Bilaga 6

Sammanfattande tabell av GRADE-bedömning familjestöd och habilitering.

Narrativ sammanvägning till följd av olika populationer (olika diagnostiseringssätt)

Intervention and outcome Reference	**Control**	**Number of participants Mean age Studies**	**Diagnosis**	**Results**	**GRADE Certainty**	**Comments**
Extended support: Assessment for FASD, respite for families, collaborative support plans, meetings with social caseworkers Placements [1]	Without extended support	98 Extended 84 without extended 12 years 1 Quasi-experimental study	FASD or suspected FASD	Extended support decreased Placement change by 47% Cohen's d= 0.25 compared to without extended support	Very low It is unclear if extended family support, for children twelve years of age with FASD, can decrease placement change	Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)
Children's Friendship training (CFT). Knowledge in social skills [2-4]	Delayed treatment (DT) or standard of care (SOC) at specialist center	185 6 to 12 years 2-quasiexperi-mental studies	FAS, pFAS or ARND	CFT improved knowledge of social skills compared to SOC F (1.62)=21.34 Parent report: no effect in overall social skills compared to SOC CFT improved knowledge of social skills (Children's report compared to DT F(1.90)=56.52) Parent report: problem behavior compared to DT F(1.93)=5.03 No effect for teaches report (no data)	Very low It is unclear if social training with the Children's Friendship Training, for children six to twelve years with FAS, pFAS or ARND, can lead to an improvement in knowledge about social skill	Risk of bias -2 Imprecision -1 (the number of participants are low and may not be representative)
Children's Friendship training (CFT) Self-concept [4]	Standard of care (SOC) at specialist center	85 6 to 12 years 1 Quasi–experimental study	pFAS or ARND	CFT improved overall self-concept compared to SOC F (1.62)=4.21	Very low It is unclear if social training with the Children's Friendship Training, for children six to twelve years with FAS, pFAS or ARND, can lead to an improvement in self-concept	Risk of bias -2 Indirectness-1 (the number of participants are low and may not be representative)
Math interactive learning with MILE Math skills [5-7]	Treatment as usual (TAU) or parental instructions	175 6 years 3 RCT	FAS or pFAS	Positive gains for MILE compared to parental instructions F(2.41)=3.4 Positive gains for MILE compared to TAU F(1.51)=5.4	Low Mathematics interactive training with Mile for children around 6 years with FAS and pFAS, may lead to an improvement in mathematical skills	Risk of bias -1 Indirectness -1 (the number of participants are low and may not be representative)

				Positive gains for MILE compared to TAU F(3.43)=2.97		
Math interactive learning with MILE Behavior disturbance and problem behavior [5,6]	Treatment as usual (TAU) or parental instructions	115 6 years 2 RCT	FAS or pFAS	Caregiver: Positive gains for MILE compared to TAU F(1.46)=37.98 Teacher rating: No effect F(1.38)=5.40 Internalising: Positive gains for MILE compared to TAU F(1.51)=8.1 Externalising Positive gains for MILE compared to TAU F(1.50)=15.4	Low Mathematics interactive training with Mile for children around 6 years with FAS and pFAS, may lead to an improvement in behavior disturbance and problem behavior	Risk of bias -1 Indirectness -1 (the number of participants are low and may not be representative)
Training of language and reading skills Language, reading and spelling ability [8]	Children not exposed to alcohol and FASD children without training	36 9 years 1 RCT	FAS or pFAS	General scholastic test (no difference) PAELT-test: training leads to better improvements form baseline compared to FASD children without training Reading Mean (S.D.) 26.53% (22.97) 5.24% (7.95) Reading Non-words Mean (S.D.) 29.87% (23.53) 5.90% (14.93) Spelling Mean (S.D.) 20.06 (18.45) 10.76 (13.93) Spelling Non-Words Mean (S.D.) 28.14% (13.61) 5.92% (18.84)	Very low It is unclear if training of language and reading skills for children around nine years with FAS and pFAS, can lead to improvements in language and reading skills	Risk of bias -1 Indirectness -2 (the number of participants are very low and may not be representative)
Interactive computer training Knowledge of fire safety and street safety [9]	Alternating training in fire training (FT) and street training (ST)	36 6 years 1 RCT	FAS or pFAS	Post test Correct answers % Move away FT:18.8% ST: 12.5% Walk out of house FT: 68% ST: 31.3%	Very low It is unclear if interactive computer training, for children four to ten years with FAS and pFAS, can lead to	Risk of bias -1 Indirectness -2 (the number of participants are very low and may

