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.

- **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.

When to refer
Whenever there is confirmed or suspected alcohol exposure, this could be considered sufficient information to refer the child for differential diagnosis and evaluation for specific problems.
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:
