



# Treatment of School Absenteeism: 7 case studies

Mikael Thastum

Angstklinikken for Børn og Unge

Psykologisk Institut, Aarhus Universitet

# School Absenteism

Lack of consensus of definitions:

Truancy

School Absenteeism

School Refusal Behaviour

School Phobia

Anxious School Refusal

Problematic Absenteeism

School Non-Attendance

- Truancy versus school refusal:
  - Reasons for not attending school (externalizing versus internalizing) and whether absence known by parents
- Both groups:
  - Diagnostic heterogeneity. Overlap in symptoms. Concurrently present.

# School Absenteeism

- An occasion when a student misses school, regardless of reason
- Outcome the same regardless reasons for missing school.

# Prevalence of absenteeism Municipality of Aarhus

## 1. Legal

- a) Due to medical illness or other accepted causes  
(3.4 %)
- b) Absence with permission from the head master  
(1.5 %)

## 2. Illegal

- c) Due to environmental, social, psychiatric or other causes (1.1 %)

# Definition of problematic absenteeism

Municipality of Aarhus. Attention demanding school absence:

1. 11 or more periods of absence and/or
2. More than 10% school absence
3. Within the present school year

A period of absence is defined as a consecutive period of absence from school.

Prevalence: **21% (about 6400)** children in primary and lower secondary school in the municipality of Aarhus

Kearney. Problematic absence (2008):

1. Missed more than 25% of the school time during the last two weeks, or
2. Experienced severe difficulty attending classes for at least two weeks, with as significant interference of the child or family daily routine, or
3. Had more than 10 days (or 15%) absence during any period of 15 weeks in the school year.

Included in both definitions is all three categories of school absence, and no causal inference are made.

# Risk factors

- Child factors:
  - Chronic illness, emotional difficulties (externalizing or internalizing), low self-esteem, less competent social relations, learning disabilities, sleep patterns etc.
- Family factors:
  - Conflict, unhealthy family relationships, parental engagement with schooling, parental psychopathology, unemployment, ineffective discipline, poverty, single parent
- School factors:
  - Poor teaching, poor relationship with teachers, negative school environment, bullying, dissatisfaction with school
  -

# Status of research

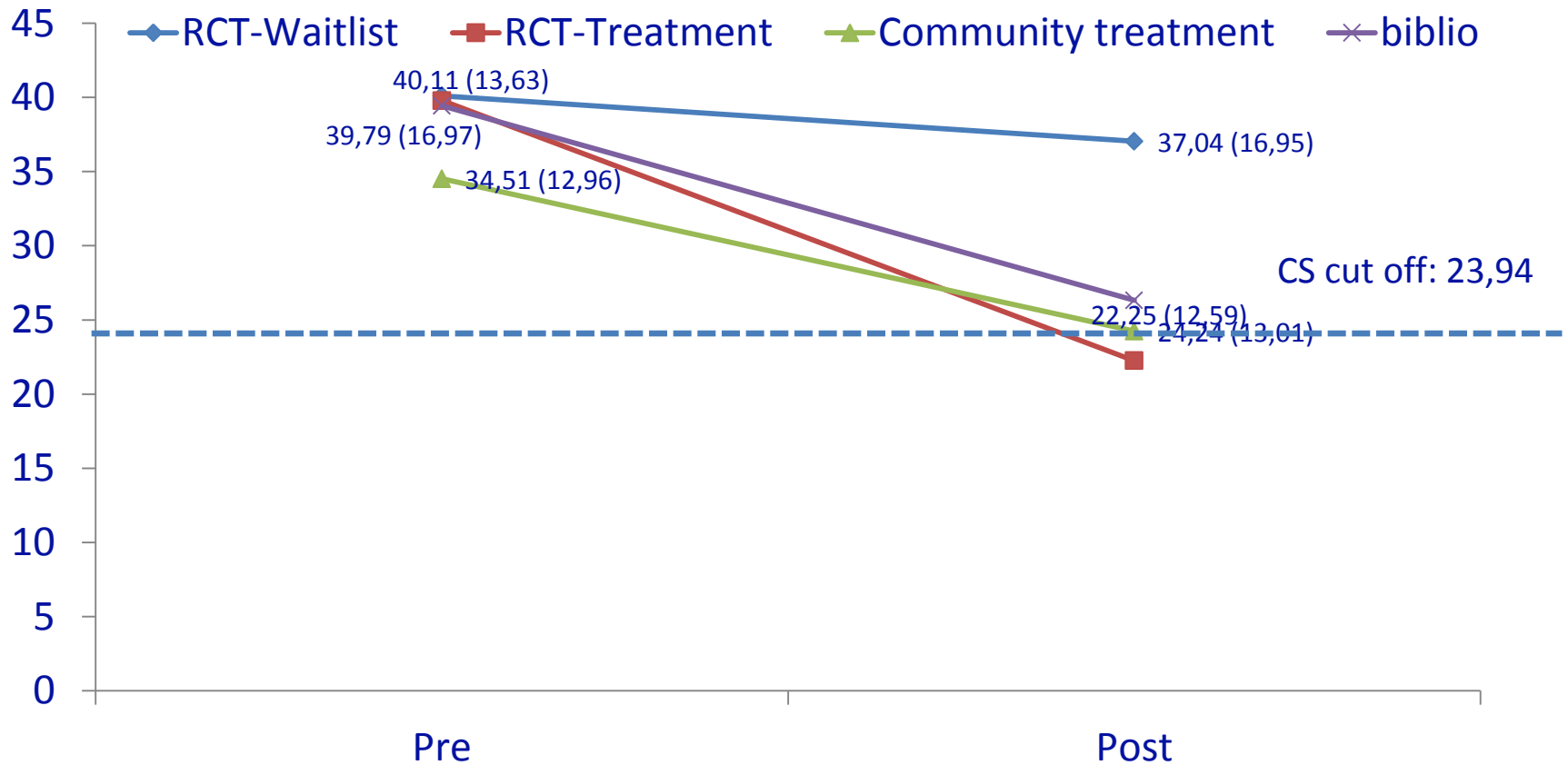
- Few (no?) large studies on risk factors of school absenteeism in younger (primary school) children.
- Few (no?) RCT's of treatment of school absenteeism in primary school children (except "disorder specific treatments" – e.g. anxiety treatment)
- The literature fails to address the many young people with non-anxiety-based School Refusal Behaviour



