



Setting the Foundation

**Promoting Mental
Health in DHH Children
from Diagnosis**

Amy Keslinke



Objectives

Participants will...


Recognize how a parent's views on deafness, hearing status, and communication can impact their child's mental health very early in life.

Participants will...

Familiarize themselves with the medical and social models of deafness/disability and the ways each approach can impact the mental health of young DHH children.

Participants will...

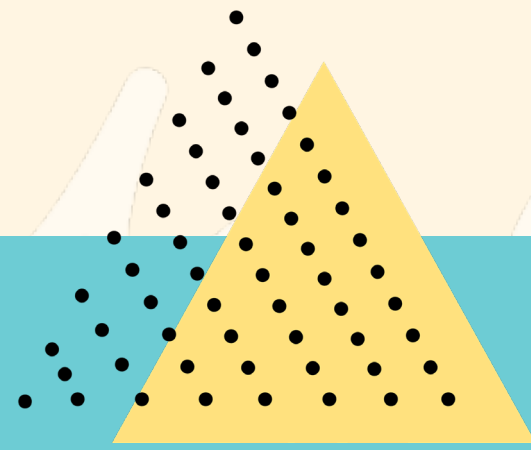
Leave with strategies to help promote healthy social and emotional development in DHH children from an early age.





Content Advisory

This presentation will briefly mention child abuse and sexual assault, without description. Please care for yourself accordingly.



About Amy

Parent of a Deaf+ child

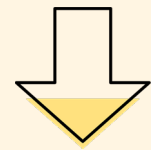
President of Illinois Hands & Voices

Educator with experience from third grade to adult education

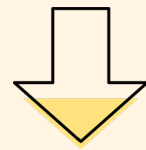
Masters of Social Work student



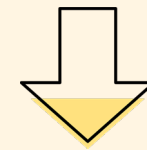
What we will discuss...



