



# Back2School B2S



A new Intervention Program for children with  
problematic school absenteeism

ICCP 2017

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University



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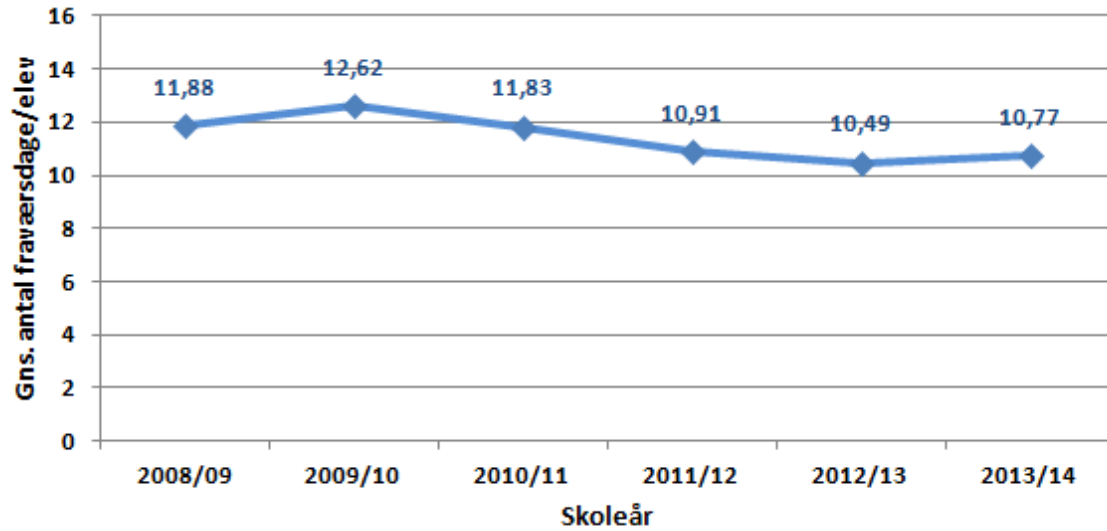
Innovation Fond

# Agenda

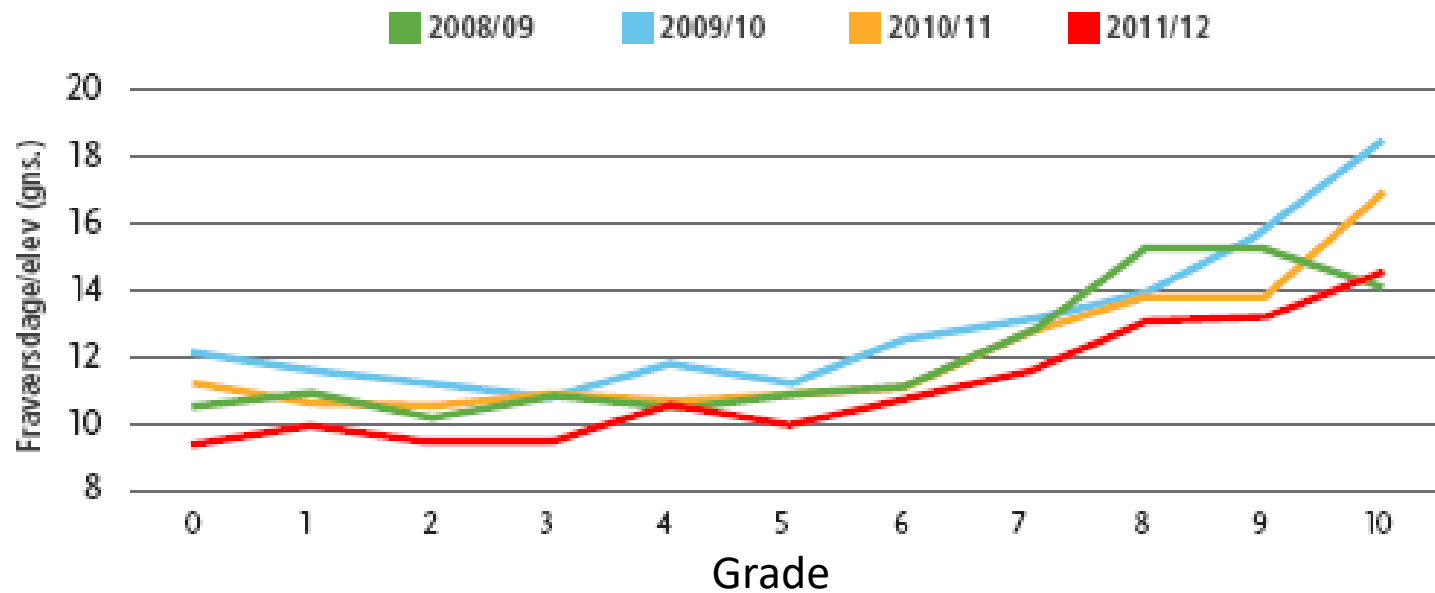
- Types of School Absenteeism
- Previous intervention research
- The Back2School project
- The Back2School manual
- Preliminary results from the Back2School feasibility study

# Some facts

Days of school absenteeism in the Municipality of Aarhus.



