research has not yet quantified the language delays of children in foster care who are also DHH, professionals can infer that the language challenges faced by children in foster care will only be magnified if that child also has a hearing loss. Fortunately, literature shows that foster care providers are generally excellent advocates for their foster children, and are willing and eager to seek supportive communication intervention services (Golding et al., 2011). By teaching foster care providers responsive, trauma-informed strategies to promote language and communication development, DHH children in foster care will be supported to overcome deficits and acquire effective communication skills.

Let's do the math!

According to the AFCARS Report (2017):
- **687,000 children** spent a period of time in U.S. foster care in 2016
- If approximately **3 per 1000 newborns** has some degree of hearing loss… (National Institutes of Health, 2018)
- Approximately **2,061 children in foster care had a hearing loss** in 2016

Children in U.S. Foster Care - 2016

Children Who Are DHH

Children Without Hearing Loss
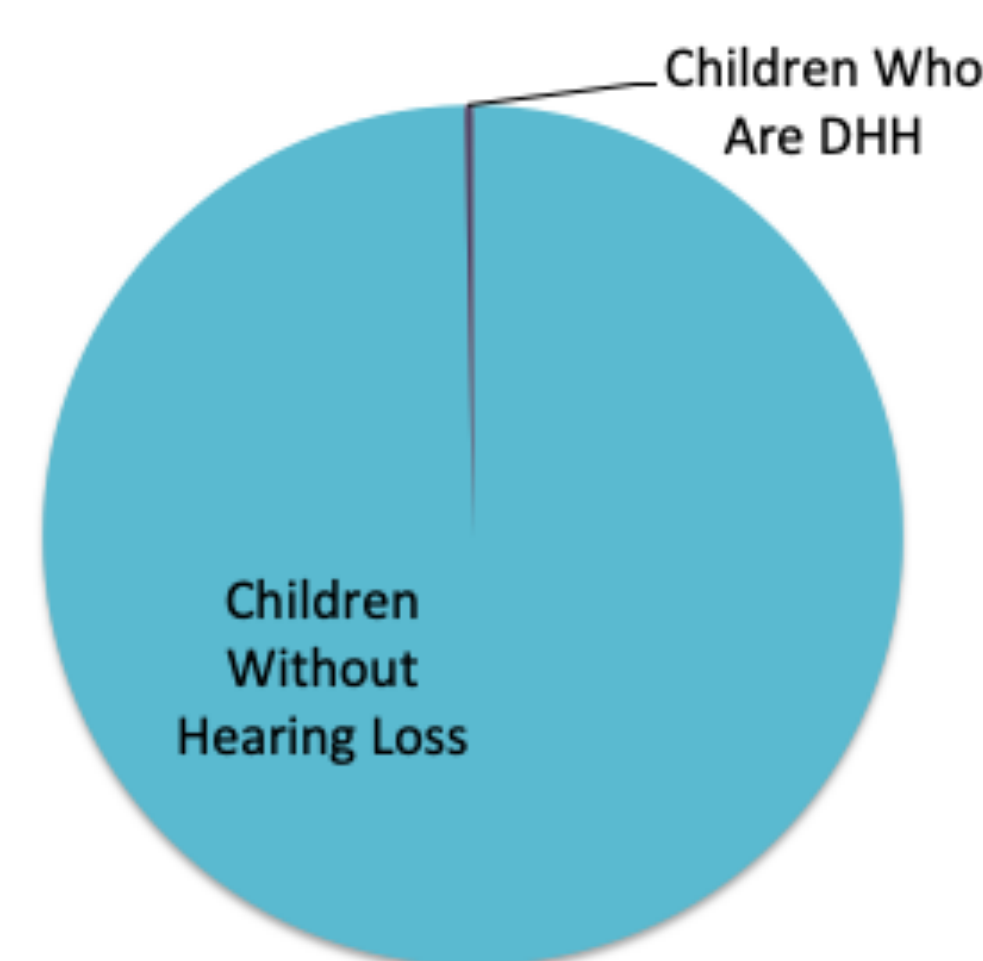
Children who are DHH are 2-4x more likely to experience child abuse (Lomas & Johnson, 2012).
- Limited language skills increase children's risk of abuse, as they may not fully understand and cannot report their situation clearly (Lomas & Johnson, 2012)

This indicates that the number of children who are DHH in foster care is likely much larger.

Children in Foster Care, Regardless of Hearing Status

Without taking hearing status into account, **between 35% and 73% of children in foster care have language delays** (Krier et al., 2018).

