

White Paper



# **BEST PRACTICES**

---

## **FOR THE ADOPTION AND/OR FOSTERING OF A DEAF/HH CHILD**

The research described in this report was conducted within Signs for Hope, Inc.

Signs for Hope, Inc white papers are authoritative publications that draw on a strong body of prior research to summarize key findings relevant to complex problems families of Deaf/HH adopted and foster children face during their journey. White papers are reviewed by Signs for Hope, Inc's executive leadership to assure that they adequately represent Signs for Hope, Inc's best work in the subject.

Signs for Hope, Inc is a nonprofit institution that builds communities who CARE for Deaf orphans and those who love them through research and analysis, training, and wellness programs. Signs for Hope, Inc's publications do not necessarily reflect the opinions or policies of its research sponsors or partner organizations.

© Copyright 2025 Signs for Hope, Inc.

All rights reserved. No part of this publication may be reproduced in any form by any electronic or mechanical means (including photocopying, recording, or information storage and retrieval) without permission in writing from Signs for Hope. Inc.

Published 2025 by Signs for Hope, Inc  
PO Box 460, Fairview, NC 28730

Signs for Hope URL: <https://www.signsforhope.org/>  
To obtain additional information, contact Signs for Hope:  
Telephone: (828) 691-2581; Email: [info@signsforhope.org](mailto:info@signsforhope.org)

# PREFACE

---

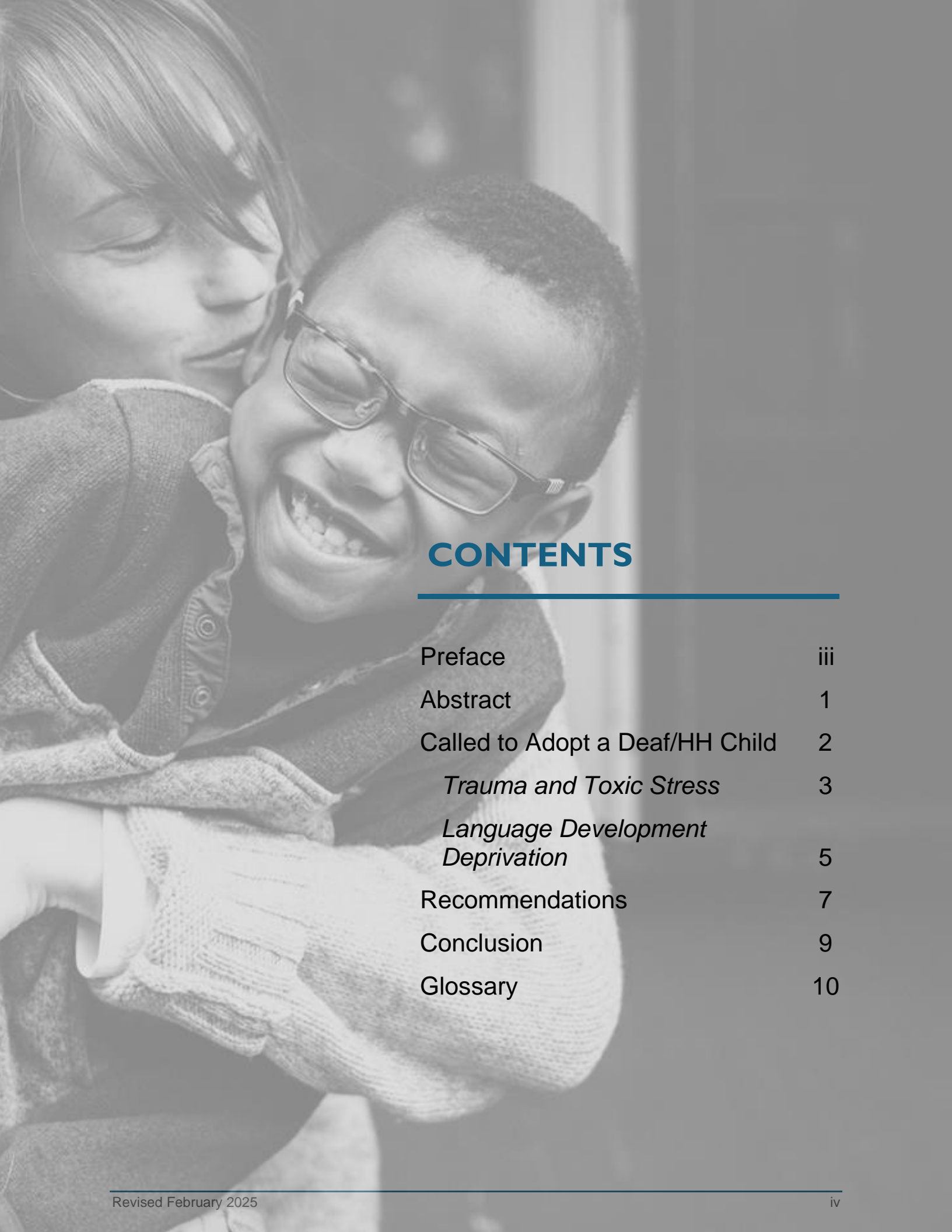
This Best Practices document for the adoption and fostering of Deaf/Hard of Hearing (HH) children has been in process for many years. Since 2008, when God called Signs for Hope (SFH) to "coordinate the adoption of Deaf orphans in the world," SFH has been a part of more than 300 Deaf/HH adoptions, with more than 200 families. Our observations from and experiences with Deaf/HH children have led us to share these Best Practices, which we believe will best equip families desiring to adopt or foster a Deaf/HH child. Each Deaf/HH child is as unique as is each family that will adopt/foster him or her. SFH seeks to direct you to the best, most comprehensive preparation for adding a Deaf/HH child to your family and parenting the children already in your home.

