

Marek Banach, Magdalena Lubińska-Bogacka
Pedagogical University of Cracow, Cracow, Poland

Work with child with Fetal Alcohol Spectrum Disorder

Abstract: Fetal Alcohol Syndrome issues are present in Polish literature since the late 90s. These problems are dealt by psychologists, pedagogues and physicians. In their studies they focus on various questions related to FASD. One of the key issues is organization of care and educational work and education in variety of environments, from the family home to the school and workplace. In this article we present the basic principles of the organizing family environment of children with FASD.

Keywords: fetal alcohol syndrome, principles in working with child, FAS diagnosis, functioning disorders of children with FASD

“Fetal alcohol syndrome (FAS), first described in the published medical literature in 1968, refers to a constellation of physical abnormalities, most obvious in the features of the face and in the reduced size of the newborn, and problems of behavior and cognition, in children born to mothers who drank heavily during pregnancy. These latter features lead to the most concern. The costs of FAS and related conditions can be quite high – for the individual, for the family, and for society. Rates of FAS in several of the most complete studies are similar – on the order of 0.5 to 3 cases per 1,000 births. Assuming an annual birth cohort of approximately 4 million, this translates into 2 to 12 thousand FAS births per year in this country. These incidence figures are offered not as established facts but

to emphasize the magnitude of a problem that has serious implications – for the individual and for society”¹.

“FAS refers to a constellation of physical, cognitive, and behavioral traits that result from maternal consumption of alcohol during pregnancy, and is a diagnosis implying exhibit growth deficiencies, CNS deficits, and abnormal facial features. It is the leading known cause of mental retardation in the Western world, and it is preventable. The incidence of FAS in the general population is estimated to be 3.3 cases per 10,000 live births. The estimate of FAS frequency among women who are alcohol dependent is 29 per 1,000 live births. There are different incidences (per 10,000 births) of FAS for various ethnic groups: Asians, 0.3; Hispanics, 0.8; Whites, 0.9; Blacks, 6.0; and Native Americans, 29.9. The rate of FAS is considered to be underestimated because of the difficulty in making the diagnosis, and the reluctance of health care professionals to label mothers and their children. Many children with FAS are placed in foster care or in adoptive homes. In a study with 61 adolescents and adults with FAS, almost one-third had never lived with their biological mothers, only 9% lived with both of their biological parents, a mere 3% were still living with their biological mothers, and 69% of the biologic mothers were dead of alcohol-related illnesses or causes”².

Currently, diagnosis of FASD covers five diagnostic categories used to describe children exposed to alcohol prenatally³ :

1. FAS with a confirmed history of maternal alcohol intake.
2. FAS with phenotypic features but no confirmed history of maternal alcohol intake.
3. Partial FAS. Confirmed maternal alcohol intake, and some facial anomalies and, in addition, one of the following: CNS abnormalities, growth retardation, or behavioral or cognitive disabilities.
4. Alcohol-related birth defects (ARBD) indicating adverse birth outcomes related to prenatal alcohol exposure.
5. Alcohol-related neurodevelopmental disorders (ARND) indicating CNS abnormalities related to prenatal alcohol exposure. Unlike FAS, ARND is not associated with facial or physical anomalies, and in the past was thought of as a mild form of FAS. Unfortunately, recent research suggests

¹ K. Stratton, C. Howe, & F. Battaglia, *Fetal alcohol syndrome: Diagnosis, epidemiology, prevention, and treatment*, Washington 1996.

² J. Gardner, *Living with a Child with Fetal Alcohol Syndrome*, “American Journal of Maternal Child Nursing”, 9/10/2000, volume 25, issue 5 s. 225.

³ K. Stratton, C. Howe, & F. Battaglia, *Fetal alcohol syndrome...op. cit.*

that cognitive impairment in ARND may be as devastating as full-fledged FAS⁴.

