

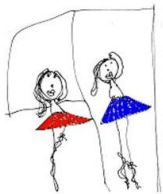
Back2School B2S

A Randomized Controlled Study of a New Modular Cognitive Behavioral Intervention for Youth with Problematic School Absenteeism

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Funded by

Innovation Fond

THE RANDOMIZED CONTROLLED TRIAL

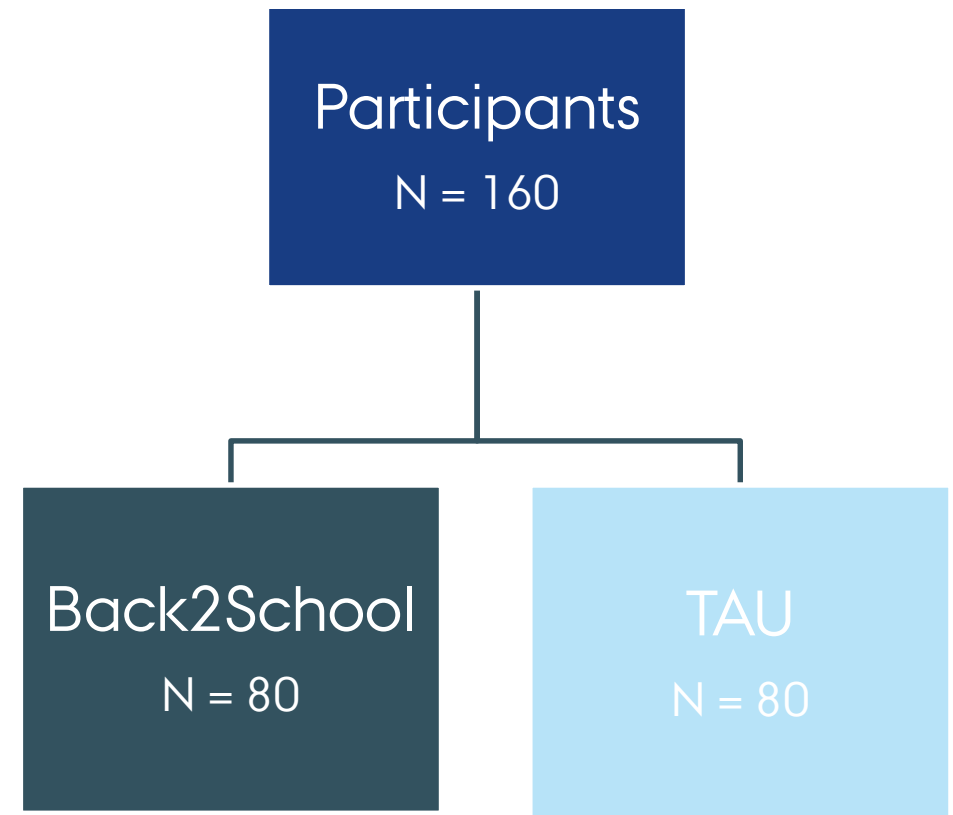
Effectiveness study, comparing (Back2School) to treatment as usual (TAU)

Trial period:

- 2 years (2017 – 2019)

Collaboration between:

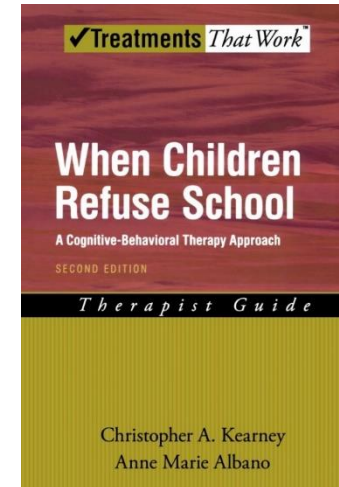
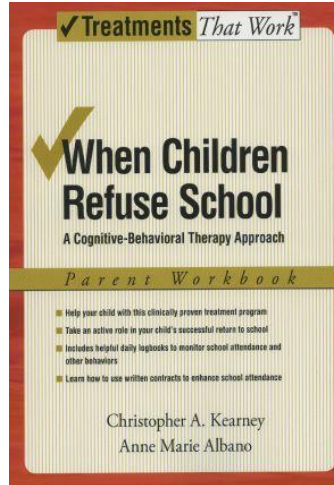
- Aarhus Municipality (TAU)
- Aarhus University (Back2School)



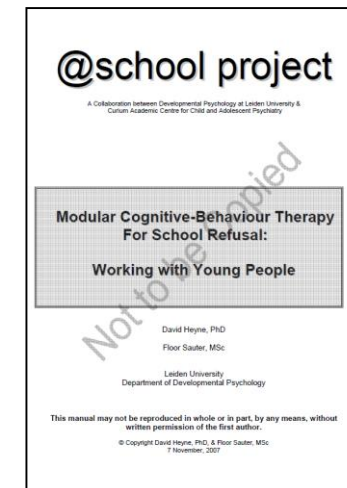
The Back2School manual:

With inspiration from

KEARNEY:
A FUNCTIONAL APPROACH



Heyne:
Anxiety disorder and school
refusal - adolescents



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MANUAL 2017

BACK 2 SCHOOL

- PSYKOLOGISK INTERVENTION TIL ELEVER MED BEKYMRENDE FRAVÆR

RCT-UDGAVE
2017-2019

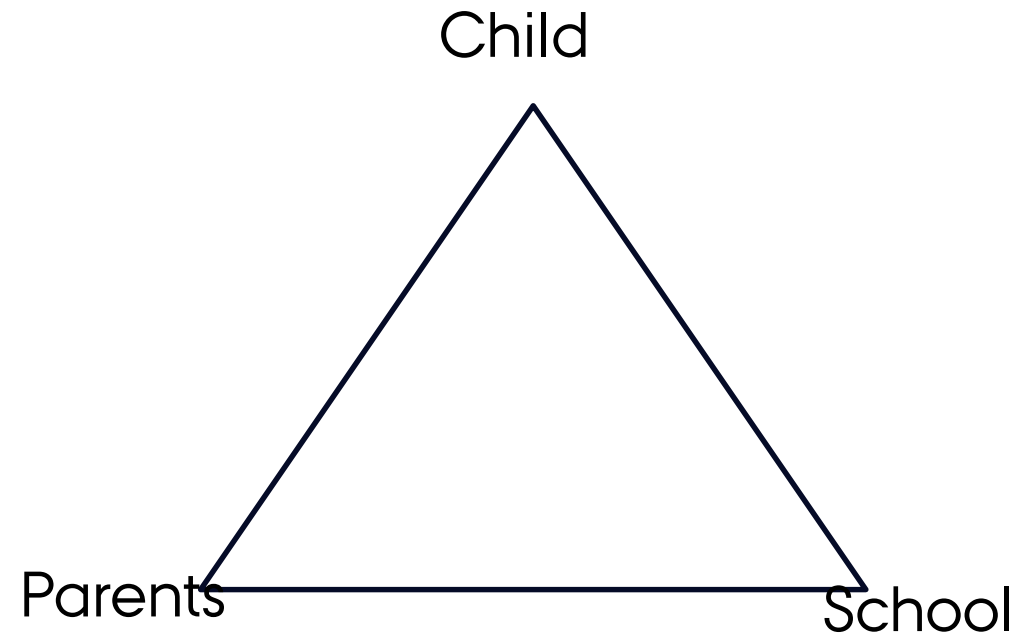


MIND MY MIND MANUAL

*Træning af tanker, følelser
og adfærd for skolebørn*

BACK2SCHOOL

- Based on CBT principles
- Manualbased (flexible)
- A modular approach – evidens-based methods for treatment of anxiety, depression and behaviour with focus on reestablishing normal school attendance.
- Child, parents, and the school (includes four school meetings)
- Time-limited (10 sessions and a booster after 3 month)



BACK2SCHOOL: BASICS

- Assessment and caseformulation
- Psykoeducation
- Homework between sessions
- Focus on problem solving
- Specific ideographic goals for the treatment
 - Except main goal – returning to normal school attendance
- Stepwise graduation of tasks and challenges

Content of the B2S sessions

Structured assessment interview with the family. The family receive handouts on psychoeducation and SMART goals as homework for session 1.

The therapists are summarizing all relevant information, including the questionnaires, into a case formulation.

Session 1. Presenting and discussing the case-formulation with the family. Psychoeducation regarding school absence, and development of SMART goals: Specific – Measurable – Attainable – Relevant. Back to school mandatory goal

2. Parent only session 1. Clarify and solve questions/problems regarding school placement, somatic symptoms in child, and parental motivation for change. Planning better routines at home. Working with sleep problems.

3. Planning the date for returning to school, and planning the first day back in school. Creating a gradual exposure plan for returning to school.

4. Psychoeducation regarding the youth's primary problem related to school absence (anxiety, depression, or behavioral problems). Continuing work with the gradual exposure plan for returning to school.

5. Work with CBT methods regarding the youth's primary problem related to school absence (e.g. exposure, behavioral activation and/or cognitive restructuring). Work with the gradual exposure plan for returning to school.
6. Parent only session. Working with parental behavior. Identifying and reducing factors at home that maintain school absence.
7. Continuing to work towards returning to school. Revising gradual exposure plan. Focusing on how parents can support the youth in exposure exercises, and returning to school. Problem solving.

8 and 9.

Open sessions tailored to needs of the youth and parents. Continue working with CBT methods.

10.

Focusing on maintaining and continuing the progress.

Booster session.

Maintaining and continuing the progress. Problem solving regarding relevant problems. Relaps prevention. Advise possible further help.

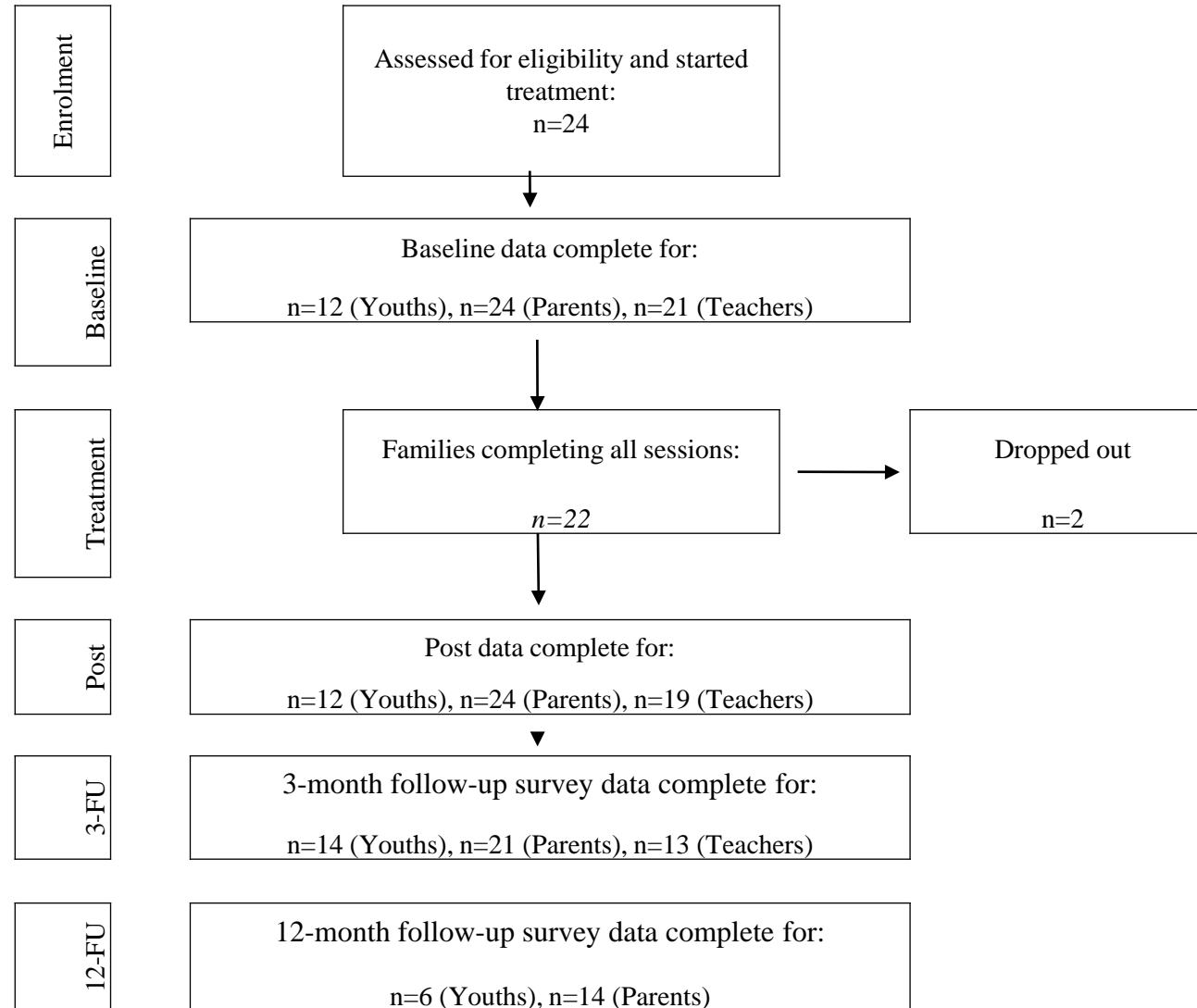
Four school meetings with teachers and parents.