## **Signs for Hope**

Staffed by experts in trauma care and training, counseling, research and analysis, quality measurement, and other fields, Signs for Hope is the largest Deaf/HH focused nonprofit trauma training and research organization in the United States. It has been at the forefront of emerging trauma care issues related to the adoption of Deaf/HH orphans and their families for more than two decades.

### Contact Information:

Becky Lloyd  
Executive Director, Signs for Hope  
PO Box 460  
Fairview, NC 28730  
(828) 691-2581  
e-mail: [info@signsforhope.org](mailto:info@signsforhope.org)



## CONTENTS

---

Preface	iii
Abstract	1
Called to Adopt a Deaf/HH Child	2
<i>Trauma and Toxic Stress</i>	3
<i>Language Development     Deprivation</i>	5
Recommendations	7
Conclusion	9
Glossary	10

## ABSTRACT

---

The breadth of information and expectations you will find within Best Practices may overwhelm at first glance, but we are confident that families called to foster or adopt will agree that thorough knowledge and preparation are best. In fact, the resources provided in Best Practices are empowering tools for raising biologically born, fostered and adopted children alike. All families who seek to raise children to know Christ can find encouragement and equipping inside.

Consider: If God had called you to the mission field, you would expect to spend time preparing and learning the culture and the language of the people He called you to serve.

Our families are our mission field, first and foremost. We at SFH are fellow missionaries, training to best serve, love and disciple the Deaf/HH children God graciously puts in our lives. SFH is honored to walk with you in the redemptive, challenging, and holy work of adding a Deaf/HH child to your family, and most importantly, to the family of God. We pray Best Practices will draw you closer to Him as you prepare and serve on your mission field.

## **CALLED TO ADOPT A DEAF/HH CHILD**

---

Signs for Hope (SFH) believes parents who adopt a Deaf/Hard of Hearing (HH) child should be “called to adopt.” In other words, they should, in full confidence, believe God has chosen their family to provide a home for the Deaf/HH child God gives them. SFH strives to help the families God calls to prepare themselves and their home for the Deaf/HH child. Two elements are primary for preparing to answer God’s call:

Firstly, a family welcoming a Deaf/HH child home should be attachment-rich and emotionally safe for the Deaf/HH child. Creating such a home requires parents and other caregivers to consider their own potential early childhood or developmental trauma and any toxic stress in their own past before bringing a Deaf/HH child home. Healing our own minds and bodies is a lifelong journey of helping children heal.