Maltreatment
↓
Lower MLU
↓
Smaller Expressive Vocabulary
↓
Lower Rate of Decontextualized Language

(Stock & Fisher, 2006)

Frequent changes in guardianship could affect consistency of intervention and amplification, when lack of follow-up is already a significant issue in early intervention for children who are DHH.
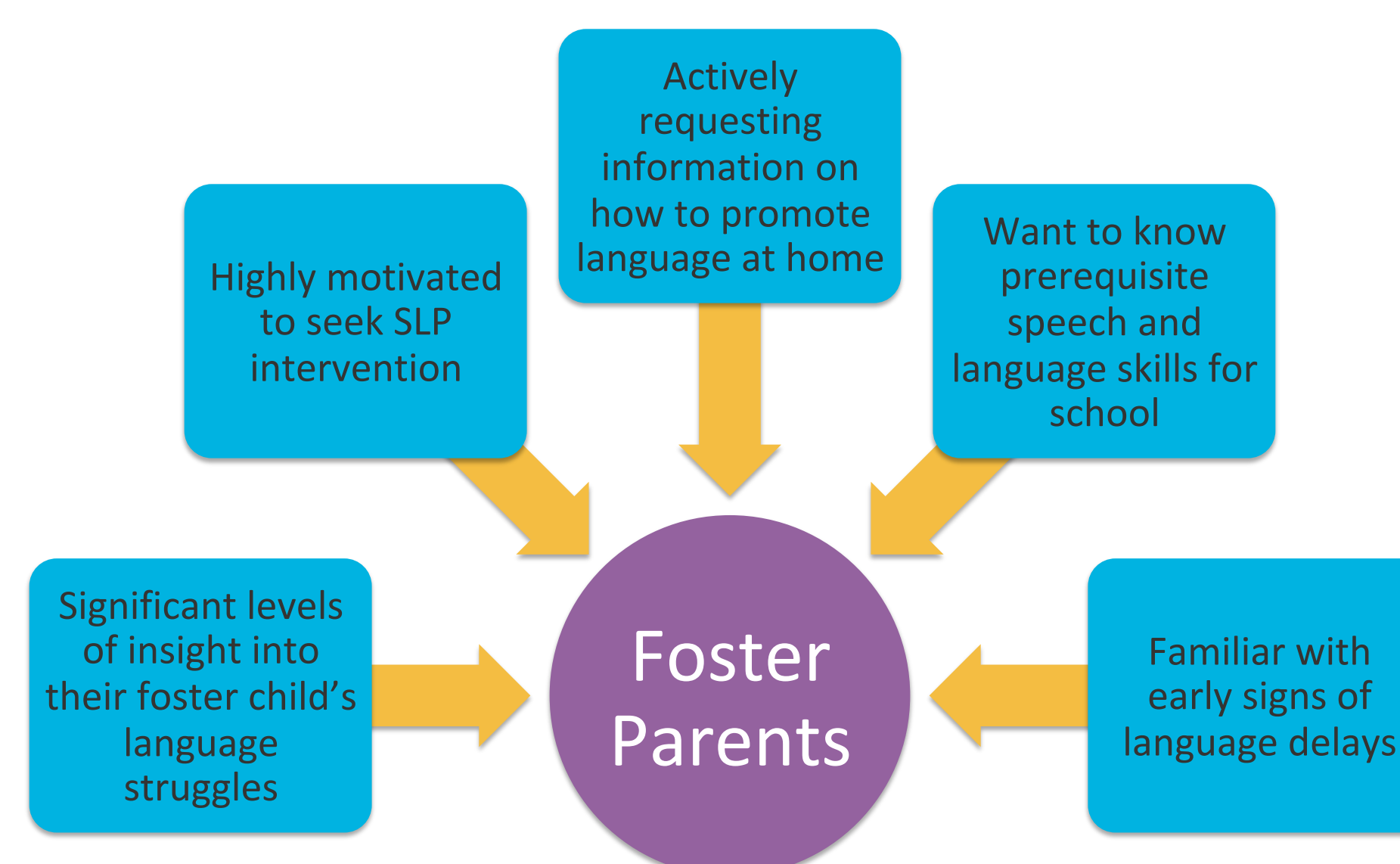
New guardians may speak in a **different dialect** (or even language) than the child was exposed to in their original home.

Foster parents rarely receive **complete medical records** of these children, making follow-up and awareness of diagnosis difficult.

Foster Parents

Windsor et al. (2011) found that foster care promoted better overall language skills than group home or orphanage placements.

Foster children's delayed language is not the fault of foster parents (Golding et al., 2011).

