

Therapeutic approaches with „difficult to help“ youths experiencing chronic absence

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LVR-Clinic Essen



- Outpatient unit for the treatment of school absenteeism
- Inpatient and daycare unit for adolescents with school absenteeism

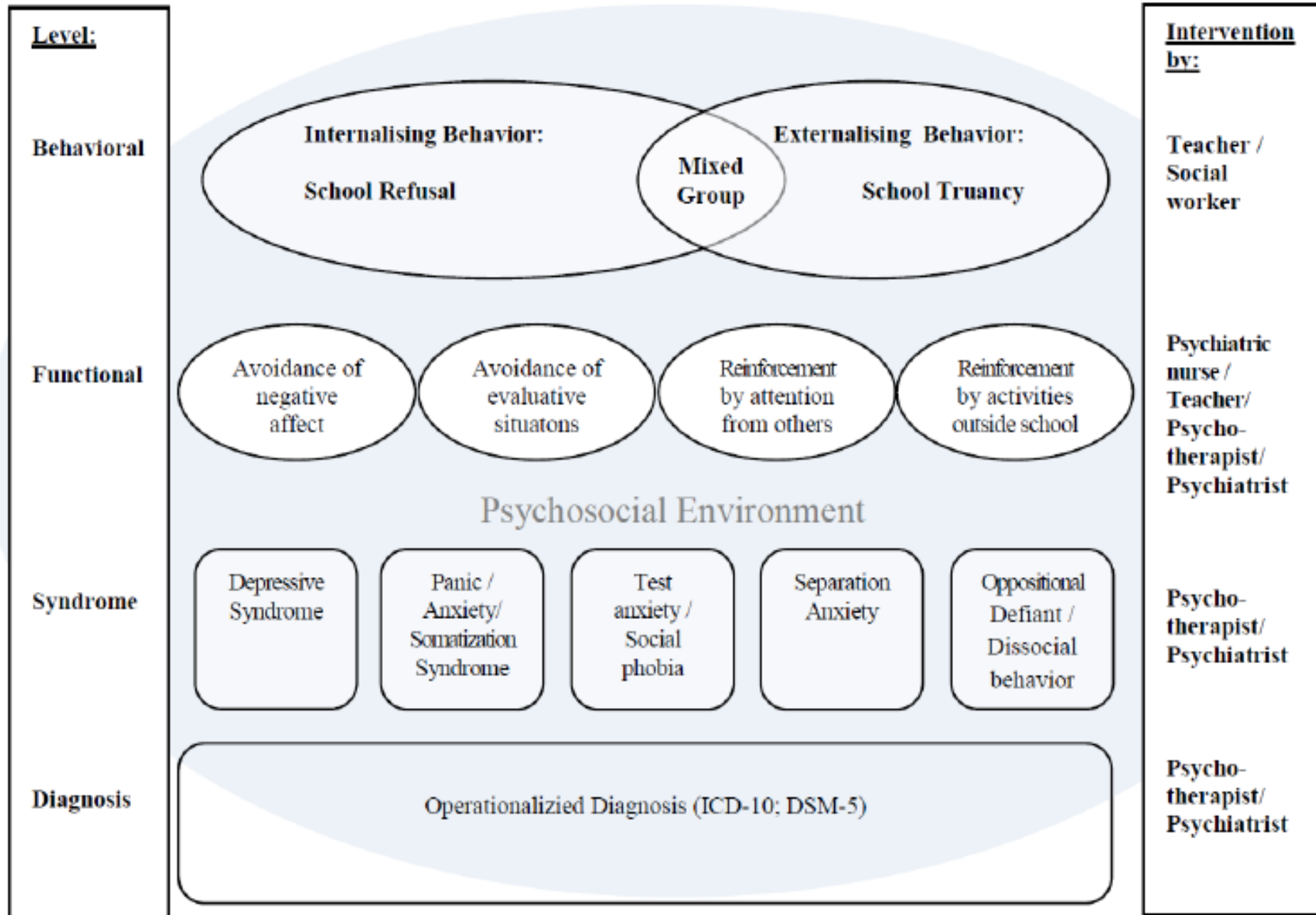


Overview

1. Characteristics of chronic and severe absenteeism
2. Assessment
3. Course, outcome, and predictors of chronic and severe absenteeism
4. Interventions for “therapy avoidance”
5. Conclusion and perspectives

1. Characteristics of chronic and severe absenteeism

Multilevel model of school avoidance



(Reissner & Knollmann, 2015)