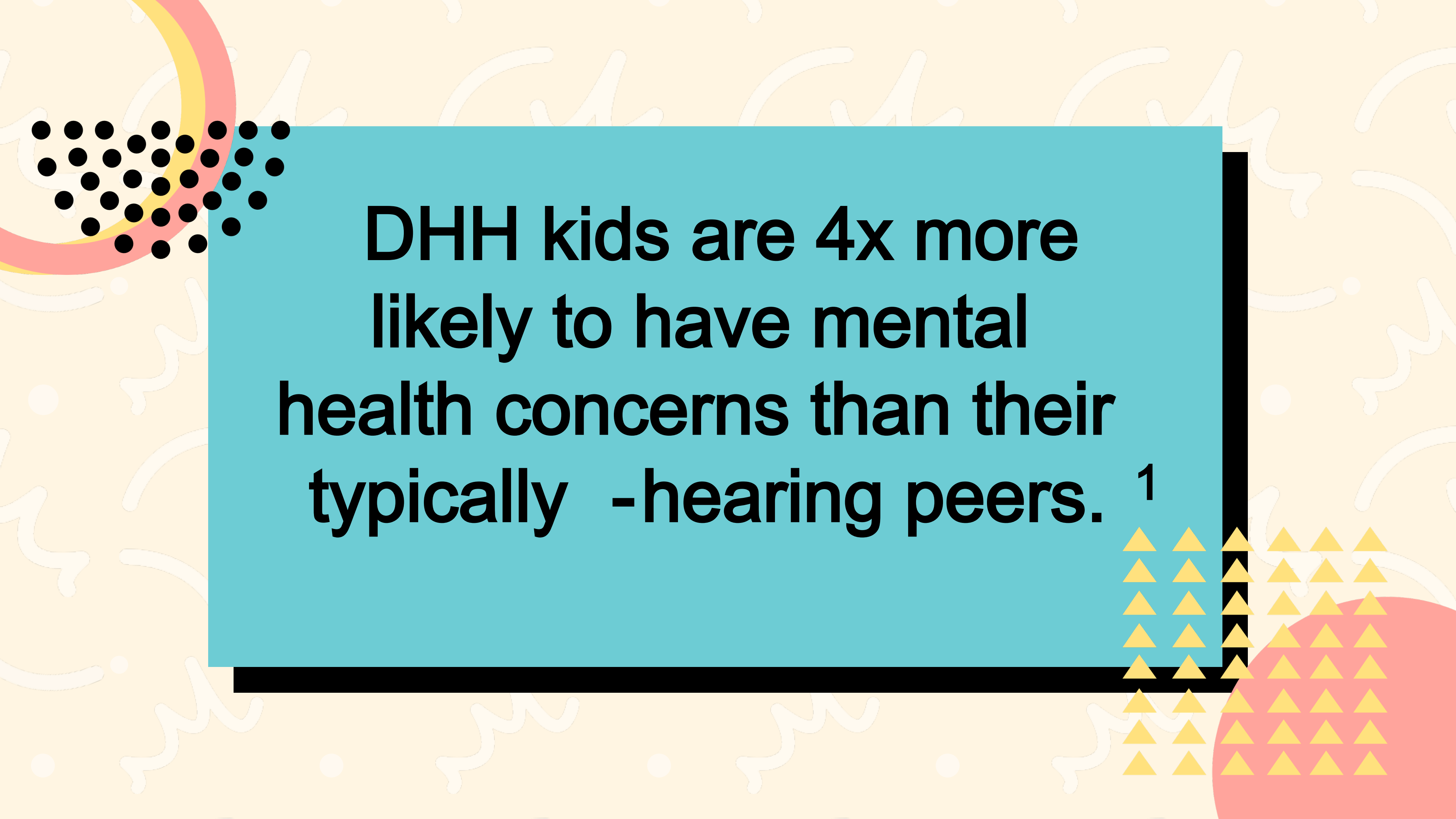
**the
problem**



**the
system**



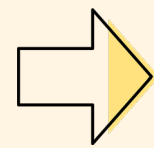
**what you
can do**



**DHH kids are 4x more
likely to have mental
health concerns than their
typically -hearing peers. ¹**

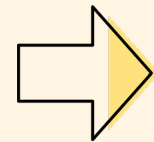
The background features a light beige color with various abstract elements. In the top left, there's a pink wavy line. In the top right, there's a large black circle containing a pink teardrop shape, with yellow concentric circles around it. Below this, there's a blue wavy shape. In the center right, there's a grid of black dots. In the bottom left, there's a blue shape with a pink and yellow circular border and a cluster of black dots. In the bottom right, there's a blue curved line.

BUT HOW DOES THIS HAPPEN?



Language Limitations

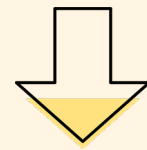
Impact across the life course
Can create toxic stress



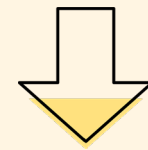
Trauma Exposure

**81% of parents are unable to
communicate effectively with their
DHH children.¹⁰**

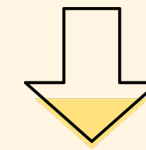
Toxic Stress Exposure



**Extended,
underlying
levels of
unmanaged
stress**



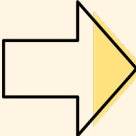
**Can lead to
serious
behavioral
difficulties and
poor emotional
regulation⁷**



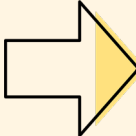
**Can happen to
even the most
well -meaning
families**



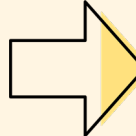
TRAUMA EXPOSURE



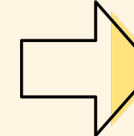
2X as likely as typically -hearing children to experience a traumatic event before 18. ^{5, 9}



76% of DHH college students reported instances of abuse & neglect in childhood. ⁵



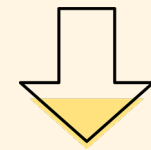
30-50% of DHH adults had experienced sexual abuse before the age of 17.^{8, 9}



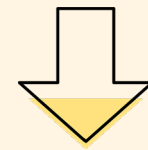
Many victims interviewed thought it was just part of being DHH.¹⁰



