Bullying: Why do we still need to be talking about this?

Kristin Miles, PsyD, and Gene Yang, MD, MBA, presenters

Thursday, November 9, 2023



Quick overview of logistics

Our speakers will give a 70- to 75-minute presentation.

Following the presentation, there will be a dedicated time to answer your questions.

- Please use the Q&A feature, located in the toolbar at the bottom of your screen, to send your question to the moderator.
- The moderator will review all questions submitted and select the most appropriate ones to ask the presenters.



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Disclosures

Kristin Miles, PsyD, and Gene Yang, MD, MBA, have each declared that they do not, nor does their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation.

The presenters have each declared that they do not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships. Further, Rogers Behavioral Health does not accept commercial support for its CE programs.

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Learning objectives

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Upon completion of the instructional program, participants should be able to:

- 1. Describe at least two reasons why bullying occurs amongst youth
- 2. Identify at least three interventions aimed towards decreasing bullying experiences

What we'll cover in this webinar

A closer look at bullying: Why does it happen and what to do about it

- Effects of bullying on the individuals involved in it
- Why bullying happens; who is typically involved
- Interventions shown to work and lessons learned from those that didn't work

Evolution of bullying and pharmacological interventions

- · Evolution of bullying with technology
- · Technological tools for identifying bullying
- · Pharmacological interventions

Moderated Q&A

Presenter subjectivities

Dr. Kristin Miles

Professional identities

- · Clinical supervisor / inpatient psychologist
- · Clinical psychologist (PsyD)
- Co-director of Rogers' APA approved clinical psychology doctoral internship program

Personal identities

- She/Her
- · White, cisgender, able bodied female
- Mother of two children, one in elementary school and one in middle school

Dr. Gene Yana

Professional identities

- · Child, adolescent, and adult psychiatrist
- MD. MBA
- Clinical adjunct assistant professor, University of Wisconsin School of Medicine
- · Clinician, medical informatics, clinical innovations
- Personal identities
- He/Him/His
- · Korean-American, cisgender male
- Married

We acknowledge that our experience, intersectionality, privilege – and lack thereof – inform what we each bring to our research, clinical practice, and teaching

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finitions of bullying

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Dr. Dan Olweus (Psychologist and Professor who began bullying research in the 1970s):
"...[a student is] exposed, repeatedly and over time, to negative actions on the part of one or more other students" (Olweus, 1996).

Anti-Bullying Alliance:

"The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online."

National Centre Against Bullying (NCAB):

"Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening. Bullying can happen in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the potential to be repeated, over time (for example, through sharing of digital records). Bullying of any form or for any reason can have immediate, medium and long-term effects on those involved, including bystanders. Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying."

Why does it happen and what to do about it

Please use the Q&A feature to send your questions to the moderator.



Definitions of bullying

Three common threads:

- 1. Power
- 2. Repetitive in nature
- 3. Causes intentional harm

Bullying by the numbers

CDC's Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021

Results show:

- · 15% of high school students are bullied at school
- · 16% of high school students were electronically bullied
- 1/3 of LGBQ+ were bullied at school and nearly 30% of these students were electronically bullied
- A trend of 7-10% increases in missing school due to fear of safety over the past 10 years
 - Black and Hispanic students were more likely than Asian, White, and Multiracial students to miss school due to safety concerns

(Center for Disease Control and Prevention, 2023)

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Attempts made at anti-bullying approaches

- A tendency to put something anything in place
 - Not typically based in research
 - Trying to find the "quick fix" or "magic wand"
- We are continuing to learn more about these misses and what to do differently
 - Future teachers must be willing to learn about bullying and be motivated to do what it takes to minimize it in the schools.

(Olweus & Limber, 2010)

Meet three 13-year-olds in 7th grade...

Mike

- · White, cisgender male
- He/him pronounsParents are divorced
 - Mom is working more
 - Dad doesn't see him often
 - Spends a lot of time with grandparents
- Influenced by familial strong patriarchal view
- · 2 siblings: 1 older; 1 younger
- Begun experiencing popularity related to sport talents
- Has begun to emerge as a leader of a social group at school

/ling:

- · Asian-American, trans-male
- · They/them pronouns
- Parents are 1st generation Americans and hold strong Chinese values
- Has one younger brother (4th grade)

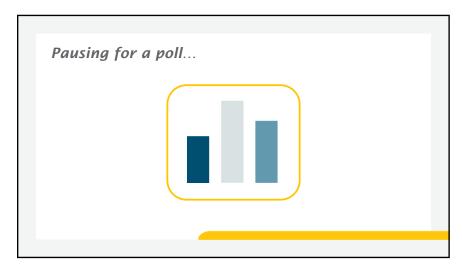
Octavius:

- Biracial (Race/ethnicity unknown), cisgender male
- · He/him pronouns
- Born with congenital limb defect which causes his left arm to be smaller than his right
- · Parents are married
- · Only child
- Star player on soccer team
- Part of the same social group as Mike, but not seen as a leader

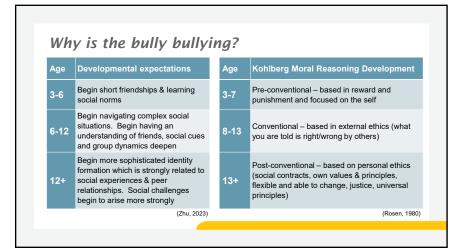


Questions to consider

- What approach would you want to consider to help Mike, Ming, and Octavius? With the
- In what way might diversity and culture play
- · How might these factors be considered when treating each person?
- · How might societal factors play a role?

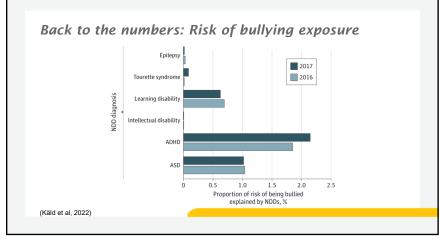


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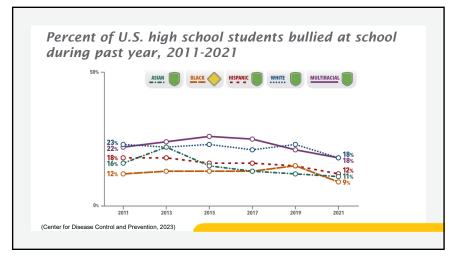
Creation of bully behaviors: Most common ingredients Self esteem development Age (middle school) Group dynamics · Authentic self-esteem vs · Stressors, transitions, Factors that lead toward bully behaviors externally contingent selfand development esteem · Popularity and other goals (Boulton & Macaulay, 2022; Lou, Ban, Qui & Liu, 2023; Hensums, Brummelman, Larsen, van den Bos, & Overbeek, 2023; Lansu, 2023; Zhu, 2023)

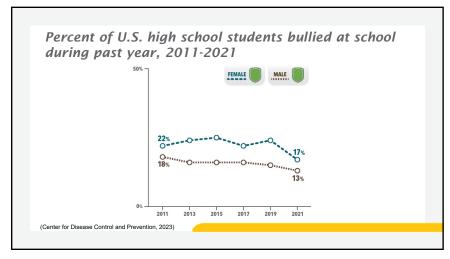
The most vulnerable populations
Mental health diagnoses
ADHD, LD, ED
Autism spectrum disorder
LGBTQ
Racial and ethnic minorities



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(Gmeiner & Warschburger, 2021; Weinreich et al, 2023; Pityaratstian & Prasartpornsirichoke, 2022; Xu, et al 2020.; Rowley et al, 2012; Sofronoff, Dark, & Stone, 2011; Earnshaw et al, 2019; Earnshaw et al, 2018).





Effects of bullying on the individuals involved

Effects on a person can be both individual and expansive:

- Some individuals are very resilient and will experience less than others
- A person's life experiences besides the bullying may play a role in this as well

Considerations include:

- · Trauma experiences
- · Social supports
- Caregiver and teacher support
- · Developmental experiences

Effects of bullying: Current research

- · Mood disturbances
- · Social development
- · Non-suicidal self-injurious behaviors
- · Attention and focus
- Brain development
- Suicide



(Pityaratstian, Prasartpomsirichoke, 2022; Kumari, Tiru, & Anand, 2023; Menesini & Salmivalli, 2017; Maurya et al, 2023; Baker et al, 2022; Ye et al, 2023; Wen et al, 2023; Wan et al, 2022; Gunn & Goldstein, 2016)

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How do we make a positive impact?

Individual level interventions:

- · Improve Distress Tolerance and social skills
- · Increase self-esteem
- · Empathy training
- · Ensure that individual goals and a reward system are in place
- · What is the function of the behavior?
- · Monitor school connectedness

(Luo et al. 2023; Pityaratstian & Prasartpornsirichoke 2022; Boulton & Macaulay, 2022; Kumari, Tiru & Anand, 2023; Zhu, 2023; Trach, Garandeau, & Malamut, 2023; Gönültaş & Mulvey, 2022; Swit, Blakely-McClure & Kamper-DeMarco, 2023; Brugman, van der Meulen & Gibbs, 2023; Hensums et al. 2023; Olweus, 1996; Baker et al. 2022; Kim et al. 2023.

How do we make a positive impact?