Secondly (but of equal importance), family members must prioritize becoming fluent in American Sign Language (ASL), if they are not already, and leading their family to become a vital part of their local Deaf Community. An immersive ASL experience at home and engagement with other Deaf children and adults is vital for helping to bridge the gap between Hearing and Deaf cultures and the formation of the child’s identity, recognizing their full identity is found in Jesus Christ.

Let us address each of these areas more specifically.

## **I. Trauma and Toxic Stress**

---

Adults preparing to welcome a Deaf/HH child must address their own potential experiences with childhood trauma and/or toxic stress, in order to understand and support a Deaf/HH child who has almost certainly experienced one or both.

**Trauma** is a wound or an injury to the body and/or to the brain, perceived or real. **Toxic stress** is what we experience in our body and our brain when we are impacted by trauma constantly.

Trauma entered the world when Adam and Eve ate the fruit of the Tree of Knowledge of Good and Evil – fruit from the one tree God had warned them not to eat (See [Genesis Chapter 3](#)). Their eyes were opened and shame and guilt, followed closely by fear, were immediate wounds to their brains. This wound has impacted each one of us, as shame, guilt, and fear entered the DNA of mankind and was passed down to all generations.

Trauma and toxic stress can also happen in utero, and soon after birth, to the brain and body of the developing baby. What mom experiences, baby experiences in utero. Not only mom's habits of drug or alcohol use or poor self-care during pregnancy, but also mom's stress level is passed to developing baby. Premature birth and early hospitalization can cause trauma and toxic stress for babies, too. Abandonment, neglect, lack of nurture and maltreatment, an unhealthy attachment environment and more, impact the brain and the body of the developing child.

Shaming can also be a root cause for life-impacting trauma and toxic stress. Shame is a painful emotion caused by an awareness of guilt, shortcoming, or impropriety; a condition of humiliating disgrace or disrespect. Shame can result from censure or reproach or arise from something to be regretted. Being shamed can lead one to a place of disgrace or guilt that is not merited or deserved. Consistent shaming can lead to a place of trauma.

Most of us have a history of trauma and many of us have experienced toxic stress at some point in our lives. As parents, engaging in the ongoing journey of healing from trauma is a part of the preparation for adoption and/or fostering any child, including Deaf/HH children. As we work through the process of healing, we build a resilience that is invaluable as we care for our children. Resilience is a priceless benefit that can come from experiencing and healing from trauma.



## 2. Language Development Deprivation

---

Language Deprivation adds another dimension of trauma and toxic stress, which encompasses and impacts all areas of development. **Language Deprivation Syndrome** is the inadequate exposure to a full language for developing appropriate social, emotional and behavioral skills. Language Deprivation's deficits impact the mental, physical, emotional and cognitive development of a child. Beginning in utero and continuing through the first year of life, and beyond, language is paramount for opening a child's world as their parents and/or caregivers interact with them. The impact of Language Deprivation on the Developmental Milestones 0–5 reveals the many ways in which a Deaf/HH child has experienced these deficits and will need help in going back to ensure they learn them in sequential order.

Executive Function Skills, cognitive functions occurring in the pre-frontal lobe of the brain—flexible thinking, working memory, self-monitoring, impulse control, planning and prioritizing, organization and task initiation—are limited by Language Deprivation and other traumas. These can be taught while language is learned in succession. The foundation for Executive Function occurs organically between the ages of 3 and 5, when a child has experienced a healthy hearing environment from birth and continues into adulthood.

Language Deprivation happens when a child is in an environment where language exposure is limited. These limitations can come from parents'/caregivers' inability to provide the necessary

interactions with them, either because they cannot give them what they do not have or do not take the time to interact with them as they should. Language Deprivation happens in birth homes, foster homes and social welfare institutions. Language Deprivation happens when a child is suddenly removed from their native language country and forced to learn a new language, in a new country, much like what happens in international adoption. The ultimate Language Deprivation happens when hearing loss occurs.

Understanding, identifying and addressing the Language Deprivation an adopted/fostered Deaf/HH child has experienced is paramount to their development. Potential parents and caregivers of Deaf/HH children must be well-versed in the causes, effects and potential therapies to reverse Language Deprivation.

