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In- and outpatient treatment for youth with school absenteeism and mental disorders

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Current state of research



- school absenteeism is a common problem throughout Europe with a prevalence of about 5 -10 %
- major risk for further development (e.g., early school dropout, higher unemployment rates, increased risk of mental disorders)
- therapy: cognitive-behavioral therapy (CBT) as state-of-the-art
 - 9 controlled studies (8 investigating CBT, 4-21 sessions)
 - results: $m = 75\%$ regular school attendance ($d = 0.5$)
 - limitations: treatment ingredients and involvement of parents considerably differ, conduct disorder often excluded, follow-up data are rare, no inpatient CBT treatment, lack of effectiveness studies including larger clinical samples

Treatment of school absenteeism at the University Clinic in Cologne

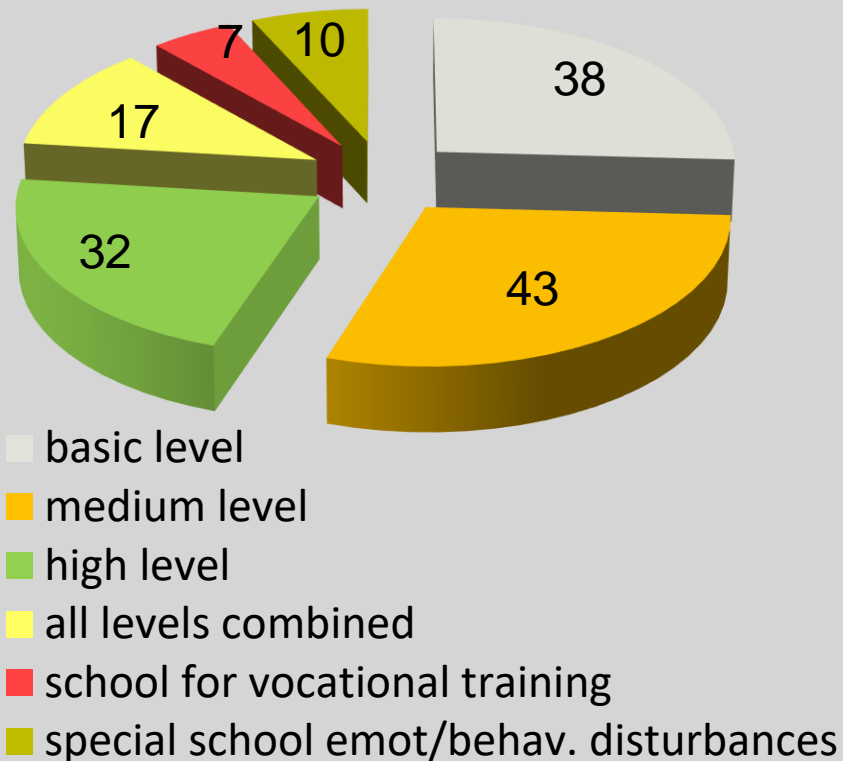
- **Inpatient treatment :**
 - specialized unit for adolescents at the department of child and adolescent psychiatry (6-10 places)
 - inclusion: at least two weeks without school attendance
 - 2-3 weekly CBT treatment sessions & 1 weekly parent/ family session (manuals self management, school absenteeism), high integration of inpatient unit staff, medium duration of 8 weeks
 - in case of school absence > 3 months: specialized clinic school
- **Outpatient treatment (less severe/ chronic absenteeism):**
 - school for child and adolescent cognitive-behavioral therapy (m = 43 treatment sessions (SD = 19.1))
 - psychologists/ pedagogics with advanced training in psychotherapy under supervision