5.5% absenteeism



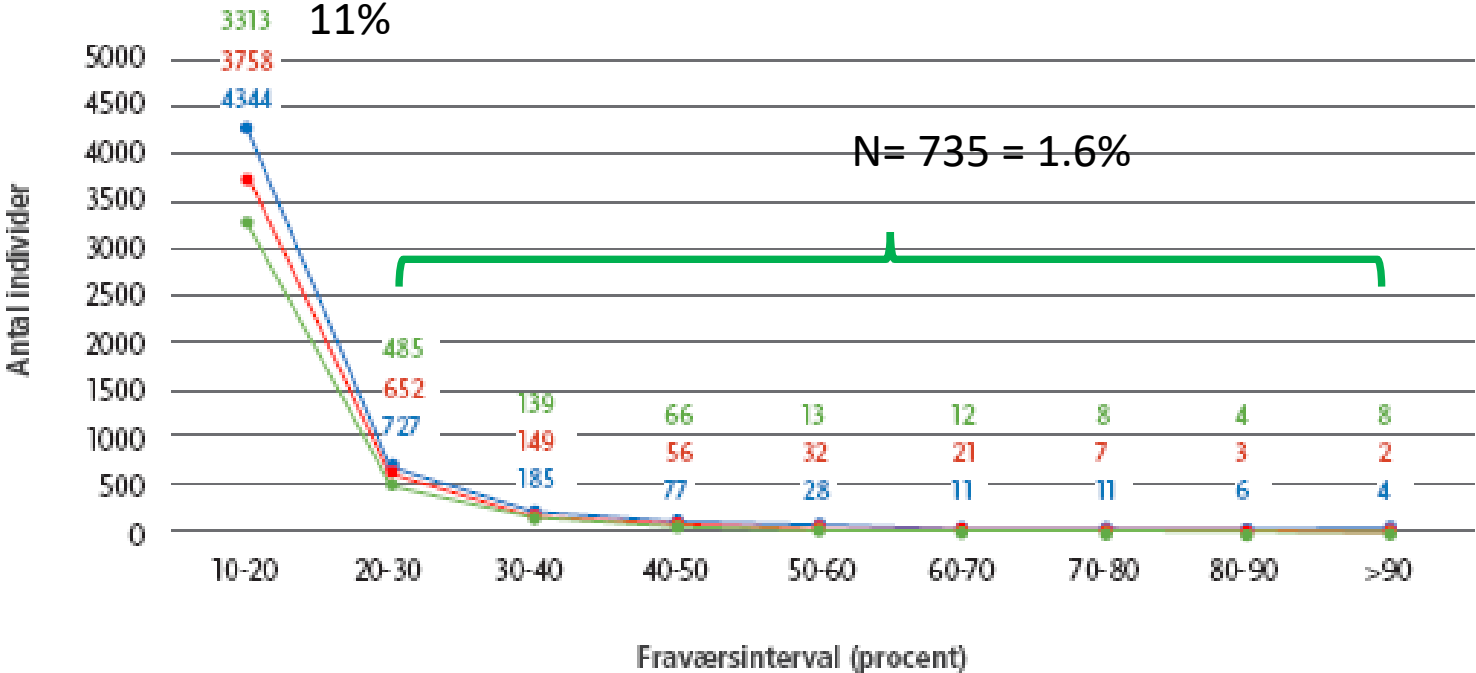
# Municipality of Aarhus

## SA in %

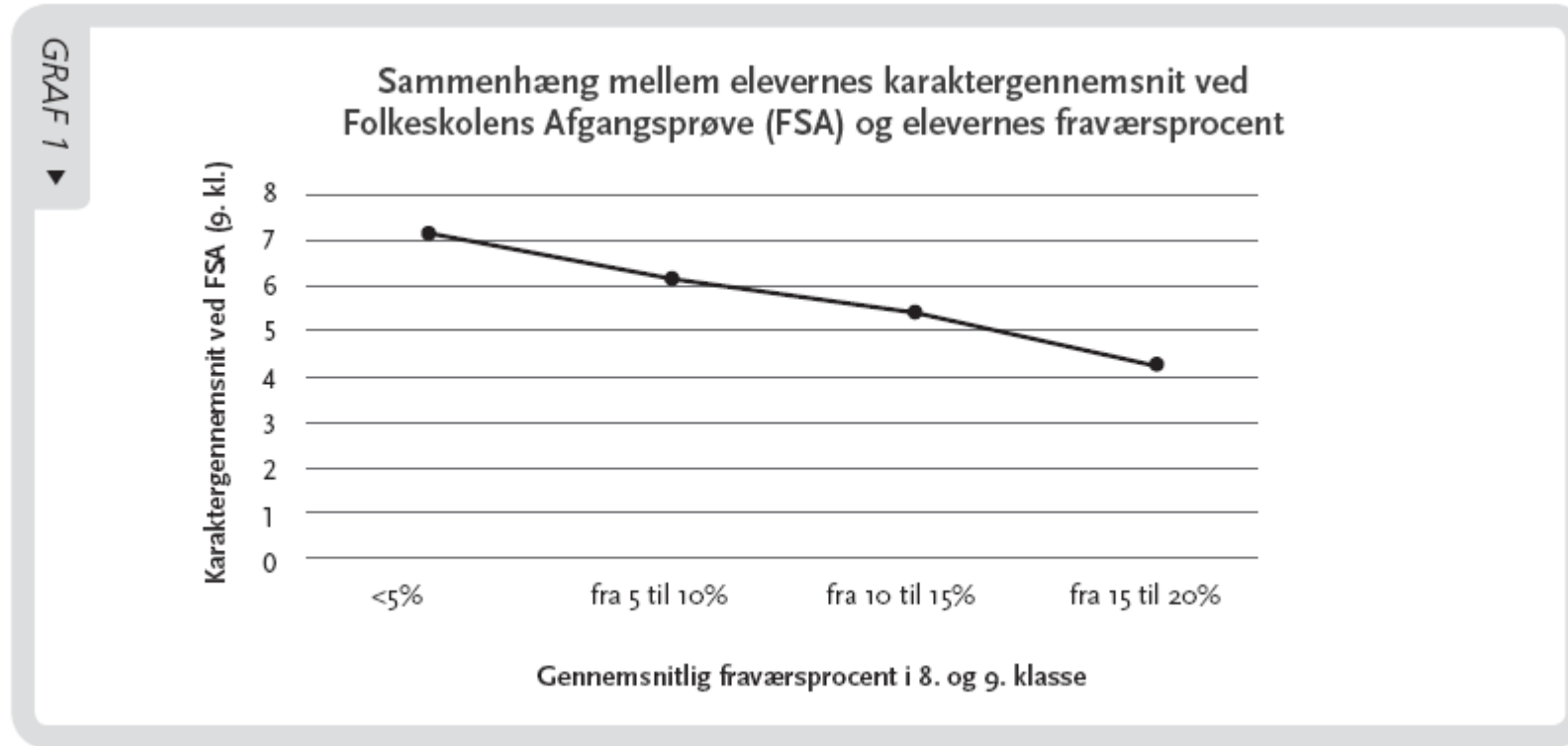
SKOLEÅRENE

- 2009/10
- 2010/11
- 2011/12

In total about 30.000 students



## Association between grade point average at final examination (grade 9) and SA in percent in grade 8 and 9



# Characteristics of children with absenteeism

## In children

- Boys and older children
- Anxiety disorders
- Depressive symptoms
- Oppositional symptoms
- Chronic illness and pain
- Sleep problems
- Extreme obesity

## In the family

- One-parent home
- Lower parental education level and income
- Chronic illness and emotional disorders in the parents
- Disability in sibling
- Low parental involvement in the child's school and poor academic performance

# Problematic absenteeism can include

- Absent entire day
- Leaves during the day
- Arrives late
- Skips classes (without permission)
- Skips classes (with permission; nurse, counselors)
- Attends but with intense distress or behavior aimed at absenteeism



# Heterogeneous group. Common differentiations:

- **Parent motivated:**

- Parents deliberately keeps a child home from school

- **Child motivated:**

*Truancy:*

- Unexcused SA without parental knowledge.
- Increased probability of externalizing behaviors, less parental involvement and engagement.

*School refusal:*

- reluctance or refusal to attend school
- Child usually at home during school hours rather than concealing the problem from parents
- Emotional upset in the prospect of attending school (e.g. somatic complaints, anxiety, unhappiness)
- Absence of severe antisocial behavior
- Parents have made efforts to secure their child's attendance at school

# How to help this very heterogeneous group?


- Treatment have to be:
- Case-based and personalized
- Modularized. Includes evidence based treatment for
  - Anxiety
  - Depression
  - Behaviour disorders
  - Bullying
  - Ect
- Includes both children, parents and the school

# Previous research

Research Article

## Treatment for School Refusal Among Children and Adolescents: A Systematic Review and Meta-Analysis

Brandy R. Maynard<sup>1</sup>, David Heyne<sup>2</sup>, Kristen Esposito Brendel<sup>3</sup>, Jeffery J. Bulanda<sup>4</sup>, Aaron M. Thompson<sup>5</sup>, and Terri D. Pigott<sup>6</sup>


Research on Social Work Practice  
1-12  
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DOI: 10.1177/10497315155598619  
rsw.sagepub.com  


- Inclusion: Anxiety related SA
- 435 children and adolescents included
- 6 RCT and 2 quasi-experimental studies
- RCT's compared different formats of CBT – not TAU
- Significant effect on SA :  $g = 0.54$
- Non-significant effect on anxiety:  $g = 0.06$

Systematic Review

## Indicated Truancy Interventions for Chronic Truant Students: A Campbell Systematic Review

Brandy R. Maynard<sup>1</sup>, Katherine Tyson McCrea<sup>2</sup>, Terri D. Pigott<sup>3</sup>, and Michael S. Kelly<sup>2</sup>

Research on Social Work Practice  
23(1) 5-21  
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DOI: 10.1177/1049731512457207  
http://rsw.sagepub.com  


- Inclusion: Truancy
- 1.725 students included
- 5 RCT and 11 quasi-experimental studies
- Significant effect on SA :  $g = 0.46$
- Mean improvement in attendance 4.69 days/year
- Only 10% less than 10% SA
- Mean rates of SA post above acceptable level

# What is needed?

- RCT's comparing SA interventions with treatment as usual
- Clinical relevant studies including all children with problematic SA
- Long-term follow
- Moderator and mediator analyses
- Cost analysis
  - Direct-costs
  - Saved-expenses analysis

# The Back2School project

Aim: Help children/families grade 0-9 with problematic SA -  
(more than 10% the last 3 month) -  
where the intervention from the school has not been sufficient

2017 – 2020

# Back2School

Feasibility study: Spring 2017

24 children

RCT: Autumn 2017 – 2019

B2S compared with TAU

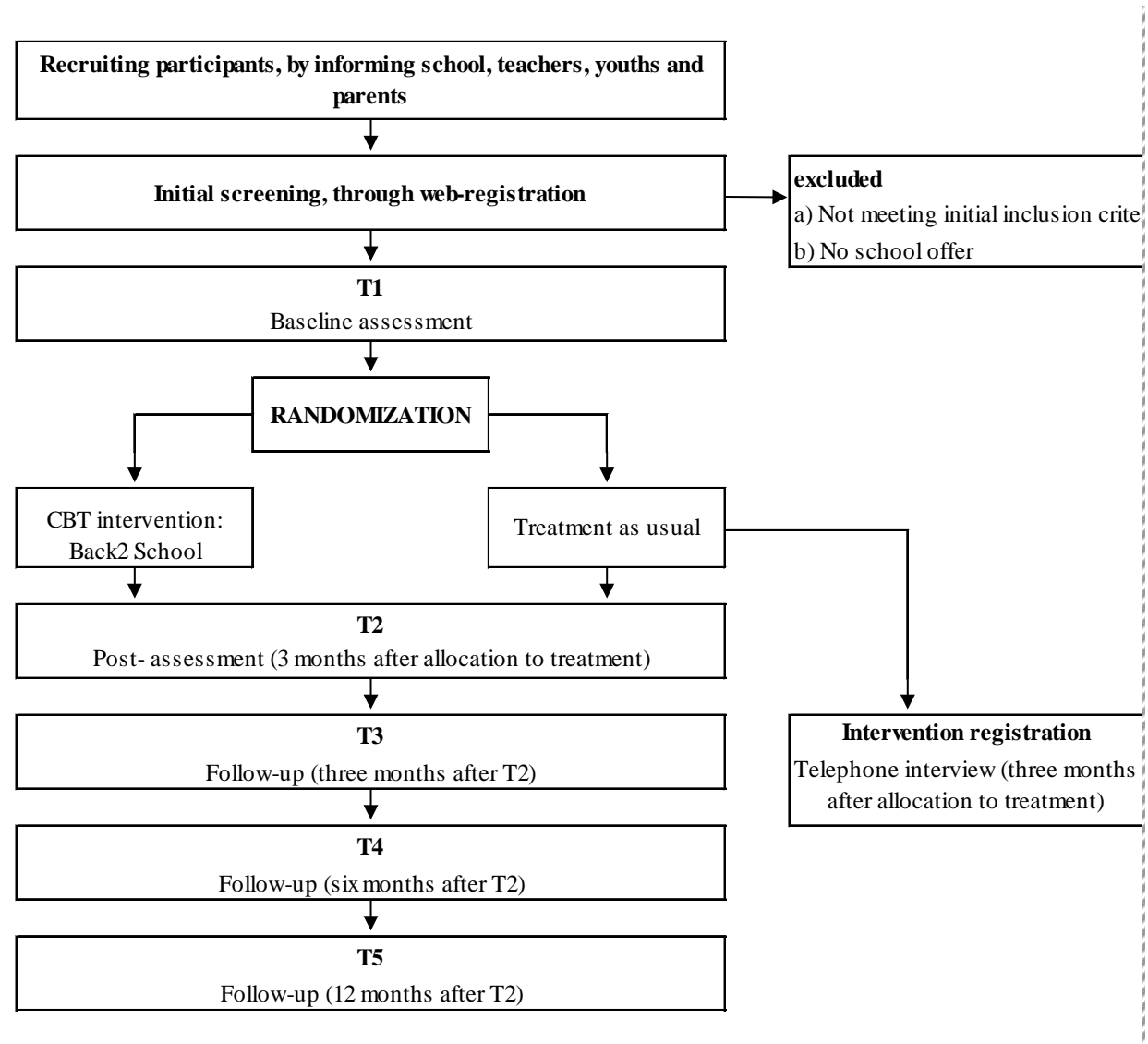
160 children

A collaboration between Aarhus University and Aarhus Municipality, Denmark.

The B2S intervention is organized and conducted by the University Clinic, Aarhus University. 6 school psychologists and 2 clinical psychologists from the clinic conduct the intervention.

Treatment as usual is organized and conducted by Aarhus Municipality.

# Flowchart of the Back2School RCT





# Inclusion criteria

- Youths enrolled in a public school within the municipality of Aarhus.
- Aged 7–16 years and in 0-9<sup>th</sup> grade (excluding second semester of the 9<sup>th</sup> 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 sufficiently to participate in treatment and complete questionnaires.
- At least one of the parents is motivated for working on increasing the youths' school attendance.
- Willing to participate in assessment, intervention procedures, and acceptance of random assignment to intervention.
- Informed consent

# Pre-assessment for both groups (before randomization)

		Respondent		
		C	P	T
Level of school absenteeism	Information from the parents – last 3 month			
Strength and Difficulties Questionnaire (SDQ)	Emotional and externalizing problems – social strengths	x	x	X
Spence Children’s Anxiety Scale (SCAS)	Anxiety	x	x	
Mood and feelings Questionnaire (MFQ)	Depression	x	x	
The Child Health Utility 9D (CHU-9D)	Quality of life	x		
Self-Efficacy Questionnaire for School Situations (SQSS)	Self-efficacy (child)	x		
Self-Efficacy Questionnaire for Responding to School Attendance Problems (SEQ-RSAP)	Self-efficacy (Parent)		x	
School refusal assessment scale (SRAS)	Functions of school refusal	x	x	
Personal Experience Questionnaire	Bullying	x		
Family Assessment Device (FAD)	General family function	x	x	
SES etc	SES etc.		x	
Age and sex of teacher	Age and sex of teacher			x
Academic level	Academic level of the child			x
School-home collaboration	School-home collaboration		x	x

# Primary outcome: School absence

SA data on a daily level for all youths in Aarhus municipality is registered by the municipality

These SA data are used in the project

# Secondary outcomes

## **B2S group**

- Same questionnaires as pre
- Mediators at session 3 and 7:
  - SDQ (internalizing and externalizing symptoms)
  - School related self-efficacy
  - SA

## **TAU group**

- SDQ including impact scale
- The Child Health Utility 9D
  - Used for cost-analysis