1. Presenting and discussing the case formulation with the school. Planning the schools role in the youth's return to school. Informing the school about the B2S and CBT approach.
2. Following up on the youth's progress in the school setting. Discussing potential academic difficulties, problems regarding bullying or other problems.
3. Planning how the school can continue to help and support the youth. Discussing relapse prevention
4. Booster. Planning how the school can continue to help and support the youth. Discussing relapse prevention.

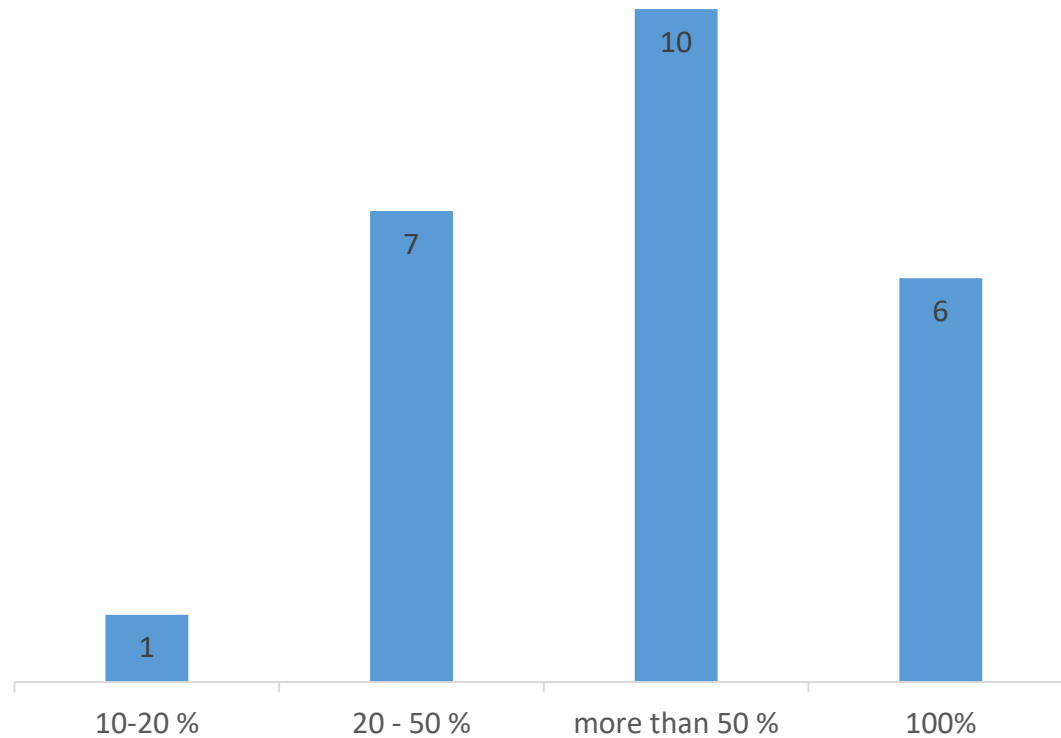
Preliminary results

