Bullying Prevention in Youth with Chronic Illness and Psychiatric Diagnosis

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Cleveland, OH
### Disclosure of Potential Conflicts

<table>
<thead>
<tr>
<th>Source</th>
<th>Research Funding</th>
<th>Advisor/Consultant</th>
<th>Honorarium or expenses for this presentation or meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA grant number H98MC20269 Cleveland Clinic</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>
Disclosure

- No off-label medication suggestions are included in this presentation.
Educational Learning Objectives

• At the conclusion of this continuing medical education activity, the participant should be able to:

1. Recognize different behavioral manifestations of bullying;

2. Identify skills related to decreasing bullying and its effects;

3. Appreciate vulnerabilities to exhibiting bullying behavior or reacting to being bullied among youth with psychiatric disorders.
Resources at AACAP.org

• Powerpoint presentation, references and contacts are uploaded to AACAP’s website.

• Any additional information needed about presentation content is available from the presenter.
What is bullying?

What constitutes bullying?
• Threats, taunts (verbal bullying)
• Fighting, punching, kicking, grabbing, threatening with weapons (physical bullying)
• Gossip, threatening to expose a secret or begin a hurtful rumor (social bullying)
• Sending phone or text messages with threatening or sexual content (cyber bullying)

Ways you can be involved in bullying:
• Bullying others (verbal, physical, social, cyber)
• Being bullied (verbal, physical, social, cyber)
• Both bullying and being bullied (bully victim)
• Bystander/observer
Bullying can result in:

- Depression
- Anxiety, PTSD
- School avoidance
- Poor academic performance
- Suicidal thinking
- Substance abuse
- Fighting
- Carrying weapons

Frequent news headlines
NY Daily News, 10/20/13: FL teen charged in death of bullied girl
Project COPE: Bullying Behavior and Being Bullied in Youth with Epilepsy

Jane Timmons-Mitchell, Ph.D.
and
Tatiana Falcone, M.D.
Project COPE Sample

- 32 children and youth completed the Adolescent Peer Relations Instrument: Bully/Target questionnaire (APRI-BT)

- This bullying questionnaire gives information about
  - bullying behavior
  - experience being bullied

- 16 male, 16 female

- Grade in school: 3-12 (mean = 8.53, s.d.=2.26).
Project COPE Bullying Results

The group as a whole: no significant differences from normative sample of Australian schoolchildren.

<table>
<thead>
<tr>
<th></th>
<th>Project COPE sample</th>
<th>Normative sample male</th>
<th>Normative sample female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>1.32 (0.48)</td>
<td>1.59 (0.67)</td>
<td>1.29 (0.39)</td>
</tr>
<tr>
<td>Being bullied</td>
<td>1.75 (1.96)</td>
<td>1.64 (0.86)</td>
<td>1.41 (0.66)</td>
</tr>
</tbody>
</table>
Individual Differences: Youth with Epilepsy

- Experiencing Bullying z scores were significantly different ($p<.05$) from the normative mean for 5 youth (16% of sample)

- Clinically, it is important to recognize youth with epilepsy who have experienced bullying that may result in psychiatric sequelae.
StandUp Bullying Prevention Program: Comparing Students with and without Disability or Psychiatric Diagnosis

Jane Timmons-Mitchell, Ph.D., Case Western Reserve University
Deborah Levesque, Ph.D., ProChange Behavior Systems, Inc.
Janice M. Prochaska, Ph.D., ProChange Behavior Systems, Inc.
and
Tatiana Falcone, M.D., Cleveland Clinic
StandUp: Where It Came From

Pro-Change Behavior Systems, Inc.

Founded, 1997 by Dr. James Prochaska, developer, Transtheoretical Model of Change (TTM)

Pro-Change develops evidence-based computer-delivered behavior change programs based on the TTM

Has received funding from NIMH, CDC, DOD

Two interventions on NREPP
- Managing your Mood (depression)
- Stress Management Program
What is StandUp?

Stand Up is a computer-based program designed to help high school students develop and use skills for relating to others in healthy ways.

Using the skills and ideas in this program can help teens to:

- Treat themselves and others with respect
- Avoid being a bully
- Get help if they’re a victim of bullying
- Stand up to stop bullying when they see it going on around them

This program is designed for all teens, no matter if...

- They’ve had any experience with bullying or not
- They’re ready to make changes in the way they relate to others or not
- They’re ready to take a stand against bullying or not
How Does the StandUp Program Work?