# Tau group

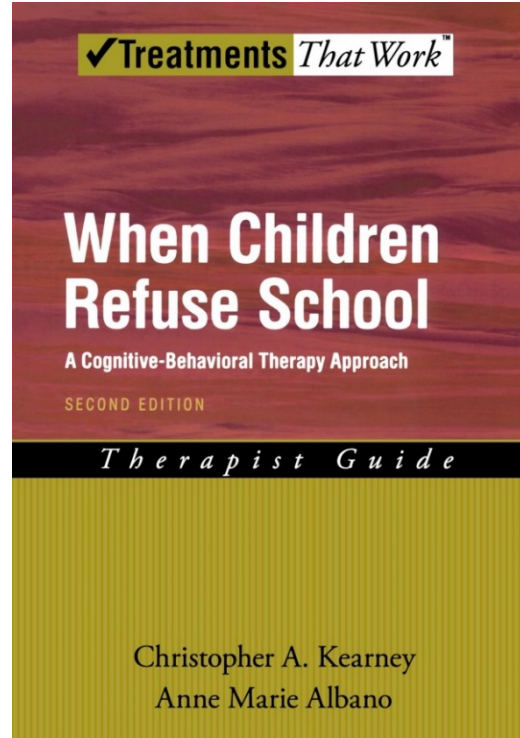
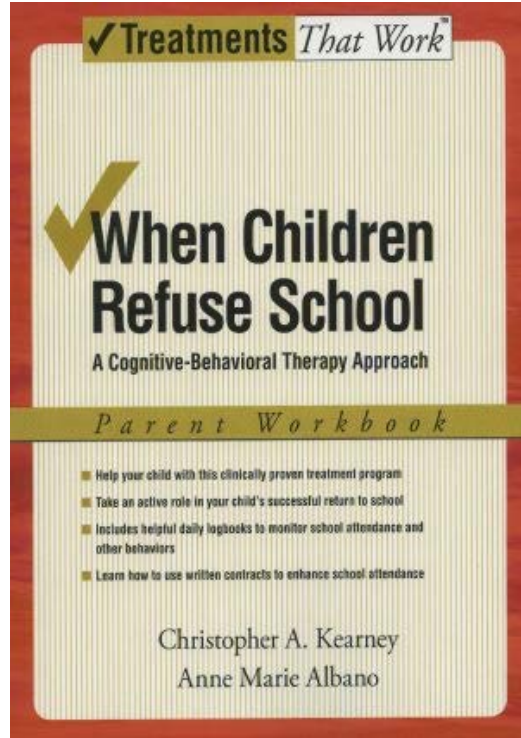
- Registration of intervention in the TAU condition
  - Telephone interview at post

# The B2S manual

# Inspiration from

## Kearney:

A functional approach



## Heyne:

Anxiety disorder and school refusal  
- adolescents

## @school project

A Collaboration between Developmental Psychology at Leiden University &  
Curium Academic Centre for Child and Adolescent Psychiatry

**Modular Cognitive-Behaviour Therapy  
For School Refusal:  
Working with Young People**

David Heyne, PhD

Floor Sauter, MSc

Leiden University  
Department of Developmental Psychology

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7 November, 2007

# What we did

MANUAL 2017

**BACK** 2  
**SCHO**  **L**

- PSYKOLOGISK INTERVENTION TIL ELEVER MED BEKYMRENDE FRAVÆR

RCT-UDGAVE  
2017-2019



**MIND MY MIND  
MANUAL**

*Træning af tanker, følelser  
og adfærd for skolebørn*



# B2S theoretical background

- A combination of a functional and a cognitive-behavioral approach.
- The functional approach involves identifying the motivational function of the child's SA:
  1. avoidance of school-based situations that provoke negative affectivity
  2. avoidance of aversive school-based social/evaluative situations
  3. pursuit of attention from significant others outside of school, and
  4. pursuit of tangible reinforcement outside of school.
- Following identification of the function for a particular child, CBT procedures will be used to address that function.

Negative reinforcement

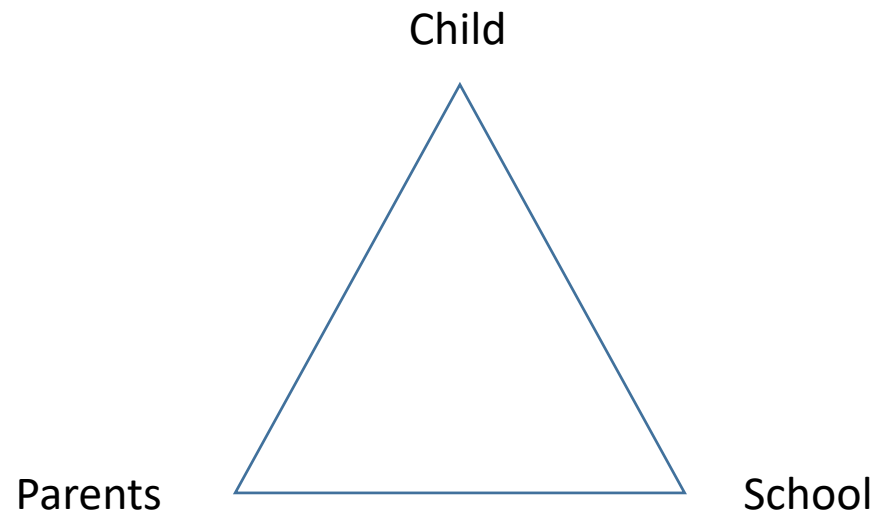
Positive reinforcement

# B2S – A coordinated approach

10 sessions with child/parents – 3 meetings with the school

Over a 3 month period

3 month after post: boostersession and 4th school meeting



# B2S – central elements

Based on CBT principles

A modular approach – evidence-based methods for treatment of anxiety, depression and behaviour with focus on reestablishing normal school attendance.

Systemic – child, parents, school

Manual-based

Time-limited (3 months and a booster after 3 months)

# B2S - Central elements

Based on an assessment and caseformulation

Psykoeducation

Focus on here-and-now

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

# B2S - Assessment

## Structured clinical interview with child and parents

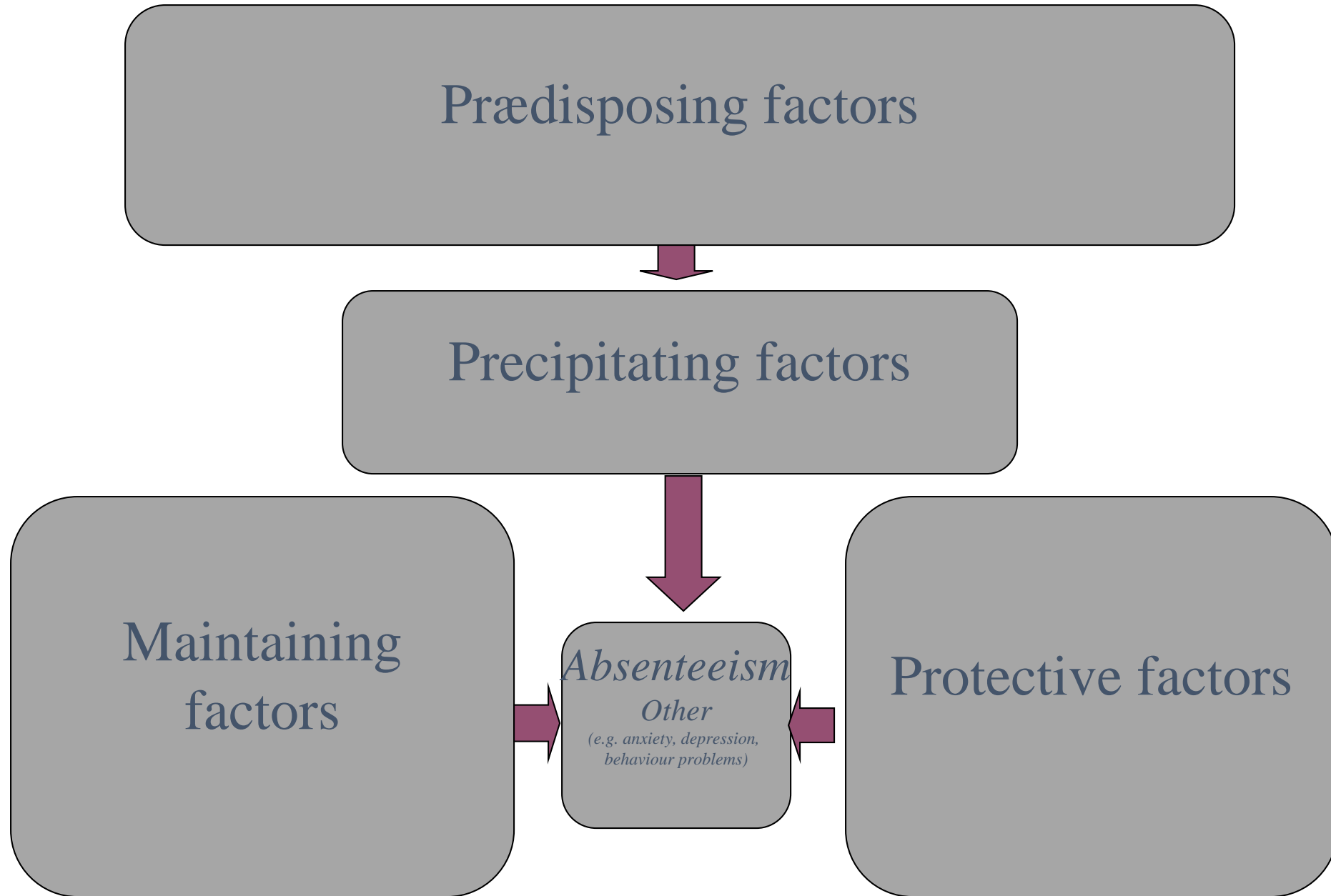
- To clarify reasons for/functions of the school absenteeism
- To get an understanding of the child's development, family- and social situation
- To uncover presence of problems/symptoms/diagnosis present, that can be contributory reasons for the school absenteeism
  - Using a highly structured psychopathological interview developed for the study
- To uncover maintaining factors for the school absenteeism