# This presentation

- A pilot investigation of treatment of children with severe school refusal behaviour
- Inclusion:
- 4 children on the waitlist at our Anxiety Clinic with severe school refusal behaviour and an anxiety disorder as primary diagnosis.
- 3 children from a small municipality near Aarhus with severe school refusal behaviour. We was contacted by the municipality who wanted our help with treatment of these very complicated cases. No other inclusion criteria.

# SCAS – mothers report of child



# Comparing the 4 conditions

|  | Wait-list | Efficacy | Effectiveness | Biblio |
|--|-----------|----------|---------------|--------|
| % free of primary diagnosis (ADIS – clinician)       | 5.7       | 60.4     | 46            | 33.3   |
| % free of all diagnosis (ADIS – clinician)           | 5.7       | 48.2     | 36.8          | 26.9   |
| Effect size, SCAS mother pre – post (Cohen’s d)      | 0.20      | 1.18     | 0.77          | 1.04   |
| Clinical significant change, pre – post, SCAS mother | 11.3      | 51.8     | 46*           | 24     |

\* Only mothers ratings – childrens and fathers lower – comparable to Biblio

# Measures

(For this presentation)

- Structured Diagnostic Interview:
  - The Anxiety Disorders Interview Schedule for DSM-IV (Albano & Silverman, 1996)
- Self-Report Measures (parents and children):
  - Strengths and Difficulties Questionnaire (Goodman, R. & Scott, S., 1999)
  - The School Refusal Assessment Scale – Revised (Kearney 2002)
- Daily registration of school absence

# The School Refusal Assessment Scale

- Based on a functional model of School Refusal Behaviour.
- Stipulates that youth generally refuse school for one or more of the following reasons:
  1. To avoid school related stimuli that provoke negative affectivity
    - How often do you stay away from school because you would feel sad or depressed to go?
  2. To escape from aversive social and/or evaluative situation at school
    - How often do you stay away from school because it is hard to speak with the other kids at school?
  3. To pursue attention from significant others
    - How often do you feel you would rather be with your parents than go to school?
  4. To pursue tangible reinforcement outside the school setting
    - How often do you refuse to go to school because you have fun outside of school?