				Take adult hand FT:25% ST:37.5% At follow up Move away FT:25% ST: 25% Take adult hand FT:25% ST:37.5%	improvements in knowledge of fire safety and street safety	not be representative)
Self-regulation training Alert-program Emotional problem solving or executive functioning [10,11]	No treatment or delayed treatment	103 6 to 12 years 1 RCT 1-Quasiexperimental study	FASD including FAS, pFAS or ARND	RATC: Alert (the habilitation program) treatment effect for emotional problem solving compared to no treatment F(7.52=2.92) BRIEF: Alert treatment effect for caregivers ratings of executive functioning compared to no treatment F(8.57=3.09) Alert-program: inhibition-naming treatment effect for cognitive executive functioning compared to delayed treatment F(2.21=4.82) alertly Socio-affective executive function affect recognition treatment effect compared to delayed treatment F(2.21=4.82)	Very low It is unclear if self-control training, for children six to twelve years and diagnosed with FASD, can result in improvements in emotional problem solving or executive functioning	Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)
Training for remembering number Improved memory for numbers [12]	No training matched control	33 4 to 11 years 1 observational study with matched control	FASD not defined	Effects for number memory compared to matched control F(2.32)=5 Children with training showed behavioral evidence for rehearsal	Very low It is unclear if training for remembering number, for children four to eleven years and diagnosed with FASD, can result in improved memory for numbers	Risk of bias -2 Indirectness -2 (the number of participants are very low and may not be representative)
Step Up Intervention (SUI) Alcohol use and related negative alcohol-behaviors [13]	Completed pre and post intervention and the follow up assessment after 3 months	54 13 to 18 years. Mean age SD) 15.69 (1.74) 1 observational study (pilot study)	FAS, pFAS or ARND	For light/moderate drinkers a reduction in self-reported alcohol risk and related negative alcohol behaviors in favour of the Step up intervention compared to	Very low It is unclear if SUI, for adolescents 13 to 18 years with FAS, pFAS or ARND can reduce alcohol use and related negative consequences for	Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)

				control (Cohen's d=1.08 and 0.99). Sustained after 3-month.	light/moderate drinkers. For abstinent/infrequent drinkers the intervention revealed no differences.	
Parent education (1. community standard/informational packet (C) 2. group workshop (W) 3. Internet training (I)) Improved behavior [14]	Before and after	59 Mean age (SD) C=6.17 (2.9) years W=6.72 (3.4) years I=7.34 (2.7) years 1 RCT	FAS, pFAS or significant levels of alcohol-related dysmorphology	Total problem scale: Improvements in behavior ratings in the C and W groups (F2.50)3,2, p<0.048, partial eta squared=0.115	Very low It is unclear if parent education, can improve the behavior of children aged about 6 and that were diagnosed with FAS or pFAS	Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)
GoFAR computer intervention, for the child with congruent or incongruent parent intervention , Disruptive behaviors [15]	Without the intervention time elapsed	28 (divided into 3 groups) Mean age (SD) from 6.8 (1.5) to 7.4 (1.4) 1 RCT (pilot study)	FASD (FAS or pFAS or alcohol related physical futures)	GoFAR group had had a significant reduction in frustration level as compared to other groups For only those with parent training, significant for disruptive behavior for change in sustained mental effort in the GoFAR group F(1, 7)=5.85 p=0.027, Π^2=0.26	Very low It is unclear if computer training for the children with FASD, age of 5 to10 years, with consistent parent training will improve child's disruptive behaviors	Risk of bias -2 Indirectness -2 (the number of participants are very low and may not be representative)

ARND= Alcohol-Related Neurodevelopmental Disorder; F= F-test; FAS=Fetal alcohol syndrome; pFAS= Partial fetal alcohol syndrome; RATC= Roberts Apperception Test for Children; BRIEF= Behavior Raring inventory of Executive Function; FT= fire training; ST=street training

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