## Questionnaires

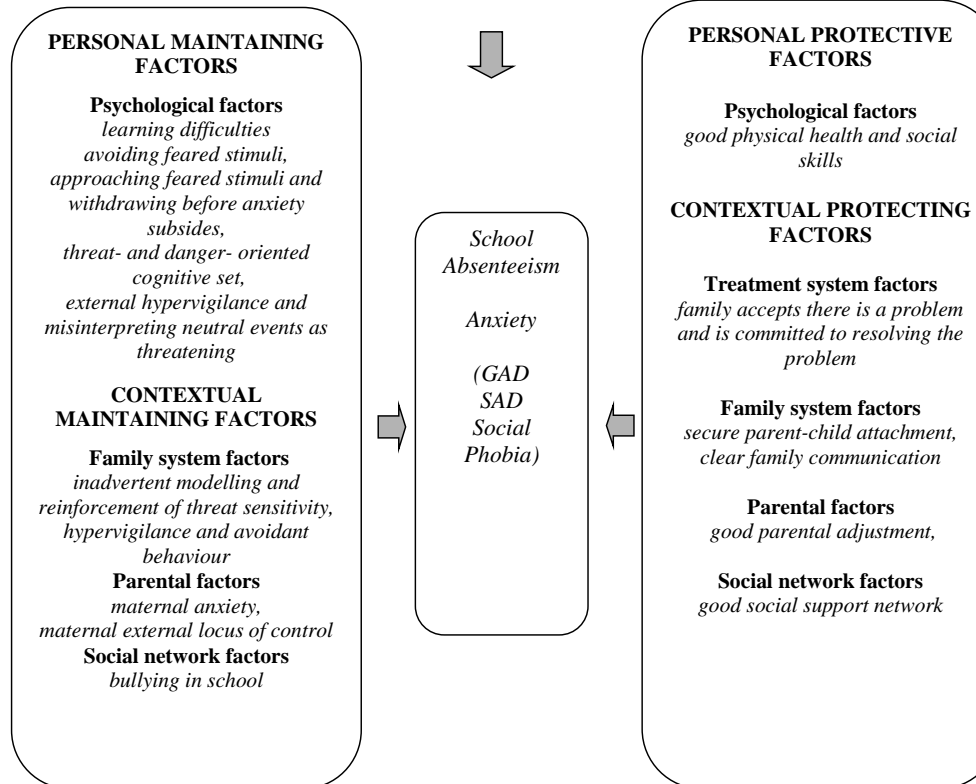
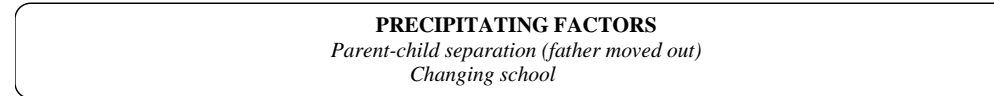
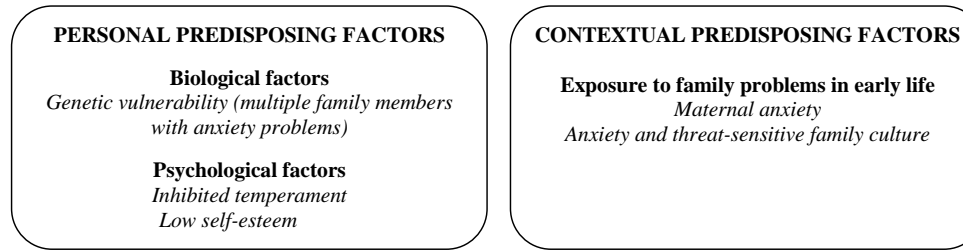
# Caseformulation and clinical conference

- The clinicians are summarizing all relevant information, including the questionnaires, into a case formulation
- The caseformulation and the treatment plan is discussed on a clinical conference

# Case-formulering (Carr 2006)



## PREDISPOSING FACTORS





# Session 1

Present a family friendly caseformulation for the family

Discuss the caseformulation with the family

Psychoeducation on school absenteeism

Make 2-3 SMART goals

## Homework

All: Finish goals

Specifik for anxiety, depression or behaviour/family problem

# SMART goals

- Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
- 
- Privileges the importance of school attendance

# Session 2 (parents only)

## Clarify:

- Doubt/ambivalence concerning school placement

- Childs somatic symptoms

- Parental motivation for the child returning to school

Helping parents to establish relevant routines for the child at home (morning – evening etc)

That child re-establish a normal sleep pattern

## Examples of clarifying questions :

- How important do you think it is that your child goes to school every day?

- Pros and cons of going to school every day?

## Homework

- Implementing new morning and evening routines

- Clarify ambivalence concerning school placement

- Visit general practitioner if doubts of somatic symptoms

# Session 3 – start working with the SA functions/underlying problems

CBT for anxiety, depression or behaviour problems as described in the MMM manual.

Psychoeducation on the main problem

Start working with the CBT methods

Anxiety: detective thinking

Depression: Behaviour activation

Behaviour problems: supporting child's positive behaviour through recognition and encouragement (parent management training)

# Session 4 – Returning to school

- Psychoeducating on avoidance behaviour
- Working with the child's motivation for returning to school
- Planning a stepwise increasing of school attendance through a stepladder
- Detailed planning of first day back in school or how to increase school attendance

## Methods:

Pros and cons  
Problem solving  
rewards  
Brainstorming  
stepladder

## Homework:

Working with first steps on school stepladder.

# Session 5

Continue working with core CBT techniques.

Continue working with school stepladder.

## Anxiety:

Detective thinking, stepladders, experiments, in-vivo exposure

## Depression:

Behavioral activation, detective thinking.

## Behaviour:

Decreasing conflicts, increasing positive strategies as ignoring, consequences and problem solving

# Session 6 (only parents)

Continue working with parental behavior and cognitions

Identifying and reducing factors in home that maintain school absenteeism, e.g.

- Over involving - overprotection
- Permitting avoidance behavior
- Conflict

Rewards and withdrawal of privileges

How parents support the child's working with stepladders

How to facilitate that the child comes to and stays in school

# Session 7

- Returning to school – follow-up and problem solving
  - Status
  - Problem solving
  - Optimize stepladder
  - Parental support



# Session 8

Continue working with core CBT techniques

Take care of other relevant problems

E.g. family conflicts, bullying, social skills

Continue working with school stepladder (and other stepladders)

# Session 9

Optional session

E.g. working with core problem

# Session 10

## Relapse prevention

Risk factors (e.g. holidays and illness periods)

How to keep on working

## Evaluation

## Diploma

# Booster session

3 month after post

Problemsolving

# Working with the school staff

3 mandatory meetings with the school staff + a booster meeting

Before first school meeting an information booklet is mailed to the school

Agenda for the first meeting

Information about content of B2S

First school meeting arranged, if possible, already after session 2.

