Re-thinking interventions for school attendance problems: Implementing Dialectical Behaviour Therapy and web-based coaching

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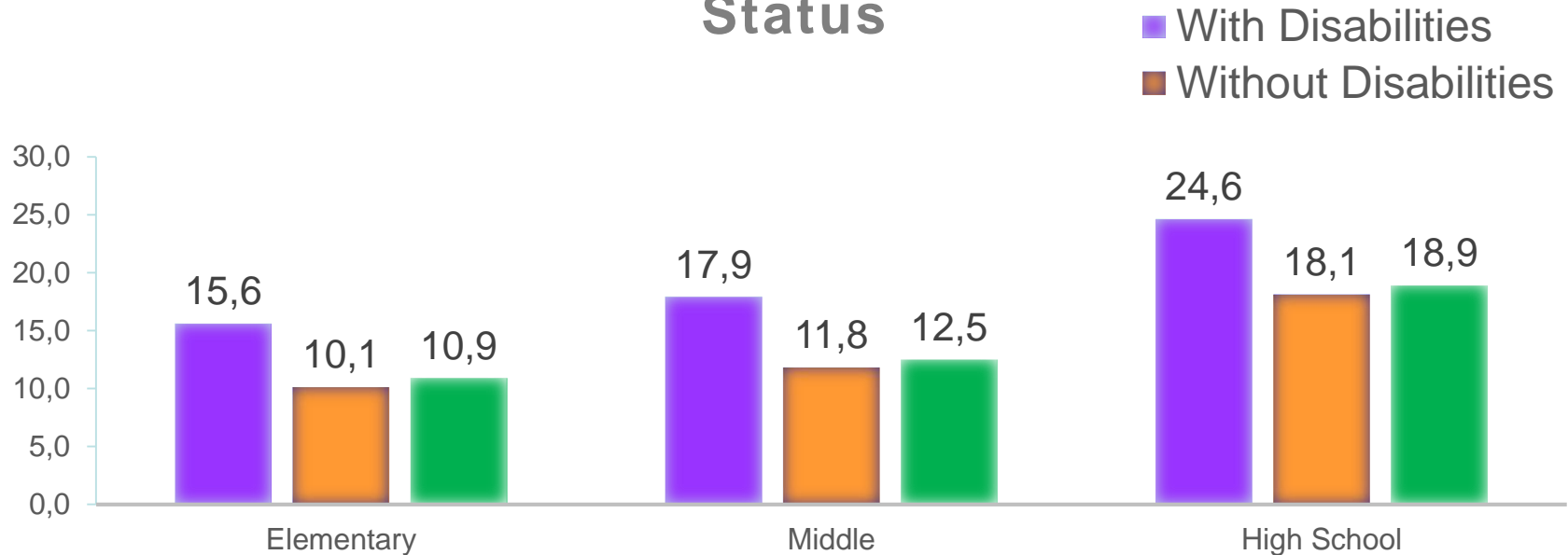Director: Youth Anxiety and Depression Clinic

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Chronic Absenteeism (> 10% absences)
U.S. Department of Education [DOE], 2016

School Refusal (Heyne, Gren-Landell, Melvin, & Gentle-Genitty, 2019)

- Student reluctant/refuses to attend school due to mood/emotional distress, or chronic emotional distress hinders attendance

- Student does not try to hide absences from parents. If they previously hid absences, they stopped hiding once absence was discovered.

- No display of severe antisocial behavior (beyond resistance to parents)

- Parents have made reasonable efforts to secure school attendance.

- Must create significant impairment:
  - Sig # of days missed or significant disruption
  - Poor school and grade performance
  - Interpersonal arguments and conflicts
  - Concrete consequences (detentions, fines, legal action).

Current Treatment approaches imperfect

- CBT has promising efficacy

- Treatment success for anxiety-based SAPs: 28% - 67% mean attendance rates posttreatment

- Treatment Model
  - Insufficiently address emotional/behavioral dysregulation
  - Intense somatic symptoms
  - Behavioral clinging, freezing, defiance
  - Catastrophic thinking

- Delivery System
  - Over-relies on clinic-based training
  - Coaching not present during morning hours

Dialectical Behavior Therapy for School Refusal (DBT-SR)