Using the concept of FASD we define all the possible consequences of prenatal exposure to alcohol. This differences include the degree of after-alcohol disorders of the fetus, from the full-symptom FAS to ARND. Because of this diversity, working with a child with FASD should consider all possible manifestations of disorders and their effects on functioning of the child at different levels: physical, mental, social. Therefore it will be reasonable to ask about how we perceive a child with FASD, which elements we pay attention to?

Researchers have documented brain structure and function abnormalities among children with FAS. Children diagnosed with FAS usually have a small head with a reduced brain size. Using imaging techniques⁵, demonstrated that prenatal alcohol exposure affects the size of the cerebral cortex (necessary for higher cognitive functioning), the cerebellum (involved in cognitive and motor functioning), the corpus callosum (communication pathways interconnecting the brain's two hemispheres), and the hippocampus (involved in memory). Because so many vital regions of the brain are affected, children with FAS display a wide variety of disturbances. Areas in which difficulties occur include intelligence, memory, problem solving, attention, and motor coordination.

FAS affects intellectual functioning, as measured by standardized IQ tests; IQ ranges in children with FAS vary from severely retarded to normal. Recent research by⁶ showed that the average IQ for a child with FAS was 74. Although some FAS children have a normal IQ, they may still exhibit learning disabilities.

Additionally, children with FAS have problems with memory. One study demonstrated that patients with FAS had difficulty recalling a list of words, even though the words were repeated five times⁷. Jacobsen reported that 13-month-old infants who had been prenatally exposed to alcohol were slower at processing information. Adolescents whose mothers drank alcohol prenatally had difficulty performing tasks that required information processing in order to make complex

⁴ S. Mattson, E. Riley, L. Gramling, D. Delis, K.L. Jones, *Heavy prenatal alcohol exposure with or without physical features of fetal alcohol syndrome leads to IQ deficits*, "Journal of Pediatrics", 131/1997, p. 719.

⁵ S. Mattson, E. Riley, *Prenatal exposure to alcohol: What the images reveal*, "Alcohol Health & Research World", 19/1995, p. 274.

⁶ S. Mattson, E. Riley, L. Gramling, D. Delis, K. L. Jones, *Heavy prenatal...*, op. cit., s. 720.

⁷ K. Kerns, A. Don, C. Masteer, A. Streissguth, *Cognitive deficits in non-retarded adults with fetal alcohol syndrome*, "Journal of Learning Disabilities", 30/1997, s. 687.

decisions⁸. Children who were exposed to alcohol performed more poorly in mathematics and reading than children who had not been exposed⁹ found that FAS children had recurring problems paying attention at school, and that 5- to 12-year-old children with FAS exhibited attention deficits similar to children diagnosed with attention deficit disorder.

An infant with FASD may be very irritable, fussy, and/or cry a lot for no apparent reason. As a child with FASD grows, parents and caregivers may begin to notice that the child's development of gross motor skills is delayed—for example the child may walk or run with an awkward gait, have difficulty tossing and catching a ball, and/or struggle to be able to hop on one foot. The child may also exhibit cognitive deficits – for example the child may have trouble problem solving, difficulty planning future actions, and problems taking in, storing, and recalling information. Because of damage to the brain, a child with FASD is sometimes overly sensitive to sensory input – for example they may be upset by bright lights, loud noises, and tags on their clothes. As the child's development continues, parents and caregivers may notice that the child has verbal skills that exceed their level of understanding, which will sometimes lead a child to say they understand something when they don't. They are also likely to have difficulty following multiple directions. These challenges are frustrating and can lead the child to emotional outbursts. Along with auditory processing problems, parents may also see a child develop oppositional behaviors and a pattern of not completing tasks or chores they are asked to do. As a child with FASD has more social interactions, parents and caregivers may notice that the disorder can cause the child to misinterpret others' words, actions, or body movements, which can make it harder for the child to determine how to respond to different situations. It is also typical for children with FASD to miss social cues and be unable to entertain themselves. This too can lead to social problems and acting out.