# First school meeting

- Presentation (and discussion) of the case formulation
- General information on the B2S program and the planned treatment program
- Identify staff that will assist in the intervention and support to the child
  - Secure that other school staff is informed
    - Special needs or arrangements
    - Roles and responsibilities
- Planning stepladder for school return
- Planning dates for future school meetings

# Second school meeting

- Follow-up on the decisions taken on first school meeting
- Follow-up on stepladder(s)
- Problem-solving difficulties
- E.g.
  - Anxiety
  - Depression
  - Behaviour
  - Academic issues
  - Collaborative issues
  - Peer-interaction issues
  - Bullying issues

# Third school meeting

- Focus on achieved progress
- Planning how the school continue supporting the child
- Relapse prevention



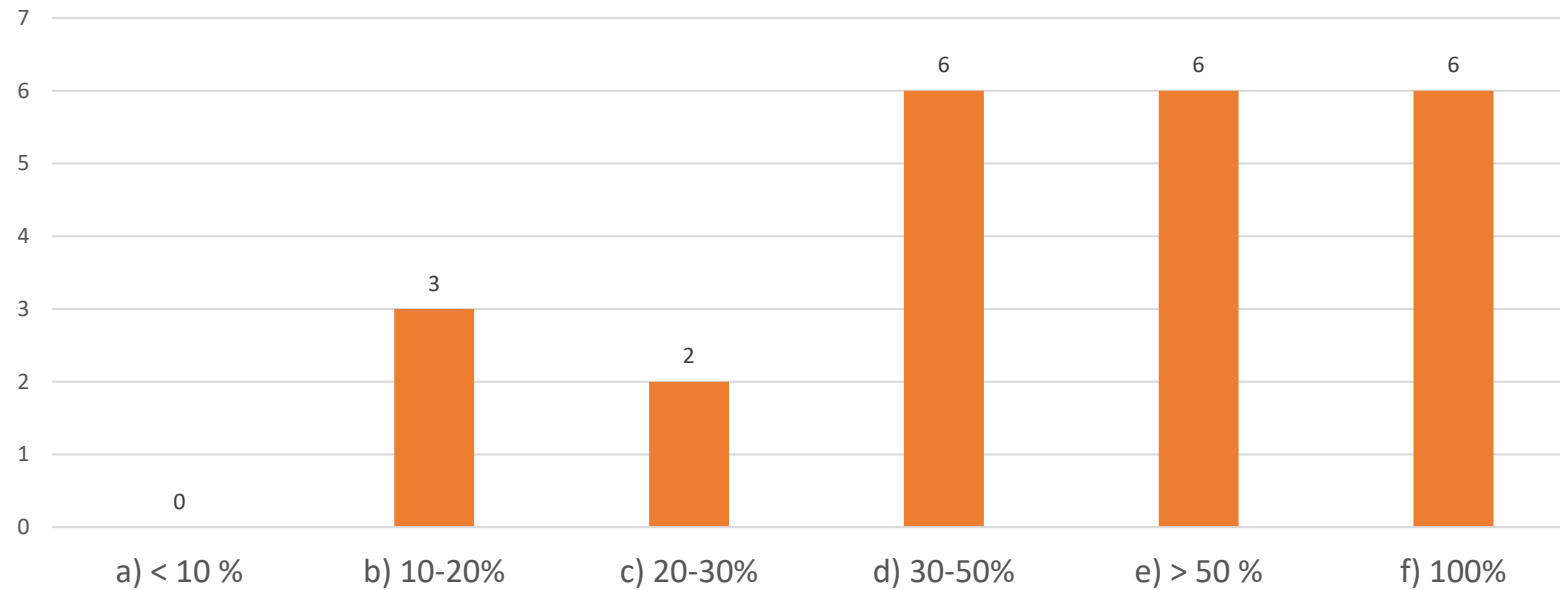
# Preliminary results from the feasibility study

- Mainly pre-data

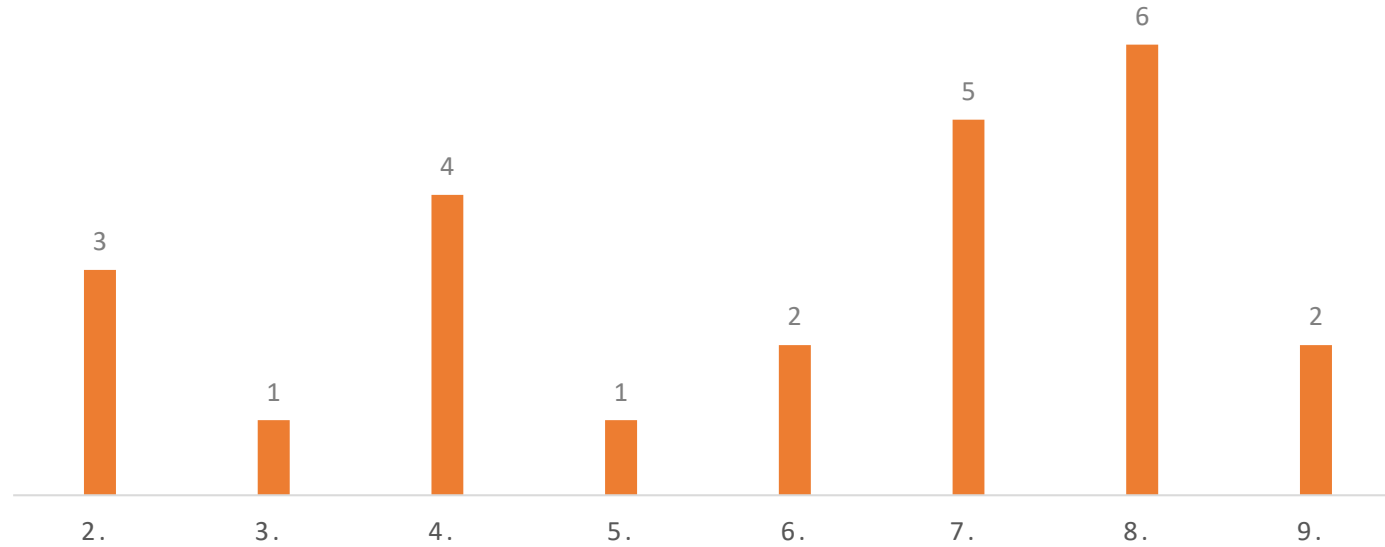
- 24 children included
- Two (8 %) dropouts
  - One after 2. session. Depression. Lack of motivation
  - One after 6. session. Autism. Lack of motivation. Wanted mainly information about autism
- Age: 12.17 (2,32), range 8-16
- Males: 50%

# School absenteeism in % the last 3 month

## Parental information



# Class distribution:



Children from 15 (out of 46) public schools from the municipality

# Characteristics of the children

	N	%
Academically behind peers	9	38
In special education class	1	4
Have changed school	8	33
School have told parents that they were worried about child	19	79

<b>Where have you previously sought help for you child:</b>		
School psychologist	15	62
Private psychologist	13	54
Physician	19	79
General practitioner	4	17
Child psychiatrist	5	21
Child psychiatric hospital	3	13
Other	3	13

	N	%
<b><i>Do your child receive treatment for psychological problems</i></b>		
Psychologist	5	20.8
Supportive contact person	1	4.2
Family treatment	5	20.8
Support in school	7	29.2
Home teacher	3	12.5

<b><i>Previously given diagnosis for psychological or developmental disorder</i></b>		
Intellectual disability	1	4.2
Specific learning disorder	2	8.3
Autism Spectrum Disorder	3	12.5
ADHD	2	8.3
Depression	1	4.2
Anxiety	8	33.3
OCD	1	4.2
Eating disorder	1	4.2