## RECOMMENDATIONS

---

In summary, families who feel called to adopt or foster a Deaf/HH child should participate in the following preparatory courses and activities with the understanding that this is an ongoing practice of being in a growth mindset and continual learning.

\*\*\*(Many of these competencies will overlap and be ongoing)

- [Making Sense of Your Past-Worth](#)
- **Trauma-Informed Family**
  - [Advanced Trauma Competent Care \(ATCC\)](#) and [Trust-based Relational Intervention® \(TBRI®\)](#) Strategies and Principles – practicing and implementing, a minimum of three years, in the home with all family members
- **Trauma-Informed Counseling**
  - All family members receive trauma-informed counseling before and after the adoption or fostering a Deaf/HH child
- [Developmental Milestones 0 - 5 Training](#)
- [Adverse Childhood Experiences \(ACEs\)](#) and [Resiliency Training \(PACES\)](#)
- **Emotional Quotient (EQ) Training**
- **Sensory Integration Training**
- **Theory of Mind/Mindsight Training**
- [Executive Function Skills Training](#)
- **ASL Training**
  - Hearing Parents ASL Acquisition**

- Sign Language Proficiency Interview (SLPI), pass Advanced Level through the Rochester Institute of Technology/National Technical Institute for the Deaf
- OR
- American Sign Language Proficiency Interview (ASLPI), pass between Level 3 and 4 through Gallaudet University
- Hearing parents must be role models for language for the adopted/fostered Deaf/HH child

### **Hearing Siblings**

- Weekly opportunities to learn and use ASL with their parents and within the Deaf Community

### **Deaf Parents (If ASL is not their first language)**

- Sign Language Proficiency Interview (SLPI), pass Advanced Level through the Rochester Institute of Technology/National Technical Institute for the Deaf
- OR
- American Sign Language Proficiency Interview (ASLPI), pass between Level 3 and 4 through Gallaudet University
- Deaf parents must be role models for language for the adopted/fostered Deaf/HH child

### **Deaf Siblings**

- Siblings must be involved in using ASL daily

## CONCLUSION

---

If this seems like an exhaustive and overwhelming list – you are right. Only a family called and equipped by God to adopt a Deaf/HH child could attempt it.

Signs for Hope prays for its families and strives to walk alongside them as they pursue each element of preparing themselves and their homes for a Deaf/HH child. God has called us to help them. If He has called you to adopt, He will likewise equip you for His holy work. It is our joy at Signs for Hope to join you.

Signs for Hope is committed to staying informed and up to date with ongoing neurobiological research. This document will represent the most recent information we, as an organization, have.

Please contact [Signs for Hope](#) anytime for more information or explanations of each course listed above.

## **GLOSSARY**

---

### **ACEs**

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). Examples include:

- Experiencing violence, abuse, or neglect.
- Witnessing violence in the home or community.
- Having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. Examples can include growing up in a household with:

- Substance use problems.
- Mental health problems.
- Instability due to parental separation.
- Instability due to household members being in jail or prison.

### **ASL Fluency**

It takes an average of 8 or more years to become fluent in ASL. Able to live day to day with regular conversations with ASL fluent Deaf and hearing.

## **ASLPI**

The American Sign Language Proficiency Interview (ASLPI) is a holistic language evaluation used to determine global ASL proficiency. The basic precept in this type of evaluation is to find out through a face-to-face interview what an individual can do with the target language at a given point in time. The ASLPI is a 20-25 minute video recorded interactive dialogue between the examinee and the interviewer. The interview is rated by a team of evaluators and examinees are awarded an overall proficiency level on a 0-5 rating scale. Language proficiency evaluation was originally developed by the Foreign Service Institute (FSI) of the US Department of State and has been used by the government for decades. Adaptations to the language proficiency evaluation were made with respect to ASL and the ASLPI was born. The ASLPI is utilized by agencies, schools, universities, programs and employers.

## **ATCC**

Advanced Trauma Competent Care is a comprehensive training in trauma and its impact on children, offered by Trauma Free World and Signs for Hope personnel.