⁸ A. P. Streissguth, P. D. Sampson, H. C. Olson, F. L. Bookstein F.L. H. M. Barr, M. Scott, J. Feldman, A. F. Mirsky, *Maternal drinking during pregnancy: Attention and short-term memory in 14-year-old offspring – A longitudinal prospective study. Alcoholism*, “Clinical and Experimental Research” 18(1)1994, s. 204.

⁹ C. D. Coles, R. T. Brown, I. E. Smith, K. A. Platzman, S. Erickson, A. Falek, *Effects of prenatal alcohol exposure at school age: I. Physical and cognitive development*, “Neurotoxicology and Teratology” 13(4)1991, p. 361.

How to organize work with child with FASD in the family

We should pay attention to several key areas while working with children with FASD.

We must realize that the child with FASD is a child who is experiencing a number of problems associated with its psycho-physical structure and limits that result from prenatal fetal exposure to alcohol. Understanding of them can better plan our work with the child and achieve better results. What elements should we be aware of? Here they are:

1. Establish rules of functioning and stick to them
2. Change the environment, not the child
3. Help your child learn better
4. Help your child make and keep friends
5. Diagnose FASD early
6. Be aware of the occurrence of secondary disorders in FASD
7. Help adolescents and adults with FASD
8. Remember about need to support
9. Take care of yourself¹⁰

Establish rules of functioning and stick to them

According to the parents of children with FASD – establishing principles, rules on daily functioning and their continuous compliance is one of the best ways to work with your child. The specific daily routine helps your child learn independence and self-reliance in life. In the life of a child with FASD even the smallest changes can introduce serious confusion and hinder his knowledge and understanding of the new situation. Due to the brain damage they have difficulties remembering new things and referring them to the everyday reality, which in turn can bring a number of unforeseen difficulties and negative consequences.

The key to solving the problems will be constant, well-organized environment. What actions should we take in order to achieve this optimum state for the child and the parents? Here is a list of activities:

1. Take and realize simple, everyday tasks, together with the child. Eg. Simple hygienic actions,

¹⁰ Developed based on the guidance „LET’S TALK FASD”. Parent driving strategies in caring for children with FASD, Public Health Agency of Canada, VON Canada National Office, 2005, s. 2–18

2. Make a list of daily responsibilities together with your child,
3. Develop short, specified in points, concise task instructions,
4. Be prepared to repeat your instructions every day due to the fact that the child often forgets what it should do,
5. Show and tell exactly what you're doing with your child. You can use the graphics cards, pictures and simple words to describe the steps,
6. Practice simple operations on the go. Eg. Crossing the road. Do it with your child several times together, and then let him repeat it yourself.
7. Use various handheld devices while working with children, eg. The clock. Program the next ringtones to resemble what to do next.
8. Be creative. In working with the child, use the simplest, tested elements, eg. songs, rhymes, humor to ease the daily routine.
9. Always have a backup plan at hand. Sometimes swap routine actions by introducing new elements. Talk to your child, discuss the next task, remind common successes, build confidence and self-esteem.
10. Plan alternative situations, for example relating to leisure time on weekends for a child to cope with new challenges.
11. Be consistent in your actions.
12. Keep the earlier lists of tasks. Use them to plan next activities.

Change the environment, not the child

The most difficult thing for a child is to find himself in the new environment. Damaged brain responds more slowly, but also triggers a series of unexpected reactions in the new circumstances such as anger, hyperactivity, difficulty with the adaptation to the new location. Parents of children with FASD suggest changes in the environment rather than a change in the child's experience, they suggest a slow, gradual taming and preparing the child to the new conditions. Instead of changing the child's behavior, which is difficult, we should think how gradually, systematically and safely put a child in the new environment. Due to the fact that every child with FASD is practically a separate issue, we should differentiate techniques and forms of interaction to work with it. What to look for:

1. Make sure that the child is always rested. Only a fully relaxed child can be creative, can work on itself.
2. If you can, change the way of using different institutions and the situations in the environment, but without forcing changes in the behavior of the child.