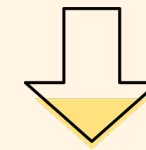
Language Deprivation as a Trauma Experience



**Permanent
Consequences**

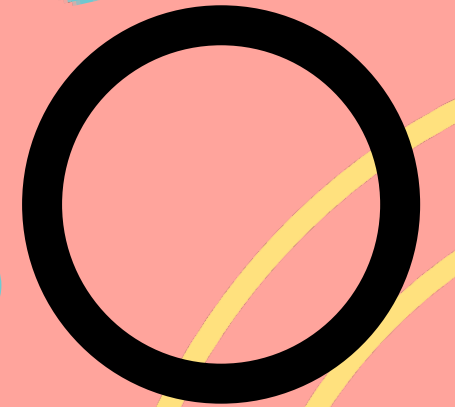


**DSM
Diagnosis**



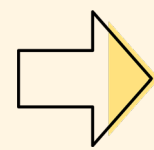
**ACEs
& ACCEs⁷**

6

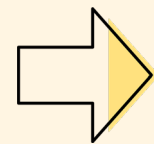




Limited Use of Mental Health Resources

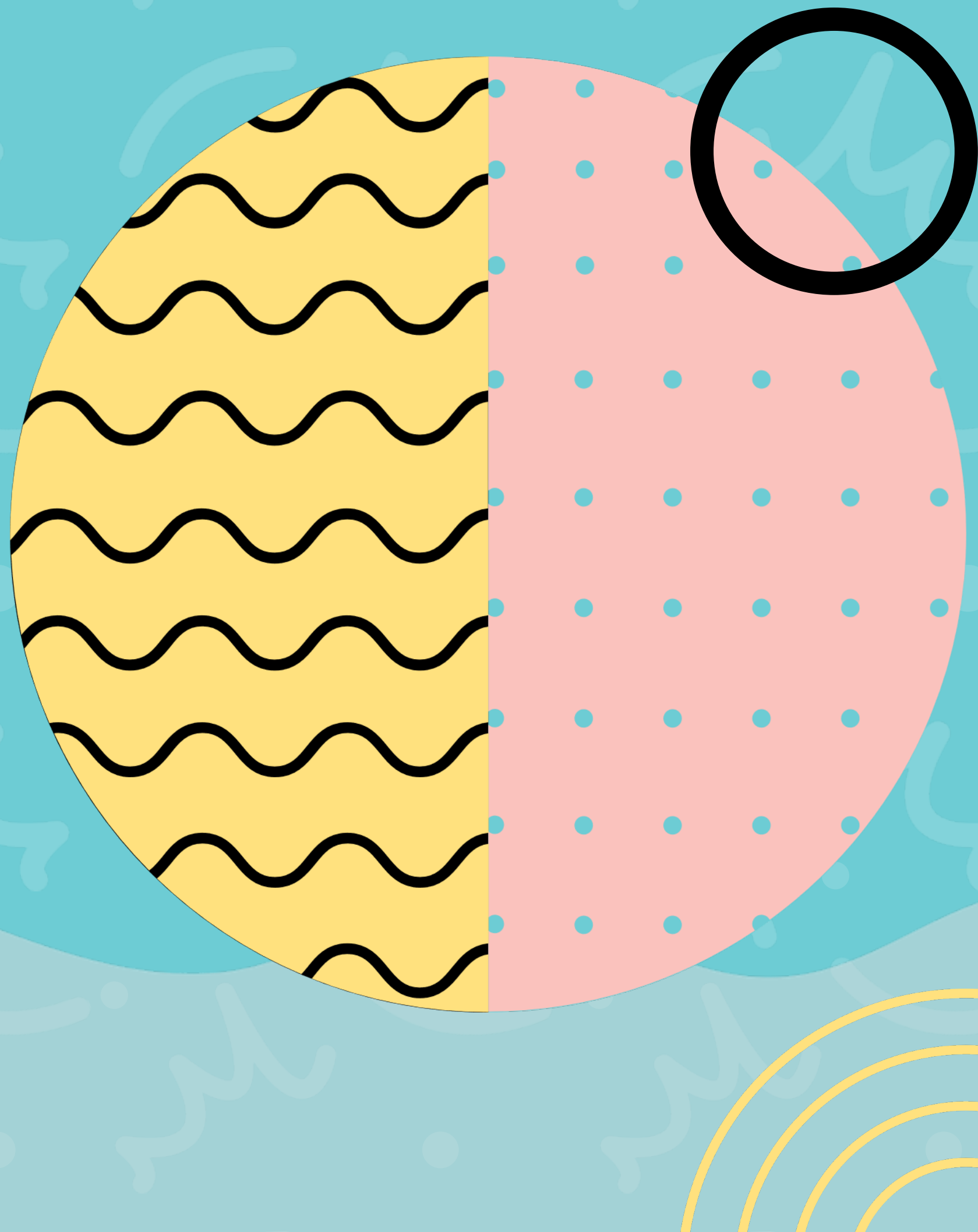


Diagnostic Overshadowing ⁹



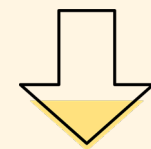
Treatment Duration

Average of 3x longer in treatment than
typically hearing kids