1 and 2: negative reinforcement

2 and 3: positive reinforcement

# Method

- The 4 wait list children (with an anxiety disorder):
  - CBT with focus on anxiety treatment – psychoeducation, cognitive restructuring – exposure – parent management.
  - Parents participating in treatment.
  - Meetings/collaboration with the teachers and other professionals.
  - 10 sessions +

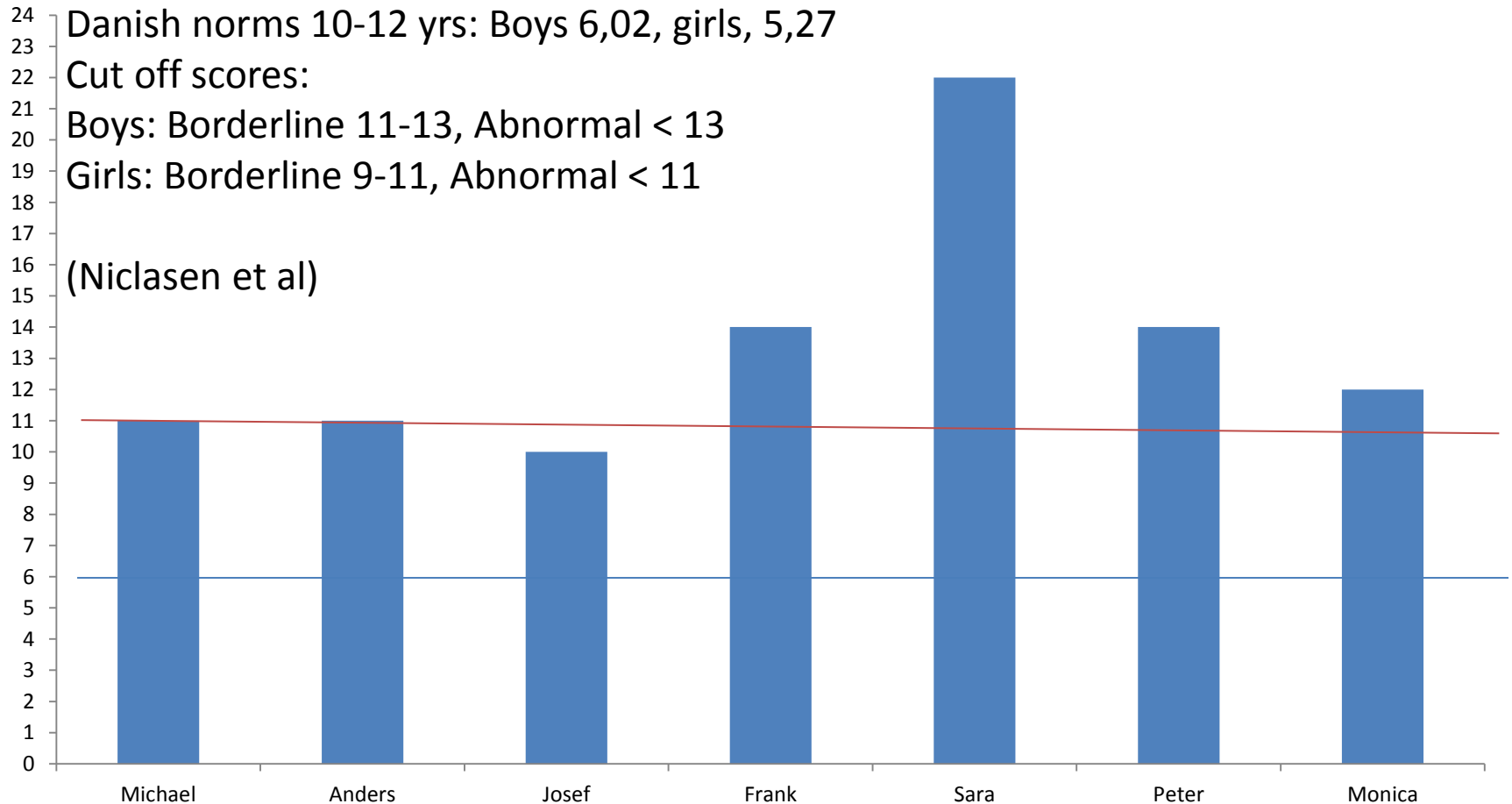
# Method

- The 3 children from the municipality:
  - Developed a handbook to the family for the first 4 sessions: Psychoeducation on school refusal – exposure techniques – privileges – relaps prevention.
  - Individualised treatment: CBT - parent management training.
  - Collaboration with school and the social service department.
  - Home visits
  - Inspired by Kearney: When Children Refuse School - Therapist Guide.
  - Aim of treatment: Normal school attendance
  - 10 sessions +