## **Attachment**

Attachment is the emotional bond that forms between infant and caregiver, and it is how the helpless infant gets primary needs met. Attachment provides the infant's first coping system; it sets up a mental representation of the caregiver in an infant's mind,

which can be summoned as a comforting mental presence in difficult moments. Attachment allows an infant to separate from the caregiver without distress and explore the world around her. Attachment develops through everyday interactions as a caregiver attends to an infant's needs.

### **Attachment-rich Environment**

According to the Child Development Clinic, an attachment rich environment is one in which the parent (caregiver)/child connection is fostered in a way that allows them to tap into the child's unique developmental needs. To establish an attachment rich environment, parents should provide:

- A sense of safety and security
- Soothing
- Attunement
- Reliability and Consistency
- Support and Encouragement
- Novelty, fun and play
- Boundaries and Structure

### **Bridge the Gap between the hearing and the Deaf**

A gap exists between the hearing and the Deaf as many hearing parents/family members/ community of the Deaf do not learn ASL. This preventable barrier creates two separate cultures: Deaf culture and Hearing culture. A Deaf child grows up fluctuating between two cultures without any continuity. The accommodation of a Deaf child leads to significant social, emotional and physical impacts such as identity confusion, self-worth struggles, isolation,



lack of secure attachment, lack of belonging, and not fitting into Deaf or hearing cultures.

To bridge this gap, the hearing learns ASL and embraces Deaf culture, recognizing the benefits of Deaf culture immersion and equal standing between communities. This will not be perfect, however it will allow the child the freedom of experiencing both cultures without competition or wide separation.

## **Called to Adopt**

Parents, in full confidence, believe God has chosen their family to provide a home for the Deaf/HH child(ren) God gives them.

## **Cognitive Development**

Cognition refers to thinking and memory processes, and cognitive development refers to long-term changes in these processes. One of the most widely known perspectives about cognitive development is the cognitive stage theory of a Swiss psychologist named Jean Piaget. Piaget created and studied an account of how children and youth gradually become able to think logically and scientifically.

## **Deaf**

Deaf – with a capital “D” represents people with hearing loss who have chosen to use a manual language, like American Sign Language, to communicate.

## **deaf**

deaf – with a small “d” represents the audiological perspective of hearing loss. The level of deafness is determined by the person experiencing the hearing loss, not by an audiogram. Two people could be labeled with the same hearing loss – mild, moderate, severe or profound - but one could understand certain words spoken and the other could not.

## **Deaf Community**

Community comprised of Deaf communicating in American Sign Language as their first and primary language.

## **DeafBlind**

Is the term used to describe people who experience hearing and vision loss. The varying degrees of loss determines what mode of communication that is used, spoken, manual, such as American Sign Language, and/or tactile signing. Tactile signing is where the DeafBlind person places their hand or hands lightly on the hand(s) of the other person who is signing to them.

## **Developmental Milestones 0 – 5**

Developmental milestones are markers or check points of a child’s development from 0, before birth, to age five. These are averages of what a child can do at a given age. They are used to help determine if a child is undergoing typical development versus

if a child is delayed in each domain or over multiple areas in the process of aging development. Signs for Hope has identified seven domains of milestones. They are:

- Language/Communication
- Social/Emotional
- Movement/Physical
- Cognitive/Problem Solving
- Moral/Ethical
- Self-Esteem/Self-Confidence
- Sexual/Spiritual

## **Developmental Trauma**

The complex and pervasive exposure to life-threatening events that occurs through sensitive periods of infant and child development.

## **Early Childhood Trauma**

Traumatic events that occur in a child age 0-6.

## **Emotional Quotient/Emotional Intelligence (EQ)**

Emotional Intelligence is the ability to perceive, understand, comprehend and manage emotions. EQ refers to how you recognize and respond to the emotions of others, as well as how you manage your own emotions and understand how they may be perceived by others. Emotional intelligence helps you see beyond your own lens to understand how other people might be

feeling, based on wherever they're coming from. Emotional intelligence may come more naturally to some people than others, but it's a skill set that can be developed over time. Improving your EQ will help you manage daily stressors and communicate with others.

