Essential Role of Language in the Assessment & Intervention Strategies for Complex Children

Understanding the Intersection of Genetics, Prenatal Exposure, & Post-natal Traumatic Stress MSHA 2018 Annual Conference – Kalamazoo

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My recent work in Northern Michigan

- CTAC ACF Grant re trauma-informed child welfare
- Strengthening connections between primary care and various agencies
- Natural & organic partnership between schools and primary care
- Trauma screening and assessment
- Critical role of SLP on these teams

Let's take a whirlwind tour of trauma & prenatal exposure impact on the developing brain





























Behavioral Epigenetics: The future is now!

- Epigenetics: chemical alterations to DNA after conception
- Epigenetics is the *ultimate link* between nature & nature
- Some evidence that (on occasion) these epigenetic alterations may be passed on to the next generation

The Brain-Behavior Connection: Intrauterine Drug Exposure:

- The "Myth" of Meth (& crack / cocaine)
- "Mixing and matching" drugs while pregnant
- Nicotine use *increases* ADHD risk 4-fold
- Prenatal cannabis use remains a mystery
- The need for animal models to clarify
- Huge increase in prenatal opiate use / abuse

The Brain-Behavior Connection: Chronic and Severe Prenatal Stress:

- Growing appreciation of neg. impact on fetus
- What level of stress is damaging to fetus?
- Some placental stress buffering is protective
- By GV/ 12, the limbic system/PFC/cerebellum
- are susceptible to chronic stress (via cortisol)
- Prenatal stress can *lower* birth weight
 Prenatal stress can impact *adult health* (think ACE)
- Solid early life parenting / attachment can be
- protective (& even reverse deleterious effects)



FAS: not the whole story Fetal Alcohol Spectrum Disorders (FASD)		
	Fetal Alcohol Syndrome	
	Partial FAS	
0.1% 2.1% 0.5% -3σ -2σ -1σ μ 1σ 2σ 3σ	Alcohol-related Neurodevelopmental Disorder (ARND) ("mild- moderate" FAS)	
Adapted from Streissguth	Neurobehavioral Disorder – Associated with Prenatal Alcohol Exposure (DSM-5)	

Fetal	Alcohol S Clinical Pea	pectrum arls of Wis	Disorder:	
• "Mild -	Moderate" F	ASD is still v	v. problematio	2
 It is all (during alcohol 	about <u>when</u> the pregnand was consume	the drinkir cy) and ho r ed per ses	ng occurred w much sion	
• Matern	al blood etoh l	evel = fetal	blood etoh lev	vel
• Meth-A	Alcohol link: "S	wiss chees	e brain" issue	es











 Is often damaged by prenatal alcohol exposure / traumatic stress







Language Impact of Prenatal Alcohol Exposure

- Critical cornerstone of trauma assessment
 If we don't look...we will not find!
- Impacts many intervention strategies
- Receptive language often more impacted
- Cocktail Party Syndrome issues
- School-based SLPs as consultants and developmental strategists

FASD Resources

- www.nofas.org
- <u>www.fasalaska.com</u>
- www.fafasd.org
- www.fascenter.samhsa.gov
- www.cdc.gov/ncbddd/fasd









Research reveals a *strong link* between all types of **child abuse /neglect** and the subsequent development of *psychiatric* illness in adulthood

 Key findings (ACES) link child traumatic stress with variety of *child/adult physical illness* VJ Felitti, MD











Final Thoughts

- MAS is on a mission!
- Increasing capacity of language-based assessment and intervention
- Primary Healthcare Teams
- Congregate Care Facilities
- Rural Mobile Outreach
- Developing co-treatment protocols
 - SLP / IMH / OT / Music Therapy



