Cognitive behavioral intervention for youths with anxiety disorders and problematic school absenteeism

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Introduction & Aim

School attendance problems are common in children with anxiety disorders and anxiety is a major risk factor for developing problematic school absenteeism. The function of the child's school refusal may be related to avoidance of school-related stimuli or social situations provoking negative affectivity, or avoidance of separation from parents (Maynard et al., 2015; Pina, Zerr, Gonzales & Ortiz, 2009).

The aim of this study was to evaluate the outcome of individualized CBT for youths with anxiety disorders on school absence, symptoms of anxiety, impact of the anxiety, symptoms of depression and self-efficacy.

Methods

Participants:

In the fall of 2016, eleven children (mean age 13.36; 6 boys, 5 girls) diagnosed with an anxiety disorder combined with problematic absence (≥10 %) and their parents participated in individualized CBT at the Anxiety Clinic for Children and Adolescents, Aarhus University, Denmark. Two children dropped out after the first two session, the remaining 9 children (mean age 13; 6 boys, 3 girls) completed 10.67 one-hour sessions (range 8-18) and a booster session (3 month follow up). Based on a structured diagnostic interview (ADIS) all children were evaluated as having an anxiety diagnoses with a high clinical severity rating (mean ADIS CSR=6.7) with a primary diagnosis of social anxiety disorder (n=5), generalized anxiety disorder (n=3), separation anxiety disorder (n=2), and panic disorder with agoraphobia (n=1).

Treatment:

The individualized CBT was delivered by a clinical psychologist and a student therapist. Children and parents participated in all sessions. In some sessions the family were separated and individual therapy with the child and parents, respectively were conducted.

Treatment consisted of cognitive behavioral techniques and elements from the Cool Kids program (psychoeducation, graded exposure/stepladders, cognitive restructuring/detective thinking, problem solving, worry surfing, parent management strategies). In addition to the treatment, meetings were arranged with the personal at the children's schools in five of the cases.

Measures:

Both children and parents completed questionnaires electronic at pre, post and 3-months follow-up (FU), as well as participated in an ADIS interview.

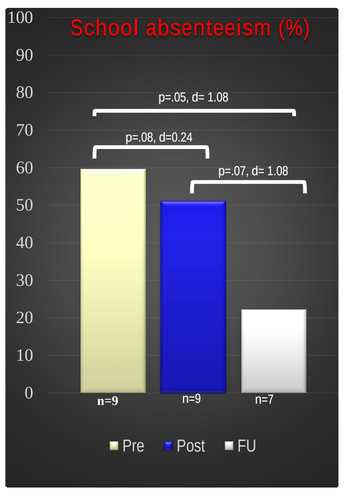
Primary Outcomes			
School absenteeism	Reported on a daily-basis throughout treatment by the family	School absenteeism at post and 3-months follow up was calculated as the mean absence score based on the last two weeks prior to the assessment.	School absenteeism is reported in percent.
Anxiety disorders	Anxiety Disorder Interview Schedule for DSM-IV (ADIS-IV)	Parent and Child Versions	A clinical severity range (CRS) was calculated range from 0-8. A CRS above 4 is considered as a clinical level
Anxiety symptoms	Spence Children Anxiety Scale (SCAS)- total scale	Self-report (child) Proxy-report (parents)	Range 0-114
Anxiety interference	Children's Anxiety Life Interference Scale (CALIS) – total scale	Self-report (child) Proxy-report (parents)	Range 0-4
Secondary outcomes			
Depressive symptoms	Mood and Feelings Questionnaire short version (SMFQ)	Self-report (child) Proxy-report (parents)	Range 0-26
Parental self-efficacy	Self-Efficacy Responding to School Attendance Problems (SE-RSAP)	Self-report (parents)	Range 13-52 (higher scores indicates higher self-efficacy)
Self-efficacy	Self-Efficacy in School Situations (SE-SS)	Self-report (child)	Range 12-60 (higher scores indicates higher self-efficacy)

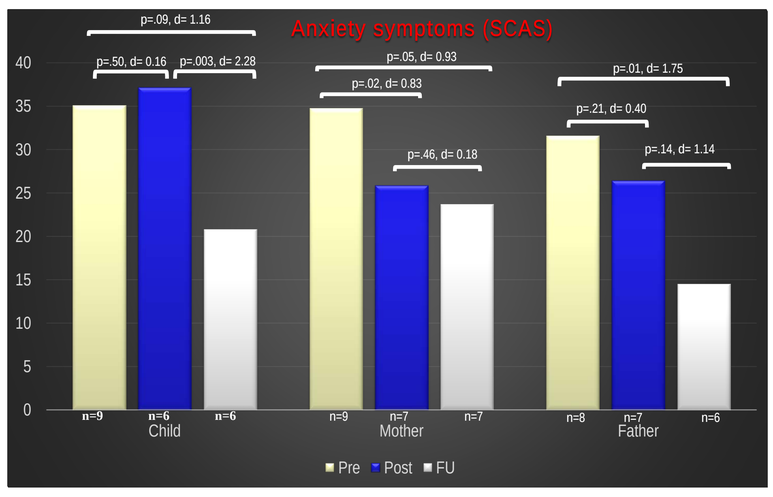
Statistical analyses:

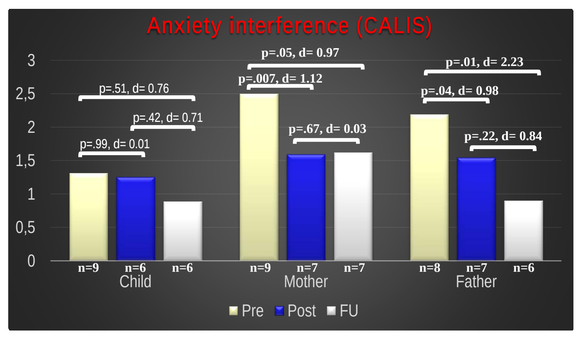
The statistical analyses were performed using SPSS. All analyses were complete case analyses. Difference between pre and post, pre and follow-up, and post and follow-up were analyzed using paired samples t-test. Effect sizes was calculated as Cohen's d.

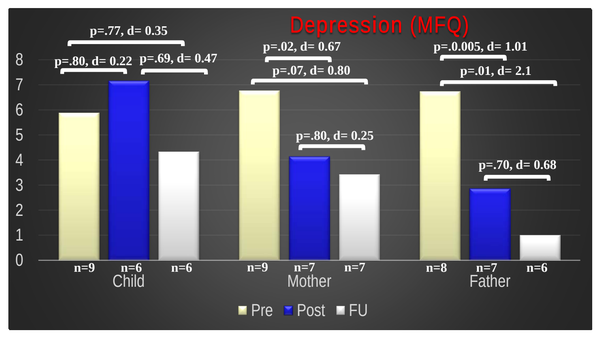
Results

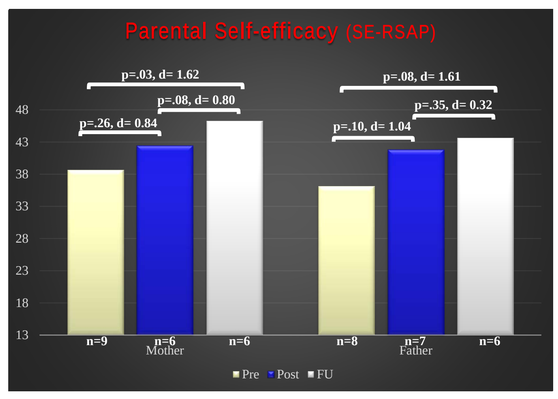
ADIS C/P	Post	FU
Free of all anxiety diagnosis	(1/9) 11 %	(4/7) 57 %
Free from primary diagnosis	(3/9) 33 %	(5/7) 71 %

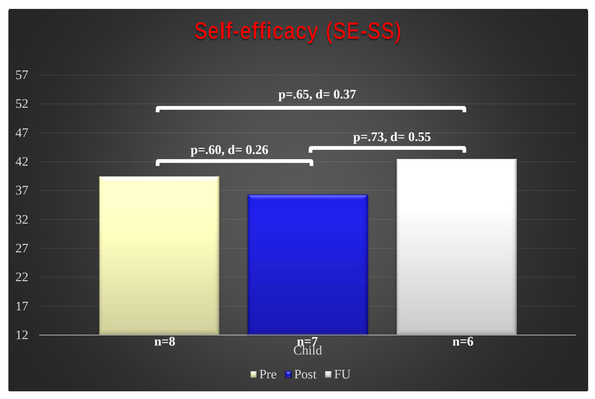












Conclusions

The results showed an improvement on levels of absenteeism and depression, as well as anxiety symptoms and diagnoses in children with anxiety disorder after a cognitive behavioral intervention. In addition, parents reported an improvement in their level of self-efficacy regarding responding to their child's attendance problems. The effect of the intervention persists after the intervention and are even further increased at the three-months follow-up assessment. Children's post reports failed to show a short-term effect on symptoms of anxiety and depression, however there is an effect on these symptoms 3 months after the intervention. More studies is needed to determine whether increased attendance over time reduce symptoms of anxiety and depression.

Despite the treatment's effect on school absenteeism, the children were in average still absent 1/4 of the schooldays 3 months after the intervention. Problematic school absenteeism is complex and can be difficult to overcome.

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