## **Emotionally-safe**

According to Psychology Today, January 16, 2023, Emotional safety is the visceral feeling of being accepted and embraced for who you truly are and what you feel and need. Emotional safety is a basic human need and an essential building block for all healthy human relationships.

## **Executive Function Skills**

Executive function and self-regulation skills are crucial for learning and development. They also enable positive behavior and allow us to make healthy choices for ourselves and our families.

Executive function and self-regulation skills depend on three types of brain function: working memory, mental flexibility, and self-control. These functions are highly interrelated, and the successful application of executive function skills requires them to operate in coordination with each other. The successful application of executive function skills requires them to operate in coordination with each other

## **Guilt**

According to Merriam Websters online dictionary, the noun form of guilt is feelings of deserving blame especially for imagined offenses or from a sense of inadequacy.

## **Hard of Hearing**

Represents those people with hearing loss that impacts their ability to hear and understand the words being spoken. Usually, these people have not been exposed to learning a manual language, such as American Sign Language, or have only learned some words in sign, not the full language.

## **Healing**

Emotional healing is the process of acknowledging, allowing, accepting, integrating, and processing painful life experiences and strong emotions. It may involve empathy, self-regulation, self-compassion, self-acceptance, mindfulness, and integration. Many people have a tendency to want to control the process of emotional healing by minimizing the pain and controlling their emotions. However, this can actually inhibit the process of emotional healing. Emotional healing takes the time that it takes—which may be longer or shorter than you expect or plan on—if you allow it to be fully acknowledged, felt, moved through, and processed.

## **Hearing Impaired**

Is the term used by hearing people for people with hearing loss, however the Deaf Community does not accept this term and feels it is derogatory in nature.

## **Immersive ASL Experience**

ASL communication in various daily environments for the purposes of learning and teaching language, in the community and at home.

## **Language Deprivation Syndrome**

Language deprivation occurs due to a chronic lack of full access to a natural language during the critical period of language acquisition (when there is an elevated neurological sensitivity for language development), approximately the first five years of a child's life. Language deprivation during the critical period appears to have permanent consequences for long-term neurological development. Neurological development can be altered to the extent that a deaf child "may be unable to develop language skills sufficient to support fluent communication or serve as a basis for further learning".

## **Language Development Deprivation**

The lack of developmentally-appropriate proficiency in any natural language. "Developmentally-appropriate" refers to achieving

milestones commensurate with chronological age combined with any other factors that would be expected to influence language acquisition. Such lack of developmentally-appropriate proficiency in any language can range from mild to extreme.

## **Making Sense of Your Past-Worth**

Throughout the course of our work we have discovered there is a missing piece to helping individuals heal from the negative hurtful events they were exposed to throughout their lives. Individuals may have made sense of the events on a cognitive level and even on an emotional level but have not yet taken the journey to understand how these life events (both big and small) have impacted their positive self-worth.

In addition, when caregivers learn about their personal attachment style, they often seek answers in how to change it. Before now, a curriculum or guide to help them do this did not exist. Now we have it, and it is an amazing step-by-step program for helping adults gain secure attachment. In addition, caregivers with their own trauma histories also have a difficult time meeting the needs of the children in their home because their own histories get in the way. This program helps adults overcome their own painful pasts so they can be free to be the caregiver they desire to be, the parent they desire to be, the spouse they desire to be, the friend they desire to be and even the person they want to be in their profession.

## **Mindsight**

Mindsight (term coined by Dr Dan Siegel) describes our human capacity to perceive the mind of the self and others, and to regulate emotions with focused attention. It is a powerful lens through which we can understand our inner lives with more clarity, integrate the brain, and enhance our relationships with others. Mindsight is a kind of focused attention that allows us to see the internal workings of our own minds. It helps us get ourselves off the autopilot of ingrained behaviors and habitual responses. It lets us “name and tame” the emotions we are experiencing, rather than being overwhelmed by them. It is a skill that can change the brain and enhance relationships, based on interpersonal neurobiology.