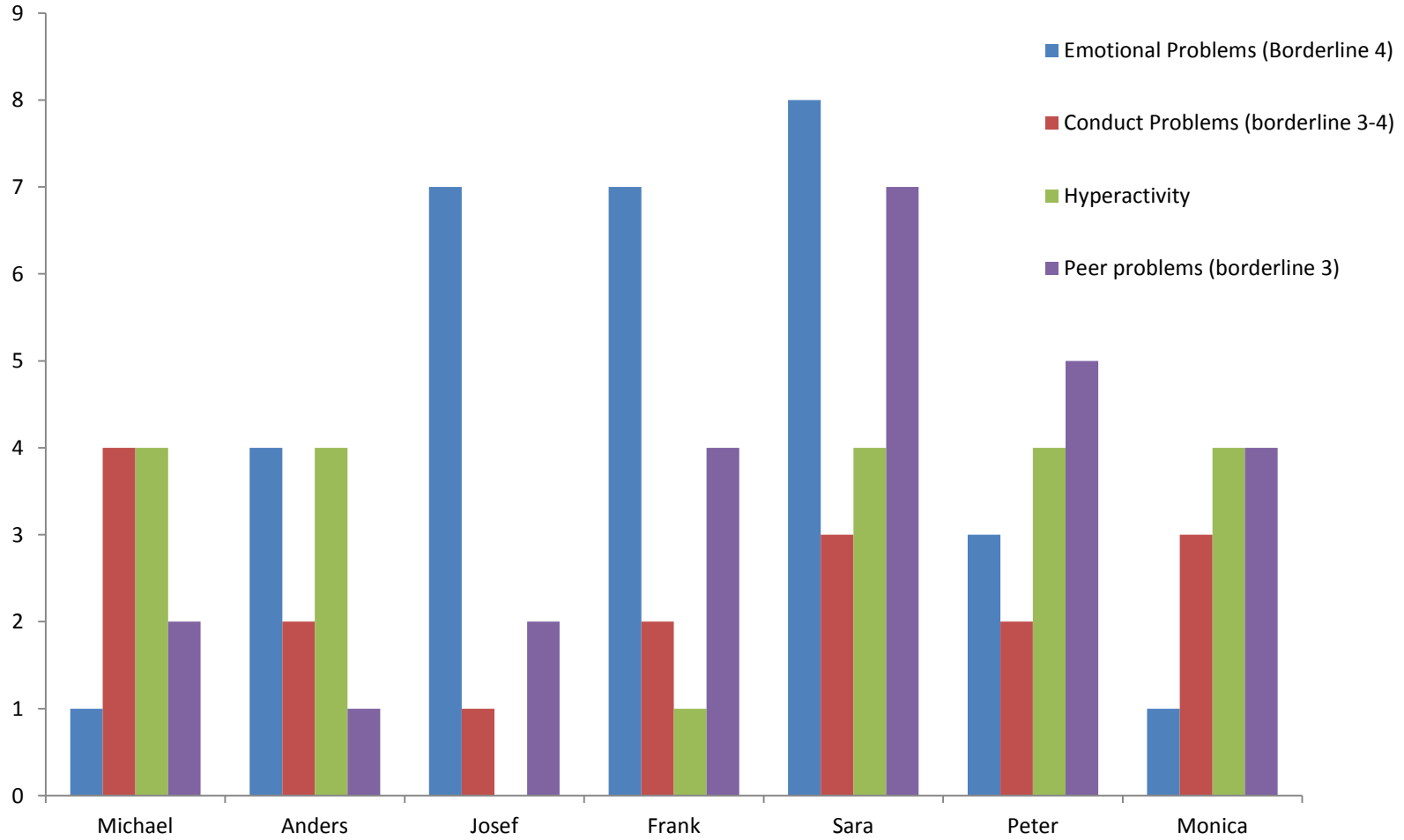
|         | Age | Diagnosis                                | Previously absenteeism                             | Parental psychopatology etc   |
|---------|-----|--|--|---|
| Michael | 14  | Social Phobia                            | 100 % for 6 month.                                 | -   |
| Anders  | 11  | Generalized Anxiety, Social Phobia       | 90-100 % for 6 month.                              | Father: Stress<br>Genetic disposition in family   |
| Jacob   | 14  | Generalized Anxiety, Panic anxiety       | 100 % for 3 month.                                 | Mother: Depression  |
| Frank   | 12  | Social phobia                            | 50 % for 1½ year.                                  | Genetic disposition in family   |
| Sara    | 11  | (Separation anxiety),<br>Specific phobia | 80 % for 6 month.<br>Problems since school start.  | Mother: Anxiety, depression, borderline, ADHD.<br>Father: Have been in prison                     |
| Peter   | 11  | –  | 90 % for 6 month.<br>Problems since school start.  | Mother: Anxiety in childhood<br>Father: Drink problems<br>Older brother: Permanent school refusal |
| Monica  | 12  | –  | 40 % for 12 month.<br>Problems since school start. | –   |