Intensity and duration of absenteeism

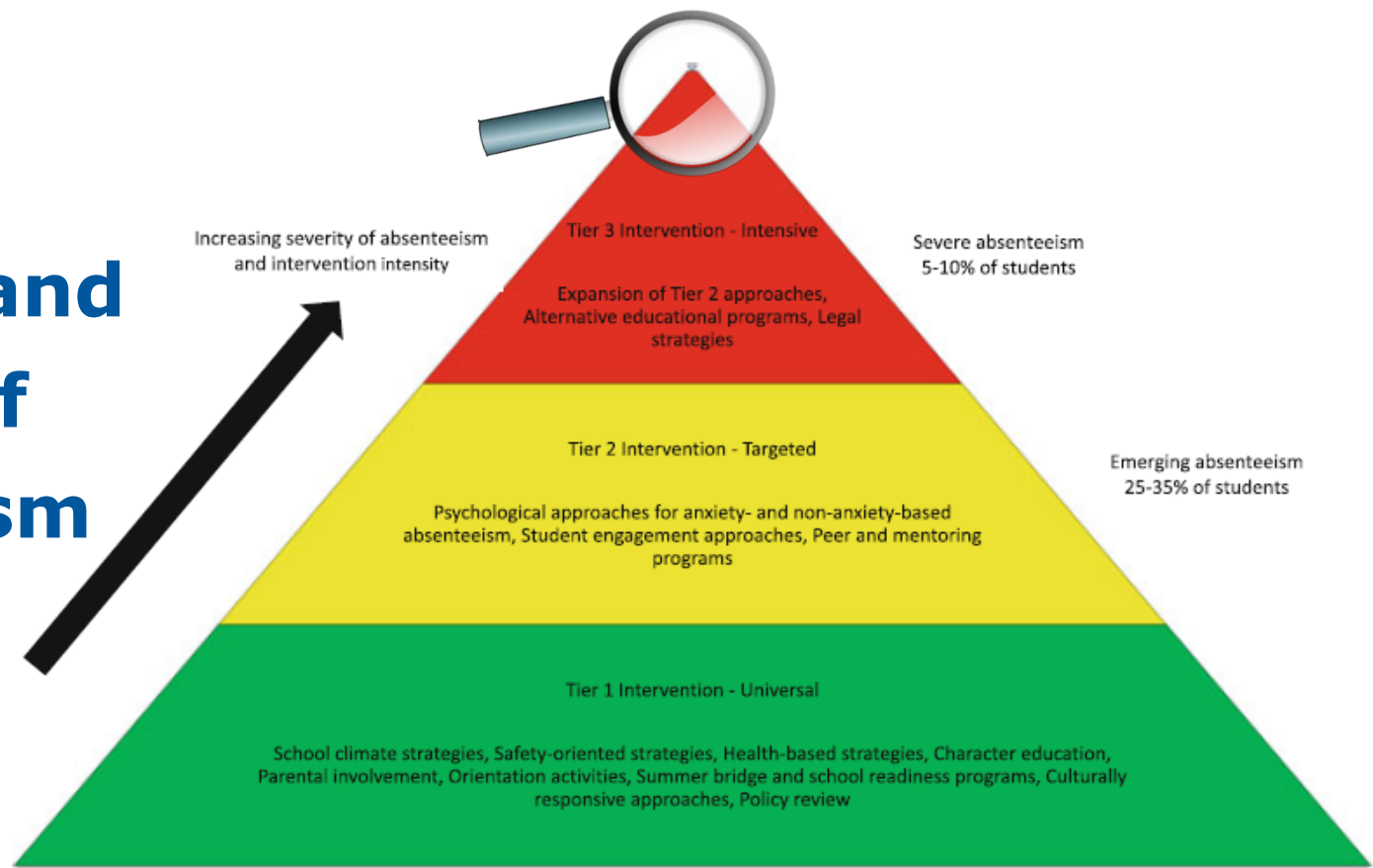
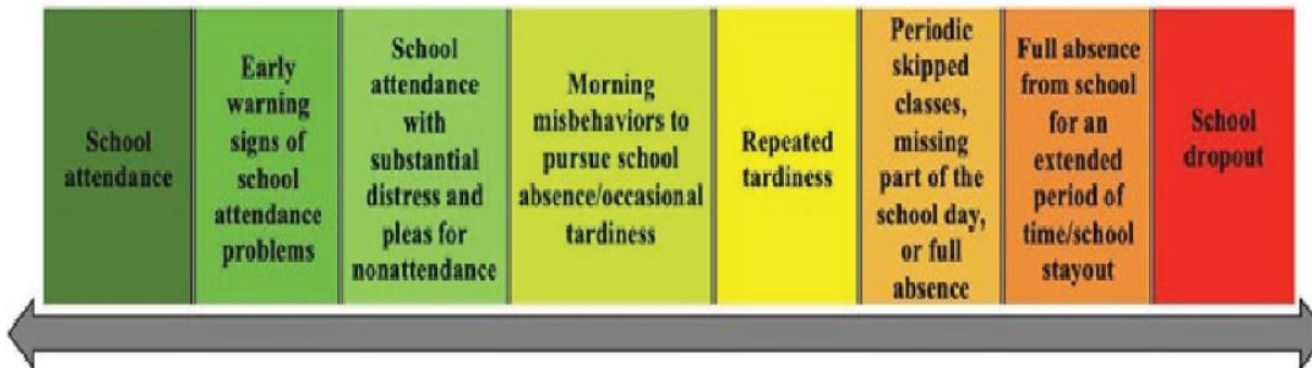


Fig. 1 A Response to Intervention model for problematic school absenteeism



Psychiatric disorders associated with severe and chronic absenteeism

- Prevalence: Peak of school absenteeism in adolescence
- Common diagnoses: Social phobia, Depression (internalizing), conduct/oppositional disorder (externalizing)
- High rates of comorbid disorders
- Many cases with both internalizing and externalizing symptoms (“mixed group”; Egger et al., 2003; Knollmann et al., 2013)
- “A startling 88% of mixed school refusers had at least one DSM-IV disorder (...)” (Egger et al., 2003)

Psychosocial functioning

- Complete school absenteeism for months/years

School refusal:

- Total social withdrawal from peers (& family)
- Sleep-wake inversion
- Internet/media consumption typically > 10h/day
- Rarely leaves the house at all