## Symptoms from the psychopathological interview

	N	%
Panic disorder	3	12.5
Separation anxiety	6	25
Social phobia	8	33.3
Specific phobia	7	29.1
Agoraphobia	7	29.1
OCD obsessive thoughts	3	12.5
OCD compulsions	2	8.3
PTSD	2	8.3
Generalized anxiety	5	20.8
Depressive symptoms – depressed mood/irritability	8	33.3
Depressive symptoms – diminished interest or pleasure	10	41.6
Depressive symptoms – fatigue or loss of energy	8	33.3
ADHD – attention deficit	4	16.7
ADHD – hyperactivity/impulsivity	1	4.2
Oppositional defiant disorder	5	20.8
Conduct disorder	1	4.2
Autism spectrum disorder	6	25

Only one child without symptoms

Pre questionnaires (SCAS and MFQ):

On average in the clinical range on anxiety and depression both for child and parent ratings



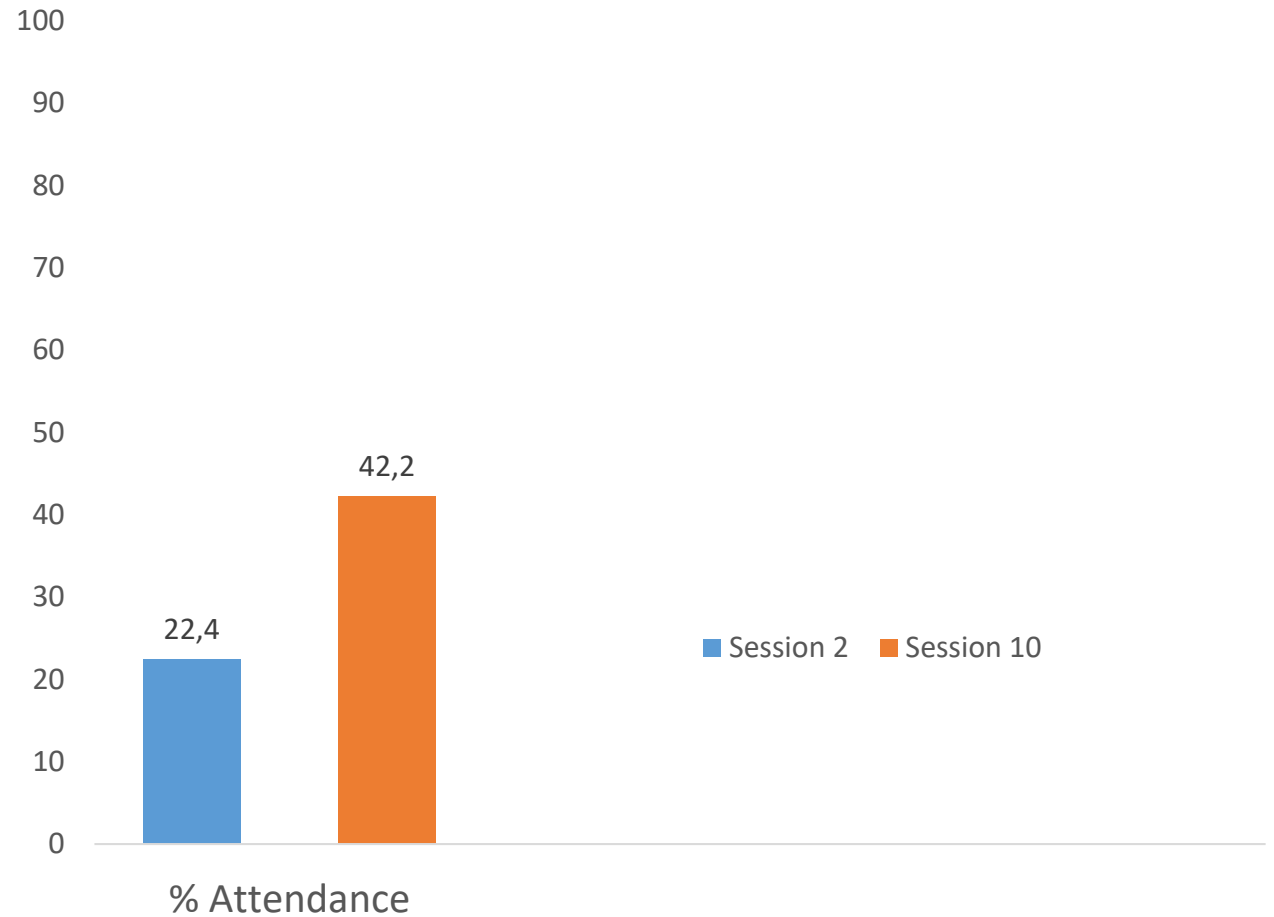
# Increase in attendance from session 2 to 9

(% attendance 5 school-days after session 1 and after session 8)

