Bilaga 6

Sammanfattande tabell av GRADE-bedömning familjestöd och habilitering.
Narrativ sammanvägning till följd av olika populationer (olika diagnostiseringsätt)
<table>
<thead>
<tr>
<th>Intervention and outcome Reference</th>
<th>Control</th>
<th>Number of participants Mean age Studies</th>
<th>Diagnosis</th>
<th>Results</th>
<th>GRADE Certainty</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended support: Assessment for FASD, respite for families, collaborative support plans, meetings with social caseworkers Placements [1]</td>
<td>Without extended support</td>
<td>98 Extended 84 without extended 12 years 1 Quasi-experimental study</td>
<td>FASD or suspected FASD</td>
<td>Extended support decreased Placement change by 47% Cohen’s d= 0.25 compared to without extended support</td>
<td>Very low</td>
<td>It is unclear if extended family support, for children twelve years of age with FASD, can decrease placement change</td>
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<tr>
<td>Children’s Friendship training (CFT). Knowledge in social skills [2-4]</td>
<td>Delayed treatment (DT) or standard of care (SOC) at specialist center</td>
<td>185 6 to 12 years 2-quasi-experimental studies</td>
<td>FAS, pFAS or ARND</td>
<td>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 teachers report (no data)</td>
<td>Very low</td>
<td>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</td>
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<tr>
<td>Children’s Friendship training (CFT). Self-concept [4]</td>
<td>Standard of care (SOC) at specialist center</td>
<td>85 6 to 12 years 1 Quasi-experimental study</td>
<td>pFAS or ARND</td>
<td>CFT improved overall self-concept compared to SOC F (1.62)=4.21</td>
<td>Very low</td>
<td>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</td>
</tr>
<tr>
<td>Math interactive learning with MILE Math skills [5-7]</td>
<td>Treatment as usual (TAU) or parental instructions</td>
<td>175 6 years 3 RCT</td>
<td>FAS or pFAS</td>
<td>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</td>
<td>Low</td>
<td>Mathematics interactive training with Mile for children around 6 years with FAS and pFAS, may lead to an improvement in mathematical skills</td>
</tr>
</tbody>
</table>

Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)
| Math interactive learning with MILE | Treatment as usual (TAU) or parental instructions | 115 6 years | 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 | Children not exposed to alcohol and FASD children without training | 36 9 years | 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 | Alternating training in fire training (FT) and street training (ST) | 36 6 years | 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 not be representative) |
<table>
<thead>
<tr>
<th>Intervention and Intervention Characteristics</th>
<th>Experimental and Control Groups</th>
<th>Study Design</th>
<th>Outcome Measures</th>
<th>Setting</th>
<th>Risk of Bias</th>
<th>Indirectness</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Self-regulation training Alert-program Emotional problem solving or executive functioning [10,11]</td>
<td>No treatment or delayed treatment</td>
<td>103 6 to 12 years 1 RCT 1-Quasiexperimental study</td>
<td>FASD including FAS, pFAS or ARND</td>
<td>Very low</td>
<td>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</td>
<td>Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)</td>
<td></td>
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<tr>
<td>Training for remembering number Improved memory for numbers [12]</td>
<td>No training matched control</td>
<td>33 4 to 11 years 1 observational study with matched control</td>
<td>FASD not defined</td>
<td>Very low</td>
<td>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</td>
<td>Risk of bias -2 Indirectness -2 (the number of participants are very low and may not be representative)</td>
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<tr>
<td>Step Up Intervention (SUI) Alcohol use and related negative alcohol-behaviors[13]</td>
<td>Completed pre and post intervention and the follow up assessment after 3 months</td>
<td>54 13 to 18 years. Mean age SD) 15.69 (1.74</td>
<td>FAS, pFAS or ARND</td>
<td>Very low</td>
<td>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</td>
<td>Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)</td>
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<tr>
<td>Parent education (1. community standard/informational packet (C) 2. group workshop (W) 3. Internet training (I))</td>
<td>Before and after</td>
<td>59</td>
<td>FAS, pFAS or significant levels of alcohol-related dysmorphology</td>
<td>Total problem scale: Improvements in behavior ratings in the C and W groups (F2.50)3.2, p&lt;0.048, partial eta squared=0.115</td>
<td>Very low</td>
<td>Risk of bias -2 Indirectness -1 (the number of participants are low and may not be representative)</td>
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<tr>
<td>Improved behavior [14]</td>
<td>1 RCT</td>
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<td>GoFAR computer intervention, for the child with congruent or incongruent parent intervention , Disruptive behaviors [15]</td>
<td>Without the intervention time elapsed</td>
<td>28 (divided into 3 groups)</td>
<td>FASD (FAS or pFAS or alcohol related physical futures)</td>
<td>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, η²=0.26</td>
<td>Very low</td>
<td>Risk of bias -2 Indirectness -2 (the number of participants are very low and may not be representative)</td>
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</tbody>
</table>

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 Rating inventory of Executive Function; FT= fire training; ST=street training
Referenser


