Beyond Barriers:
How High Expectations Create Extraordinary Outcomes for DHH Learners

Guided Worksheet

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For too long, misconceptions have limited the possibilities for children who are deaf and hard of hearing (DHH). But today, we stand at the intersection of innovation and belief—where technology, early intervention, and family engagement create unprecedented opportunities for spoken language success. We must raise expectations, embrace excellence, and recognize that DHH children can achieve extraordinary outcomes when given the right tools and support.

Learning Objectives: By the end of this session, participants will be able to:

1. Adopt a mindset that embraces the highest potential for children who are DHH, moving beyond outdated limitations.
2. Describe how advances in hearing technology and early intervention strategies enable strong listening and spoken language outcomes.
3. Explain the critical role of professionals in equipping parents to be the primary language models and advocates for their children.
4. Commit to operating with excellence, raising expectations, and advocating for a future where DHH children lead thriving, enviable lives.

It's time to challenge the status quo.

- How can we challenge our limiting beliefs and reimagine the future for deaf children?
- How can we embrace a mindset of high expectations and boundless opportunity?
- How can we re-envision the future, setting a new standard of excellence?
- What are common misconceptions held about DHH children and LSL practice?

Consider the power of holding high expectations.
What is the role of expectations in shaping outcomes? How do belief and commitment drive achievements? (Consider, possible Pygmalion effect!)

Modern technology and high-quality intervention can unlock potential!
Age-appropriate listening and spoken language outcomes are possible and can be expected for the vast majority of DHH children.

- Advances in hearing technology COMBINED with the provision of evidence-based intervention practices capitalizing on family-centered intervention make age-appropriate spoken language and reading outcomes achievable for most DHH children - provided we do our jobs.

- For families who prioritize spoken language development for their families, we must emphasize the urgency of optimizing auditory access and implementing evidence-based interventions to maximize developmental outcomes.

IRL: Hear it Begins; HAAPI

- Congenital hearing loss has been described as a *neurodevelopmental* emergency, requiring *urgency* of action. Children with hearing differences do not have access to the level of auditory input of their typically hearing peers. Thus, DHH children *may* be deprived of auditory input, by nature of their hearing levels.
- *Unmitigated auditory deprivation* disrupts neural networks critical for listening, spoken language, and reading. If unaddressed – unmitigated auditory deprivation can lead to *language deprivation*.
- Consider a child's accessibility to the heart and home language/language(s).
- *Language Nutrition* – a healthy, enriched input of words, messages, meanings, and communication provided through responsive and contingent interactions, including parentese, singing, book sharing, and meaningful talk.
- *Auditory Dosage* - When DHH children receive sufficient (ie, appropriate) auditory dosage, they will be able to develop robust spoken language – as a result of this language nutrition provided by their parents/families.

1. Early is better than late.
2. The language environment matters – both quantity AND, more importantly, quality of input.
3. DHH kids using hearing technology (ie, getting sufficient auditory dosage) are accessing nutritious spoken language environments and are achieving age appropriate LSL skills!

How do we do this?

1.	We partner with families. Families provide the language nutrition.
2.	We optimize auditory dosage – through use of technology (ensuring audibility) so kids can access the quality language input (nutrition).
3.	We use evidence-based interventions, including auditory verbal practices to maximize impact.
4.	We seek novel collaborations to better support DHH children and their families on this journey.

The Central Role of Parents & Caregivers: Families hold THE MOST IMPORTANT and CENTRAL ROLE in their child's development.

Start by noticing the joy. Commit to being part of the fostering joy movement.
Fostering Joy for Families: https://handsandvoices.org/great-start/fostering-joy.html
Fostering Joy for Professionals: https://cccbsd.org/programs/institute/fostering-Joy-professionals/

If we recognize the home environment as the foundation for language development, then we ought identify practical ways to integrate listening and spoken language facilitation techniques into daily routines and ordinary interactions. So, how do we capitalize on "real life"? We partner with families!

Family-centered practice requires us, professionals, to align our interventions with family priorities. What do families want for their children? (How do we know?) How will we help them get there?

IRL: Families helping families. ASTRA and Hands & Voices

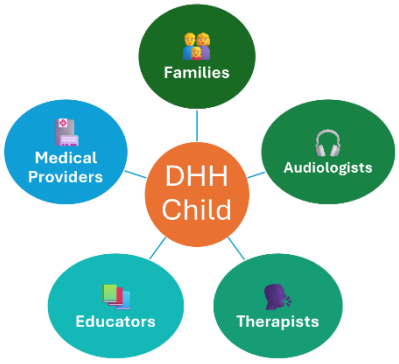
How do we optimize auditory dosage?

- Early (earlier) fitting of hearing technology – 1, 2, 3 is better than 1, 3, 6
- Consistent use during waking hours so children don't miss out on opportunities to overhear, hear responses directed towards them, and learn the sounds of their life.
- Consideration of the auditory environment – reducing distance between the communication partners, reducing background noise, and using remote microphone systems in challenging listening environments.

Core Tenets of Auditory-Verbal Practice (AVP):

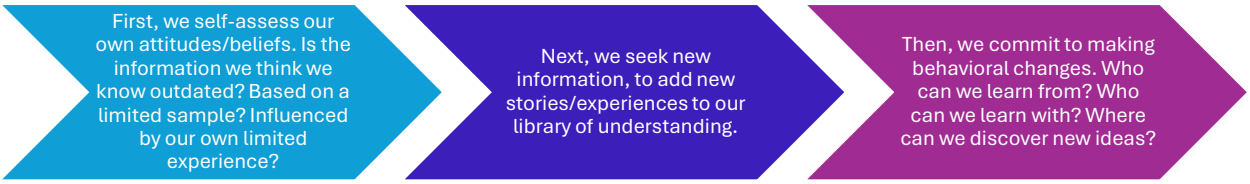
- Caregiver coaching: Empower caregivers to be the primary facilitators of listening and language development during daily routines.
- Early intervention: Start as soon as possible after diagnosis to maximize brain plasticity for auditory learning.
- Optimized Audibility through Hearing Technology: Ensure consistent, optimal access to sound through hearing aids or cochlear implants.
- Auditory learning in natural contexts: Integrate strategies into everyday activities, not isolated therapy.
- Listening first: Teach children to use hearing as the primary sensory channel for learning spoken language.
- Diagnostic teaching: Continuously assess a child's skills and adjust strategies responsively.

Valuing Others Through Intentional Collaboration: Achieving strong listening and spoken language (LSL) outcomes for DHH children is a *team effort*. Success relies on *intentional, ongoing collaboration* among families, audiologists, therapists, educators, and medical professionals.



Regular communication, shared goal-setting, and mutual trust across disciplines allow for early problem-solving, coordinated intervention, and seamless support for the child's auditory brain development.

Overcoming Barriers: Changing Mindsets & Systems: How do we build a culture of excellence? What would it look like if we expected excellence?



Call to Action: What is one thing you will change in your practice to embrace this shift in mindset?

Key Takeaways:

1. We are going to embrace advances in technology – to support the families who choose this pathway
2. We are going to prioritize family-centered approaches, because families are the most important!
3. And finally, we are going to seek out novel collaborations in order to create environments where DHH children can THRIVE!

Together we can move beyond barriers and make the extraordinary ordinary!

Imagine What's Possible, Hearing Deaf Perspectives: https://youtu.be/Yh1CT_5RZSE