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

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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
MANUAL 2017

BACK 2 SCHOOL

- PSYKOLOGISK INTERVENTION TIL ELEVÆR MED BEKYMRENDE FRAVÆR

MIND MY MIND

MANUAL

Træning af tanker, følelser og adfærd for skolebørn

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• Based on CBT principles
• Manual-based (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.

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. Relapse prevention. Advise possible further help.
Four school meetings with teachers and parents.

1. Presenting and discussing the case formulation with the school. Planning the school’s 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
Enrolment

Assessed for eligibility and started treatment:
n=24

Baseline

Baseline data complete for:
n=12 (Youths), n=24 (Parents), n=21 (Teachers)

Treatment

Families completing all sessions:
n=22

Dropped out

n=2

Post

Post data complete for:
n=12 (Youths), n=24 (Parents), n=19 (Teachers)

3-FU

3-month follow-up survey data complete for:
n=14 (Youths), n=21 (Parents), n=13 (Teachers)

12-FU

12-month follow-up survey data complete for:
n=6 (Youths), n=14 (Parents)
School absenteeism in the last 3 months before inclusion – Register information

- 10-20 %: 1
- 20-50 %: 7
- More than 50 %: 10
- 100 %: 6
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)

F = 6.46; P = .009

P = .005

15.5

12.5

11.5

Pre
post
3 month FU

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

F = 11.24; P = .002

P = .001

14.5

11

8.7

Pre
post
3 month FU
SDQ Impact Scale - Teachers

N = 18

Pre: 3.7
Post: 2.4
P = .011

N = 12

Post: 2
3-month FU: 1
P = .10
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

- 18.19%
- 17.44%
- 19.21%
- 20.91%
- 20.04%
- 23.70%
- 27.20%
- 40.67%
- 43.90%
- 46.30%

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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
ANXIETY (SCAS - TOTAL)

- **Boys - Youth**: 40% Normal, 43% Moderate, 17% High
- **Girls - Youth**: 53% Normal, 12% Moderate, 35% High
- **Boys - Parent**: 59% Normal, 11% Moderate, 30% High
- **Girls - Parent**: 80% Normal, 17% Moderate, 3% High

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DEPRESSION (MFQ-TOTAL)

**BOYS - YOUTH**
- Normal: 30%
- Moderate: 43%
- High: 47%

**GIRLS - YOUTH**
- Normal: 10%
- Moderate: 60%
- High: 30%

**BOYS - PARENT**
- Normal: 69%
- Moderate: 9%
- High: 22%

**GIRLS - PARENT**
- Normal: 68%
- Moderate: 7%
- High: 25%
STRENGTH AND DIFFICULTIES QUESTIONNAIRE - TOTAL

BOYS - YOUTH
- Normal: 38%
- Moderate: 47%
- High: 52%

GIRLS - YOUTH
- Normal: 38%
- Moderate: 15%
- High: 47%

BOYS - PARENT
- Normal: 26%
- Moderate: 10%
- High: 64%

GIRLS - PARENT
- Normal: 25%
- Moderate: 13%
- High: 62%
STRENGTH AND DIFFICULTIES QUESTIONNAIRE - IMPACT

BOYS - YOUTH
- Normal: 47%
- Moderate: 53%

GIRLS - YOUTH
- Normal: 62%
- Moderate: 33%
- High: 5%

BOYS - PARENT
- Normal: 74%
- Moderate: 24%
- High: 2%

GIRLS - PARENT
- Normal: 79%
- Moderate: 18%
- High: 3%
Thank you for your attention

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