The **Stand Up** computer program includes questions, individualized feedback, videos, and personal stories designed to educate, motivate, and inspire students to use skills for relating to others in healthy ways.

The program is delivered in **three** 30- to 40-minute sessions approximately one month apart. Students work privately and independently. Each session ends with a **Let’s Talk About It** web page, which lists help sources. All answers and feedback are password-protected and private.
Each participant completes measures at the beginning of the first session.

Constructs assessed include:

**Decisional Balance**
- Pros (benefits) of change - Perceived positive consequences
- Cons (costs) of change - Perceived negative consequences

**Self Efficacy (Confidence)**
- Degree to which individual believes s/he can achieve a goal

**Processes of Change**
- Change strategies people use to make and maintain a change
StandUp Development: Foundational Data

StandUp was adapted from Teen Choices, a program to prevent dating violence.

Teens who are non-daters work on Increasing healthy relationship skills.

The non-dater track from Teen Choices was adapted for StandUp.

Levesque, CDC report--reference
StandUp Teaches Healthy Relationship Skills

1. Trying to understand and respect the other person’s feelings and needs

2. Using calm, nonviolent ways to deal with disagreements (for example, leaving the room to cool down, offering solutions)

3. Respecting the other person’s boundaries (for example, how close they want to get and what they’re comfortable and uncomfortable sharing with others)

4. Communicating your own feelings and needs clearly and respectfully

5. Making decisions that you know are right for you in social situations

6. Taking a stand to stop bullying when you see it (for example, by saying something to the bully, or telling an adult)
Welcome to "Teen Choices"

Welcome to Teen Choices: A Program for Healthy, Nonviolent Relationships.

Every day, teens make choices in their relationships with friends and with people they date. You’re at a point in your life where the choices you make are starting to matter more and more. The Teen Choices program was developed to:

- Help you **think** more about your behavior in relationships
- Help you **make good choices** in relationships
- Help you **use healthy relationship skills** to improve your relationships and stay violence-free.

This program will ask you some questions and give you feedback based on your answers. It will explain what your answers mean for you, and give you helpful ideas and information.
Teen Choices

This program is designed for all teens, regardless of gender, and no matter if they're:

- Dating or not dating
- Straight, gay, lesbian, bisexual, or unsure of their sexual orientation
- Already using healthy relationship skills or not
- Ready to make changes in the way they behave or not

Even if you're not dating, it's important to make good choices in relationships with other people your age. Teens who have good, healthy relationships with friends are more likely to have healthy relationships with boyfriends and girlfriends if they do decide to date.
What You’ve Experienced

It’s helpful to think more about how you’ve been treated in your dating relationships. Based on your answers, you’ve experienced the following in your dating relationships in the last year. The things marked "Yes" are what other people have done to you.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional put-downs</td>
<td>Yes</td>
</tr>
<tr>
<td>Attempts to control you</td>
<td>Yes</td>
</tr>
<tr>
<td>Threats</td>
<td>No</td>
</tr>
<tr>
<td>Physical violence</td>
<td>Yes</td>
</tr>
<tr>
<td>Pressure to do sexual things</td>
<td>No</td>
</tr>
</tbody>
</table>

You can click on each behavior to see examples.

What You’ve Done

It’s also helpful to think more about how you’ve treated the people you’ve dated. Based on your answers, you’ve done the following in your dating relationships in the last year. The things marked "Yes" are what you’ve done to other people.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used emotional put-downs</td>
<td>No</td>
</tr>
<tr>
<td>Attempted to control someone</td>
<td>Yes</td>
</tr>
<tr>
<td>Used threats</td>
<td>No</td>
</tr>
<tr>
<td>Used physical violence</td>
<td>No</td>
</tr>
<tr>
<td>Pressured someone sexually</td>
<td>No</td>
</tr>
</tbody>
</table>

You can click on each behavior to see examples.
With that in mind, we also want to talk about healthy relationship skills. They're skills that can help people handle situations with:

- Self-respect
- Respect for others.

If people used healthy relationship skills all the time, there'd be less violence and abuse in relationships.
Healthy Relationship Skills

In the last month...

- How often did you try to understand and respect the other person's feelings and needs?
  - Often

- How often did you use calm, non-violent ways to deal with disagreements (for example, leaving the room to cool down or offering solutions)?
  - Almost Always

- How often did you respect the other person's boundaries (how close they wanted to get and what they're comfortable and uncomfortable doing)?
  - Never
Healthy Relationship Skills

It's important to use healthy relationship skills all the time. Based on your answers, you use two skills (the ones marked "Yes") all the time. That's a good start!

