Back2School: A Feasibility Study of a New Modular Cognitive Behavioral (CBT) Intervention for Youth with Problematic School Absenteeism

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Introduction
Problematic school absenteeism (SA) is a risk factor for low grades and school dropout and is associated with mental health and social problems. Problematic SA is a complex and heterogeneous problem with a variety of functions and causes.

Aim
As preparation for an RCT, this study evaluated the feasibility and preliminary clinical outcome of a new modular, transdiagnostic and manualized CBT intervention, Back2School, for youths with school absenteeism.

The intervention
The Back2School (B2S) program is based on a functional model of problematic school absenteeism, where absenteeism is maintained through negative reinforcement (avoiding distress at school) or positive reinforcement (obtaining rewards outside school). The main purpose of the program is to help the child back to regular school attendance. The B2S manual is used in conjunction with the MindMyMind consultation protocol, which comprises evidence-based CBT methods organized into disorder-specific modules to target anxiety, depression, behavioral disturbances and trauma-related problems.

BS2 - central elements:
• Based on an assessment and case formulation.
• Psychoeducation.
• Focus on here-and-now.
• Homework between sessions.
• Specific geographic goals for the treatment - Except main goal: returning to normal school attendance.
• Stepwise graduation of tasks.

Therapists:
School psychologists from the municipality trained in the B2S method with weekly supervision. Intervention took place at the University Clinic, Aarhus University, Denmark.

Inclusion criteria
• Youths enrolled in a public school within the municipality of Aarhus.
• Aged 7–16 years and in 0-9th grade
• Parents report more than 10% absenteeism during the last 3 months of school (excluding legal absence, e.g. permitted extra holidays).
• Understand and speak Danish
• At least one of the parents is motivated for working on increasing the youths’ school attendance.

Methods
• Outcome was examined at time of inclusion, after the intervention and at 3-month follow-up.
• Primary outcome was school absence data.
• Secondary outcome was anxiety, depression, impact on the child, and parental self-efficacy.
• At post participants’ satisfaction and experiences with the intervention was investigated.

Participants
24 youths, (Mean age 12.17 (SD = 2.32), range 8–16 – 50% boys) were included.
During the last 3 month before treatment 25% were 100 % absent from school, 25% had more than 50% absence, and 25% had between 30% and 50% absence.

Characteristics of the children before intervention:

<table>
<thead>
<tr>
<th>%</th>
<th>Had previously been diagnosed with a psychiatric disorder (anxiety N=4, autism N=4, learning disorder N=2, depression N=1, ADHD N=1)</th>
<th>Academically behind peers</th>
<th>In special education class</th>
<th>Had changed school</th>
<th>School were worried about child</th>
<th>Parents had previously sought help</th>
<th>School psychologist</th>
<th>Private psychologist</th>
<th>Physician</th>
<th>General practitioner</th>
<th>Child psychiatrist</th>
<th>Child psychiatric hospital</th>
<th>Other forms of help</th>
<th>Mean of 15 out a possible maximum score of 20.</th>
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<tr>
<td>33</td>
<td>0.69, and between post and follow-up absence (p &lt; .002, Cohens d = 0.69), and between post and follow up absence (p &lt; .018, Cohens d = 0.47).</td>
<td>38</td>
<td>4</td>
<td>33</td>
<td>13</td>
<td>62</td>
<td>17</td>
<td>15</td>
<td>39</td>
<td>13</td>
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<td>13</td>
<td>Reduction in absence from school Mean absence differed statistically significantly between time points (F = 10.91, P &lt; 0.0005). Post hoc tests revealed statistically significant differences between pre- and follow-up absence (p &lt; .002, Cohens d = 0.69), and between post and follow up absence (p &lt; .018, Cohens d = 0.47).</td>
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Results
Two (8 %) dropped out of treatment. Treatment satisfaction was in general high among parents, with a mean of 15 out a possible maximum score of 20.

Discussion
• The procedure and intervention was feasible with few dropouts and overall high satisfaction with and acceptance of the Back2School treatment.
• The efficacy was promising, with a significant 36% reduction in absence pre to FU despite massive absenteeism among most of the youths prior to the intervention.
• Most secondary outcomes improved significantly over time—mainly from pre to post.

Modification of the design of the ongoing RCT
• The Back2School manual has been revised with more emphasis on the school meetings and more flexibility.
• Supervision has been intensified
• Additional training of the therapists has been implemented

Key outcomes of Back2School (parents report)
Analyses using one-way repeated-measures ANOVA

Absence (percentage) p<.0005

Spence Childrens Anxiety Scale p<.012

Strengths and Difficulties Questionnaire - Impact p<.008

Mood and Feeling Questionnaire (depression) p<.006

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