Foster Parents
- Highly motivated to seek SLP intervention
- Actively requesting information on how to promote language at home
- Want to know prerequisite speech and language skills for school
- Significant levels of insight into their foster child's language struggles
- Familiar with early signs of language delays

(Golding et al., 2011)
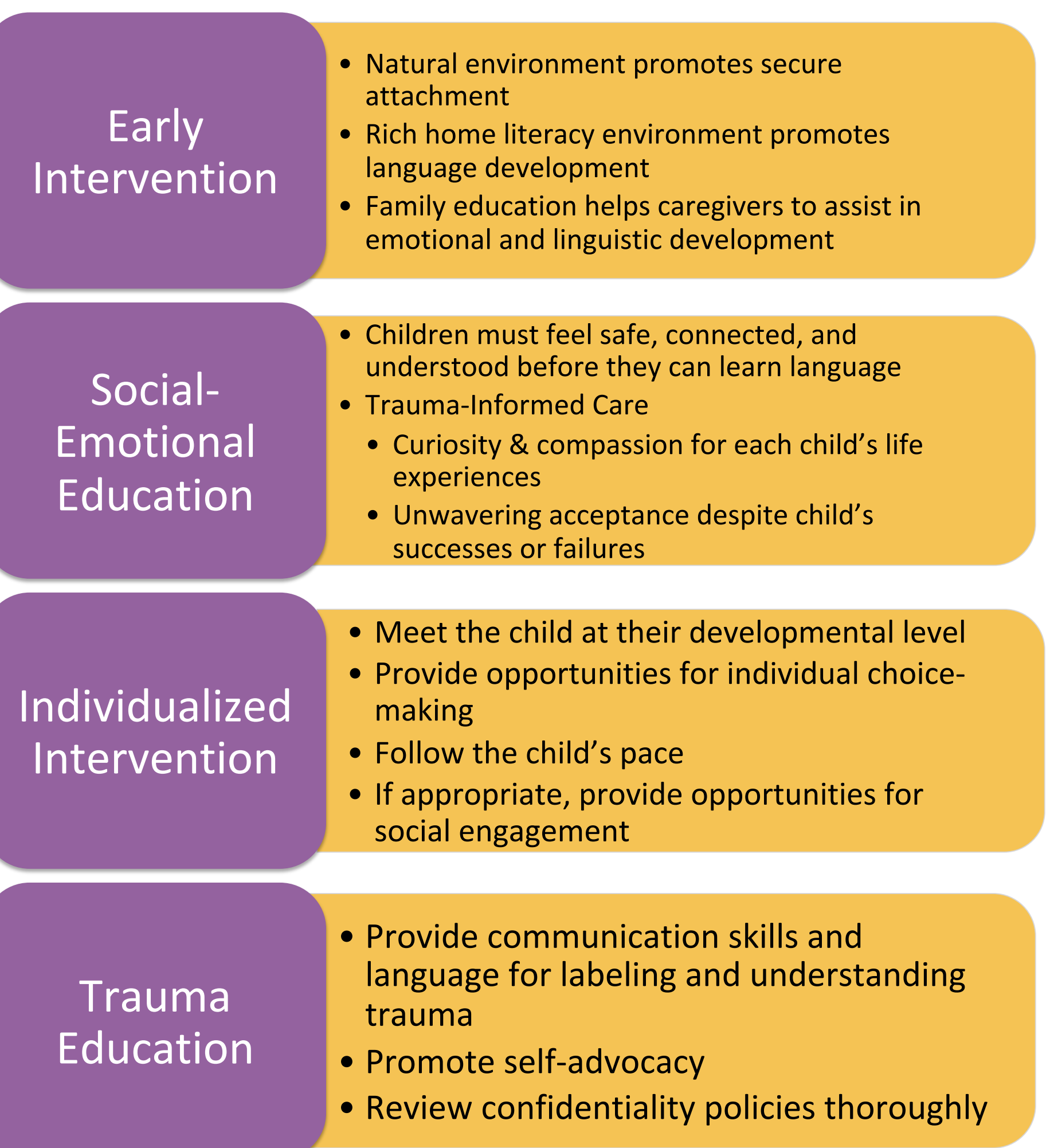
Children in Foster Care Who Are DHH

Many of the language deficits experienced by children in foster care are the same as those of children who are DHH.
- **The two attributes (foster care + hearing status) would likely have a compounding effect on expressive and receptive language development.**

Early intervention to support the child's placement in a stable foster home is important, just as early intervention for DHH services are vital.
- Children are more likely to achieve developmentally appropriate language skills if they are placed in a foster home **before the age of 15 months** (Jacobsen et al., 2013).
- Stable foster homes would provide **enhanced linguistic input** and support for children who are DHH, benefitting their language skills.

Trauma-Informed Strategies

Early Intervention
- Natural environment promotes secure attachment
- Rich home literacy environment promotes language development
- Family education helps caregivers to assist in emotional and linguistic development

Social-Emotional Education
- Children must feel safe, connected, and understood before they can learn language
- Trauma-Informed Care
  - Curiosity & compassion for each child's life experiences
  - Unwavering acceptance despite child's successes or failures

Individualized Intervention
- Meet the child at their developmental level
- Provide opportunities for individual choice-making
- Follow the child's pace
- If appropriate, provide opportunities for social engagement

Trauma Education
- Provide communication skills and language for labeling and understanding trauma
- Promote self-advocacy
- Review confidentiality policies thoroughly

(Berardi & Morton, 2017; Krier et al., 2018; Schoffstall, 2017)

References

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