3. Reward positive behavior. Praise him for every success and tell why you do it.
4. Look for the child's strengths. Everyone has hidden potential, special skills, each has its own tastes and interests. Use them at work with your child.
5. Assign simple responsibilities for everyday implementation.
6. Always give your child time to calm. If it is upset, frustrated, willing to let go of the negative emotions, give it time to express its feelings. Ensure a minimum level of safety of you and it.
7. Be aware of your child's sensitivity. Children with FASD are often hypersensitive to noise, light, smells. Try to maintain relative stability in this area in the house.
8. Make sure that your child understands you. Speak up to him in a clear, concise way and make sure that you are understood..
9. Have realistic expectations. Remember that children with FASD are often emotionally and developmentally immature. Always take into account the capabilities of the development of your child.

Help your children learn better

Children with FASD think otherwise and learn differently from other children. Because of the prevalence of FASD among them, they are struggling to understand, take inconsistent actions and cannot use their own experience. Other problems include poor short-term memory, lower IQ, developmental delays and difficulties in understanding and filing information. These problems are particularly important when the child begins to use the kindergarten or attend school. Here are some tips on how to work with the child in this area.

1. Practice with your child. It should be remembered that, due to memory impairment series of steps must be repeated as often as necessary.
2. Ask your child to paraphrase. The child often says that he knows when it really does not understand the true meaning of a particular concept. Ask him to say about the thing using his own words. This is the exercise, that is useful in all age of children, usable in different situations.
3. Be creative. Create new worlds with your child using an entertainment, music, photos. All of these activities will be a school of life for the child.
4. Avoid stereotypes. A child with FASD takes things literally, so some of understood stereotypical forms can be confusing for him or even incomprehensible. Use the simple language which is understandable to the child.

5. Help your child use their strengths. Find their strengths and help them be developed.
6. Build an atmosphere of success. Emphasize the achievements of the child, even in the case of failures. Approval and encouragement will help your child build a positive image of his person.
7. Seek alternatives. Benefit from the experience of other people and institutions. Direct your child to a variety of additional activities to specialized institutions working with children.
8. Communicate with teachers. Talk about problems and successes of your child. Invite teachers to celebrate the achievements of the child.
9. Avoid excessive burden on the child's homework. Remind teachers that a child with FASD learns more slowly. Ask them to reduced workload in order to give the child more time to focus on learning concepts. Ask them not to ask too long tasks, and to prepare additional tips for every work.
10. Help your child achieve its goals. Encourage your child to create a list of far and near objectives, check them regularly with a child. Remember that it needs your support and assistance in its implementation, practically all its life.
11. A picture is worth a thousand words. Turn on visualization techniques to the child's learning, use photos, illustrations, video.

Help your child make and keep friends

Living with friends is a richer and fuller life. Friends teach us many important things and support in difficult times. But for a child with FASD friendship is one of the most difficult challenges. Due to the fact that they often remain at a lower development level than adequate for their age, it may appear that they problems with establishing and maintaining friendships. But that does not mean that it is impossible. However, it requires a huge commitment of parents. Helping your child learning how to establish and maintain a friendship is a difficult task. What can a parent do:

1. Supervise. Make sure your child is constantly supervised by you or another caregiver who understands the problems of a child with FASD. If your child is in school, make sure that someone supervise him before, during and after class.
2. Remind your child safety rules in the contact with others, including physical contact.

3. Play roles found in life with your children, that will help him understand the specifics of social situations and use the educated in this way experience in real life.
4. Make sure that the other parents, which the child is in contact with, understand his needs.
5. Build your own network of social security. Join a functioning support group, or just try to build such a group.
6. Help your child finding a friend in school.
7. Understand the sexual needs of the child. It is essential to develop the child's relationship with the opposite sex and maintain secure borders in this area.
8. Think about the child's sex education. Look for useful information on sexual education adequate to the age of the child. Pay attention to privacy.
9. It is good to orientate what is going on in the life of a teenager. It is important to balance between privacy and acknowledging what important is happening in his life. It is worth to oversee the use of the computer and the phone. As for the films and computer games it must be known that the child does not always understand the difference between reality and fantasy.