<table>
<thead>
<tr>
<th>Skill</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to understand others' feelings</td>
<td></td>
</tr>
<tr>
<td>Handling disagreements well</td>
<td>Yes</td>
</tr>
<tr>
<td>Respecting others' boundaries</td>
<td>Yes</td>
</tr>
<tr>
<td>Communicating your needs clearly</td>
<td></td>
</tr>
<tr>
<td>Making decisions that are good for you</td>
<td></td>
</tr>
</tbody>
</table>

Although you may use the other skills a lot, we recommend that you use them all the time. Click the Arrow button to learn more about two skills you should use more often.
Your Own Experiences

In the last month HOW OFTEN did you...

- Have adults in your life who want to see you grow up to be a kind and caring person.
- Give yourself a “pat on the back” for using good relationship skills.
- Think about the type of relationship you’d like have in the future.
- Stay away from people who treat you or others with disrespect.
- Tell yourself that you will stand up for yourself in healthy ways, no matter how hard it is.
Manage Your Surroundings

Who you choose to spend time with can make it easier or harder to use healthy relationship skills.

Think about the types of people who can make it harder:

- People who are poor role models
- People who don’t use healthy relationship skills
- People who don’t treat themselves and others with respect
- People who intentionally try to hurt or annoy you.
Trying to Understand Others' Feelings and Needs
"Uncomfortable Being Yourself"

Step 1:
Ask what the other person is thinking and feeling.

Transcript
Teens are most likely to turn to their friends for support or advice with relationship issues. That's great. But there are lots of other people out there. Here are some other sources of help:

- Parents or guardians
- Brothers or sisters
- Other family members
- Web sites
- Telephone helplines
- Teachers or coaches
- School counselors or nurses
- Religious or youth leaders
- Support groups in your school or community
- Police officers
The **Stand Up** program was developed by Pro-Change Behavior Systems, Inc. (www.prochange.com).

It is an adaptation of a computerized teen dating violence prevention program developed and tested with research funding from the Centers for Disease Control and Prevention (Grant #R43CE000499) and the National Institutes of Mental Health (Grant# R44MH86129).

The Cleveland Clinic is able to provide this educational service through a grant provided by Health Resources and Services Administration’s Maternal and Child Health Bureau (Grant # H98MC20269).
StandUp Participants

Two groups of youth participated in the StandUp pilot.

1. 4 high school age youth with Epilepsy

2. 118 youth from a suburban high school
   5 with physical disability
   16 with psychiatric diagnosis
   18 with Learning Disabilities/IEP (Individualized Education Plan)
StandUp Participants: Epilepsy

4 youth with epilepsy participated in StandUp

Gender: 3 females, 1 male

Age: 1 is 14; 2 are 16; 1 is 19

Grade: 1 is in 9th grade; 3 are in 11th grade

Ethnicity: 1 is Hispanic or Latino; 2 are white; 1 is Asian

SES: 3 youth indicated their parents went to college; 0 get free or reduced-price lunch at school

Sexual orientation: all 4 of the youth consider themselves to be straight
StandUp Participants: High School

118 high school youth participated in StandUp; 88 completed all three sessions

Gender: 58 female; 60 male

Age: ranged from 14-19 years, mean = 15.5 years (s.d. = 1.2)

Grade: ranged from 9-12, mean = 10.2 (s.d. = 1.1)

Ethnicity: 5 Hispanic or Latino; 57 white; 38 black; 7 Asian; 11 multiracial

SES: 105 youth reported that at least one of their parents went to college; 25 students reported that they receive free or reduced lunch at school

Sexual orientation: 6 youth do not consider themselves to be straight; 10 indicated they do not know (Q)
StandUp Results - Utilization

2 youth with epilepsy completed all 3 sessions
2 youth with epilepsy completed 2 sessions

88 of the 118 high school youth who participated in the first session completed all 3 sessions
StandUp Results—Bullying

A 24-item measure (Levesque et al, 2011) assesses four types of bullying
• Verbal
• Physical
• Sexual
• Cyber

Experienced and perpetrated

Over time, do teens in various sub-groups report differences in bullying
Experienced or perpetrated?
Bullying Results-Time

For the group as a whole,

Repeat measures ANOVAS (SPSS, v. 21) did not result in significant differences on the bullying questions over time.
Bullying Results-Sub-groups