Inpatient treatment – sample description 1

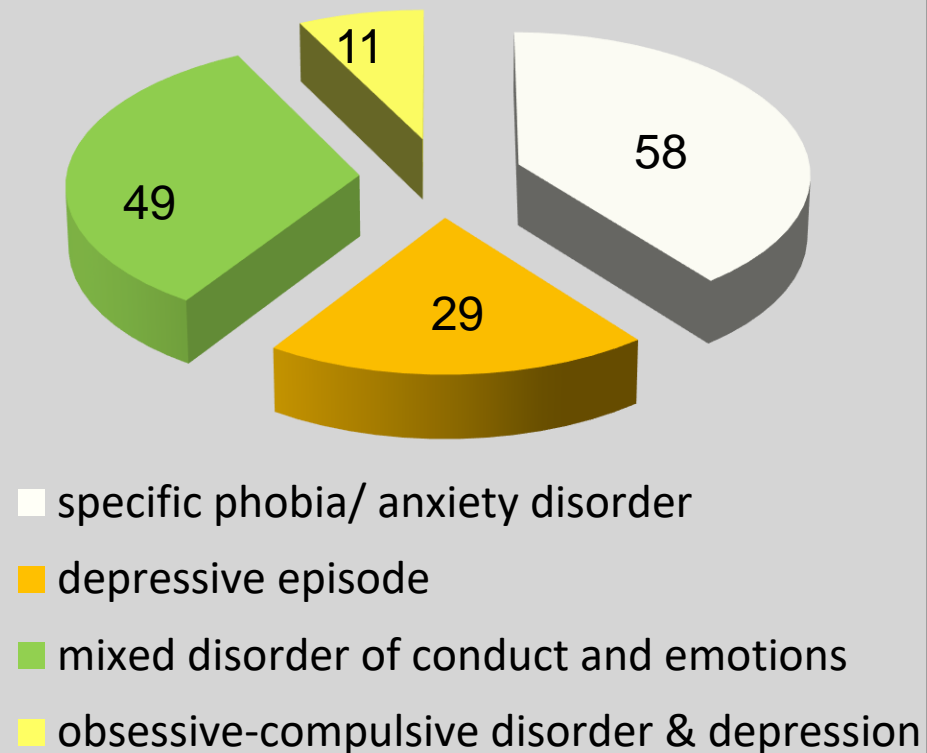
- n = 147 adolescents, 84 boys, age: m = 15,1 years (sd = 1,5)
- normal intelligence (WISC-IV): m = 101,0 (sd = 13,9)
- school absence: m = 19,3 weeks (sd = 14,0; range 2 – 108 weeks); skipped classes last school report: m = 111,3 (sd = 97,6)
- repeated a grade: once: n = 60; at least twice: n = 11
- **prior treatments:**
 - at least one outpatient treatment: n = 103 (70,1%)
 - inpatient treatment: n = 41 (27,9%)
 - occupational or speech therapy: n = 27 (18,4%)
 - psychopharmacotherapy: n = 30 (20,4%)