Diagnose FASD early

Knowledge of the disease helps us to find the right solution. Knowing that a child has FASD, you are able to quickly and effectively help him. You better understand the needs, possibilities and limitations, you know the specificity of the child's behavior. Proper diagnosis may help accessing medical services and broad support. However, getting a diagnosis is not always easy because of the small amount of diagnostic centers in Poland. What is worth attention:

1. The earliest diagnosis. The earlier a child is diagnosed, the better. Recent research suggests that the diagnosis before the age of six is the most effective. It allows planning an effective aid to children, in which we can provide teachers and educational institutions help.
2. Trust your instincts, if you notice the behavior of high concern of your child. Consult your doctor, look for important information on available sources, eg. Internet.
3. The diagnosis is important in all ages. Presumptive diagnosis can be performed by pediatrician, school pedagogue, psychologist. Although, specialists prepared to diagnose FASD are hard to find.

4. Determine the strengths and weaknesses of the child. According to them, start helping efforts.
5. Look for a good and competent diagnostic team. In Poland, there are several centers of diagnosing FASD.
6. Be prepared to take tough activities of rehabilitation, revalidation or education. Look for support in various institutions.
7. Help your child to understand his problem. Speak with him about FASD.
8. Children with FASD often end up in foster care. Caregivers should try to learn something more about the biological mother of the child, try to reconstruct the history of the child. The diagnosis of FASD is an important confirmation of prenatal exposure to alcohol, which determines whether the mother consumed alcohol during pregnancy.

Be aware of the occurrence of secondary disorders in FASD

In the image of functioning of a child with FASD there are a number of the basic disorders, such as: poor and short memory, trouble distinguishing between reality and fantasy, lower IQ or problems with speech or hearing. Apart from them, Ann Streissguth, an expert in the field of FASD, also identified eight secondary disabilities, such as mental health problems, problems in school, trouble with the law, social isolation (prison or hospital mental health treatment), inappropriate sexual behavior, psychoactive substance abuse, difficulty with emancipation, unemployment and difficulty keeping a job. It is important to note that systematic work with a child can significantly reduce the risk of secondary effects.

Here are few advices, that may help understanding secondary effects of FASD, and hopefully reduce them.

1. Note that the side effects are connected. School failures can lead to isolation from the school groups and problems with the law in the long terms.
2. Give your child the best possible start in life. The way in which we look after a child with FASD affects how they function as adults. According to A. Streissguth early diagnosis and help efforts prevent disadvantages and create a stable and secure environment for care and education. This will limit the secondary disorders. You should ask your doctor, social worker, pedagogue or support group to find the optimal form of child support. Remember to tell teachers and other caregivers about your child illness and make sure they understand the challenges of work and education of a child with FASD. Situation in which a child has problems with the law

creates many problems for the parent and child. For a parent, it is important to understand the legal system and how it works. Another important element is the issue of isolation of people with FASD due to the imprisonment or hospital care stay.

3. Preparation and education about appropriate sexual behavior of the child is another important task for the parent. Lack of knowledge and understanding of sexual behavior can lead to sexual dysfunction, violence or victimization. It is worth to take advantage of the services of sexologist and his consultation.
4. Due to disturbances in the functioning of the brain, psychoactive substances such as drugs or alcohol can seriously harm people with FASD. We should take a call on this topic with your child, to realize what risks it brings to consume such substances. You may find that the conversation will be more effective in motivating to avoid risky behaviors associated with drugs and alcohol than the application of prohibitions and penalties.
5. Pay attention to the issue of independence of the child. It should be introduced gradually, using different possibilities. If possible, you should plan your child the opportunity to stay in the apartment to adulthood.
6. Help your child find suitable employment. Adults with FASD may have difficulties finding and keeping a job. The employer must have knowledge about the limitations of the employee and his capabilities to adequately plan the tasks for him to be performed.
7. Encourage your child to volunteer; volunteering can learn important life skills and lead to potential job opportunities.