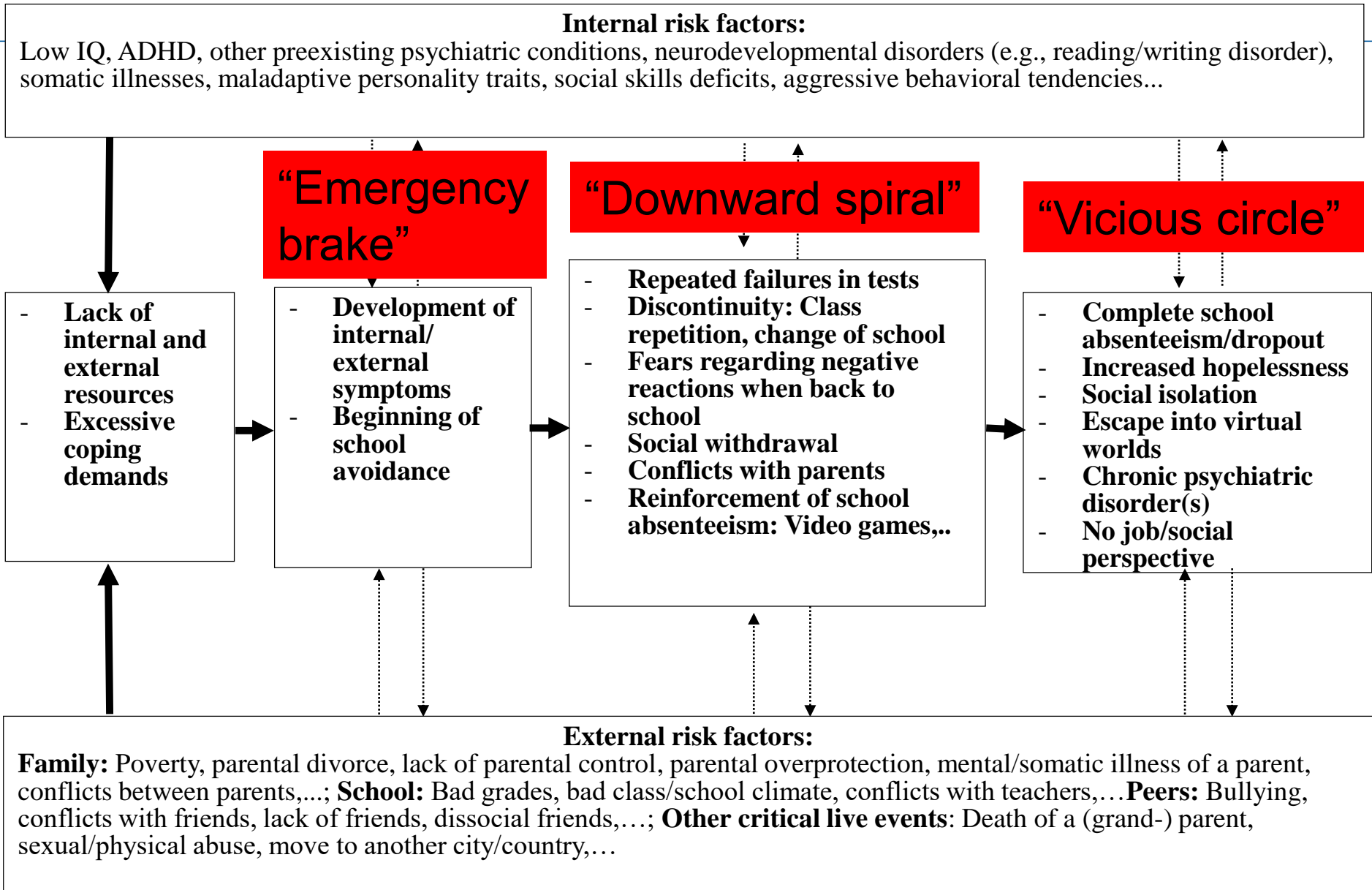
Truancy:

- Spends most of the time outside with friends
- Engaged in dissocial activities, drug abuse, ...
- Massive oppositional behaviors at home

Risk factors for chronic and severe school absenteeism

- Accumulation of individual and contextual risk factors (Ingul et al., 2019)
- “Attendees were less affected by negative personality traits, total number of risk factors, [...] and family problems.” (Ingul & Nordahl, 2013)
- “Half [of the mixed group] lived in poverty, 40% had an unemployed parent, 40% had moved more than four times [...], a third had inadequate parental supervision, a quarter witnessed violent arguments between parents, and three quarters had a parent [with] a mental illness.” (Egger et al., 2003)

Development of chronic absenteeism



2. Assessment

Diagnostic considerations for chronic and severe school absenteeism

- Mostly very heterogeneous clinical presentation with diverse internalizing and externalizing symptoms
- A broad spectrum of risk factors is typically associated with severe and chronic absenteeism (e.g., bullying, family problems,...)
- Reported problems and symptoms may have a very different impact on absenteeism → identification of the most important reasons for absenteeism

Inventory of School Attendance Problems (ISAP)

- Comprehensive assessment of symptoms prior to or at school
- Integration of risk factors (family, school, peers)
- Integrated but yet independent assessment of the functional impact of these symptoms and risk factors on school attendance

Before or in school/school time...	Applies to me				That's why I miss school/attending school is hard for me			
	Never	Some-times	Often	Most of the times	Never	Some-times	Often	Most of the times
...I feel sad.	0	1	2	3	0	1	2	3
...I'm afraid that I might have to say something in front of the whole class.	0	1	2	3	0	1	2	3
...I feel unhappy because I only have a few friends at school.	0	1	2	3	0	1	2	3

Validation studies

Initial validation:

- N = 245 patients with school absenteeism; 48 items, 13 factors/scales, all scales $\alpha \geq .75$
- Associations with YSR, SRAS, and absenteeism

Replication study:

- N=234 students with school absenteeism, most scales replicated, all scales $\alpha \geq .77$, associations replicated
- Substantial association ($r=.46$, $p<.001$) between „Overall Difficulties on School Days“ and absenteeism

Parent version:

- N=296 parents; all scales replicated, 49 items, good reliability, but no associations with absenteeism

Scales of the ISAP (1)

- **Social Anxiety** (6 items, $\alpha = .86$; "...I am afraid to say something when other students are around.");
- **Depression** (6 items, $\alpha = .86$; "...I am sad.")
- **Performance Anxiety** (6 items, $\alpha = .86$; "...I am afraid of exams.)
- **Agoraphobia/Panic** (4 items, $\alpha = .75$; "...I'm afraid of not being able to leave the classroom when I feel bad.")
- **Separation Anxiety** (4 items, $\alpha = .85$; "...I miss my parents.")
- **Somatic Complaints** (3 items, $\alpha = .82$; "...I feel sick.")
- **School Aversion/Attractive Alternatives** (4 items, $\alpha = .81$; "...I just don't feel like going to school")

Scales of the ISAP (2)

- **Aggression** (3 items, $\alpha = .88$; "...I get aggressive quickly.")
- **Dislike of Specific School** (3 items, $\alpha = .85$; "...I don't like my school.")
- **Problems with Teachers** (3 items, $\alpha = .81$; "...I feel pressured by my teachers.")
- **Problems with Peers** (4 items, $\alpha = .83$; "...I feel excluded by my classmates.")
- **Problems with Parents** (3 items, $\alpha = .85$; "...I feel rejected by my parents.")
- **Problems within the Family** (3 items, $\alpha = .88$; "...I feel bad because of the problems in my family.")