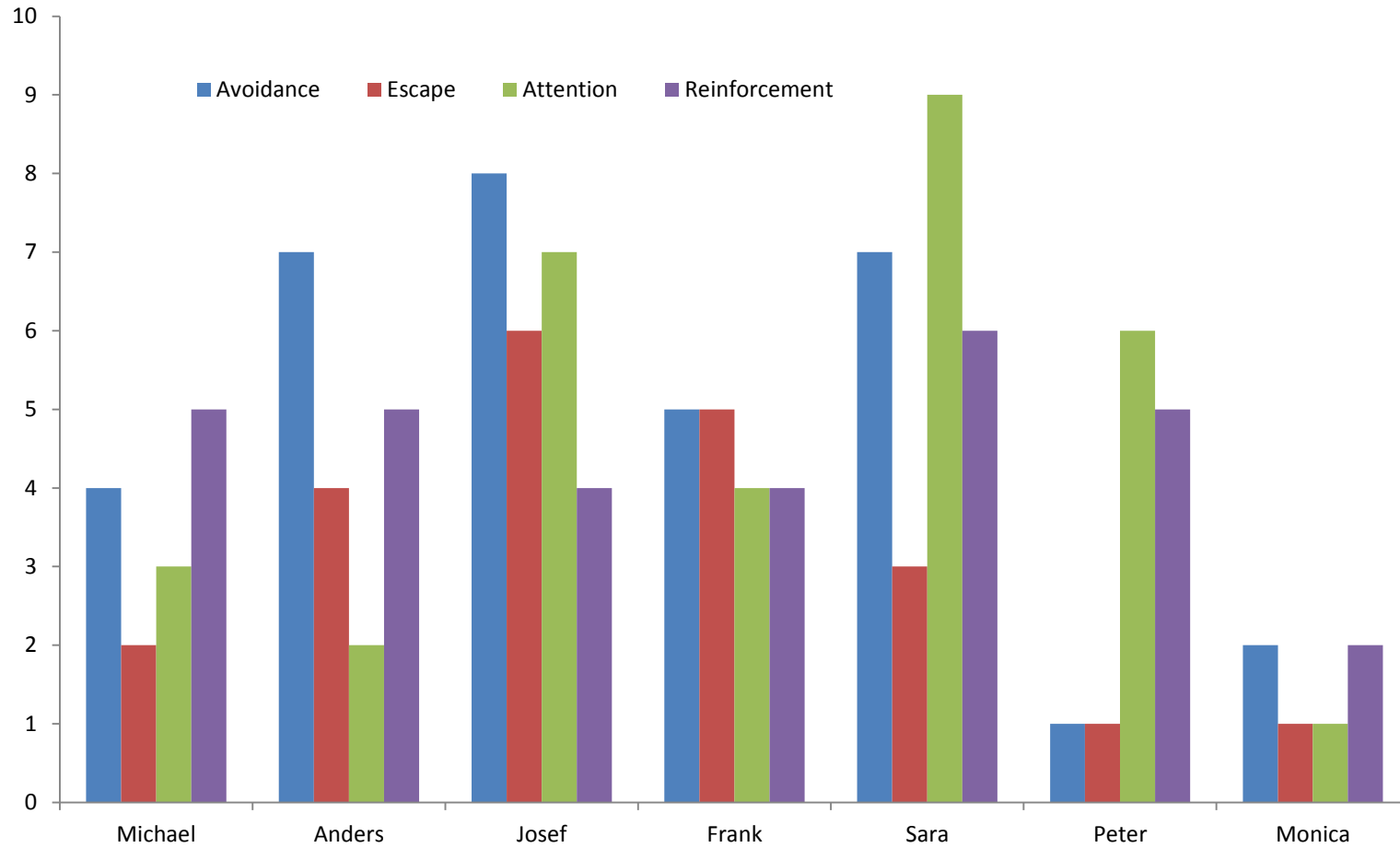
# SDQ Total difficulties



# SDQ Subscales



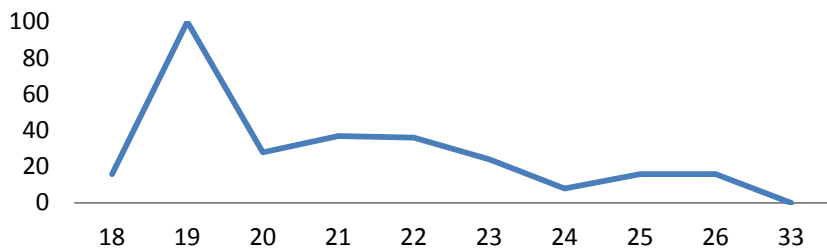
# School Refusal Assessment Scale



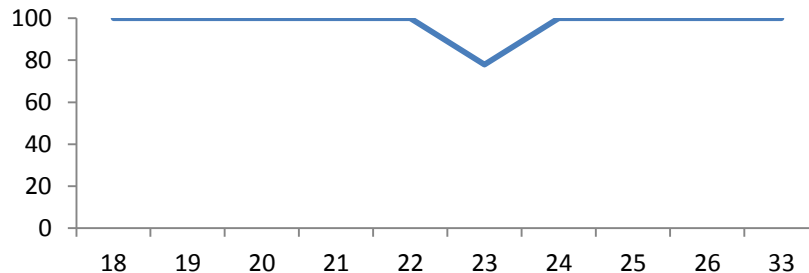
# Total school absence (both legal and illegal) in percentage per week.

(Week 13-17 school closed due to lockdown)

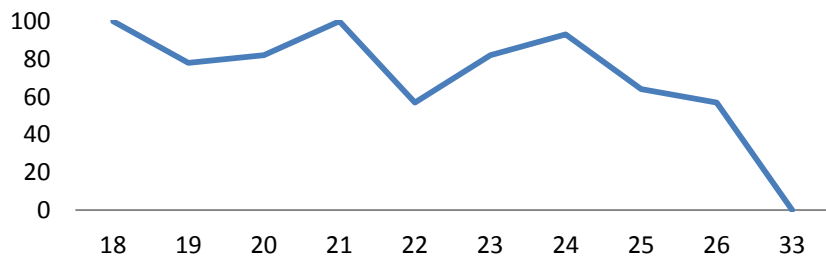