Help adolescents and adults with FASD

Teens and adults with FASD cause a lot of problems for their caretakers. For adult, responsibility is the price of independence. A person with FASD is not always able to meet the demands posed in front of him. He finds it difficult to keep a job, to shop, to prepare meals, manage a household budget. Such duties can be very difficult for young people and adults with FASD to fulfill. Fortunately, there are people helping in preparing children to life in the “real world.” How to do it? Here are a few tips:

1. Adjust the requirements to the child’s level of development. The fact that he is already an adult does not mean he does not need help or supervision. It’s worth to spend as much time with him as he really needs.

2. Start teaching a child with FASD decision-making process early. Talk to him about what you're planning, show alternatives, explain decisions.
3. Involve others in the child's life. Anyone can support the child: parents, siblings, family, neighbors, friends, teachers, etc. Ask others to supervise the child. Talk with them about its problems. Try to reach to valuable people who will be able to help your child as he grows up.
4. Warn other people about the problems of the child. Say what FASD is, deliver required reading. Prepare a card with basic information about your child : personal data, address, basic information about the disease.
5. Help your child manage his funds. It is worth to reserve the right to control expenses of your adult child, check if he made all the necessary fees. It's good to consider the situation to remain the legal guardian of the child and have an impact on its financial position. You can help your child in completing the formalities related to the judgment of the disability and getting tax reduction.
6. Examine the possible solutions about the life of a child. The best way to introduce the child to independent life is to do it gradually. From the full supervision of all activities involved in running a home to an independent life.
7. Help your adult child getting and keeping a job.
8. And what is very important is the issue of sex and procreation. Talk to your child about how to use contraception, pay attention to the issue of responsibility for himself and a new family member. Be his supporter and advisor in this regard.

Remember about need to support

To care for children with FASD can be a very rewarding experience. But it is also a challenge that requires patience, creativity and lots of love. Support groups for families affected by FASD can be a great source of information. They are a chance to learn something from others, discover and learn new educational methods or just an opportunity to relax and rest. Unfortunately, not all such groups are available. If this group does not work in the near or distant surroundings you may want to try to set up such group. It may be helpful to use the Internet for this purpose. For sure you will find parents willing to cooperate, to share their knowledge and experiences. You will find information about conferences and classes about FASD. How to build a support group, where to start?

1. Develop a list of people who have their own children with FASD or working with such people. On the list, type the institutions, organizations, specialists. Keep the list up-to-date. Try to reach out to people who have children with FASD, talk with them about their problems. Put teachers, a doctor, social workers into the group. It is important to not be afraid to reach them.
2. If there is a support group working around - join it. Exchange of experiences of caring and raising children with similar problems can be a source of important and useful information.
3. If this group does not work, try to create it. Encourage people from the list to participate in such group, increase the group with child's colleagues and their parents. If you lack the time and persistence in creating such group, join another, for example foster parents group. They may have similar problems with the children entrusted to their care.
4. Search for information on FASD issues in magazines, newspapers, brochures, the Internet and other sources. Get on the discussion forums on the issue of FASD.
5. Look for local or national conferences and thematic classes about FASD. There you can get a range of information how to understand the child with FASD and plan work with him.
6. If possible, search for financial aid. Treatment of a child with FASD is expensive. The additional funding will allow the selection of optimal therapies for children.

