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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.

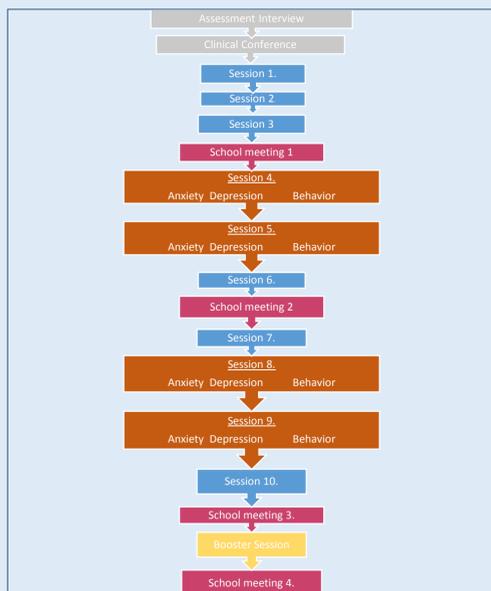
## Aim

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 manual which comprises evidence-based CBT methods organized into disorder-specific modules to target anxiety, depression, behavioral disturbances and trauma-related problems.



## 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.

## 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 0-9<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
- 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 treatment

Characteristic	%
Had previously been diagnosed with a psychiatric disorder (anxiety N=8, autism N=3, learning disorder N=2, depression N=1, ADHD N=1)	33
Academically behind peers	38
In special education class	4
Had changed school	33
School were worried about child	79
Parents had previously sought help	
School psychologist	62
Private psychologist	54
Physician	79
General practitioner	17
Child psychiatrist	21
Child psychiatric hospital	13
Other forms of help	13

## 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.

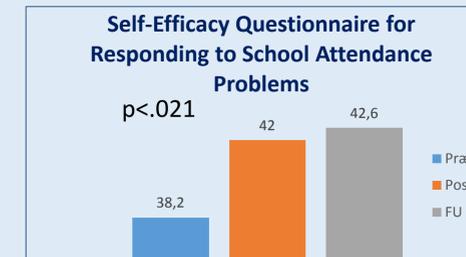
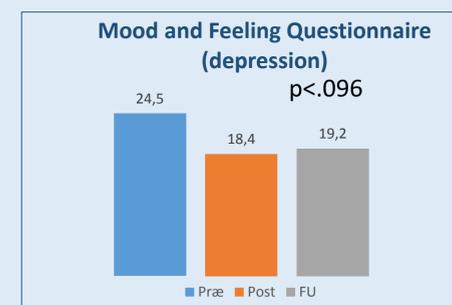
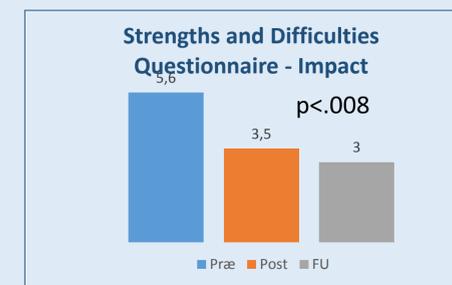
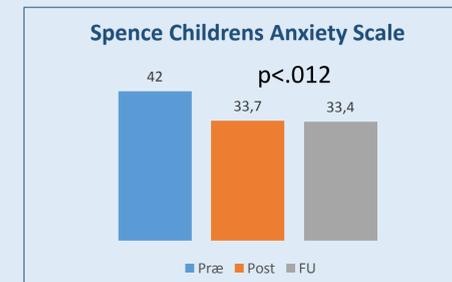
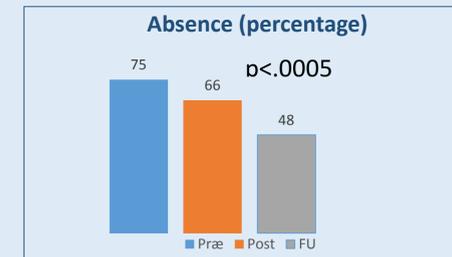
## Reduction in absence from school

Mean absence differed statistically significantly between time points ( $F = 10.91, P < 0.0005$ ).

Post hoc tests revealed statistically significant differences between pre- and follow-up absence ( $p < .002$ , Cohens  $d = 0.69$ ), and between post and follow up absence ( $p < .018$ , Cohens  $d = 0.47$ ).

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

Results are based on 19 completers – 3 had not yet finished FU assessment)



## 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