**Anders. Baseline 90 %**



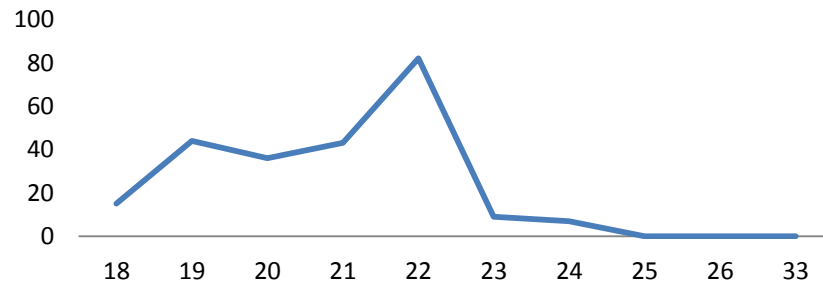
**Michael. Baseline 100 %**



**Josef. Baseline 100 %**



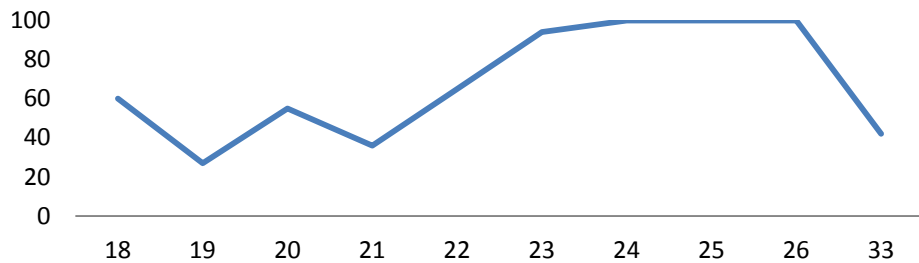
**Frank. Baseline 50 %**



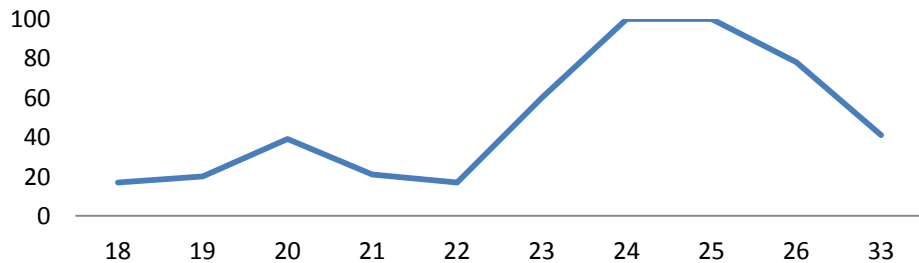
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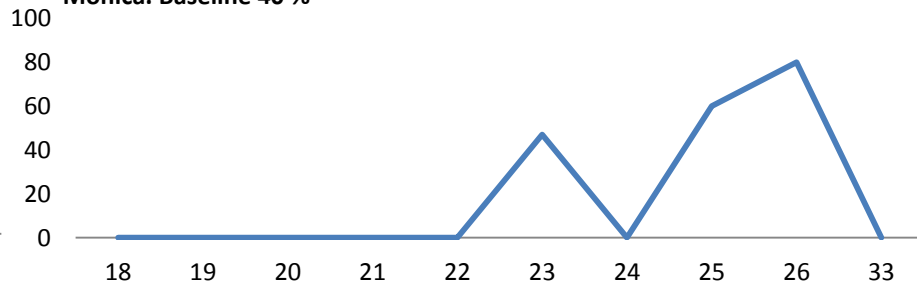
**Peter. Baseline 90 %**