Feasibility study

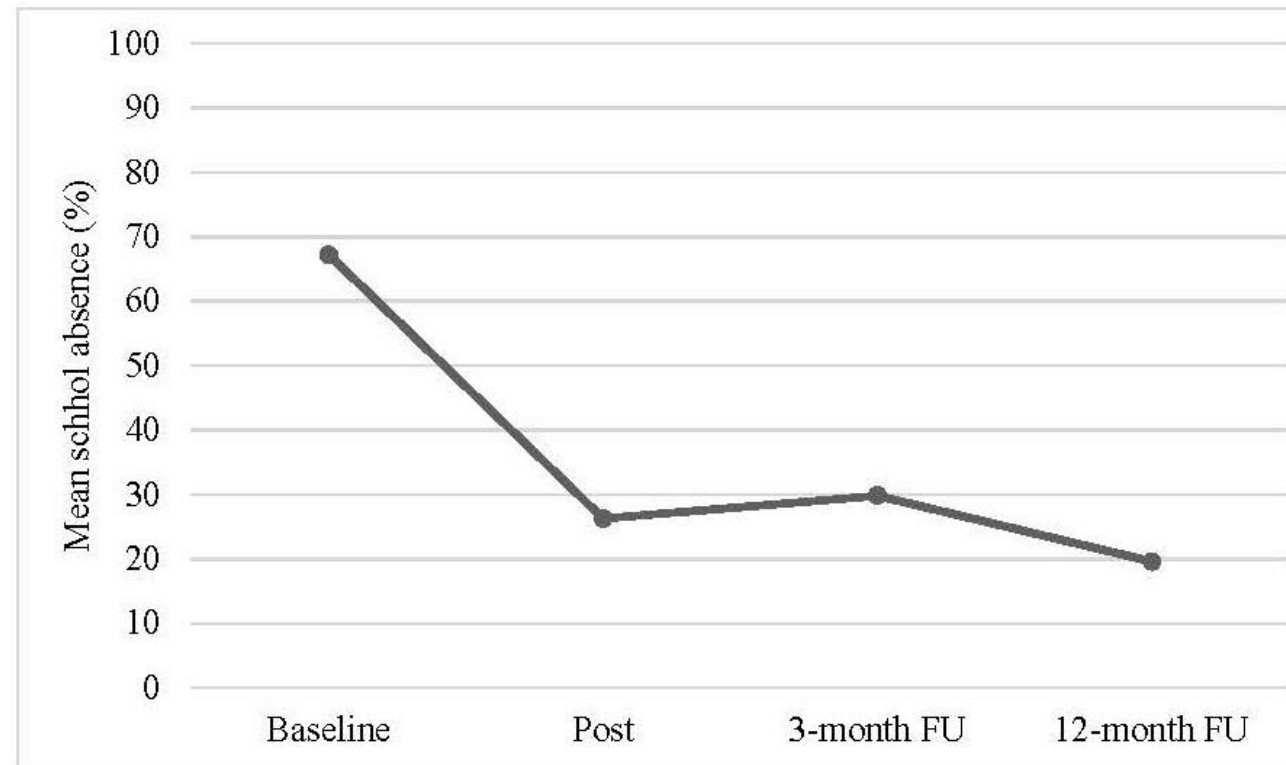
Flowchart



School absenteeism in the last 3 month before inclusion – Register information



Absence

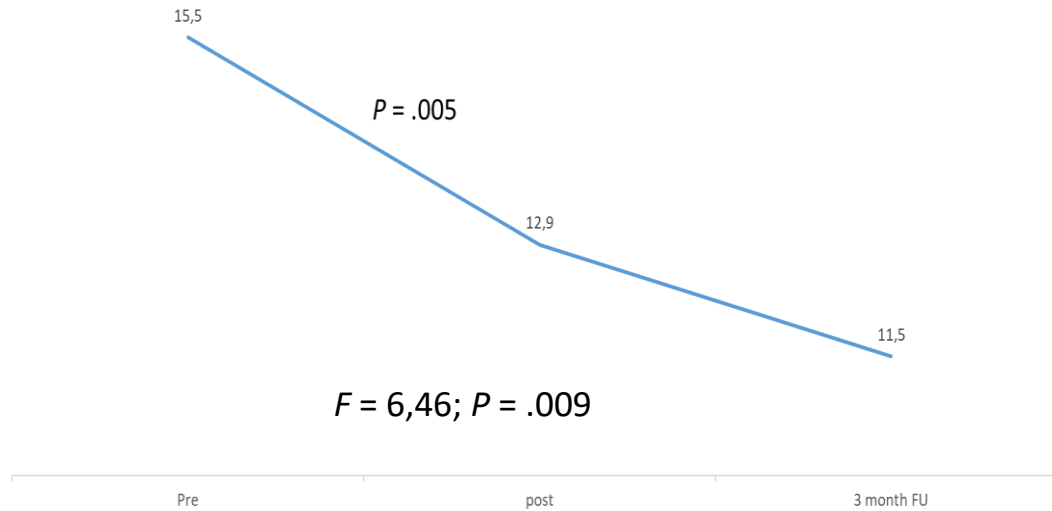


Note: Time x Intervention effect: $F=30.625$, $p=.001$, $d=1.357$

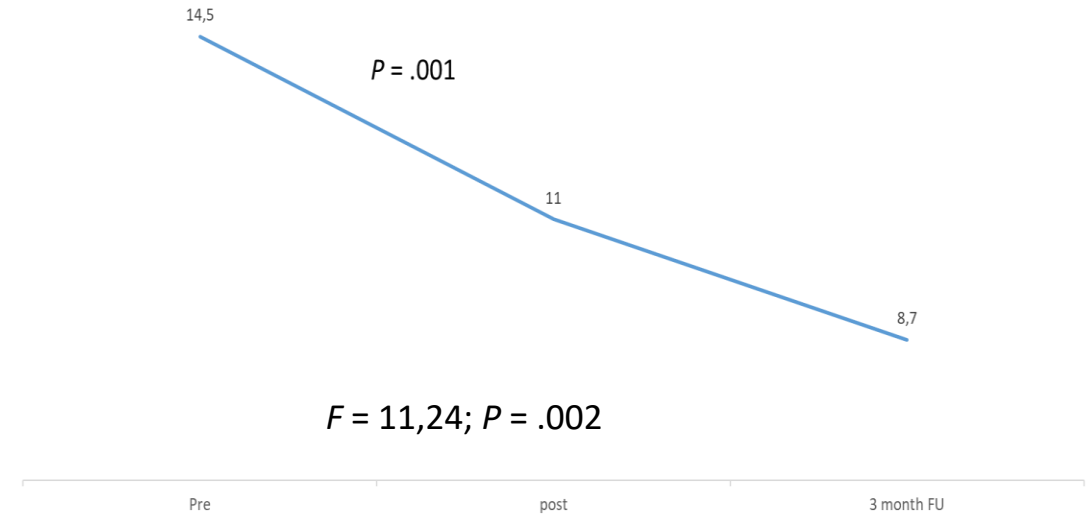
Satisfaction with the treatment (at post)

- Youth: Mean 10,3, SD 2,2; Range 1-14
- Parents: Mean 15,1, SD 3,7; Range 5-20
- Teachers: Mean 9, SD 4,3; Range 0-18

Strength and Difficulties total score- Parent (N=21)



Strength and Difficulties total score- Youth (N=11)