School level interventions:

- Ensure that individual goals and a reward system are in place
- · What is the function of the behavior?
- · Monitor school connectedness
- School / classroom beliefs and values are upheld

Prevention programs

- Growing Resilience in Teens (GRIT) Training
- Olweus Bullying Prevention Program

(Kumari, Tiru & Anand, 2023; Olweus, Solberg & Breivik, 2018; Olweus, 1996; Olweus & Limber, 2010; Marsh et al, 2023; Zhu, 2023; Wang et al, 2022; McGoey et al, 2023; Rosen, Scott & Higgins, 2023)

Lessons learned...

Beware of:

- · "Cross-age friends" or peer mentors
- Zero-tolerance programs or "cherry picking" parts of a program
- · Waiting too long to intervene
- Staff and parent attitudes not aligning with the anti-bullying program
 - Staff engagement and confidence matters
- Relationships with students

(Zhu, 2023; Johander et al, 2023; Olweus & Limber, 2010)

General recommendations:

- · Developmentally appropriate
 - · Cognitive development and capacity
- · Need for personal autonomy
- Need for peer approval and acceptance
- · General identity development
- Consider family and school involvement

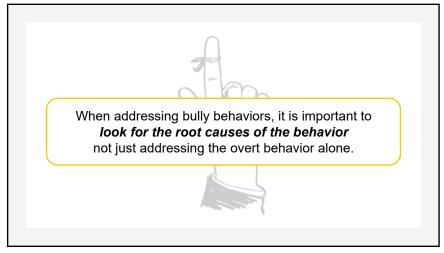
A quick note on workplace bullying

There similarities are strong between youth and adult bullying:

- Create a safety net Establish and maintain a culture in which staff know they can raise ideas and concerns safely.
- 2. Participatory change Listen and empower the team for change. Employees drive the change in active way.
- 3. **Team unity** Move the team towards a "we" and away from an "I" approach.
- 4. Positive change trajectory Create a sense of possibility, that positive change can happen. Reinforce the positive change and positive attitude!

(Li et al, 2023)

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Evolution of bullying and pharmacological interventions

Please use the Q&A feature to send your questions to the moderator.

Evolution of bullying with technology

Timeline of select social media/networking platforms

Pre-app

· 2003: MySpace, 4chan

• 2004: Facebook (now Meta)

• 2006: Twitter (now X)

• 2007: Apple iPhone

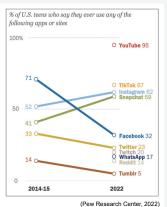
Evolution of bulling with technology

The dawn of the app

- · 2011: Snapchat
- 2015: Discord
- 2017: TikTok

Pew Research Center study reports high rates of use among teens (ages 13-17):

- 95% YouTube
- 67% TikTok
- · 62% Instagram
- 59% Snapchat



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U.S. teens	Offensive name-calling 32	Spreading of false rumors about them		Constantly bein asked where the are, what they'r doing, or who they're with by someone other than a parent	ey e	Having explicit images of them shared without their consent	Any cyberbullyin
Boys Girls	31 32	16 29	15 19	13 17	10 10	5	43
White Black Hispanic	35 29 29	24 17 21	16 21 19	14 9 21	10 11 10	6 10 7	40
Ages 13-14 15-17	29 34	20 24	11 22	12 17	10 10	4 8	42
Boys 13-14 15-17 Girls 13-14 15-17	31 32 25	15 16 24	11 18 10	12 13 12	10 10 9	3 7 5	41 44 41

Technological tools for addressing bullying

Parental technology interventions

Monitoring and Restriction

- · fenced.ai
- Bark
- RAADR
- Qustodio
- Life360
- Boomerang

School technology interventions

School equipment management

- GoGuardian
- · Securly
- Gaggle
- Managed Methods
- Senso

Eliminating "friction points"

Technological tools for addressing bullying

DEI concerns

- · Low socio-economic status
- · English language learners

Mission-creep

• Increasing mental health roles for IT professionals

Frontiers in technology and bullying

Context-aware computing

· Technology to alert regarding physical bullying in real-time

Biometric tracking

 Increased awareness of student locations, identify individuals accurately for targeted interventions

Serious Games

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Overview: Pharmacological interventions

The risk for developing or exacerbating mental health conditions increases with *both* the act of bullying and being a victim of it.

- ADHD is associated with bullies (16.2%) and bullying victims (46.9%)
- Psychotherapy is the preferred intervention
- Pharmacological treatment relies on effective screening and diagnosis

(Bustinza et al, 2022; Murray et al, 2021)

Time for questions and answers...

- Please use the Q&A button not the chat to submit your question
- If we don't get to your question, please feel free to send an email to webinars@rogersbh.org and we will follow-up with you



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Three key take-home messages...

- 1. Bullying is still an issue we need to continue to work at because it has serious consequences for the victims.
- 2. Work to find the root cause of the bullying behavior and addressing that will help address the actual behavior.
- Creating a culture within the home, school and/or work environment that promotes anti-bullying values, inclusivity, and acceptance of others will be key in changing the current bullying situation.

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About the presenters....



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