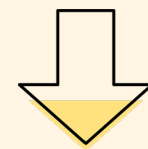


A SYSTEMIC PROBLEM

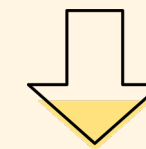
BIOECOLOGICAL MODEL⁹



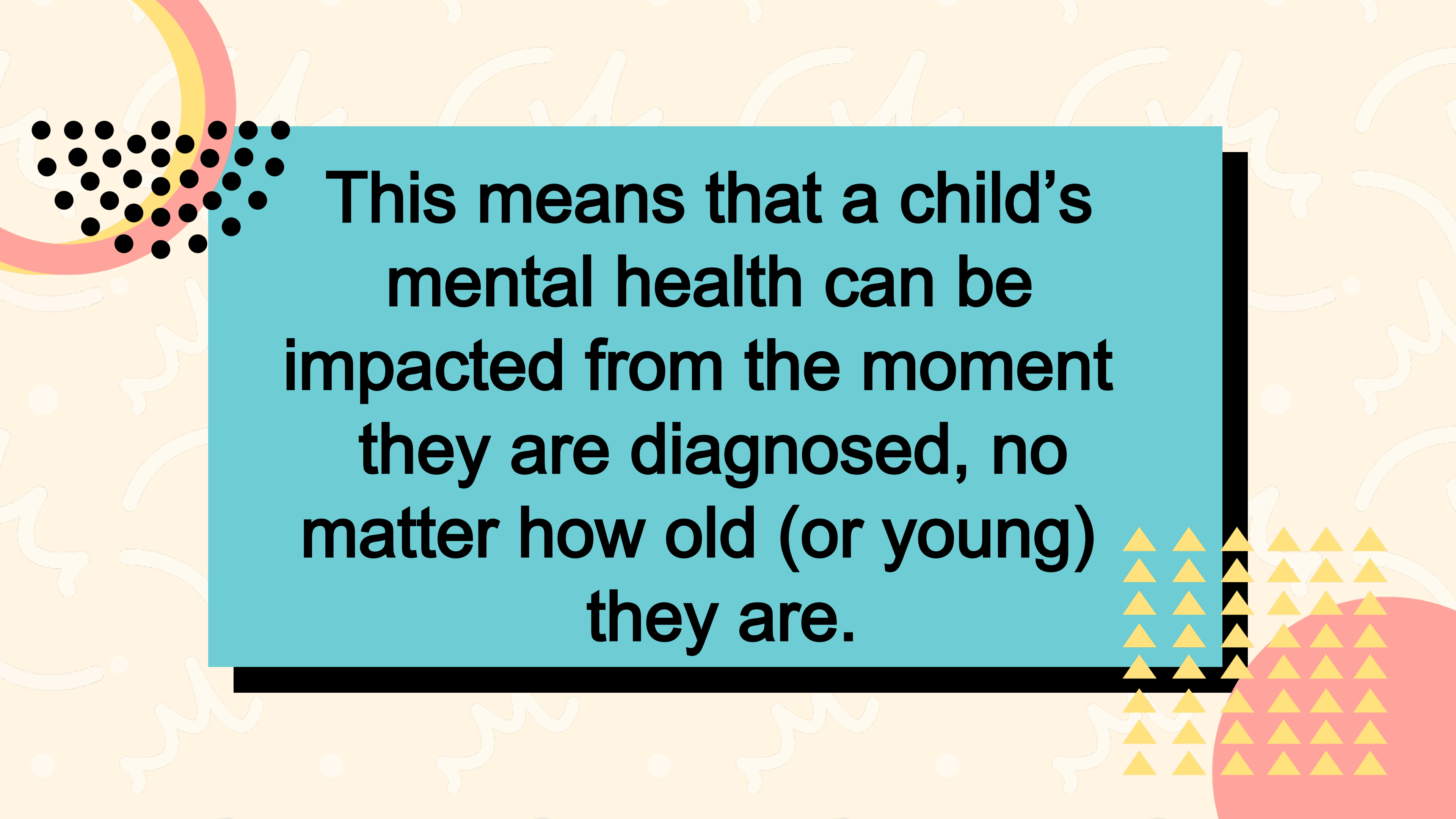
**RELATIONSHIP
WITH
CAREGIVER**



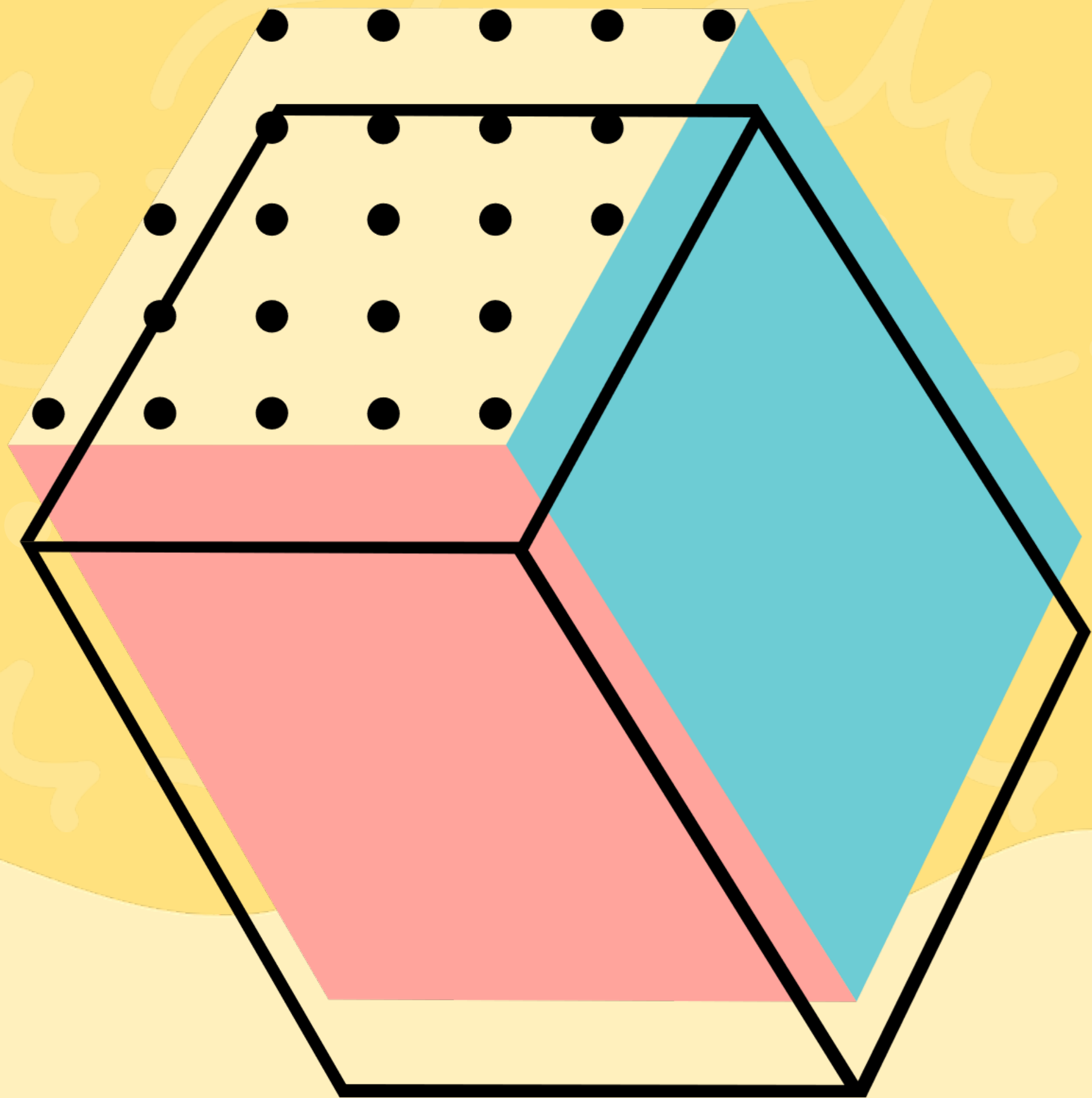
**IMPACT OF
EXTERNAL
FACTORS ON
CAREGIVER**