## **PACEs (Resiliency Training)**

Protective and compensatory experiences (PACEs) are positive experiences that can increase resilience and protect against risk for mental and physical illness. Supportive relationships and resources make up PACEs. Adults who had many PACEs in their childhood have fewer problems related to health and wellbeing even if they had a history of ACEs.

## **Resilience**

Resilience, at its essence, is an interactive concept to describe the combination of serious risk experiences and a relatively



positive psychological outcome despite those experiences (Rutter, 2006). Resiliency can also be defined as protective or positive processes that reduce maladaptive outcomes under conditions of risk (Greenberg, 2006). Three broad categories of protective factors have been identified: individual (temperament and intelligence/cognitive ability), the quality of the child's relationships, and broader environmental factors (safe neighborhoods, quality schools, and regulatory activities; Greenberg, 2006).

## **Sensory Integration**

Sensory integration refers to the processing, integration, and organization of sensory information from the body and the environment. Simply put, this is how we experience, interpret, and react to information coming from our senses (vision, auditory, tactile, gustatory, olfactory, proprioception, vestibular, and interoception). Sensory integration is an automatic neurological process that occurs throughout the lifespan. Sensory integration develops naturally during ordinary childhood activities, however, for some people, it does not develop as efficiently as it could and can affect activities of daily living, academic achievement, behavior, or social participation. Sensory integration challenges or difficulties can be described as “a decreased ability to process and integrate sensation (that results) in difficulty producing appropriate actions, which, in turn, may interfere with learning behavior (Bundy and Lane, 2020)

## **Shame**

According to Merriam Websters online dictionary, the noun form of shame is a painful emotion caused by a consciousness of guilt, shortcoming, or impropriety; the susceptibility to such emotion, a condition of humiliating disgrace or disrespect, something that brings censure or reproach, or something to be regretted.

In it's verb form, shame becomes shamed or shaming which would indicate a bringing to shame or disgrace; being put to shame by outdoing, causing to feel shame, or to force by causing feelings of guilt.

## **SLPI**

The Sign Language Proficiency Interview (SLPI:ASL) involves a one-to-one conversation in sign language between an interviewer and candidate/interviewee. Interview content varied according to the background, job responsibilities, schooling, and other interests of each SLPI:ASL candidate/interviewee.

## **TBRI® Strategies and Principles**

Parents and professionals trained in TBRI® are able to help their adoptive and/or foster children heal from past relationship-based traumas, and develop positive relationships and behaviors.

TBRI® consists of three sets of intervention principles.

- The Empowering Principles are designed to meet the child's basic needs for hydration, nutrition, and physical activity, and instill a sense of felt-safety by creating an environment that is predictable and child-centered.
- The Connecting Principles are designed to enhance caregiver awareness of self and child, engagement and nurturing interaction, and dyadic attunement.
- The Correcting (Shaping) Principles include both proactive strategies such as teaching self-regulation and prosocial skills, and reactive strategies that yield effective, positive, and non-punitive responses to child misbehavior.

## **Theory of Mind**

Theory of Mind. ToM, is typically defined as the ability to understand the thoughts, beliefs, desires, and emotions of other people. This understanding allows individuals to predict how others will feel, act, and think in a given situation. ToM is a foundational mechanism for navigating social situations.

## **Toxic Stress**

What we experience in our body and our brain when we are impacted by trauma constantly.

## **Trauma**

A wound or an injury to the body and/or to the brain, perceived or real.

## **Trauma-Informed Family**

A family who has learned how trauma impacts the brain, the body, the biology, the behavior, and the belief system of a person and utilizes strategies and principles to connect with that person to develop mutual love and respect.

## **Trauma-Informed Therapy**

Counseling offered by a therapist who has been trained in trauma and its impact on the brain, the body, the biology, the behavior, and the belief system of a client no matter their age and utilizes the strategies and principles that promote connection.

## **Unhealthy Attachment Environment**

Abandonment, neglect, lack of nurture and maltreatment impact the brain and the body of the developing child.

Attachment is characterized by an absence of bond in the first year of life between child and caregiver. When the first caregivers cannot initiate a healthy attachment with the child, future caregivers will need to be intentional in meeting the child's needs, seeking connection through eye contact, language, child directed play, and meeting needs.