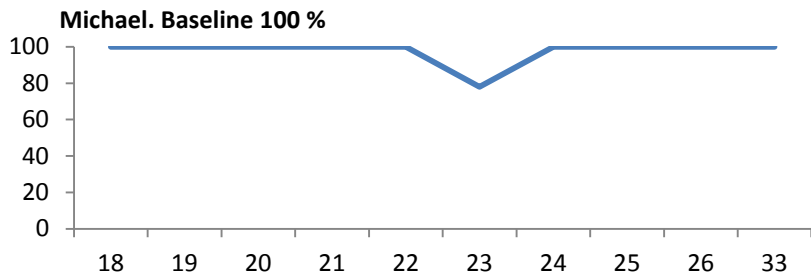


**Sara. Baseline 80 %**



**Monica. Baseline 40 %**

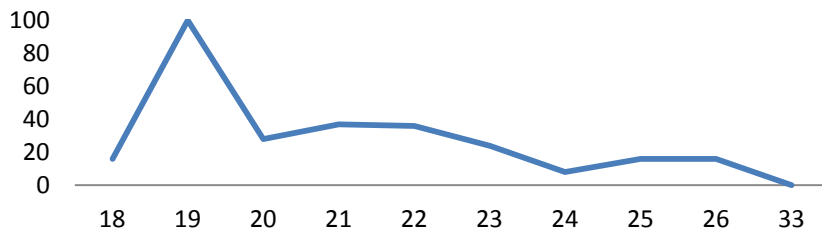




SRAS: Reinforcement – Avoidance  
 SDQ borderline: Total and Conduct  
 Social Phobia

- 15 sessions
  - 9 homevisits, 4 at clinic (without M), 2 network meetings.
  - Treatment continues
- Normal school attendance until January
- Embarrassed about going back to school
- Single mother - very permissive
- Treatment:
  - Teachers come to home (difficult in the beginning).
  - No PC at school hours – no rewards for being home.
  - Realistic thinking and exposure (stepladder) (bus – seeing friends – shopping – being at the school after school hours).
  - Rewards
  - Mothers parenting practice
  - Progress after summer holiday – contact person – more intensive exposure
- CBT anxiety treatment – working with professional network

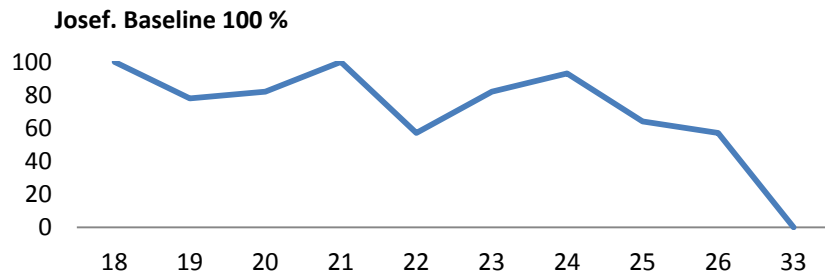
Anders. Baseline 90 %



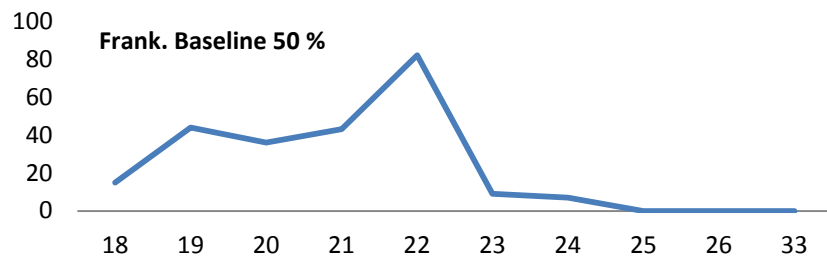
SRAS: Avoidance - Reinforcement  
SDQ borderline: Total and Emotion  
Generalized Anxiety, Social Phobia