**DISHARMONY
BETWEEN
CAREGIVER
AND CHILD**



**This means that a child's
mental health can be
impacted from the moment
they are diagnosed, no
matter how old (or young)
they are.**



**CONFLICTING
THEORETICAL
DEFINITIONS
OF DEAFNESS/
DISABILITY¹²**

MEDICAL MODEL

A problem that needs to be
fixed

Deafness as a personal tragedy

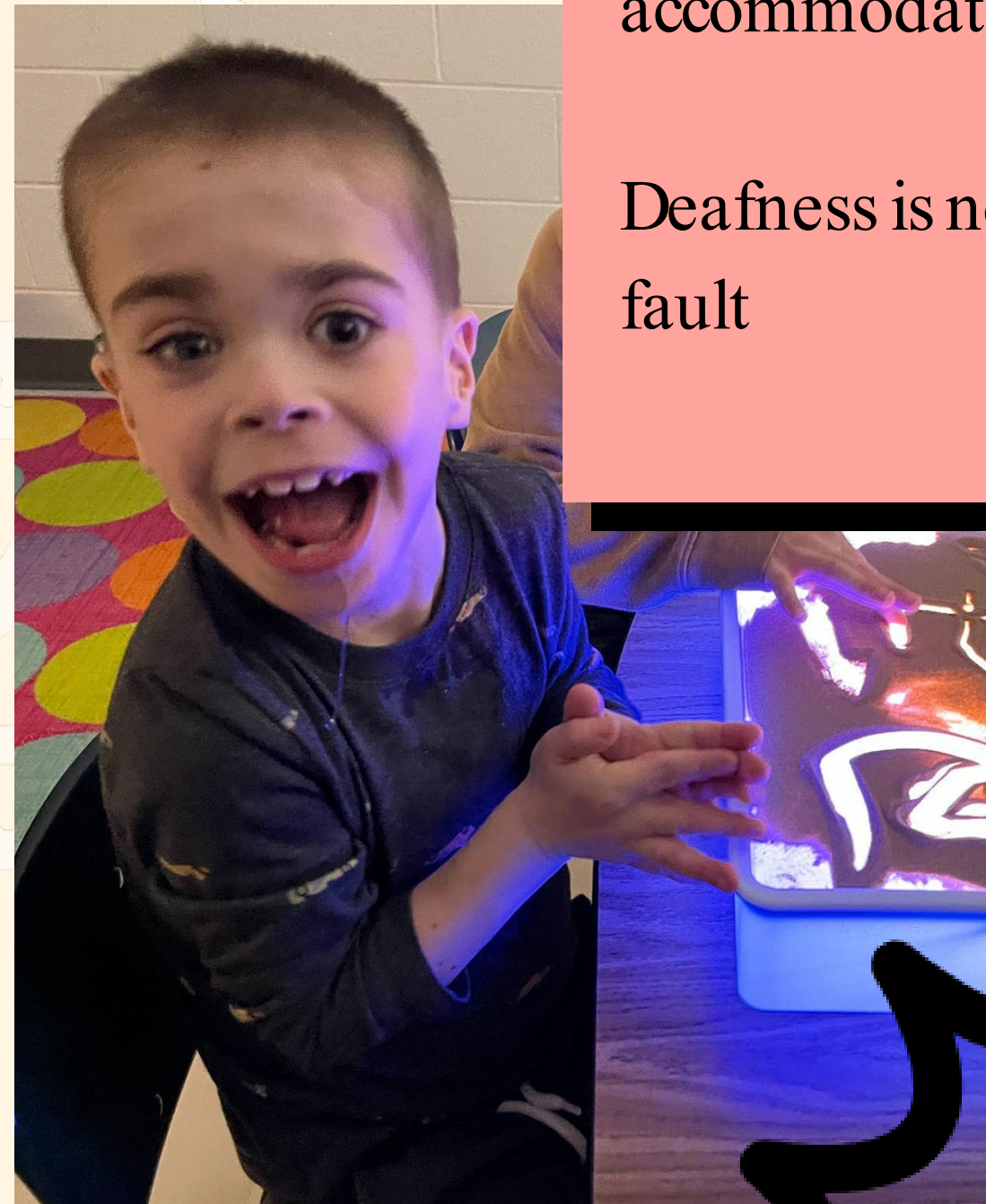
Emphasis on “passing for
hearing”