Inpatient treatment – sample description 2

Types of school

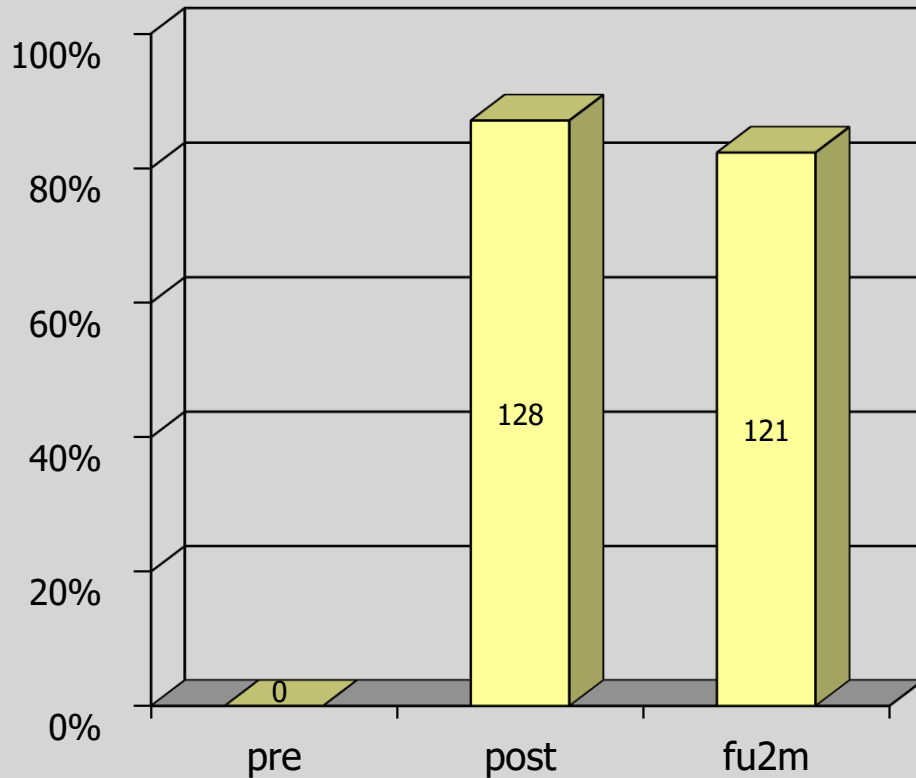


Mental disorders



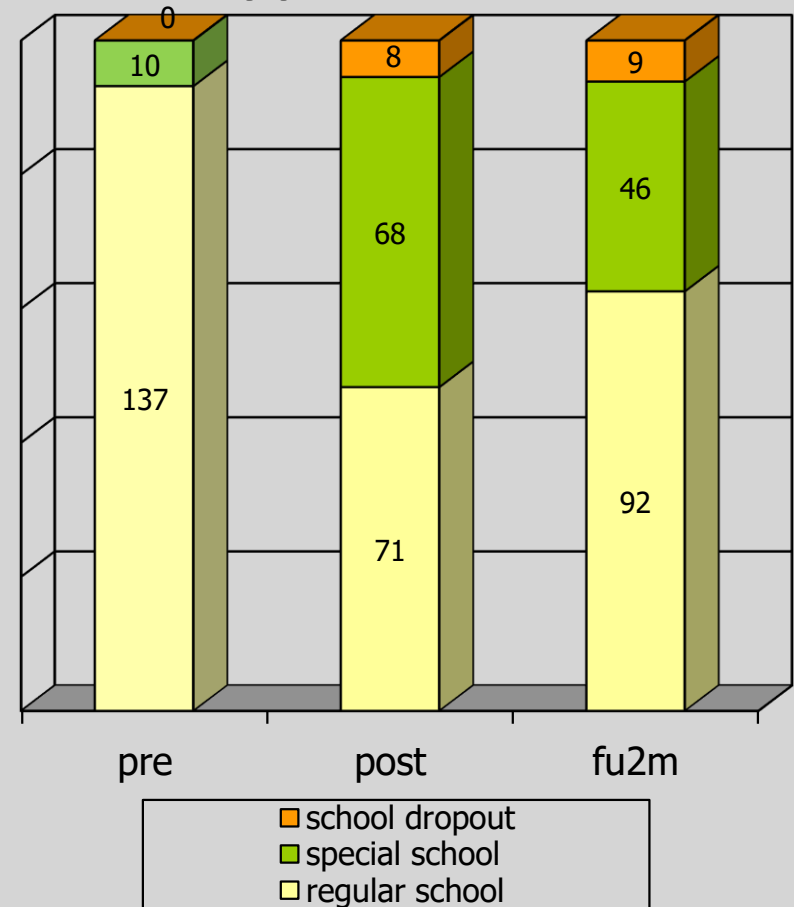
Inpatient treatment – results 1

Regular school attendance



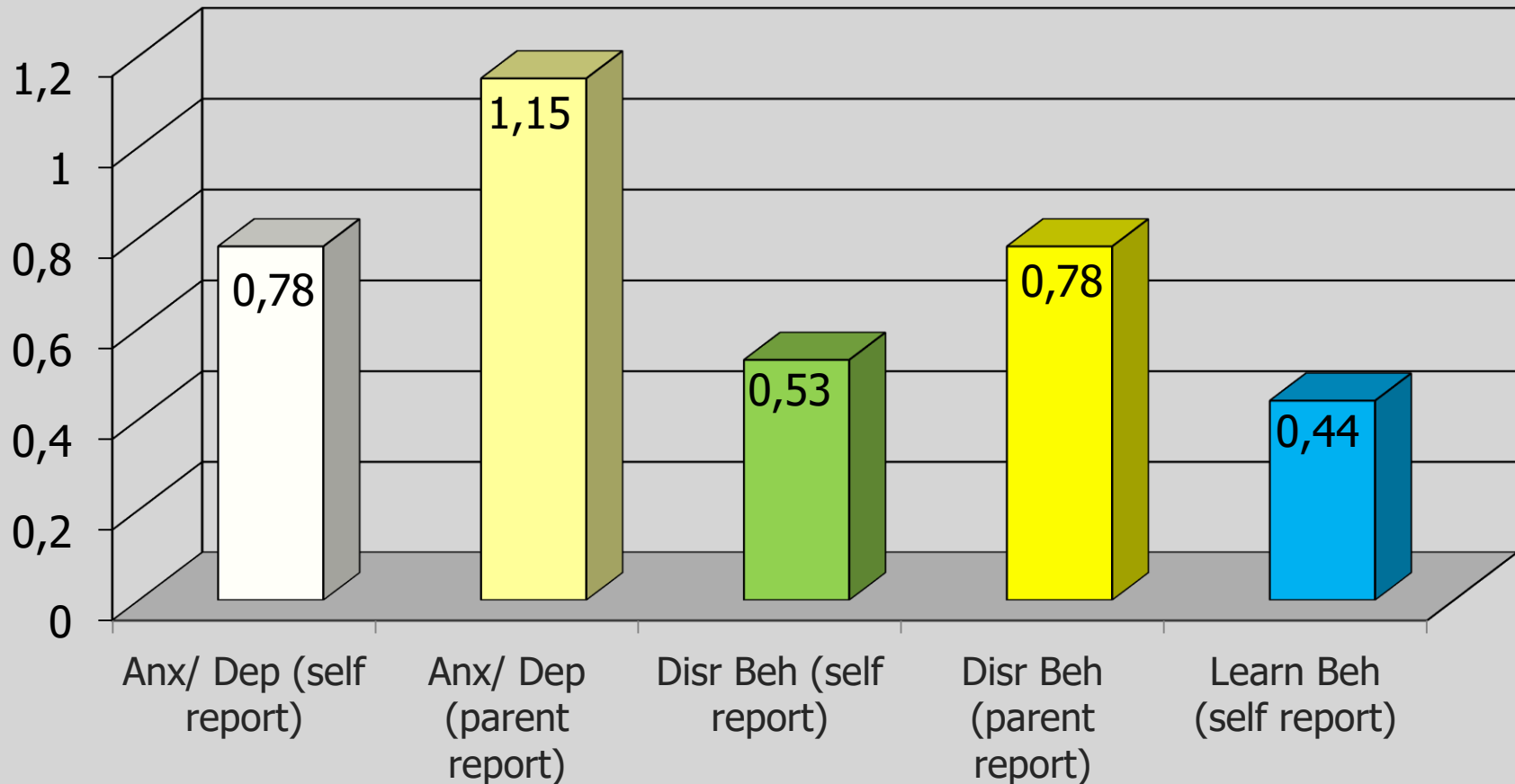
binomial test: Pre-Fu2M, $p < .001$

Type of school



Inpatient treatment – results 2