Take care of yourself

Caring for a child affected by FASD is laborious, time-consuming, intense and difficult experience. The unique needs of the child may cause you to feel tired, overwhelmed, you can feel that you are running out of strength and energy. While taking care of your child take care of yourself. Try the following tips and strategies:

1. Remember that you are human. The challenge for parents, which is a child with FASD can cause frustration, disappointment, anger and lead to sorrow. Keep in mind that these are very normal, human feelings and resist the temptation to feel guilty about your negative emotions.
2. Find someone to talk to. Having a child with FASD can be very stressful for you and your spouse. That is why support is so important. Seek support

and advice on a variety of organizations and institutions operating in your area, such as associations implementing measures to care for people with disabilities, church and religious associations. And finally, seek support from friends and acquaintances, family members or other people who understand your problems.

3. There are many tips and strategies for parents of children with FASD. As the caretaker, this list can seem overwhelming. There is no need to try everything. Just choose what you can do best for the child and his family.
3. Leave some time for yourself. Try to schedule some activities for yourself, from time to time detach yourself from the problems of the child. Go for a walk, to the cinema, take a hot bath, listen to music, meet up with friends.
4. Remember to spend time with your spouse and other children, not just with a child with FASD.
5. Get involved in your community. Enjoy and come to the meetings of communities and support groups.
6. Brothers and sisters of children with FASD also need a break, a break from the absorbing siblings. You can organize leisure time activities for them such as meeting friends, camping or “nights” with their friends or colleagues. Try to send them for the holidays trips.

You can also think about such trip for a child with FASD. There are institutions organizing holidays and summer camps for children with problems. Take advantage of this offer.

“If you need to hire someone to care for your child, there are some things to consider:

- a) Make sure the sitter has experience with FASD.
- b) Ensure the sitter maintains your child’s routine.
- c) Make sure your child is comfortable with the sitter – look for verbal or non-verbal clues from your child.
- d) Help ease the transition by leaving your child with the sitter for short periods of time (up to 2 hours) for at least a month.
- e) Sometimes childcare is easier for children than it is for parents! Don’t be surprised if your child looks forward to being with the babysitter.
- f) There may be a honeymoon period when your child is on her extra-best behavior for the sitter. Make sure you educate the sitter about how to handle your child’s more troublesome behavior”¹¹.

¹¹ LET’S TALK FASD..., op. cit. s. 18.

We hope that the guidelines contained in the article on how to organize work with a child with FASD will help in achieving the best results. It is difficult, but not impossible. It is important to be determined, persistent, consequent, firm but also sensitive and loving for the child.

Bibliography:

- Coles C.D., Brown R.T., Smith I.E., Platzman K.A., Erickson S., Falek A., *Effects of prenatal alcohol exposure at school age: I. Physical and cognitive development*, "Neurotoxicology and Teratology" 13(4)1991.
- Gardner J., *Living with a Child with Fetal Alcohol Syndrome*, "American Journal of Maternal Child Nursing, 9/10/2000.
- Kerns K., Don A., Masteer C., A. Streissguth, *Cognitive deficits in non-retarded adults with fetal alcohol syndrome*, "Journal of Learning Disabilities", 30/1997.
- „LET’S TALK FASD”. *Parent driving strategies in caring for children with FASD*, Public Health Agency of Canada, VON Canada National Office, 2005.
- Mattson S., Riley E., *Prenatal exposure to alcohol: What the images reveal*, "Alcohol Health & Research World", 19/1995.
- Mattson S., Riley E., Gramling L., Delis D., Jones K. L., *Heavy prenatal alcohol exposure with or without physical features of fetal alcohol syndrome leads to IQ deficits*, "Journal of Pediatrics", 13/1997.
- Stratton K., Howe C., F. Battaglia, *Fetal alcohol syndrome: Diagnosis, epidemiology, prevention, and treatment*, Washington 1996.
- Streissguth A.P., Sampson P.D., Olson H.C., Bookstein F.L., Barr H.M., Scott M., Feldman J., Mirsky A.F., *Maternal drinking during pregnancy: Attention and short-term memory in 14-year-old offspring – A longitudinal prospective study*. *Alcoholism*, in: "Clinical and Experimental Research" 18(1)1994.