- Conceptualizes: Problem behavior results from emotion dysregulation

- Teaches: Skills that target deficits most in need of remediation

- Adapted: For families

- Emphasizes: In vivo skills practice

- Mechanisms in place for outside coaching
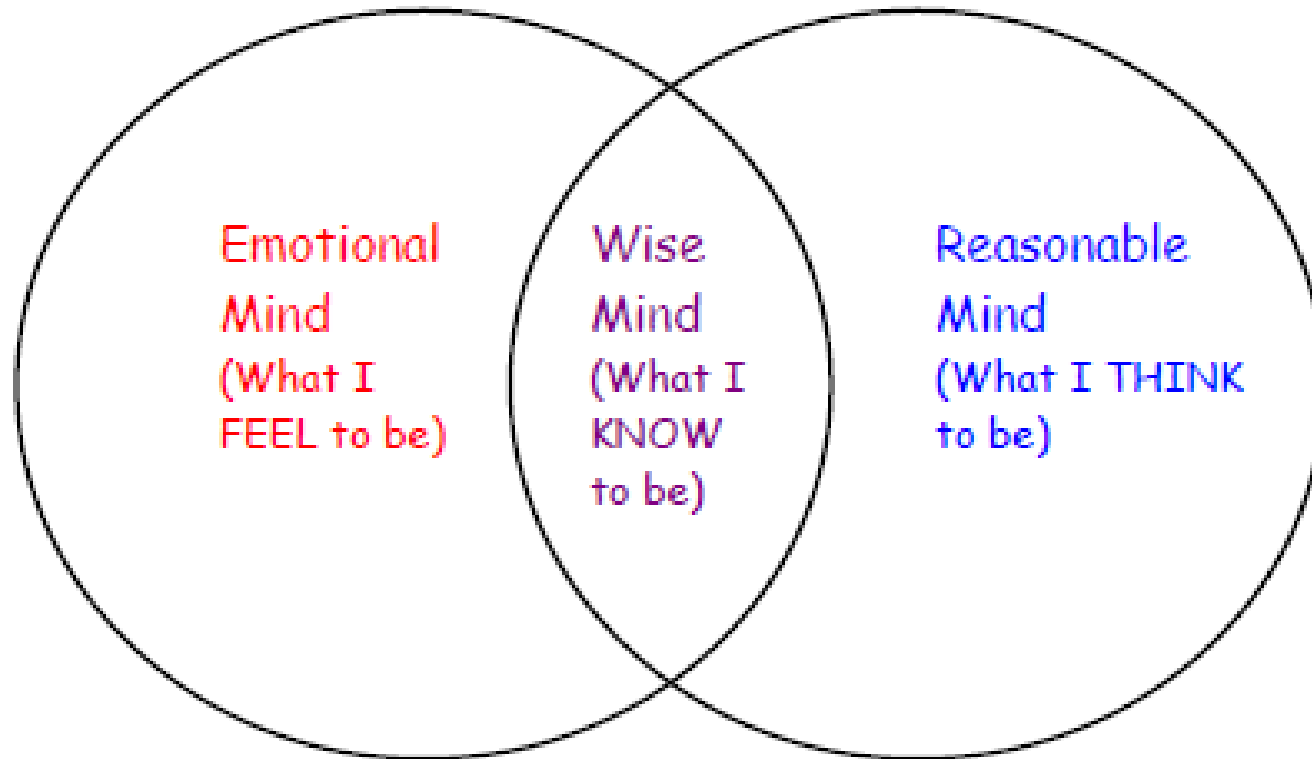
The Dialectic (Linehan, 2014)