Change in behavioral and emotional problems

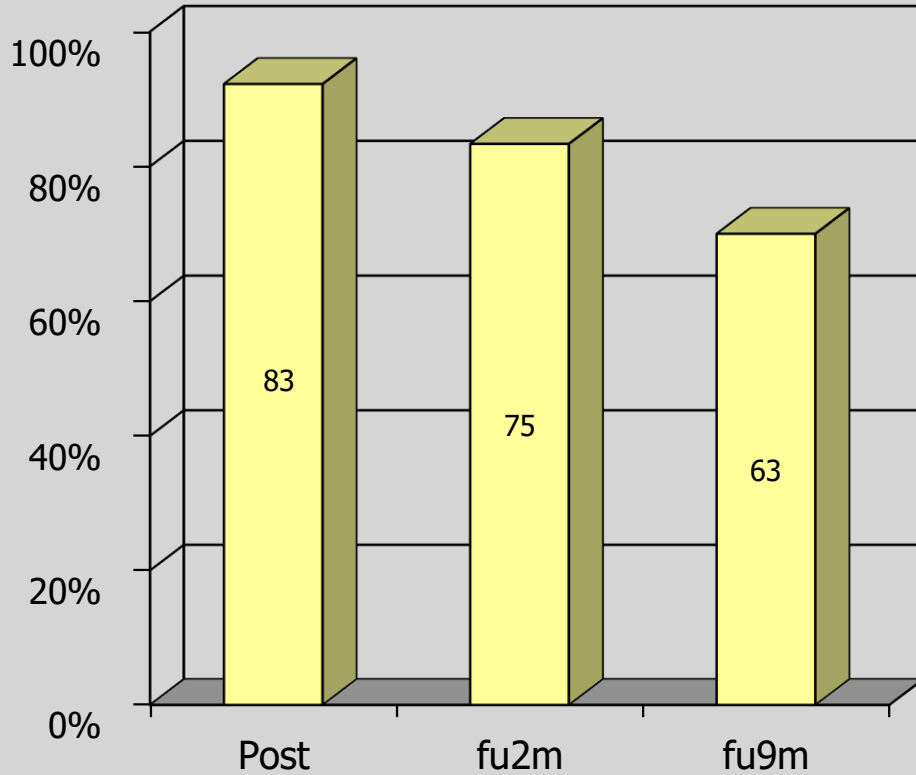


Cohen's d: pre-fu2m ($p < .001$)

Walter, D. et al (2010). Short term effects of inpatient cognitive behavioral treatment of adolescents with anxious-depressed school absenteeism: an observational study. Eur Child Adolesc Psychiatry, 19, 835-844.