Comparisons for the subgroups
- Epilepsy
- Physical Disability
- LD/IEP
- Psychiatric Diagnosis

Over 3 times of program administration repeat measures ANOVAS (SPSS, v. 21) did not result in significant differences between the sub-group and the group as a whole.
Bullying Results: Sub-group/Whole group comparisons

One subgroup displayed significant results compared with the whole group in one area:

- Youth with a psychiatric diagnosis
- Cyberbullying
Cyberbullying Questions

How many times during the last year have other people done these things to you:

• Used the internet or a cell phone to spread rumors about you
• Used the internet or a cell phone to post pictures about you that you did not want others to see
• Used the internet or a cell phone to criticize or make fun of you

How many times during the last year have you

• Used the internet or a cell phone to spread rumors
• Used the internet or a cell phone to post pictures
• Used the internet or a cell phone to criticize or make fun of others

Higher number indicates more of the reported behavior
## Being Cyberbullied Group Differences

<table>
<thead>
<tr>
<th>Group</th>
<th>1 Time</th>
<th>1 Time</th>
<th>1 Time</th>
<th>2 Time</th>
<th>2 Time</th>
<th>2 Time</th>
<th>3 Time</th>
<th>3 Time</th>
<th>3 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych</td>
<td>0.75</td>
<td>4.14</td>
<td>4.23</td>
<td>0.63</td>
<td>4.14</td>
<td>4.23</td>
<td>1.00</td>
<td>4.79</td>
<td>5.08</td>
</tr>
<tr>
<td>Whole</td>
<td>0.83</td>
<td>0.66</td>
<td>0.70</td>
<td>0.75</td>
<td>0.22</td>
<td>0.16</td>
<td>0.69</td>
<td>1.38</td>
<td>1.45</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Others used internet or cell phone to spread rumors about you (1)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others used internet or cell phone to spread rumors about you (1)</td>
<td>0.80</td>
<td>107</td>
<td>NS</td>
</tr>
<tr>
<td>Others used internet or cell phone to spread rumors about you (1)</td>
<td>-3.21+</td>
<td></td>
<td>.002**</td>
</tr>
<tr>
<td>Others used internet or cell phone to spread rumors about you (1)</td>
<td>-2.98+</td>
<td></td>
<td>.008**</td>
</tr>
<tr>
<td>Others used internet or cell phone to post pictures about you (2)</td>
<td>0.14</td>
<td>107</td>
<td>NS</td>
</tr>
<tr>
<td>Others used internet or cell phone to post pictures about you (2)</td>
<td>-3.91+</td>
<td></td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Others used internet or cell phone to post pictures about you (2)</td>
<td>-3.73+</td>
<td></td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Others used internet or cell phone to criticize or make fun of you (3)</td>
<td>-.39</td>
<td>107</td>
<td>NS</td>
</tr>
<tr>
<td>Others used internet or cell phone to criticize or make fun of you (3)</td>
<td>-2.41+</td>
<td></td>
<td>.02*</td>
</tr>
<tr>
<td>Others used internet or cell phone to criticize or make fun of you (3)</td>
<td>-2.35+</td>
<td></td>
<td>.02*</td>
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</table>
Being Cyberbullied: Means at Time 3

<table>
<thead>
<tr>
<th>Question</th>
<th>Psych DX</th>
<th>Whole Group</th>
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</thead>
<tbody>
<tr>
<td>Q-1065</td>
<td>4.23</td>
<td>0.7</td>
</tr>
<tr>
<td>Q-1066</td>
<td>4.23</td>
<td>0.16</td>
</tr>
<tr>
<td>Q-1067</td>
<td>5.08</td>
<td>1.45</td>
</tr>
</tbody>
</table>
## Cyberbullying Group Differences