Interpretation of the ISAP

- Scores are calculated automatically and displayed on the last page
- Separate scores for „presence of a symptom“ and „functional impact on school attendance“

Füllen Sie bitte das folgende Formular aus. Klicken Sie abschließend auf Formular senden, um das ausgefüllte Formular zurückzusenden. Sie können in dieses Formular eingegebene Daten speichern. Vorhandene Felder markieren

to 5) in the right column: 0,0 to 1,0: low impact, 1,1 to 2,0: medium impact, 2,1 to 3,0: high impact on attendance.

ISAP Scale:	Symptom Score:	Impact Score:
Depression (Item 1+8+35+41+45+48/6; P>84: 2,0):	2,17	0,67
Social Phobia (Item 9+12+24+32+47/5; P>84: 2,0):	0,80	0,00
Separation Anxiety (Item 6+25+27+38/4; P>84: 1,0):	0,00	0,00
Performance Anxiety (Item 28+29+44/3; P>84: 2,25):	1,00	0,00
Agoraphobia/Panic (Item 7+19+33+46/4; P>84: 0,91):	0,00	0,00
Somatic Complaints (Item 16+17+36/3; P>84: 2,2):	0,33	0,00
School Aversion (Item 2+15+18+21/4; P>84: 1,75):	1,75	0,00
Aggression (Item 4+16+37/3; P>84: 2,0):	0,33	0,00
Problems with Peers (Item 3+22+23+26/4; P>84: 1,5):	2,50	2,75
Problems with Teachers (Item 5+11+42/3; P>84: 1,25):	2,33	2,67
Dislike of Specific School (Item 14+30+39/3; P>84: 2,3):	2,33	2,33
Problems within the Family (Item 31+34+43/3; P>84: 1,2):	0,00	0,00
Problems with Parents (Item 13+20+40/3; P>84: 1,0):	0,00	0,00

3. Course, outcome, and predictors of chronic and severe absenteeism

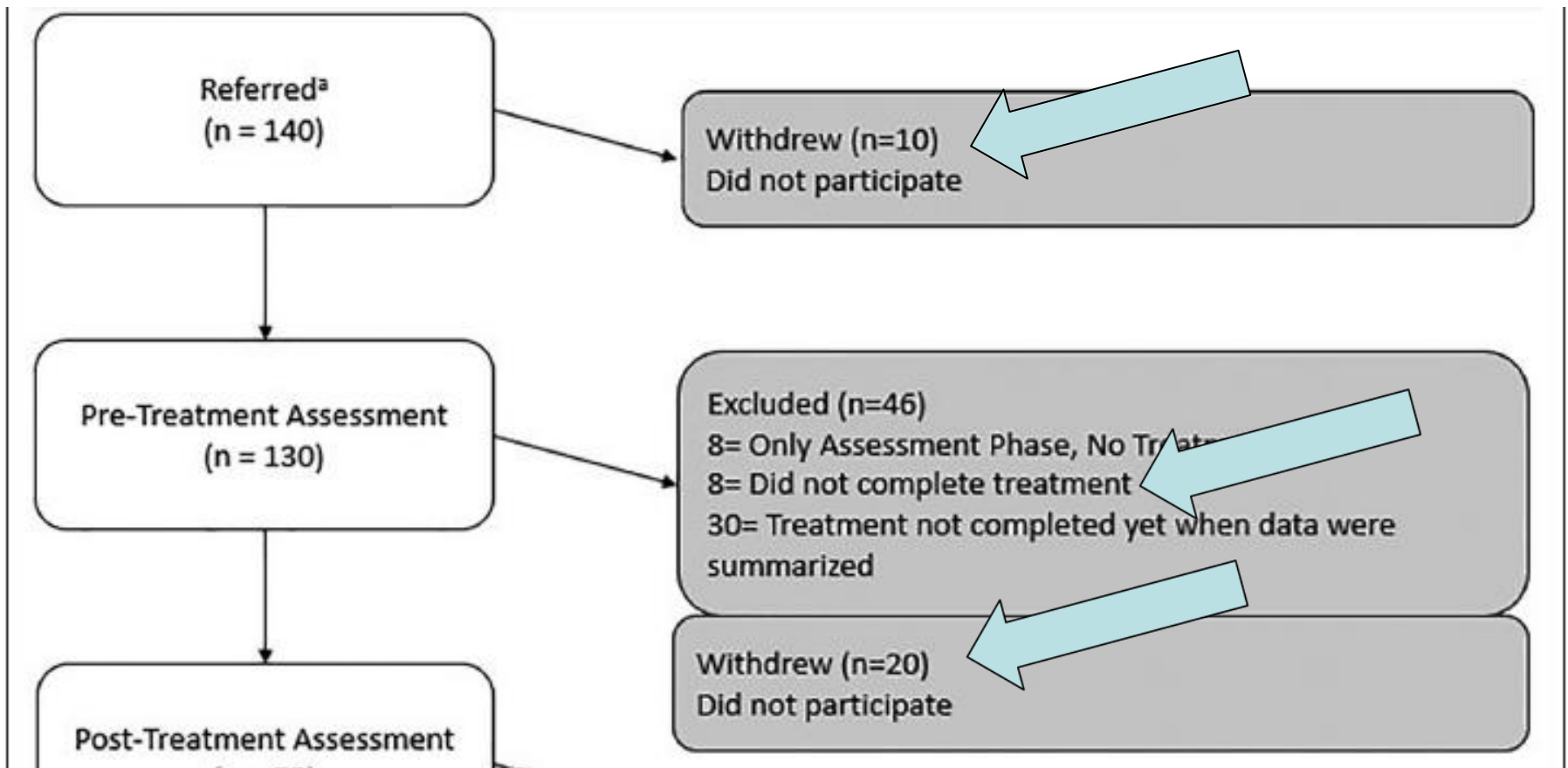
Longitudinal studies

- **McShane et al., 2006:** 76% of school refusing patients showed regular attendance after 3 years; predictor for persistent absenteeism: Social phobia
- **Steinhausen et al., 2008:** 70% of students with school fear at T1 reported no school attendance problems (SAPs) 3 years later; truants: Only 39% with no SAPs after 3 years
- **Walter et al., 2014:** 70% of school refusers showed regular attendance 9 months after end of treatment
- **Reissner et al., 2015:** 66% of patients showed regular school attendance 1 year after end of treatment