SOCIAL MODEL

Requires society to adjust to
accommodate everyone

Deafness is not a personal
fault





**Many parents of DHH children are
disproportionately exposed to the
medical model.** ¹²

The medical model can
unintentionally
perpetuate the stigma
of deafness as a tragedy.

¹¹

Conflict over device use can
lead to experiences of
trauma and dangerous
confusion about bodily

autonomy. ¹¹

Bilingualism is shown to
benefit adjustment and overall
mental health¹¹, but is still
discouraged under the medical
model.



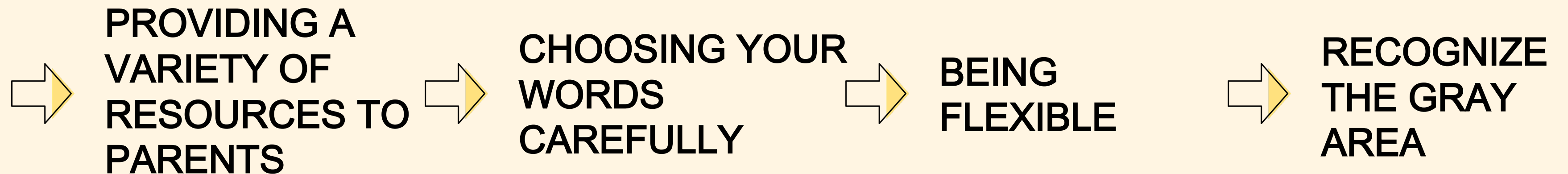
**SO, WHAT CAN
WE DO?**

PROTECTIVE FACTORS

Communication is key ¹	Bilingualism ^{5, 11}
Early Intervention ^{1, 7}	Prioritize self-esteem & confidence ₁₀
Parent support ¹	Early peer relationships ³
Exposure to Deaf Culture ¹¹	Education