SDQ Impact Scale - Teachers

N = 18

N = 12

3,7

$P = .011$

2,4

Pre

post

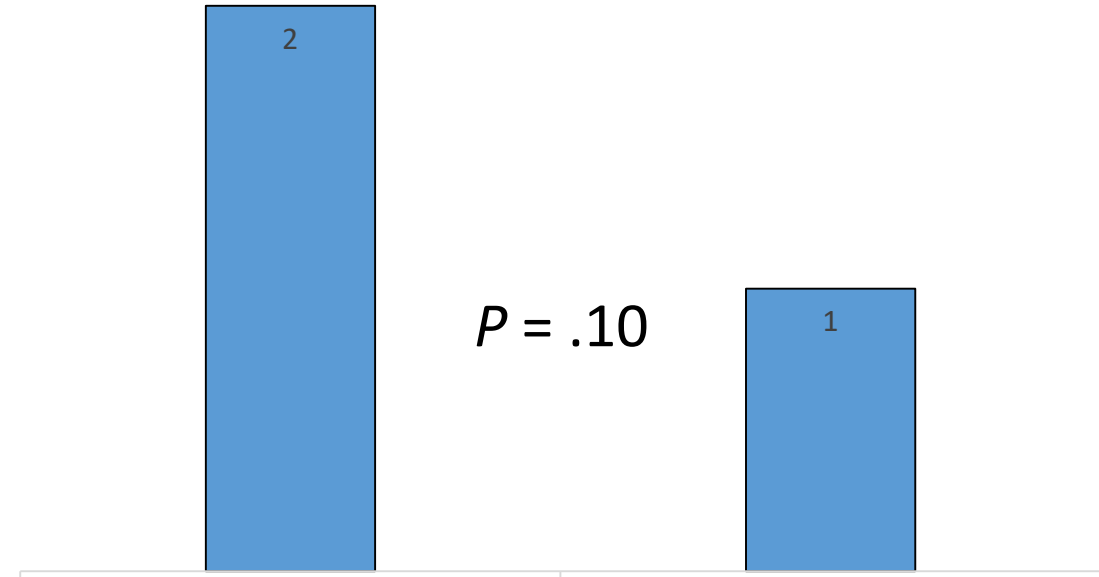
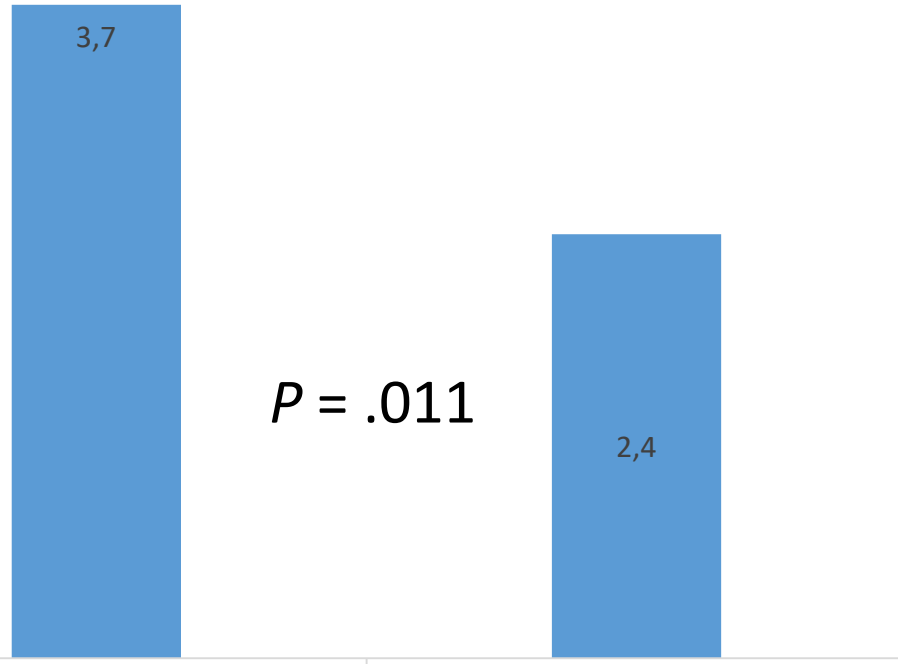
2