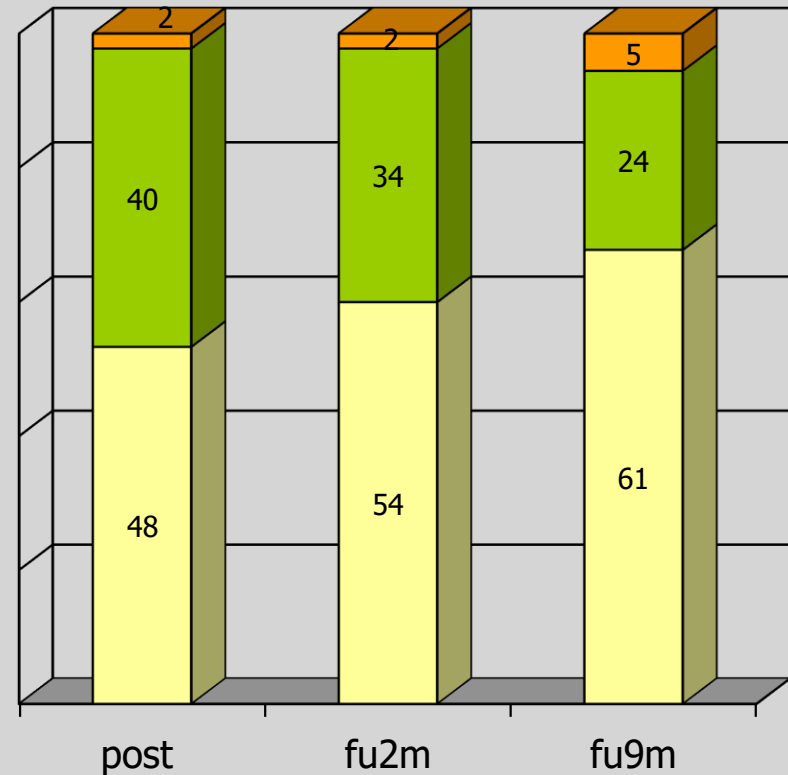
Inpatient treatment – results 3

School attendance



binomial test: all significant, $p < .001$

Type of school



- school dropout
- special school
- regular school

Outpatient treatment - 1

- data were collected retrospectively, based on analysis of file records
- Inclusion criteria:
 - age: ≥ 11 years AND
 - ≥ 10 treatment sessions AND
 - complete CBCL/ YSR pre and post AND
 - standardized clinical rating CASCAP-D:
 - Item ‚runs away/skips school‘ > 0 OR
 - Item ‚separation anxiety‘ > 0 OR
 - Diagnosis of SAD

➔ file records of these patients were analyzed to identify school absenting youths

Outpatient treatment - 2

- severity of school absenteeism was rated by two independent raters ($k = 0,87$): 0 – no, 1 – low, 2 – severe school absenteeism

low school absenteeism

- < 2.5 days (25%) of complete absence within last 2 weeks OR
- < 11 days (15%) of complete absence within last 15 weeks OR
- < 95 missed lessons on last school report

severe school absenteeism

- ≥ 2.5 days of complete absence within last 2 weeks OR
- ≥ 11 days of complete absence within last 15 weeks OR
- ≥ 95 missed lessons on last school report

Outpatient treatment - 3

Age ≥ 11 years, CASCAP-D items >0
or diagnosis of SAD
(January 2006 – November 2018)
n = 506