Acceptance
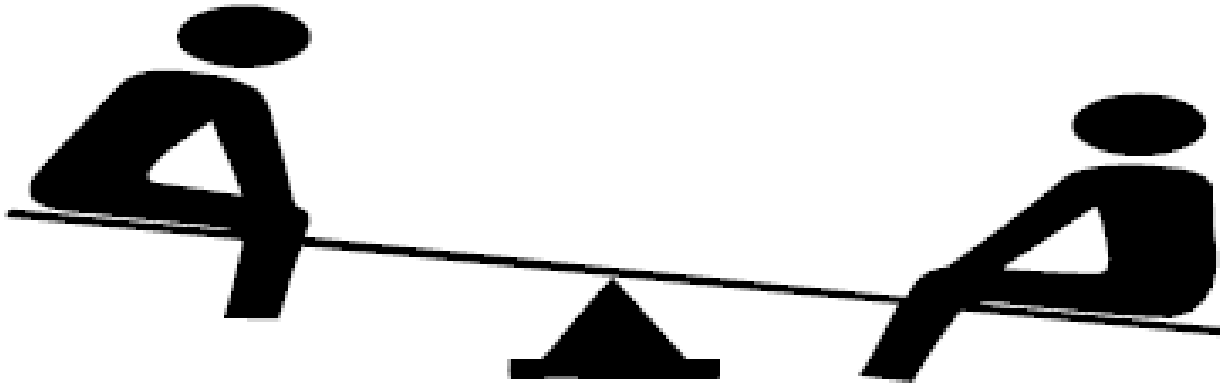
Change

DBT components

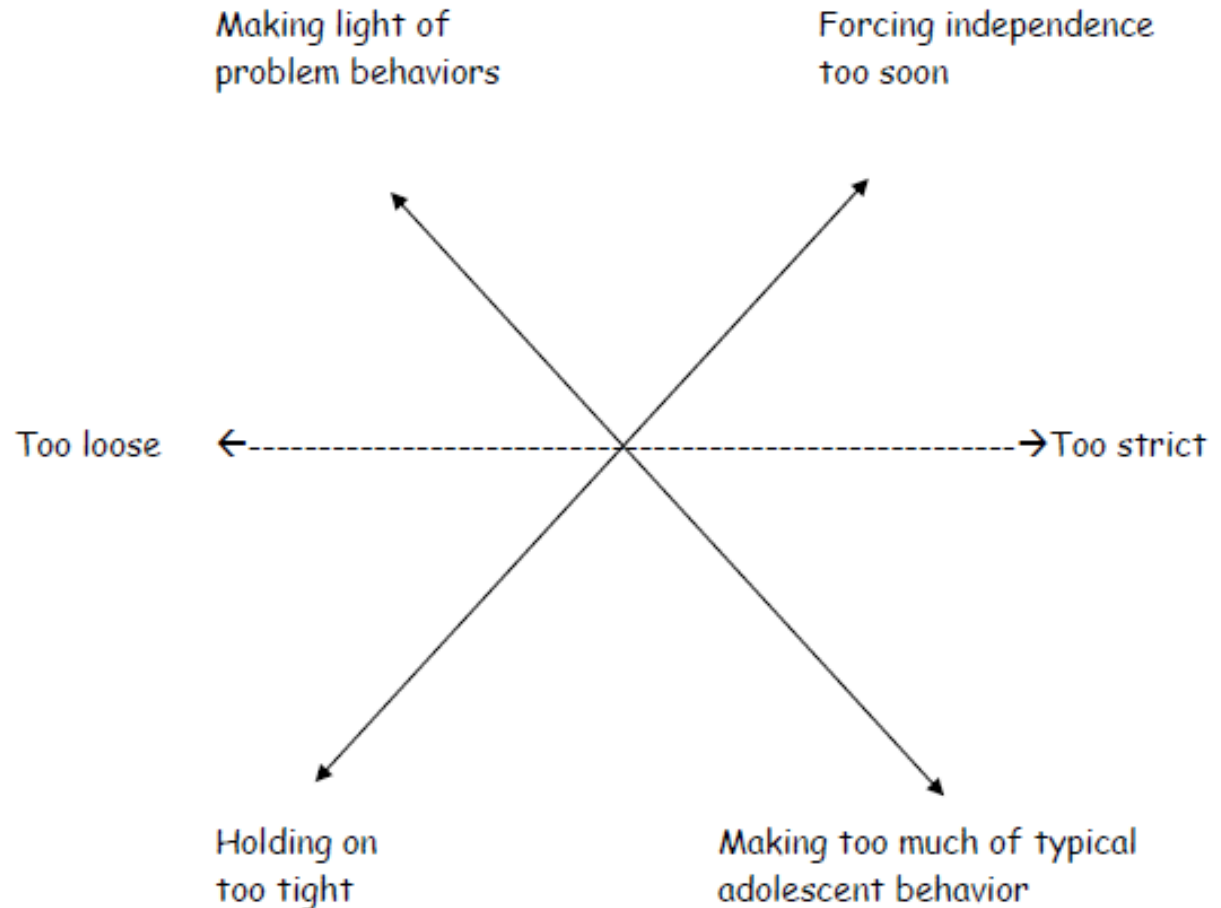| DBT-A (Rathus & Miller, 2014)	DBT-SR (Chu et al. 2015)
16-weeks	16-weeks
Multi-family skills groups	2-hour Multi-family skills groups
Individual Therapy	60-minute Youth Meeting
Telephone consultation	30-minute Parent Meeting
Consultation team	Telephone consultation
	Scheduled, criterion-based web coaching
	Consultation team