$P = .10$

1

Post

3-month FU



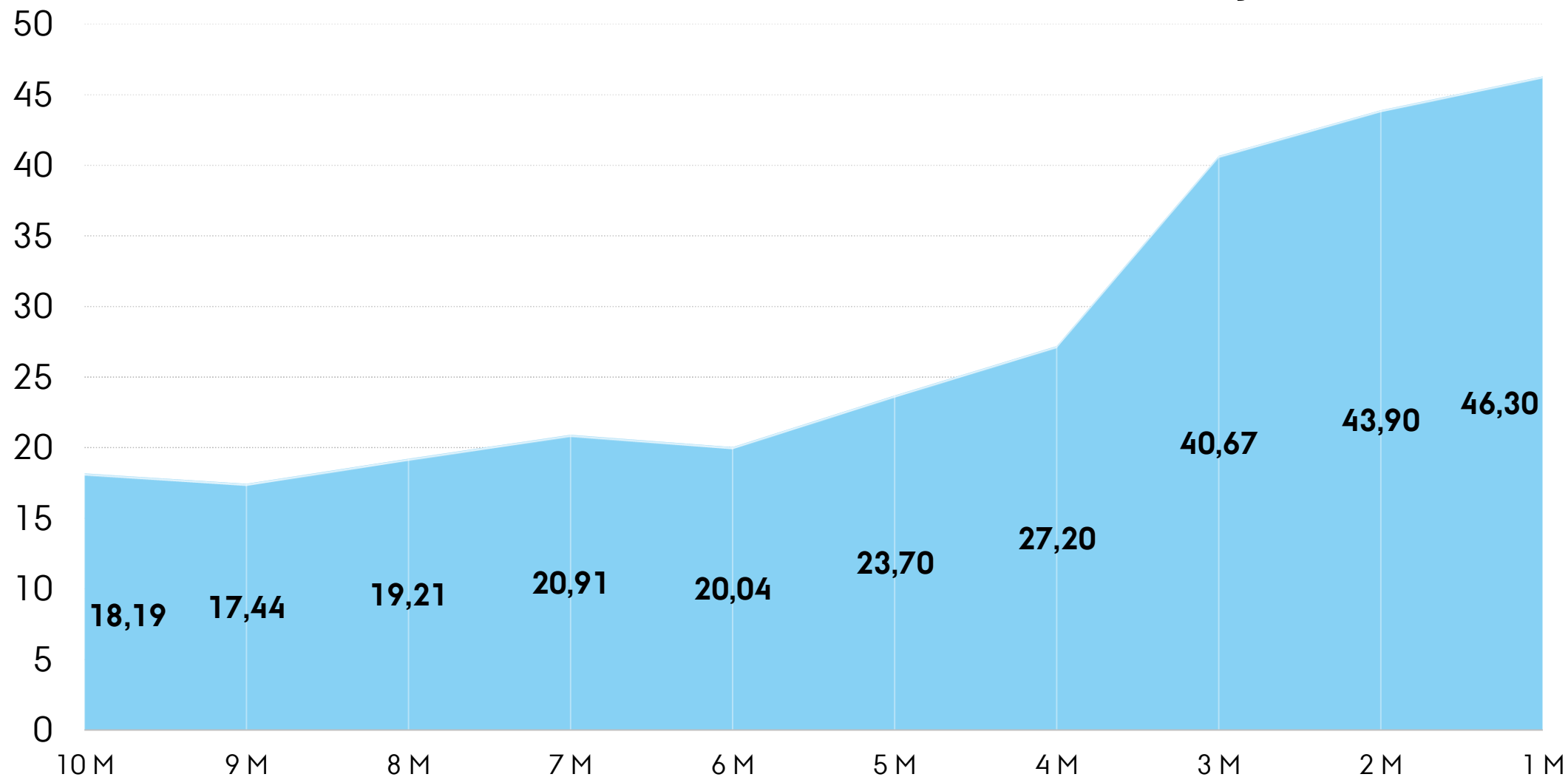
Baseline data from the RCT

Sample Characteristics

- 152 youths and their parents
- All youths had school attendance problems (SAP), and were seeking treatment for SAP.
- Inclusion criteria
 - Enrolled in a public school, in 0th to 9th grade.
 - Over 10% absence in the last 3 months
 - Youth and at least one parent spoke sufficient Danish to participate in treatment



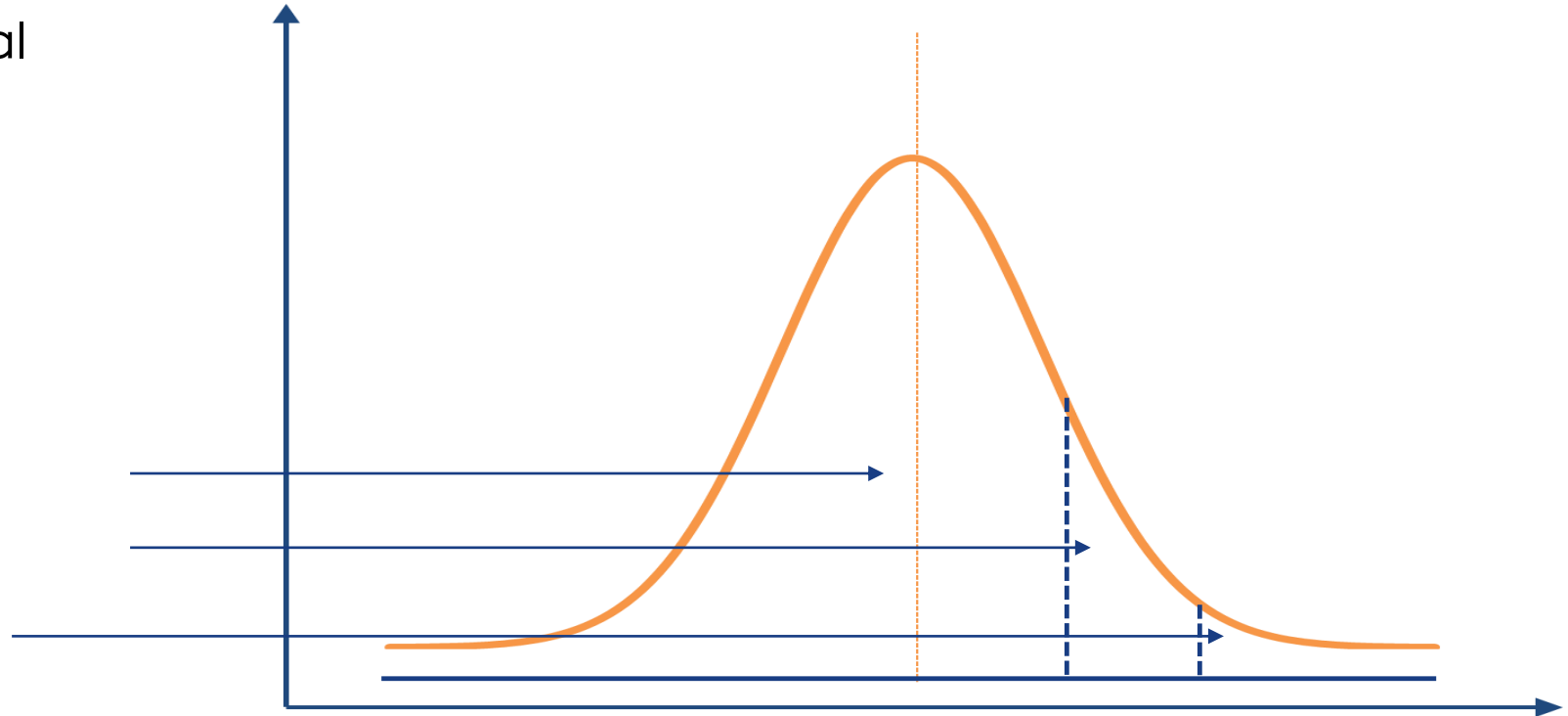
School Absence (%) - Last academic year



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FREQUENCY OF ELEVATED SCORES

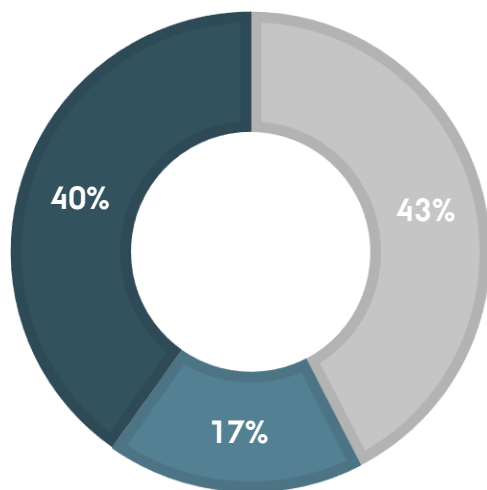
- Anxiety (**SCAS – Total**)
 - Depression (**MFQ – Total**)
 - Emotional and behavioral problems (**SDQ – Total**)
 - Impact (**SDQ – Impact**)
-
- Normal = 0-80th percentile
 - High = 80th percentile
 - Very high = 90th percentile