Outcome of a Multi-modal CBT-based Treatment Program for Chronic School Refusal

Dropout

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la Sundberg Lax, BA², Jonas Fäldt, MA², Martin Karlberg, PhD³,
and Martin Bergström, PhD⁴



Course of School Absenteeism 1.5 to 3 Years After Admission (Knollmann et al., 2022)

- **Sample:** 108 patients of specialized psychiatric units for school absenteeism
- **Method:** A telephone interview was conducted with the parents 1.5 to 3 years after admission (SDQ, school attendance, help seeking behavior). Among others, the scales of the Inventory of School Attendance Problems (ISAP) and diagnoses at admission were analyzed as possible predictors.

Interventions since initial admission (N=108)

	School refusal (N=88)		Truancy & Mixed group (N=20)	
	1x	≥2x	1x	≥2x
Outpatient therapy	67%	9,1%	60%	0%
Daycare therapy	44,3%	6,8%	15%	5%
Inpatient therapy	39,8%	5,7%	25%	30%
Change of school	39,8%	23,9%	35%	30%
Alternative educational setting	26,1%	2,3%	15%	5%
Youth welfare: Intensive consulting at home	45,5%	2,3%	65%	0%
Youth welfare: Placement in a youth service center	19,3%	0%	15%	5%

Symptoms, Functional impairment & school absenteeism 1.5 to 3 years after initial admission

(N=108)

	Total Sample (N=108)	Pure school refusal (N=88)	Truancy and Mixed group (N=20)
Elevated Symptoms total (SDQ)	30.6%	29.5%	35%
Impairment School (SDQ)	34.3%	31.8%	45%
Absence >10%	34.3%	35.3%	40%
Significant school atten- dance prob- lems	28.7%	27.2%	35%

Predictors of school attendance problems, functional impairment and symptoms 1.5 to 3 years

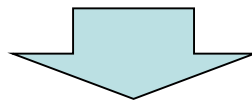
after initial admission

Predictors (initial admission)	SDQ at follow up			School attendance at follow up	
	Symp-toms total	Function-al im-pairment school	Function-al im-pairment total	School at-tendance problems	School absence
Diagnoses	Conduct Disorder		.18 [‡]	.18 [‡]	.19 [‡]
	Social Phobia	-.13			
ISAP Scales	ISAP total score	.26*			
	ISAP Problems with parents	.25*			
	ISAP Problems within the family	.21*			
	ISAP Social phobia			.19*	
	ISAP School aversion	.17 [‡]			
	ISAP Aggression	.40*	.26*	.21*	.22*
	ISAP Performance anxiety			.19*	
	ISAP Depression	.17 [‡]			
	ISAP Problems with peers				.21*
	ISAP problems with teachers	.17 [‡]			.19 [‡]

*p<.05; ‡p<.10

Summary

- Approximately one third of school absent youths show persistent school absenteeism despite treatment
- (Comorbid) Externalizing symptoms seem to be a significant predictor for chronic absenteeism
- High dropout rates in therapy studies
- Studies on reasons for treatment nonresponse and dropout are missing, presumably: high symptom burden, multiple risk factors, lack of therapy compliance and motivation

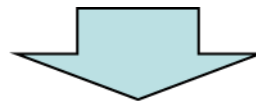


How can these youths be reached?

4. Interventions for “therapy avoidance”

Standard CBT for school absenteeism

- Psychoeducation
- Activation (e.g., sports, contacts with peers) and Resource building
- Cognitive restructuring: Modification of negative beliefs
- Skills training: Emotion regulation, social skills
- Graduated in vivo exposure
- Family therapy/parent counselling
- Contingency management: Reinforcement/negative consequences
- Stepwise reintegration into school



...works well....but not for approx. 30% of the patients!

Development of a new treatment program

- Multi-professional
- Modular treatment manual
- Integration of home treatment
- Additional motivational interventions



CBT module & case management

Cognitive Behavioral Therapy

Indications	Problematic school absenteeism plus mental disorder (applicable in all cases).
Frequency/Setting	Up to two sessions per week; Open-ended therapy; Individual therapy and group sessions; CBT-therapist as case manager.
Content	First phase—case conceptualization: Assessment of mental disorder and problematic school absenteeism; Promoting the motivation to change; Multi-disciplinary case conference with development of a solution-focused professional treatment plan, including decisions on the implementation of other modules (after session four). Second phase—treatment planning with the family: Conceptualization and further development of the treatment plan with the youth and his/her parents, including a graduated A-B-C-plan. Third phase—active treatment: Graduated in-vivo-exposure; disorder-specific interventions.

Other modules

Family Counselling

Indications	Family-based reinforcement of school avoidance (e.g., anxious parent encouraging child to stay at home).
Frequency/Setting	One session per week; Home visits; Group-based psychoeducational program for parents.
Content	Establishing/communicating family rules; Introduction of positive reinforcement behavior plans; Support during in-vivo-exposures.

School Counselling

Indications	Learning problems, dysfunctional teacher-student or teacher-parent interaction, change of school.
Frequency/Setting	One individual session per week; At least one contact with the teacher at school.
Content	Educational advice for parents; Psychoeducation for teachers; Developing learning plans and learning strategies with the youth; Counselling with regard to school or vocational career.