DBT-A/DBT-SR skills

- Mindfulness
- Emotion Regulation
- Distress Tolerance
- Interpersonal Effectiveness
- * Walking the Middle Path

Mindfulness: 3 States of Mind (Rathus & Miller, 2014)

Emotional Mind (What I FEEL to be)

Wise Mind (What I KNOW to be)

Reasonable Mind (What I THINK to be)

DBT-A Skill	Traditional DBT-A	DBT-SR
1 Dialectical Dilemmas-Middle Path skill	Used in case conceptualization to help create secondary targets for treatment. Also taught in the "Middle Path" module in skills group.	Taught as a part of the Walking the Middle Path skills and discussed in individual sessions with youth and parents to help facilitate dialectical thinking.
2 Behaviorism- Middle Path skills	Teaching parents to closely examine their own behavior for inadvertent positive reinforcement of suicidal behavior and missed opportunities to reinforce or inadvertent punishment of adaptive behaviors.	Behaviorism more focused on helping parents implement daily, pre-planned positive reinforcement contingent on desired behavior (e.g., school attendance and its approximations).
3 Validate and Cheerlead-Middle Path skills	Teaches both parents and youth to validate each other and to self-validate, which is often a deficit in families with youth who have BPD traits (i.e., the invalidating environment transacting with emotional vulnerability).	Used strategically as a skill for parents to validate youth's experience in the moment when exhibiting SR behaviors and to cheerlead or encourage them to accomplish an effective goal instead. Used also for youth to self-validate their emotional/physical distress in the moment.
4 Distract- Distress Tolerance skill	Used as a skill to help youth not engage in impulsive behaviors, such as self-injury or suicidal threats/behaviors.	Used as a skill to help youth not engage in SR behaviors, such as staying in bed, refusing to go to therapy sessions, or driving to school.
5 Opposite Action- Emotion Regulation skill	Used as a skill to help reduce the intensity of an unwanted emotion, such as anger, fear, or shame, by acting the opposite of the emotional urge (e.g., youth feels shame and wants to hide and instead appears confident and open with others).	Used as a skill more specifically to help reduce the intensity of the distress that is experienced by going to school, by doing the opposite action (e.g., listening to music the youth enjoys when waking up in the morning to reduce depressed mood and increase motivation).

Walking the Middle Path

Making light of problem behaviors

Forcing independence too soon

Too loose ←--→ Too strict

Holding on too tight

Making too much of typical adolescent behavior

Individual Youth/Parent Meetings

	DBT-SR Skills
Session 1	Child: Rapport; psychoeducation; daily diary cards; commitment Parent: Intolerance of negative affect as prime trigger
Session 2	Child: Anxiety-dep-SR connection; avoidance Parent: 3 family patterns: Accommodation spiral; Passivity-Discouragement; Aggressive-Coercive; "Validate and Cheerlead"
Session 3	Contingency Management
Session 4	Plan school consultation meeting
Subsequent	Principles-based approach following DBT-A skills learned in family groups

	Web-based Coaching (WBC)
Equipment	web-camera, computer, microphone, network cable
Platform	Cisco Jabber
Duration	5-30 minutes
Weekly Attendance	WBC Frequency
0-2 days	Daily
3 days	2x per week
4 days	1x per week

Web coaching for Opposite Action

Contains Video [1]

Dialectical Behavior Therapy for School Refusal: Treatment Development and Incorporation of Web-Based Coaching

Brian C. Chu, Shireen L. Rizvi, Elaina A. Zendegui, and
Lauren Bonavitacola, *Rutgers, The State University of New Jersey*

- Participants: 4 families
  - Youth: 13 – 16 yos
- Assessments:
  - Pre-, mid-, post-treatment, 4-mo follow-up
  - Diagnosis (ADIS), Clinician Global Improvement Scale

DBT-SR Attendance

Youth	Attendance
Youth 3	Dropped out after 1 session: "Too structured"
Youth 4	Dropped out after 1 session: started treatment elsewhere
Youth 1	Individual: 17/20 WBC: 36/46 Group: Child (8/16), Mother (16/16), Father (15/16)
Youth 2	Individual: 15/25 WBC: 41/48 Group: Child (11/16), Parents (11/16)

