A new Intervention Program for children with problematic school absenteeism
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Funded by:
Agenda

1. Why conduct The Back2School project?
2. Back2School program
3. Back2School Study
Why Back2School?

1. Why conduct the Back2School project?
2. Back2School program
3. Back2School Study
School attendance

- School is a central arena for children to:
  - Learn and develop skills
  - Create social relations

- Absence from school is:
  - A serious and complex problem
  - May have negative short- and long-term consequences
School absenteeism

• Negative consequences
  - Academic difficulties
  - School dropout
  - Psychological problems
    - Anxiety
    - Depression
    - Behavioral problems

• Prevalence
  - Aarhus Municipality
    - 5.5% problematic school absenteeism
    - 1500 students
    - Tendency to increase with age
Absent children a diverse group

• School Absenteeism
  - Complex and broad term
  - Simple definition **absence from school**
    - Legal and illegal absence

• Other definitions:
  - Truancy (Externalizing behavior)
  - School refusal (Internalizing behavior)
  - School withdrawal
How to help a diverse group?

• Case-based and personalized

• Including evidence based treatment for:
  - Anxiety
  - Depression
  - Behavior disorders
  - Trauma
  - Bullying
  - Etc.

• Includes both children, parents and the school
With inspiration from:

Keamey: A functional approach

Heyne: Anxiety disorder and school refusal - adolescents

In collaboration with:

Pia Jeppesen: Mind My Mind
BACK 2 SCHOOL

- PSYKOLOGISK INTERVENTION TIL ELEVER MED BEKYMRENDE FRAVÆR
Cognitive Behavioral Therapy

• Effective treatment for:
  – Anxiety
  – Depression
  – Behavioral problems

• The problem of comorbidity

• Back2School
  – Integrates modules treating different psychological problems
  – Primary goal is to increase attendance
A coordinated approach

- There is no single reason causing school absence
- There may be several maintaining and precipitating factors
  - Parenting style
  - School environment
  - Ect.
- Treatment incorporates, child, parents, and the school
Treatment program

- Assessment interview
  - Clinical Interview
- Clinical conference
  - Personalize treatment
- 10 sessions
  - Psychoeducation
  - SMART goals
  - Gradual exposure
  - Adaptive design
- Booster session
  - 2-3 months after session 10
- 4 school meetings
The Back2School study

1. Why conduct The Back2School project?
2. Back2School program
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AARHUS UNIVERSITY
AARHUS KOMMUNE
Innovationsfonden
Feasibility study:
Spring 2017

Randomized Controlled Trial
Fall 2017 – 2019
**Randomized Controlled Trial**
**Fall 2017 – 2019**

**Inclusion Criteria:**
- Public school within the municipality of Aarhus.
- Understand and speak Danish
- 0-9th grade (excluding second semester of the 9th grade).
- More than 10% absenteeism

**Hypothesis**
- Back2School will be effective in increasing attendance
- Back2School will be superior to TAU

**Back2School**
- School Psychologists
- Psychology students

**Treatment As Usual**
- Help provided by Aarhus
Recruiting participants, by informing school, teachers, youths and parents

Initial screening, through web-based questionnaire

T1 Baseline Assessment

RANDOMIZATION

Not included/excluded
a) Not meeting initial inclusion criteria
b) Excluded

CBT intervention: Back2School

Treatment as usual

T2 Post-intervention assessment (5 months after allocation to treatment)

T3 Follow-up (3 months after T2)

Intervention registration
Telephone interview (T3)

T4 Follow-up (12 months after T2)
**Feasibility study:**
Spring 2017

- **Sample**
  - 24 children recruited
  - 22 children completed

- **Therapists**
  - School psychologists (Aarhus Municipality)
  - Psychologists (Aarhus University)
  - Assisted by psychology students
<table>
<thead>
<tr>
<th>Disorder</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Panic attack</td>
<td>3</td>
<td>12.5</td>
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<tr>
<td>Separation anxiety</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Social phobia</td>
<td>8</td>
<td>33.3</td>
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<tr>
<td>Specific phobia</td>
<td>7</td>
<td>29.1</td>
</tr>
<tr>
<td>Agoraphobia</td>
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<tr>
<td>OCD (compulsive thoughts)</td>
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<td>12.5</td>
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<tr>
<td>OCD (compulsive actions)</td>
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<td>8.3</td>
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<tr>
<td>PTSD</td>
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<td>Generalized anxiety</td>
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<tr>
<td>Depressive symptoms - depressive mood/irritability</td>
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<td>33.3</td>
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<td>Depressive symptoms - lower interests</td>
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<td>41.6</td>
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<tr>
<td>Depressive symptoms - tiredness and fatigue</td>
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<td>33.3</td>
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<td>ADHD - attention deficit</td>
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<td>ADHD - hyperactivity/impulsivity</td>
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<td>4.2</td>
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<td>Oppositional Defiance Disorder</td>
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<tr>
<td>Conduct Disorder</td>
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<tr>
<td>Autism Specter Disorder</td>
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<td>25</td>
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</table>
Parent reported change on SDQ

- Emotional symptoms: p<0.001, d=1.16
- Conduct problems: p<0.001, d=1.16
- Hyperactivity: p=0.008, d=0.77
- Peer relationship problems: p<0.001, d=1.06
- Prosocial behaviour: p<0.001, d=1.06
- Total: p=0.008, d=0.77
- Impact: p<0.001, d=1.06

Graph showing changes in scores before and after treatment.
Symptoms of Anxiety (SCAS)

Total: forældre rapport

p = 0.01, d = 0.53

0-10: p = 0.01, d = 0.53
10-20: p = 0.001, d = 0.66
20-30: p = 0.001, d = 0.95
30-40: p = 0.001, d = 0.96
40-50: p = 0.001, d = 0.96

10-11-2017
29-08-2017

p = 0.01, d = 0.53
Depressive symptoms (MFQ)

Total: forældre rapport

p = .01, d = 0.71
Self-efficacy (SEQ-RSAP)

p = 0.009, d = 0.82

10-11-2017 - 29-08-2017
Change in School Absence

Parent reported School Absence

- >10% Absence
- >50% Absence
- 100% Absence

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<th>PRE</th>
<th>POST</th>
<th>FOLLOW-UP</th>
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<td>&gt;10%</td>
<td>5</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>&gt;50%</td>
<td>10</td>
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<td>10</td>
</tr>
<tr>
<td>100%</td>
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<td>4</td>
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Change in School Absence

Parent reported School absence

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<th>Date</th>
<th>School Absence</th>
<th>p-value</th>
<th>d</th>
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<td>Follow-Up</td>
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10-11-2017 29-08-2017
What now?

• Over the next 2 years we will continue to help children with school absence

• In the future we hope...
  – That our program can be used by others
  – Ultimately helping more children attending school
Thank you for your attention

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