Psychoeducational Physical Exercise Program

Indications	All youth participate in at least three sessions.
Frequency/Setting	After three obligatory sessions, participation in nine additional sessions is voluntary; Group setting.
Content	Physical training blended with team-building, enhancing self-efficacy, social support, motivational self-talk, mindfulness.

Comparison of randomized treatment studies

	King et al., 1998	Last et al., 1998	Heyne et al., 2002	Reissner et al., 2015
N	34	56	61	112
Type of disorder	Internalising	Internalising	Internalising	In- & externalising
Response-rate CBT	82,3%	65%	60,3%	65,5%

...still one third non-responders...

RCT – Randomized controlled trial

CBT – Cognitive Behavioral Therapy

What we have learned...

- Adapted CBT interventions work for patients who get engaged in therapy at some point

Reasons for “therapy avoidance”:

- Habitual avoidance tendencies way beyond school avoidance
- Patients fear aversive emotions during therapy and school reentry
- High levels of anxiety/depression and oppositional attitudes/behaviors
- Multiple stressors, exhausted resources
- Repeated failures/“successful resistance” to interventions in the past
- Long duration of absenteeism without consequences
- Learned help- and hopelessness of both patients and their parents

Therapy: First contact through the lens of a chronic school refuser

Just another
adult telling me
what to do...

All the therapies
before didn't
work...

Too many problems,
no chance I will solve
them...

Leave me alone and
let me play my video
games, at least then I
feel good

I want to go to
school, but I can't! It
is hopeless, I tried a
million times!

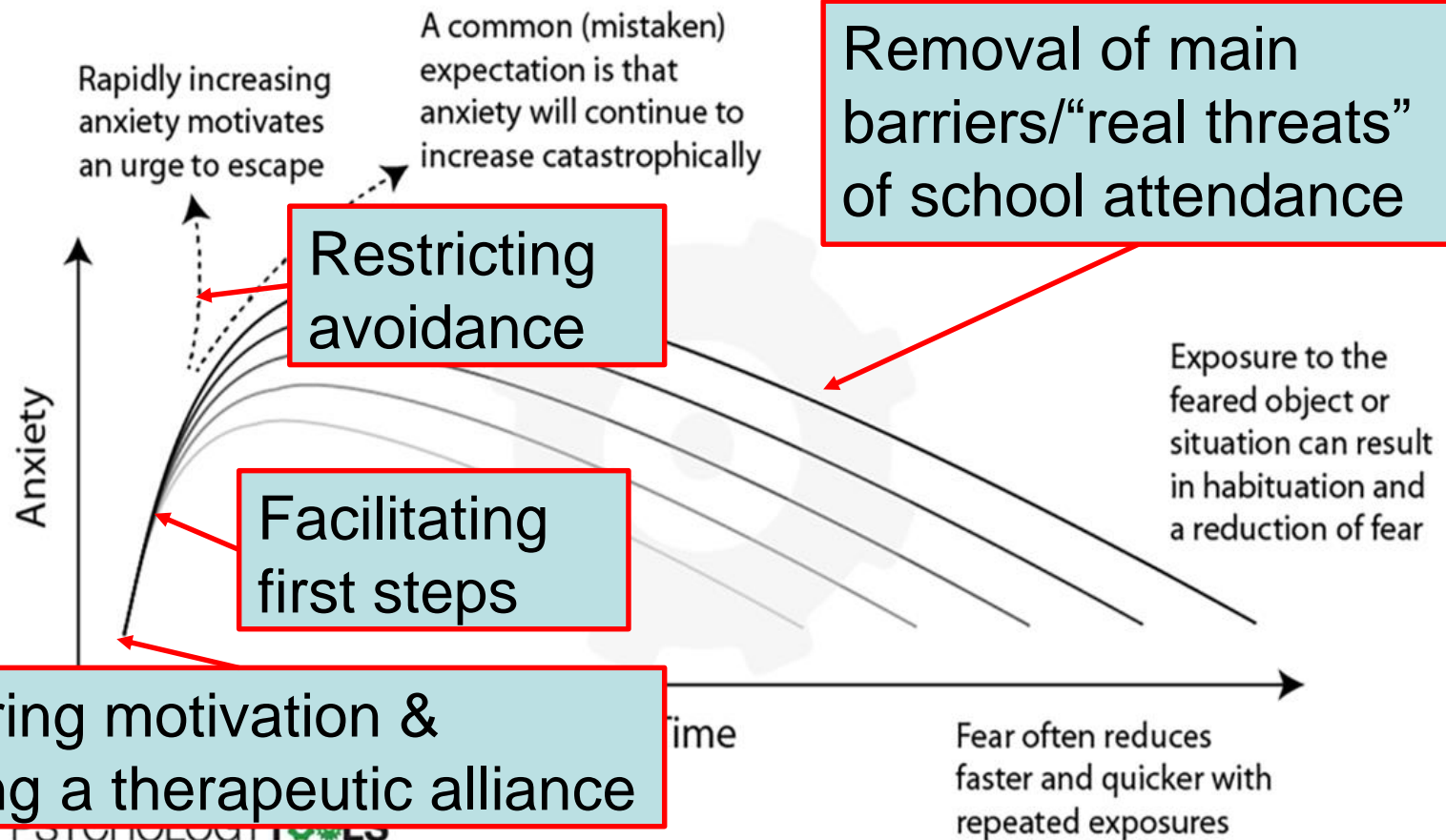
I know how to survive this...just
say nothing and do nothing, he
will give up after a while, just
like the others before

Inpatient
therapy?!? Yeah,
sure, that's the one
thing I fear the
most...