- 13 sessions
  - 1 homevisit, 11 at clinic, 1 network meeting.
  - Treatment continues (3 sessions after summer holiday)
- About 50 % absence the last 1½ year . Increasing to 90 % the last 4 month.
- Divorce – conflict between parents - shy temperament.
- Treatment:
  - At school lockout: working with Cool Kids manual – homework (realistic thinking - exposure – rewards – parent management)
  - Started part time at school after lockout. Stepladder: doing a presentation in class – visiting friends. Worry-surfing (when afraid of being to late). Social skills training. Parent management
- CBT anxiety treatment – working with professional network

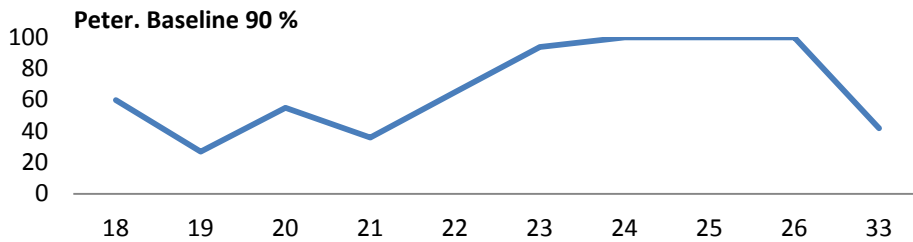
SRAS: Avoidance - Reinforcement  
SDQ abnormal: Total, Emotion,  
Peer problems





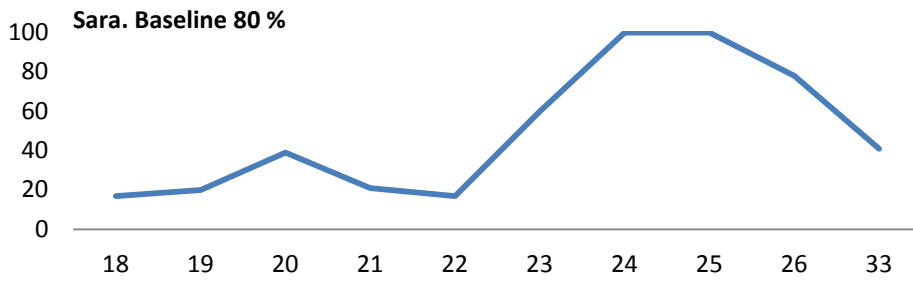


SRAS: Avoidance - Attention  
SDQ abnormal: Emotion

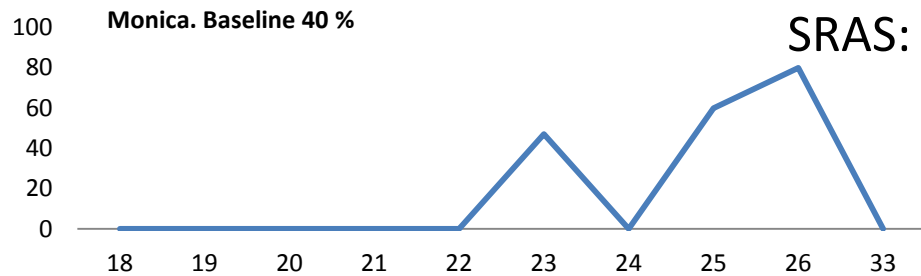


## SRAS: Attention - Reinforcement SDQ abnormal: Total, Peer Problems

- 14 sessions – 3 cancelled
  - 2 homevisit, 7 at clinic, 2 network meeting (without family), 5 telephone/SMS
  - Treatment continues
- Much absence the last several years . Increasing to 90 % the last 5 month.
- Older brother total school refusal for several years. Go to sleep 5 in the morning – plays PC – reinforcement for staying home - very much behind in school – mother have to drive P to school - father alcohol problems – mother at home – economic problems – in conflict with social service department.
- Treatment:
  - Not able to work with Peter – but he comes with mother. Change sleeping pattern. Rewards for school attendance. Help mother to insist on contract. Mobilizing father. Money for petrol.
  - Mother gets ill 3 weeks – Peter gets ill after summer holiday
- Parent management training – working with professional network



SRAS: Attention - Avoidance  
SDQ abnormal: Total, Emotional,  
Peer Problems



SRAS: Avoidance- Reinforcement (but low).  
SDQ borderline: Total, Peer Problems

# Our preliminary experiences with treatment of children with severe school absence

- Reasonable good result for children with anxiety problems – family CBT for anxiety disorders seem to help. Time consuming. Collaboration with school etc.
- But need to develop methods to treat the many children with non-anxiety-based School Refusal Behaviour.