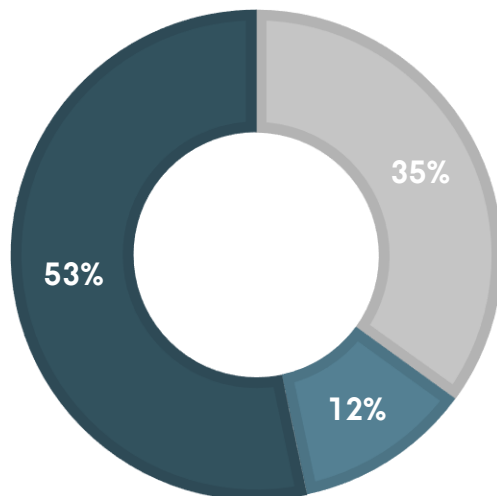
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ANXIETY (SCAS – TOTAL)

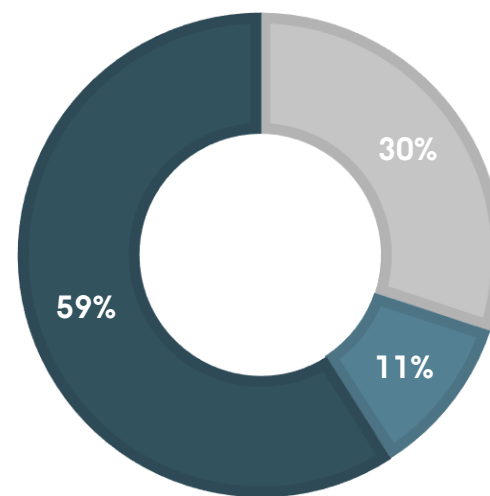
BOYS – YOUTH



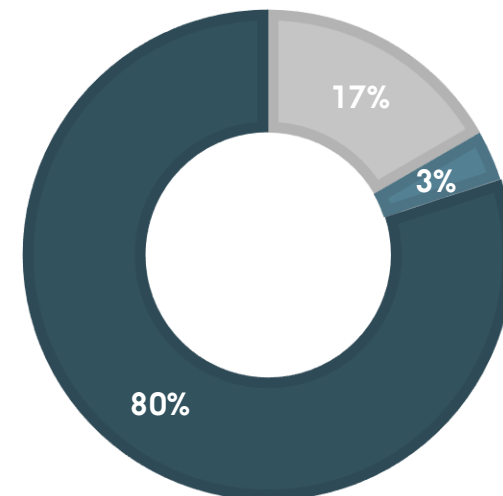
GIRLS – YOUTH



BOYS – PARENT



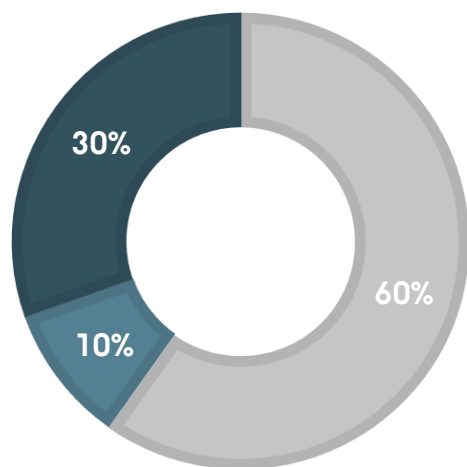
GIRLS – PARENT



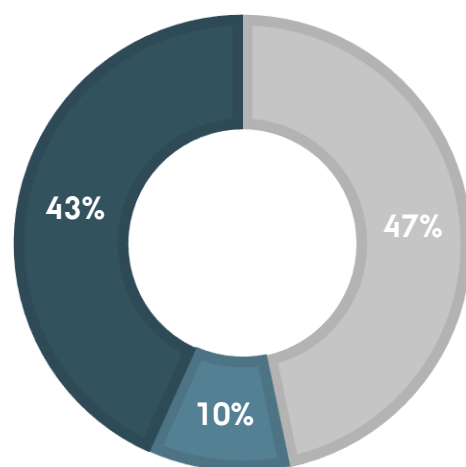
■ Normal ■ Moderate ■ High

DEPRESSION (MFQ-TOTAL)

