



Common Problems in Alcohol Affected Children

- **Minor medical problems** such as ear infections, allergies, and asthma.
- **Failure to thrive in infancy**, indicating significant growth delay that may also affect developmental progress and attachment.
- **Feeding problems** such as weak suck and difficulty grasping a nipple in infancy, and later decreased appetite or difficulty retaining food.
- **Delays in motor development in infancy** including poor gross motor skills, delays in fine motor skills, and hand tremors.
- **Delays in cognitive development** but not necessarily into the mental deficiency range.
- **Specific learning disorders at school age**, with better performance in reading and language, poorer ability in mathematics.
- **Mild mental retardation** - (IQ<70). Borderline intelligence - 70 to 85.
- **Attachment disorders** which may include indiscriminate attachment or failure to attach due to grossly pathological care.
- **Sleeping problems** such as trouble going to sleep and short sporadic periods of restless sleep.
- **Judgment problems** often recognized as failure to learn from experience or to develop a logical approach to problems.

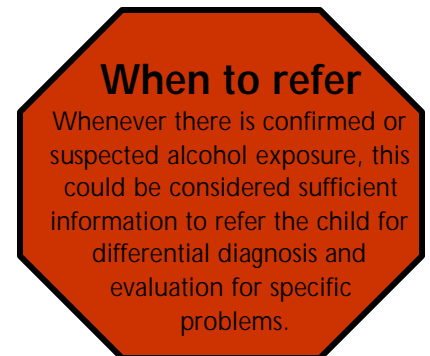


Typical Child



Alcohol Affected Child

- **Unusual facial features** that include short palpebral fissures, thin upper lip, flattened philtrum, lowset ears, and flattened midface.
- **Low birthweight and continued small size** until puberty, when catch-up growth is common.
- **Damage to the nervous system** such as decreased cranial size at birth, structural brain abnormalities, and neurological hard or soft signs.



Comprehensive Assessment

- **Diagnosis** must be made by a **Dysmorphologist**
- **Medical status** to document head circumference, height, weight, etc. as well as to address associated minor medical problems.
- **Neurodevelopmental assessment** to include IQ, achievement, visual-motor, attention, adaptive behavior, and social-emotional development.
- **Family evaluation** by social worker to assess need for community support and referrals to outside agencies.
- **Educational assessment** to insure most appropriate and least restrictive educational placement.
- **OT/PT/Speech** to address commonly associated deficits in fine motor, gross motor, and expressive language development.

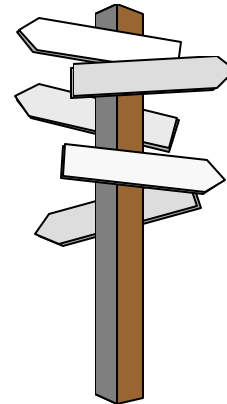
Focused Treatment

- **Identify problems** based on comprehensive assessment.
- **Recommend specific treatments** to include medical, psychological, and educational interventions.
- **Coordinate efforts** to insure continuity of care as well as to maximize chances for successful outcomes.

Where to Turn

Diagnosis:

The Marcus Institute
FAS Clinical Team
1920 Briarcliff Road
Atlanta, GA 30329
(404) 419-4256



Resources

Bibliography:

Stratton, K., Howe, C. & Battaglia, F., Eds. Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment. Report of the Institute of Medicine Committee to Study Fetal Alcohol Syndrome. National Academy Press: Washington, D.C., 1996.

Smith, G. H., Coles, C.D., Poulsen, M. K. & Cole, C. K. Children, Families, and Substance Abuse: Challenges for Changing Educational and Social Outcomes. Paul H. Brookes Publishing, Co.: Baltimore, 1995.