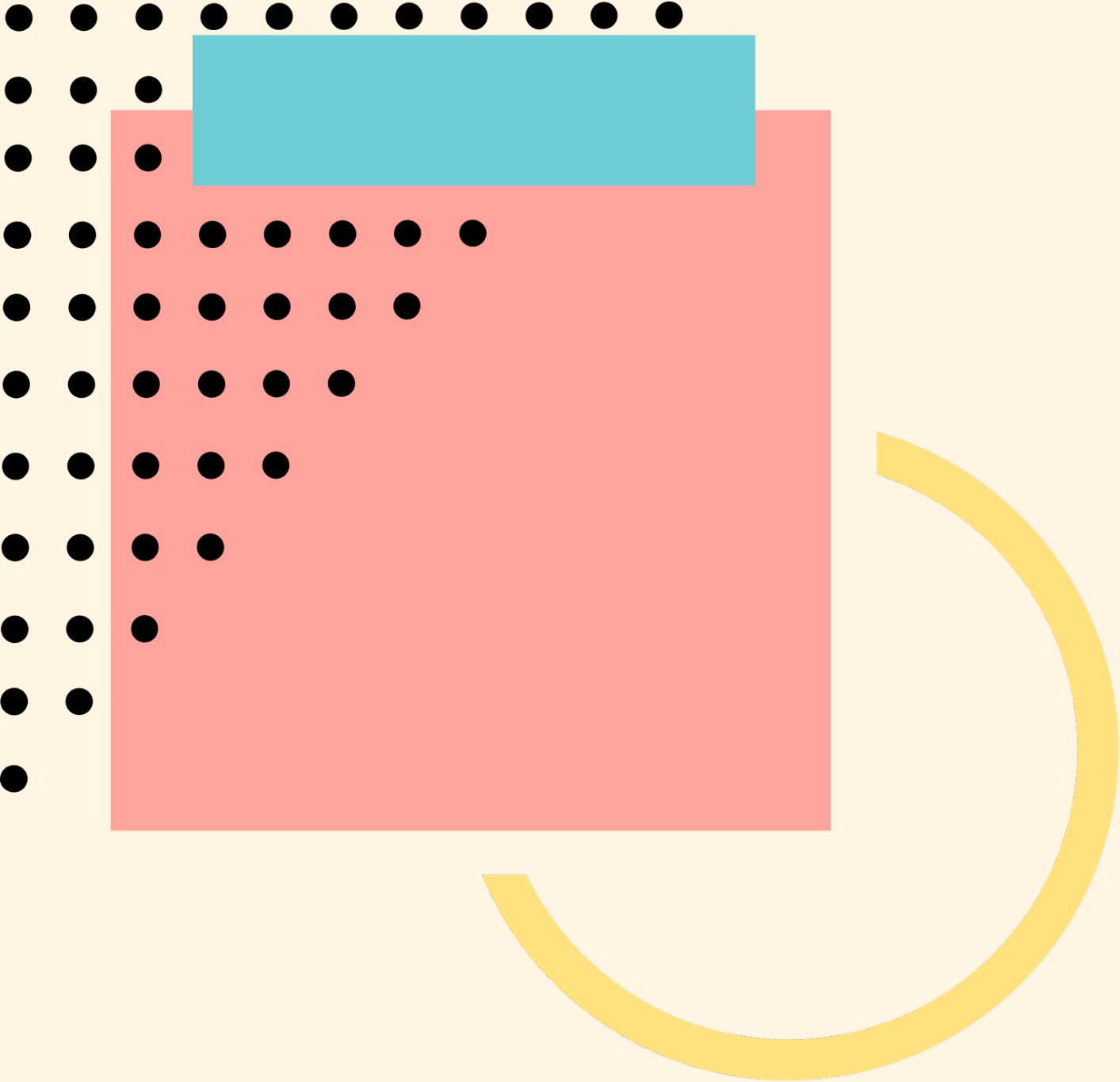


WHAT DOES THIS LOOK LIKE IN PRACTICE?





RELATIONSHIPS
MUST ALWAYS
COMEFIRST



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THANK YOU!

I'm happy to share my paper and
welcome any feedback!

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Amy Keslinke, IL Hands & Voices

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