≥ 10 treatment sessions
n = 431



CBCL/ YSR pre and post
n = 211



school absenteeism
n = 49



regular school attendance
n = 162

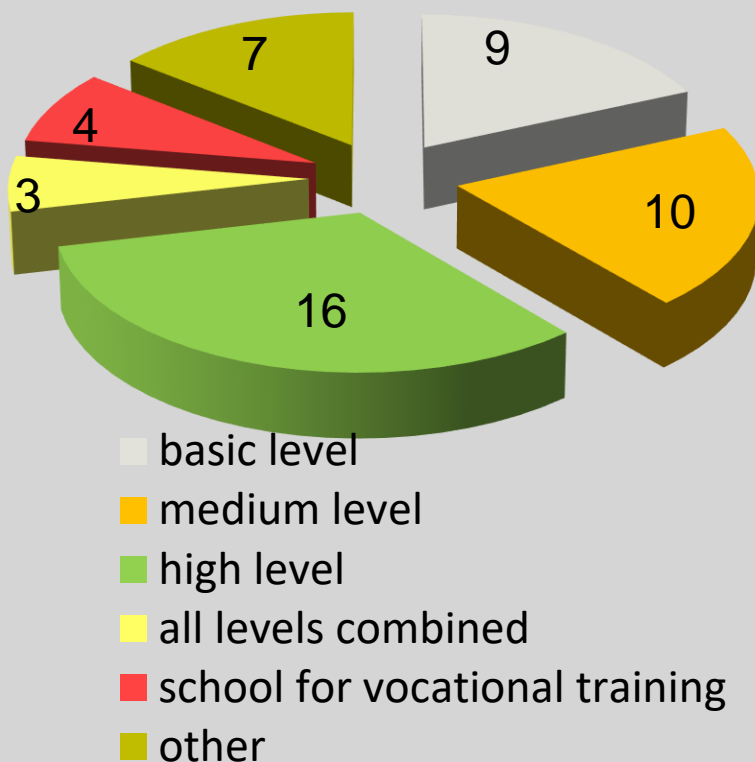
- older ($d = .57$)
- more divorced parents ($OR = 5.5$)
- higher YSR scores: EXT/ TOT ($d = .30$)

Outpatient treatment – sample description 1

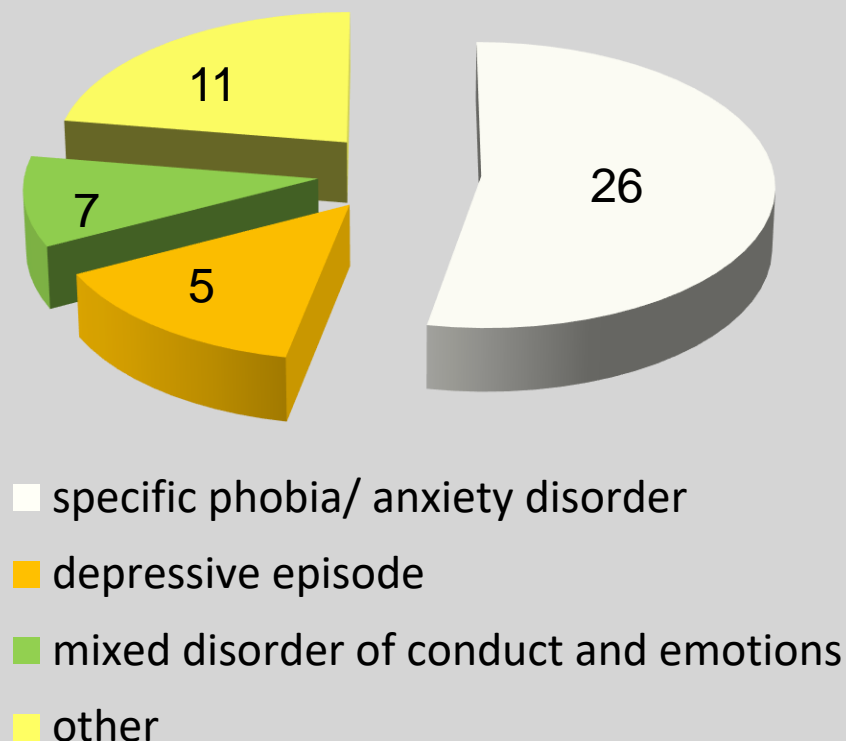
- n = 49 adolescents, 22 boys (44,9%), age: m = 14,3 years (sd = 2,0)
- intelligence axis 3 MAS: n = 7 with $IQ \leq 85$ (14,3%)
- repeated one grade: n = 14 (28,6%)
- separated parents: n = 25 (51,0%)
- prior treatments:
 - at least one outpatient treatment: n = 15 (30,6%)
 - inpatient treatment: n = 16 (32,7%)
 - psychopharmacotherapy: n = 5 (10,2%)