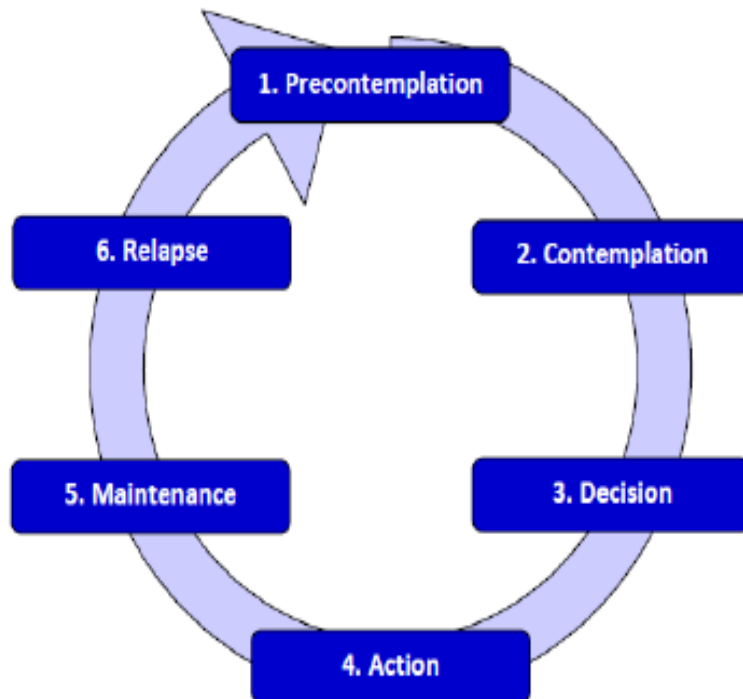
It's been 8 months
since the last time I was
in school and talked to
somebody...how can
they expect me to go
now???



Overarching therapy principles for “therapy refusal”



Fostering motivation

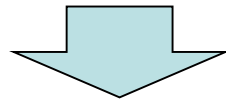


Stages of Change nach Prochaska, DiClemente und Norcross (1992)

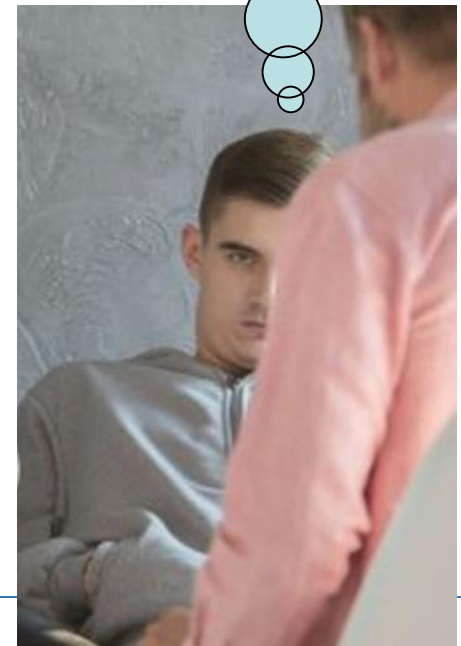
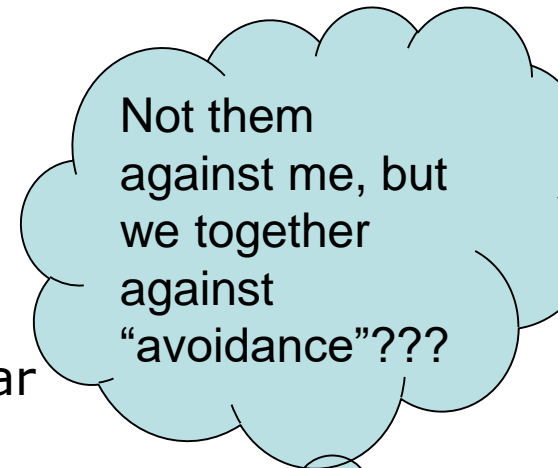
1. Information on problems
2. Building motivation for change
3. Strengthening change commitment
4. Supporting change
5. Transfer and continuation
6. Motivate to consider change

Building a therapeutic alliance

- Enmeshment of habitual avoidance tendencies and the personality of the patient: "Avoidance protects me, helped me to survive!"
- Anxious-depressed patients with low self-efficacy fear therapy and use their avoidance "skills" against therapy to protect themselves



- Externalizing techniques/schema therapy: Forming an alliance with the patients' "competent mode" against the dysfunctional, pathological "avoidance mode"



Removal of main barriers/ "real threats"

Therapeutic alliance and strengthening competent coping modes, facilitating first steps

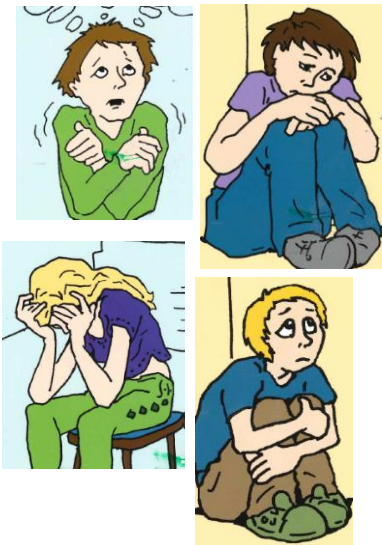
Restricting dysfunctional coping modes together with the patient & the parents

Dysfunctional coping modes take over control: Avoidance, opposition, somatization,...

External stressors

Resulting primary modes (anxiety, depression)

Competent coping mode is overwhelmed



Facilitating first steps & removal of main barriers

During my first weeks back in school...

- I will be accompanied on the way to school by XY
- I may attend only two courses
- I won't have to do oral or written exams and won't get any grades
- I can leave the classroom for about 15 minutes when I feel sick
- No teacher will call upon me if I didn't raise my hand first

Everybody will be informed about this and I will have practiced my "comeback scenario" and coping skills with my therapist (e.g., what to say when I'm asked questions about the reasons for my school absence).

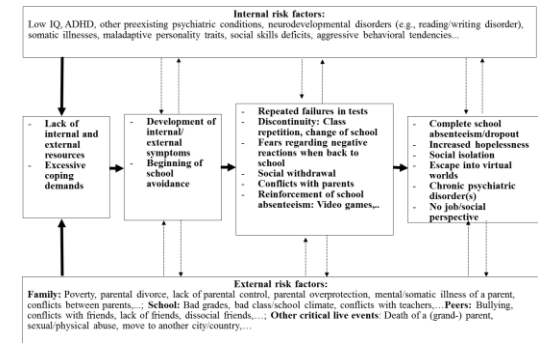
Restricting avoidance

- **Plan A:** With the help of the therapeutic team I will start to attend school again, “step by step”.
- **Plan B:** In case I am not able to resume regular school attendance, I will attend the inpatient unit.
- **Plan C:** In case I refuse to consent to inpatient treatment because of my anxiety, my parents will ask a judge to make a decision about compulsory inpatient treatment.