Client profiles and outcomes

Table 2

Diagnosis, Impairment, and School Absences at Pretreatment, Posttreatment, and 4-Month Follow-Up

Youth	Sex	Diagnoses	Pre-Tx CSR	Post-Tx CSR	Follow up CSR	Pre-Tx CGI-S	Post-Tx CGI-S	Follow up CGI-S	Pre-Tx absent rate	Post-Tx absent rate	Follow up absent rate
1	M	School Refusal	6	6	(0)	5	4	1	13 (50%)	8 (38.1%)	0
		Major Depression	5	(0)	(0)						
		Generalized Anxiety Disorder	4	(0)	(0)						
2	M	School Refusal	7	(3)	(3)	5	3	2	12 (100%)	2 (8.7%)	0
		Generalized Anxiety Disorder	6	(0)	(0)						
		Social Phobia	4	(0)	(0)						

Note. CSR = ADIS-IV Clinician Severity Rating where CSR ≥ 4 is threshold for clinical diagnosis, CSR in parentheses are subclinical; CGI-S = Clinical Global Impression-Severity Rating; Absent rate was calculated by listing number and percentage of days absent in the month prior to assessment.

Strategies for Youth 1: "Ricky"

- Devil's advocate: "This program is asking a lot from you; why commit now?"

- Contingency Management: incremental and focused on individual functional assessments (behavioral chains)

- Behavioral Chains: identifying triggers (gastrointestinal pains)

- PLEASE skills: balancing sleeping, eating, and exercise to reduce vulnerability

- Opposite Action

Ricky challenges

- Engagement
  - Inside session: agreeable and engaged
  - Outside session: refused coaching and practice

- Inconsistent parent participant
  - Father worked nights; was less available in mornings
  - Mother had low self-efficacy

- WBC:
  - 36 sessions
  - SR functional assessment
  - In vivo skills coaching
  - Mother practicing contingency management and skills practice
  - Daily and then titrated.

Strategies for Youth 2: "Lance"

- Middle Path: Holding on too tight vs forcing independence
- Contingency Management: consistent and firm delivery
- Validation: Validate and Cheerlead
- Opposite Action

Ricky challenges

- Engagement
  - Whole family was often late, cancelled, or no-showed all sessions/WBC
  - Significant session time focused on treatment engagement

- Parent avoidance
  - Family often late b/c Child was tardy/refusing. Parents would often give in.

- WBC:
  - Heavy use of WBC
  - Direct observation and coaching
  - Observation of Ch body language

Acceptability/Feasibility

	Youth Satisfaction (out of 5.0)	Parent Satisfaction (out of 5.0)
Group Sessions	2.3	4.3
Individual Sessions	3.5	4.0
WBC	3.6	4.8

- 36 and 41 sessions
- Incremental benefit: morning structure, real-time encouragement/ support, practice skills

Discussion & Conclusion

- Who is the Client?

- What to do about DBT Attendance Rules?

- SR Youth don't seem to value the therapist-client relationship as much as, say, clients who are borderline

- WBC Challenges
  - Desktop webcams are too restrictive
  - Majority of coaching: 6:00 – 7:00am

- Proof of Concept
  - Leverages technology in treatment-consistent ways
  - Applies new therapy "technology" to SR populations

References

- Chu, B. C., Guarino, D., Mele, C., O'Connell, J., & Coto, P. (2019). Developing an online early detection system for school attendance problems: Results from a research-community partnership. *Cognitive and Behavioral Practice*, *26*(1), 35-45.

- Chu, B. C., Rizvi, S. L., Zendegui, E. A., & Bonavitacola, L. (2015). Dialectical behavior therapy for school refusal: Treatment development and incorporation of web-based coaching. *Cognitive and Behavioral Practice*, *22*(3), 317-330.

- Heyne, D., Gren-Landell, M., Melvin, G., & Gentle-Genitty, C. (2019). Differentiation between school attendance problems: Why and how?. *Cognitive and Behavioral Practice*, *26*(1), 8-34.

- Linehan, M. (2014). *DBT? Skills training manual*. Guilford Publications.

- Rathus, J. H., & Miller, A. L. (2014). *DBT® skills manual for adolescents*. Guilford Publications.

- U. S. Department of Education. (2016). Chronic absenteeism in the nation's schools: An unprecedented look at a hidden educational crisis. Retrieved on 8/1/17 from: http://www2.ed.gov/datastory/chronicabsenteeism.html#intro