Outpatient treatment – sample description 2

types of school

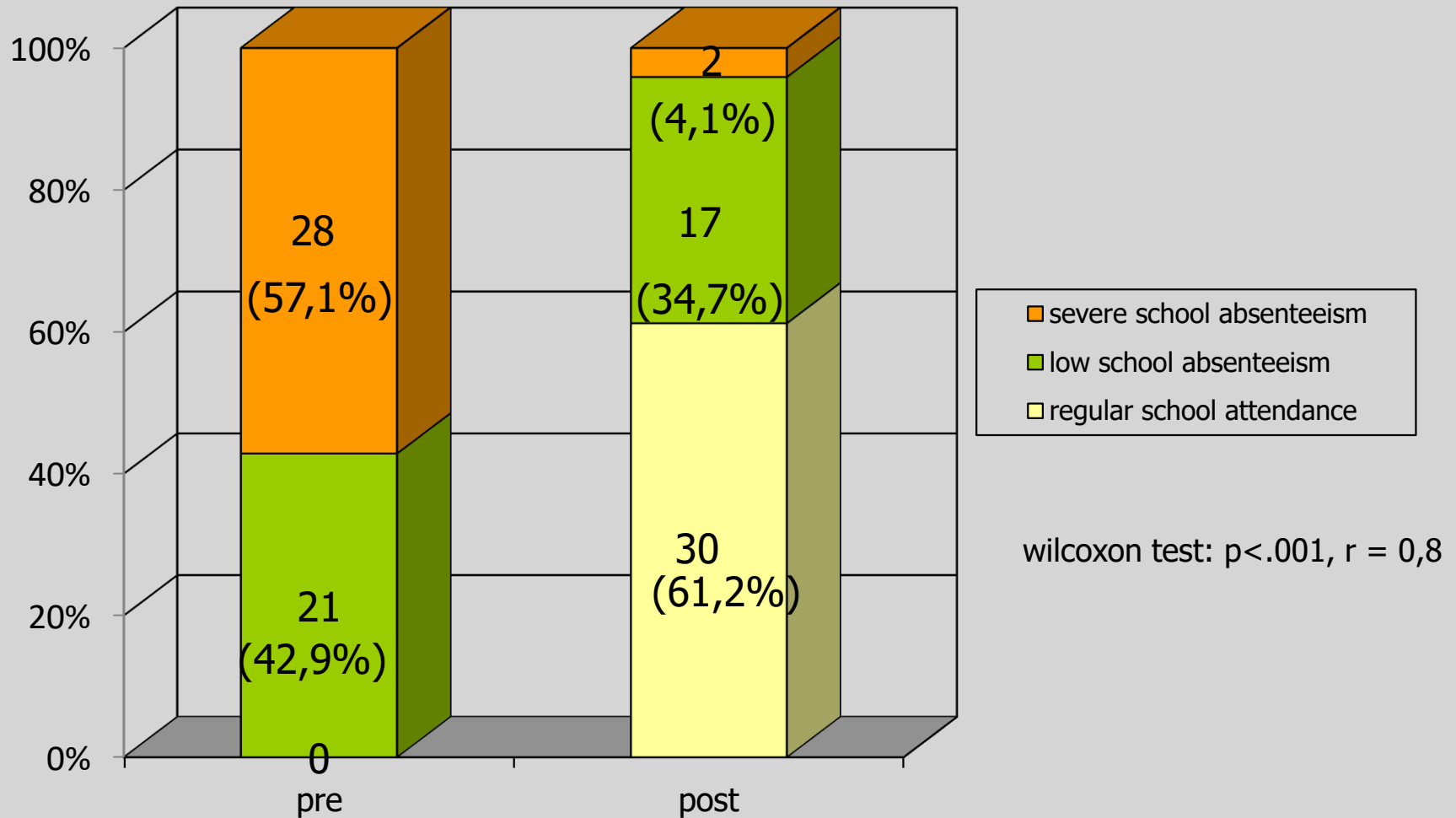


mental disorders



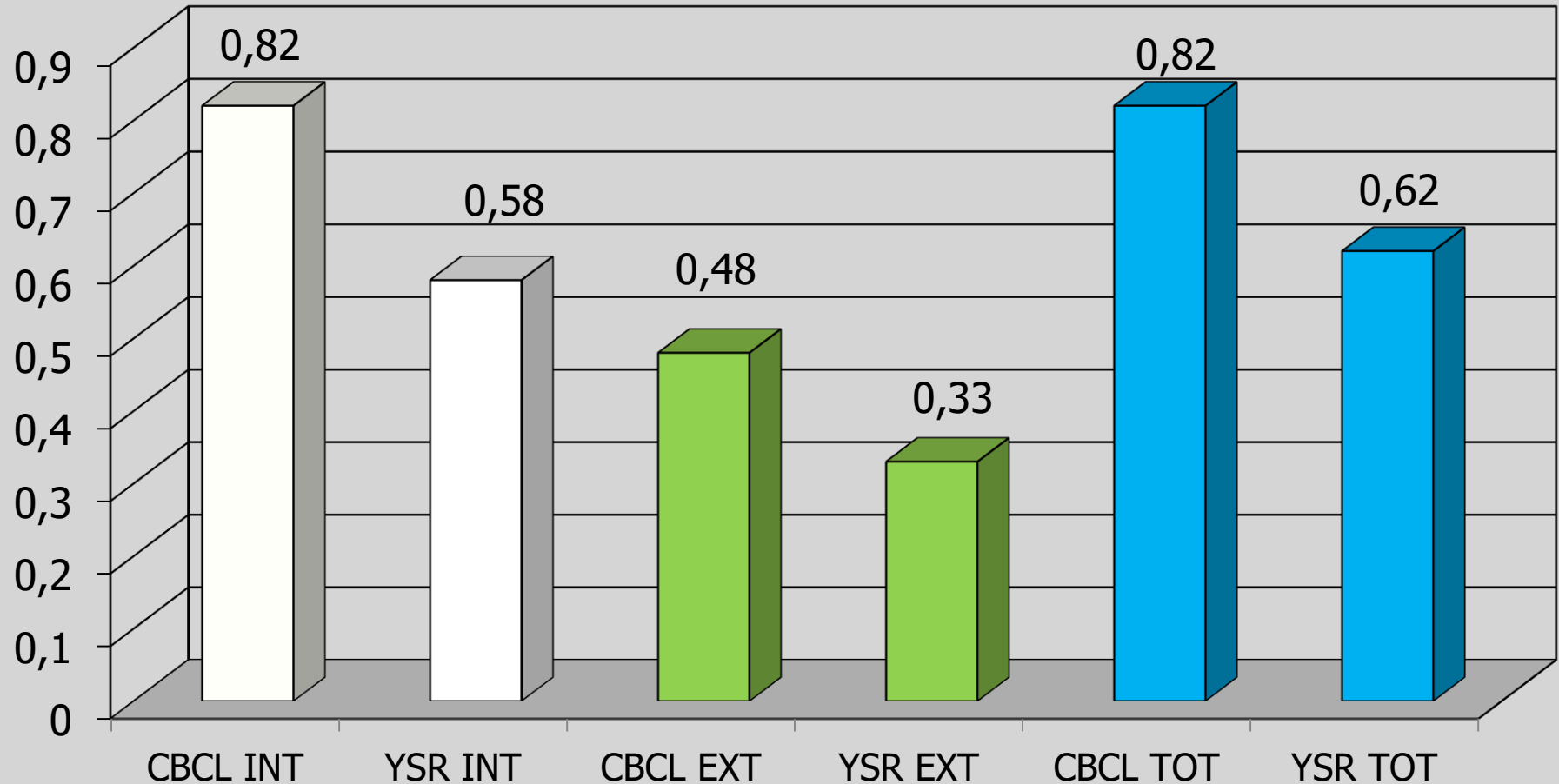
Outpatient treatment – results 1

School attendance



Outpatient treatment – results 2

Change in behavioral and emotional problems



t-test: all $p < .001$

Conclusion & Limitations

- Inpatient and outpatient CBT: large reductions of school absenteeism and symptoms of mental disorders
- In most cases stability of treatment effects over a 9-month-FU (inpatient treatment)
- lack of a control condition
- FU-data: not all patients participated (inpatient treatment)
- rating of school absenteeism retrospectively, based on file record analysis (outpatient treatment)
- routine treatment (multimodal):
 - besides CBT, other intervention modules were integrated (e.g., pharmacotherapy, clinic school)



Thank you!