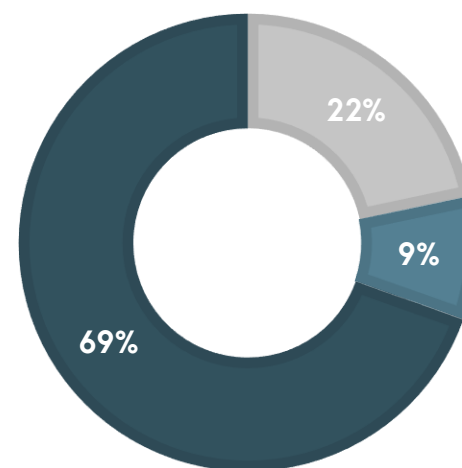
BOYS - YOUTH



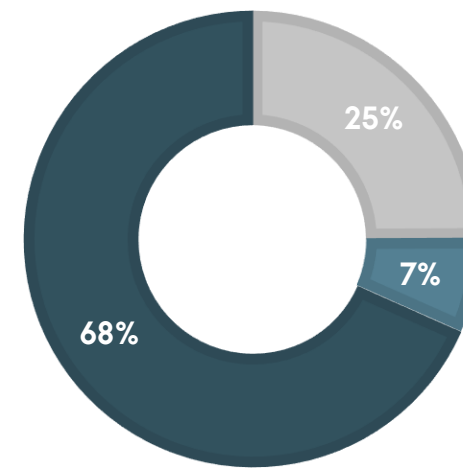
GIRLS - YOUTH



BOYS - PARENT



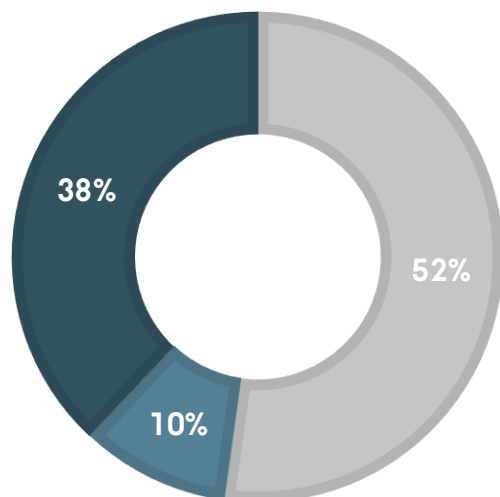
GIRLS - PARENT



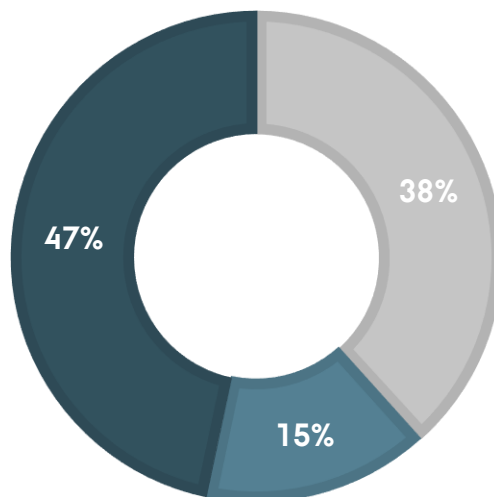
■ Normal ■ Moderate ■ High

STRENGTH AND DIFFICULTIES QUESTIONNAIRE -TOTAL

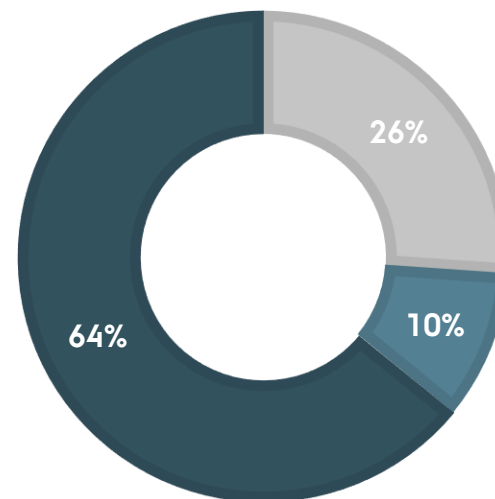
BOYS - YOUTH



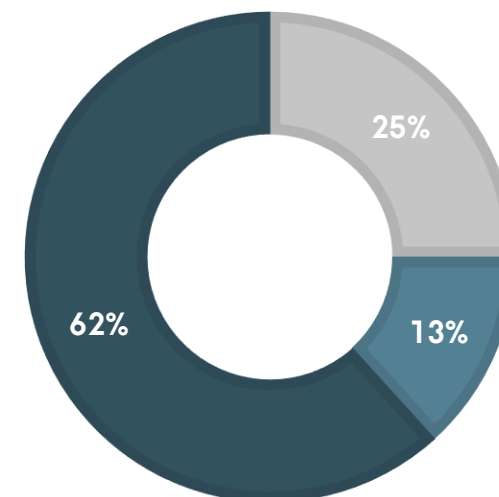
GIRLS - YOUTH



BOYS - PARENT



GIRLS - PARENT

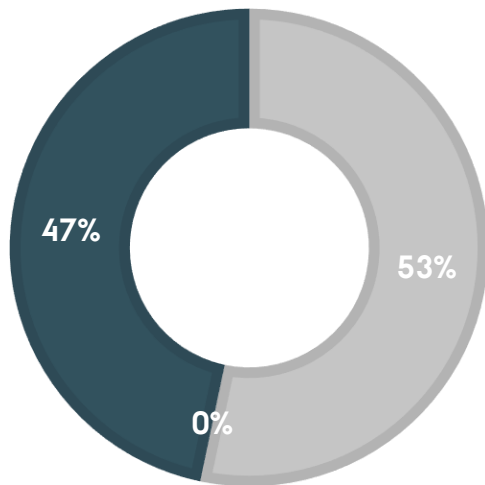


■ Normal ■ Moderate ■ High

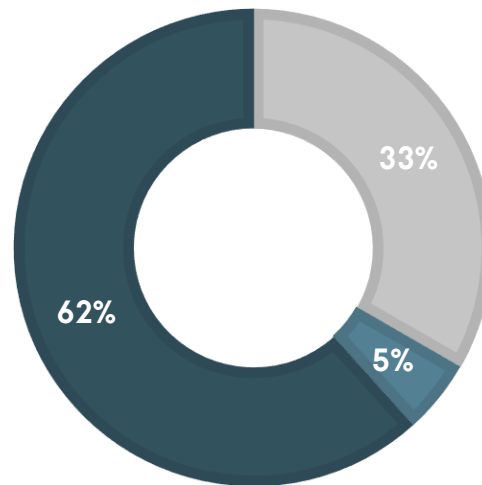
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STRENGTH AND DIFFICULTIES QUESTIONNAIRE -IMPACT

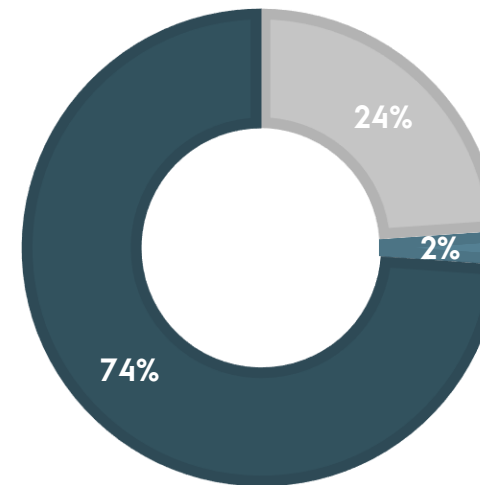
BOYS - YOUTH



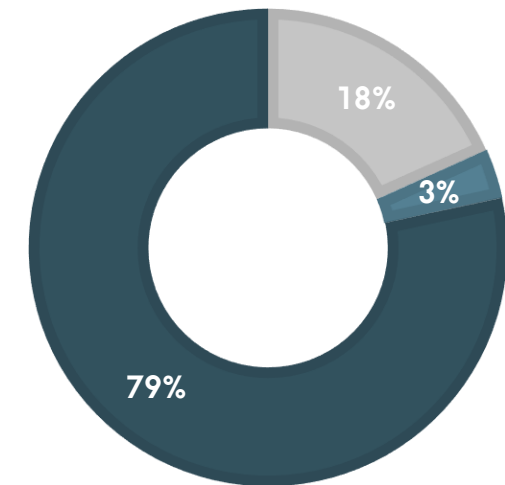
GIRLS - YOUTH



BOYS - PARENT



GIRLS - PARENT



■ Normal ■ Moderate ■ High

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Thank you for your attention

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