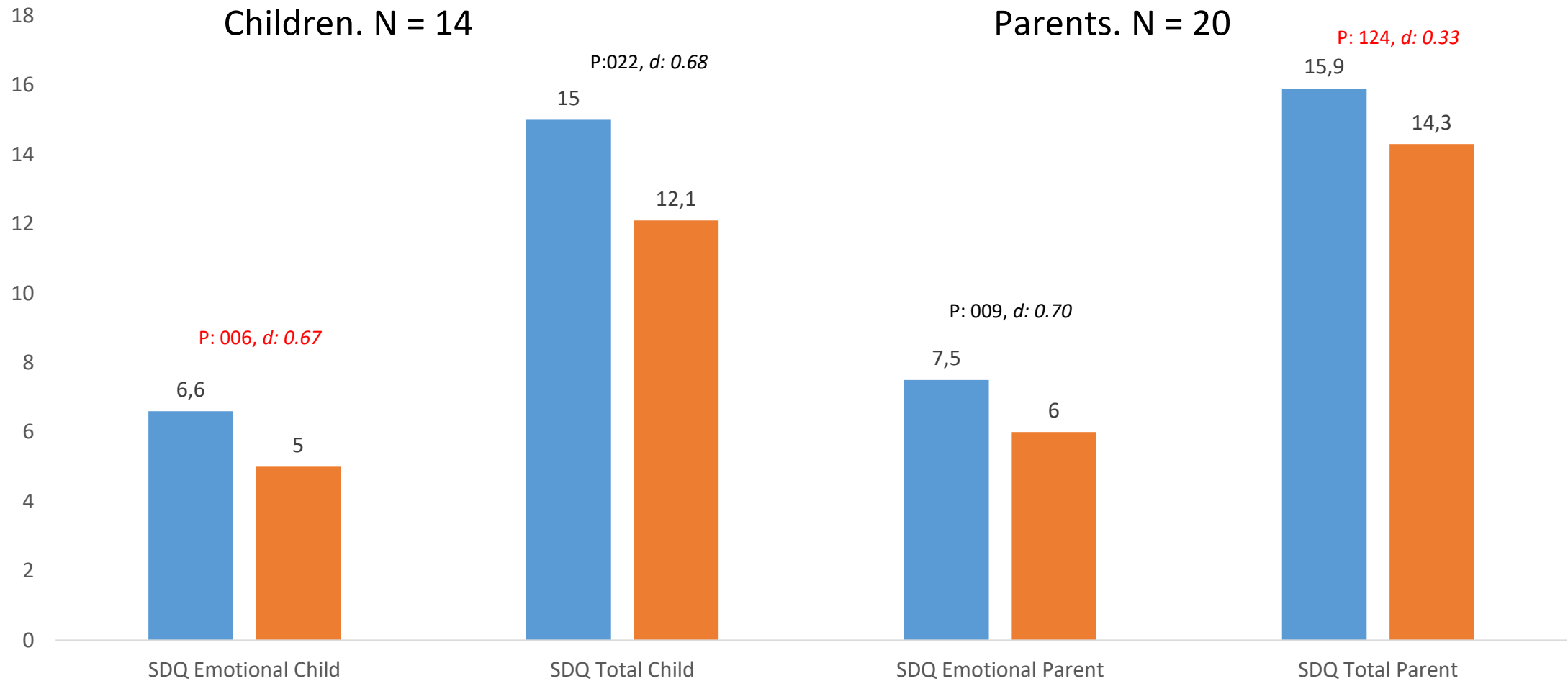
N = 15

88% increase

P = 003,  $d = 0.5$



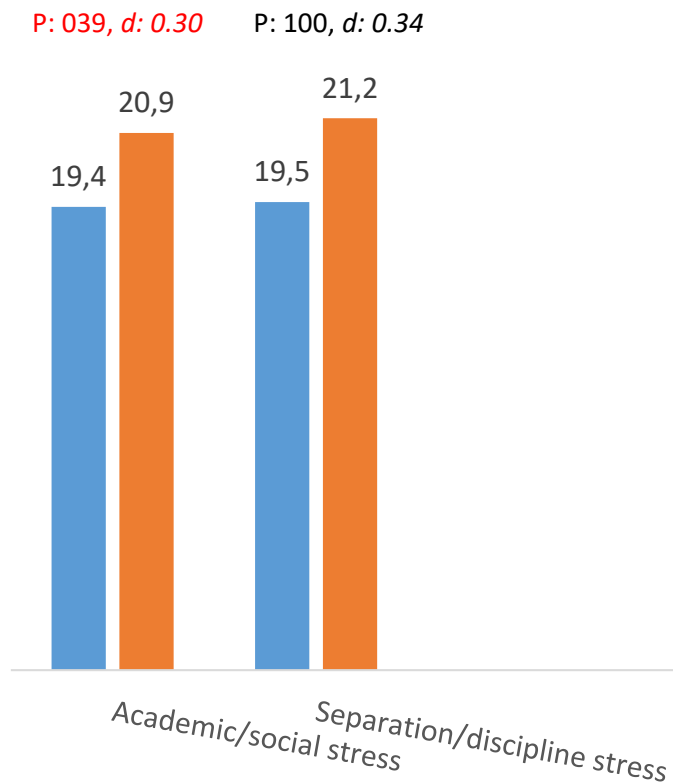
# Change in SDQ from pre to session 7



# Change in children's Self-efficacy for School Situations from pre to session 7

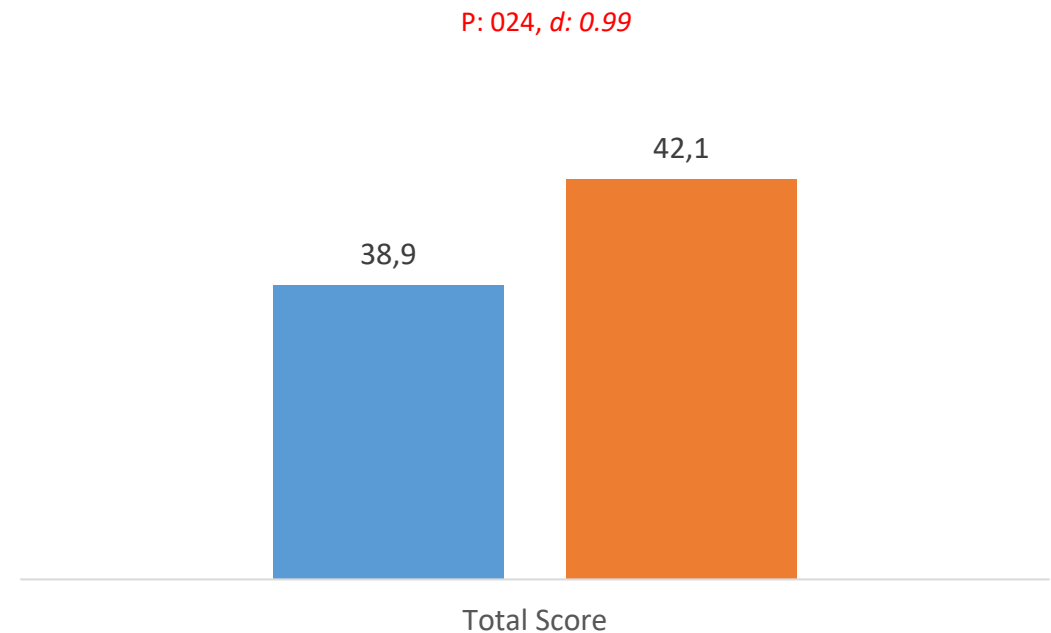
N = 14

Self-Efficacy Questionnaire for School Situations - subscales



E.g.: How sure are you that you could handle questions from others about why you've been away from school

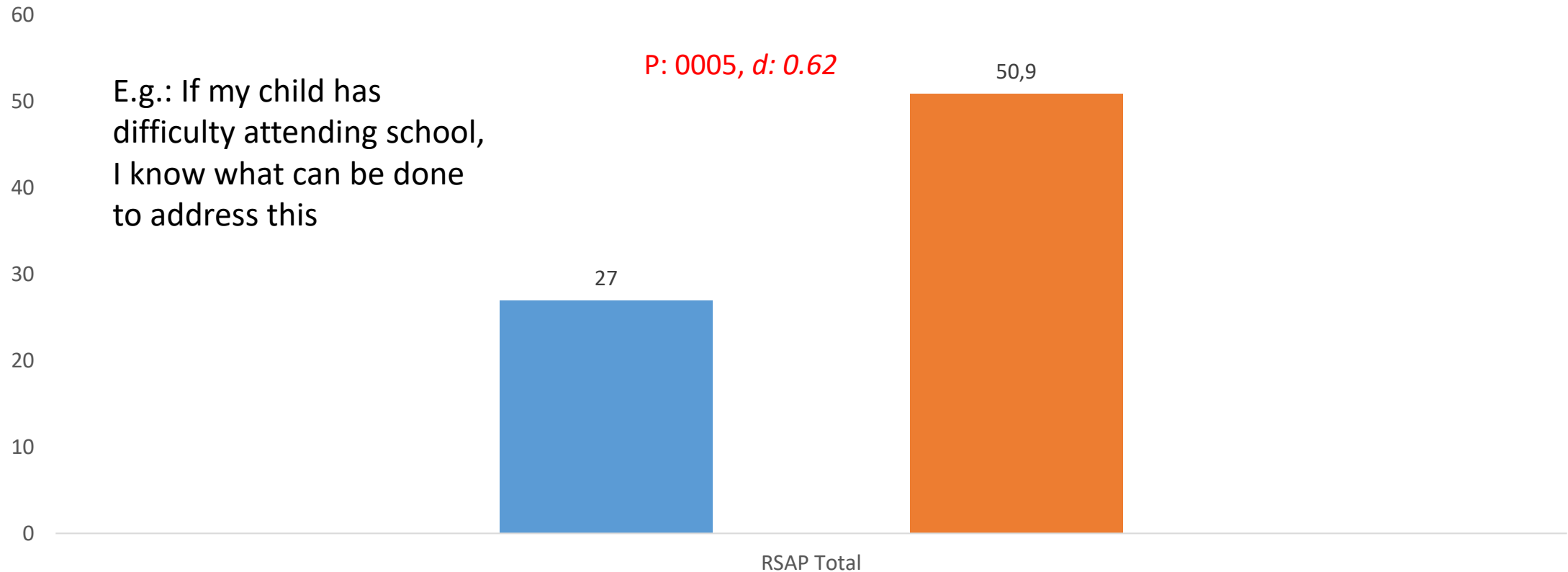
Self-Efficacy Questionnaire for School Situations - Total scale



# Change in parent's Self-Efficacy for Responding to School Attendance Problems from pre to session 7

N = 20

Self-Efficacy Questionnaire for Responding to School Attendance Problems (SEQ-RSAP)



Thank you for your attention

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