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You used the internet or cell phone to spread rumors about someone (1)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.44</td>
<td>107</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>-1.42</td>
<td>89</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>-1.47</td>
<td>80</td>
<td>NS</td>
</tr>
<tr>
<td><strong>You used the internet or cell phone to post pictures of someone (2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.46</td>
<td>107</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>-2.06+</td>
<td>89</td>
<td>.04*</td>
</tr>
<tr>
<td></td>
<td>-2.19+</td>
<td>80</td>
<td>.03*</td>
</tr>
<tr>
<td><strong>You used the internet or cell phone to criticize or make fun of someone (3)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-2.17+</td>
<td>107</td>
<td>.03*</td>
</tr>
<tr>
<td></td>
<td>-2.37+</td>
<td>89</td>
<td>.02*</td>
</tr>
<tr>
<td></td>
<td>-2.36+</td>
<td>80</td>
<td>.02*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>1 Time</th>
<th>1 Time</th>
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<th>2 Time</th>
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<th>2 Time</th>
<th>3 Time</th>
<th>3 Time</th>
<th>3 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych</td>
<td>.06</td>
<td>1.07</td>
<td>1.15</td>
<td>.06</td>
<td>.86</td>
<td>.81</td>
<td>.94</td>
<td>2.86</td>
<td>3.08</td>
</tr>
<tr>
<td>Whole</td>
<td>.35</td>
<td>.31</td>
<td>.30</td>
<td>.22</td>
<td>.08</td>
<td>.04</td>
<td>.18</td>
<td>.57</td>
<td>.59</td>
</tr>
</tbody>
</table>
Cyberbullying: Means at Time 3

Graph showing the means at Time 3 for different groups with specific values and trends.
StandUp Results—Healthy Relationship Skills

6 skills assessed

• Understanding and respecting others’ feelings and needs
• Using calm, nonviolent ways to deal with disagreements
• Respecting others’ boundaries
• Communicating feelings and needs clearly and respectfully
• Making decisions that are right for you in social situations
• Taking a stand to stop bullying when you see it

to see whether teens exhibited an increase in readiness to use healthy relationship skills over the three administrations of StandUp, and whether they differed by sub-group
Healthy Relationship Skills-Time

Repeat measures ANOVAS (SPSS, v. 21)
• Group as a whole exhibited significant differences over time
• In 5 of 6 individual healthy relationship skills (all but respecting others’ boundaries)
• In Total Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>F</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding and respecting others’ feelings and needs</td>
<td>4.77+</td>
<td>2</td>
<td>.01**</td>
</tr>
<tr>
<td>Using calm, nonviolent ways to deal with disagreements</td>
<td>6.46+</td>
<td>2</td>
<td>.002***</td>
</tr>
<tr>
<td>Respecting others’ boundaries</td>
<td>0.19</td>
<td>2</td>
<td>NS</td>
</tr>
<tr>
<td>Communicating feelings and needs clearly and respectfully</td>
<td>6.07+</td>
<td>2</td>
<td>.003***</td>
</tr>
<tr>
<td>Making decisions that are right for you in social situations</td>
<td>6.62+</td>
<td>2</td>
<td>.002***</td>
</tr>
<tr>
<td>Taking a stand to stop bullying when you see it</td>
<td>17.08+</td>
<td>2</td>
<td>&lt;.001****</td>
</tr>
<tr>
<td>Total Skills</td>
<td>16.04+</td>
<td>2</td>
<td>&lt;.001****</td>
</tr>
</tbody>
</table>
Healthy Relationship Skills-Sub-group

Healthy relationship skills over time
  Individual skills
  Total skills
No significant differences for sub-groups
  Epilepsy
  Physical disabilities
  LD/IEP
  Psychiatric diagnosis
Conclusions

Lack of differences between sub-groups and group as a whole: small size of sub-groups

Lack of differences in bullying questions over time may not be surprising: questions are worded in terms of experiences in the past year.

• Temporal stability of the items suggest they would not be sensitive to change over 4 months.
• The purpose of the bullying questions is to establish stage of change at initiation of the program as well as to determine which of five paths (bully, victim, bully/victim, bystander, not affected by bullying) the student should follow in the program.

Changes in readiness to use 5 of 6 healthy relationship skills and total skills over time are encouraging and indicate StandUp is a promising program to address bullying.
Clinical Relevance

• Administering a paper-pencil or computer-generated measure to all adolescents to assess bullying behavior and/or experience being bullied may be advisable. Teens share more indirectly than they do in interviews.

• Many, but not all, teens have experienced bullying in some way. Bullying experiences can contribute to significant psychiatric issues.

• Youth with a psychiatric diagnosis may have experienced more bullying and may engage in more bullying than other youth. As such, it is important to be ready to address what to do about bullying in the clinical setting.

• Skills development approaches can help teens to learn how to have healthy relationships.

• A new program, StandUp, is cost effective, and shows promising early results.
References


http://www.nrepp.samhsa.gov

Contact Information

www.AACAP.org: powerpoint slides can be downloaded

Please complete evaluation forms

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