5. Conclusion and perspectives

Youths with severe and chronic school absenteeism

- High risk population: Many internalizing and externalizing symptoms/disorders, multiple stressors, low resources
- School absenteeism as an initial “emergency brake” can develop into a chronic condition with habitual avoidance tendencies
- Approx. 30% fail to resume regular school attendance despite diverse interventions, elevated risk: (comorbid) conduct disorder



Symptoms, Functional impairment & school absenteeism 1.5 to 3 years after initial admission

(N=108)

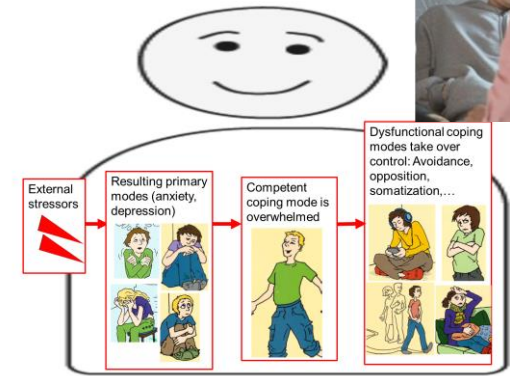
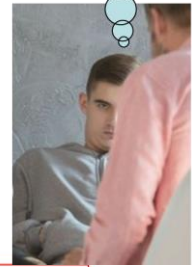
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Significant school attendance problems	28.7%	27.2%	35%

Assessment & treatment

- ISAP: Comprehensive assessment and identification of the symptoms/problems with the highest impact on school attendance
- Classic CBT adapted to school absenteeism works well once youths get engaged in therapy
- Therapy principles for “therapy avoidance”: Focus on motivation & therapeutic alliance, facilitating first steps, removal of barriers, restriction of avoidance

ISAP Scale:	Symptom Score:	Impact Score:
Depression (Item 1+10+35+41+45+48+6)	2,17	0,67
Social Phobia (Item 9+12+24+32+47+5)	0,80	0,00
Separation Anxiety (Item 6+25+27+38+4)	0,00	0,00
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Somatic Complaints (Item 16+17+36+3)	0,33	0,00
School Aversion (Item 2+15+18+21+4)	1,75	0,00
Aggression (Item 4+18+37+3)	0,33	0,00
Problems with Peers (Item 3+22+23+26+4)	2,50	2,75
Problems with Teachers (Item 5+11+42+3)	2,33	2,67
Dislike of Specific School (Item 14+30+39+3)	2,33	2,33
Problems within the Family (Item 31+34+43+3)	1,20	0,00
Problems with Parents (Item 13+20+40+3)	1,00	0,00

Not me against them, but we together against “avoidance”???



Perspectives

- Studies on characteristics of & reasons for “therapy avoidance” → development of additional strategies
- Early identification of youths with elevated risk for a chronic course → secondary prevention with intensive and persistent measures at early stages of the development of absenteeism

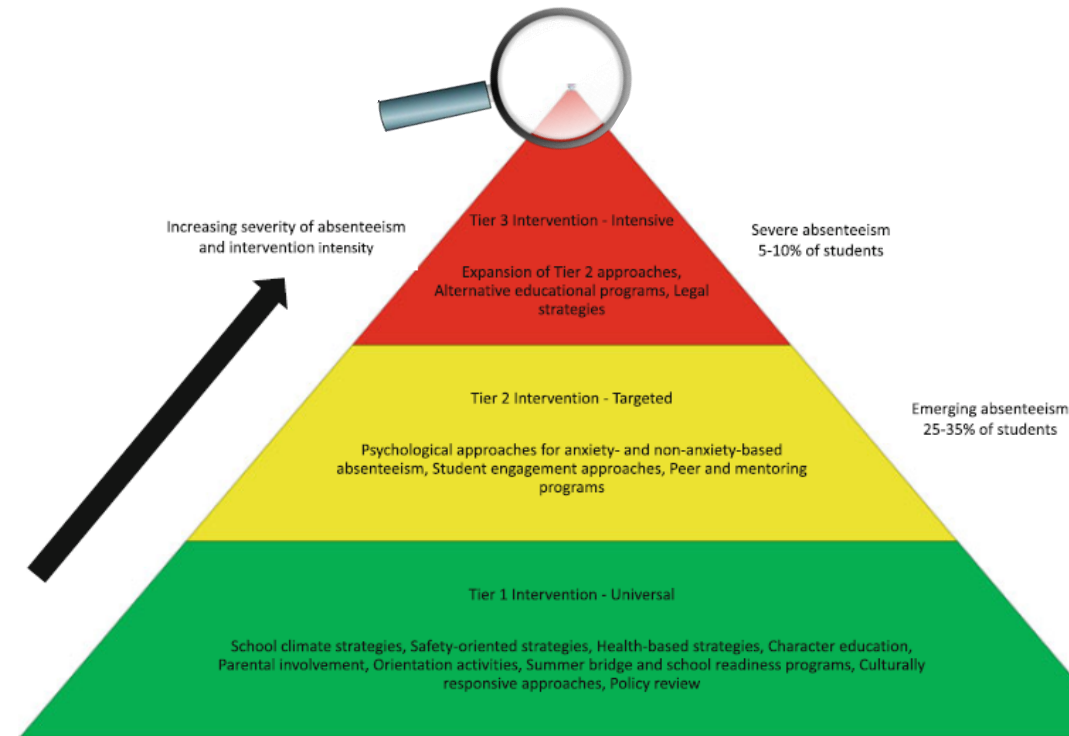


Fig. 1 A Response to Intervention model for problematic school absenteeism

Thank you for your attention!