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National Injury and Violence Prevention Resource Center

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The Role of Pediatricians in Screening for and Preventing Bullying

July 28th, 2015

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Presenters

Joseph L. Wright, MD, MPH
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Building Capacity to Reduce Bullying:
Role of the Health Care Professional

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Children's Safety Network
Webinar Series
July 28, 2015

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Faculty Disclosure

- In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.

- This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.

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Question

The definition of bullying behavior includes all of the following features except:

a) Imbalance of power
b) Intimate partner relationship
c) Repetition
d) Intentionality

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Bullying: Definition

- **Bullying** occurs when a youth experiences unwanted aggressive behavior by another youth, or group of youths, outside of a sibling or dating relationship, that has occurred multiple times, or has a high likelihood of being repeated, and is characterized by a real or perceived power imbalance favoring the perpetrator.

Bullying Surveillance Among Youths. National Center for Injury Prevention and Control, CDC and the US Dept of Education, 2014.

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Bullying: Characterizing Features

- Repetition over time
- Intent to cause harm
- Imbalance of power

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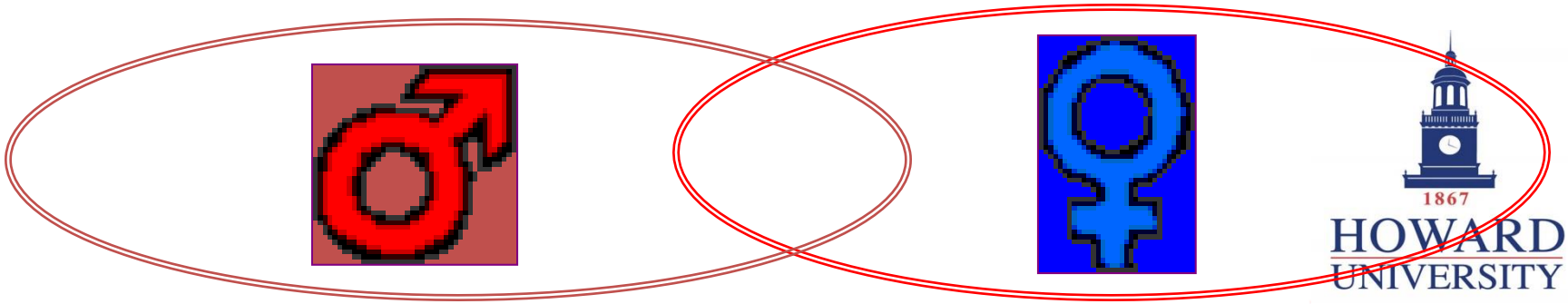
Forms of Bullying

- Direct (physical)
  - Pushing
  - Slapping
  - Punching
  - Spitting
  - Tripping
- Indirect (relational)
  - Threats
  - Teasing
  - Rumors/Innuendo
  - Stealing/Extortion
  - Ostracism



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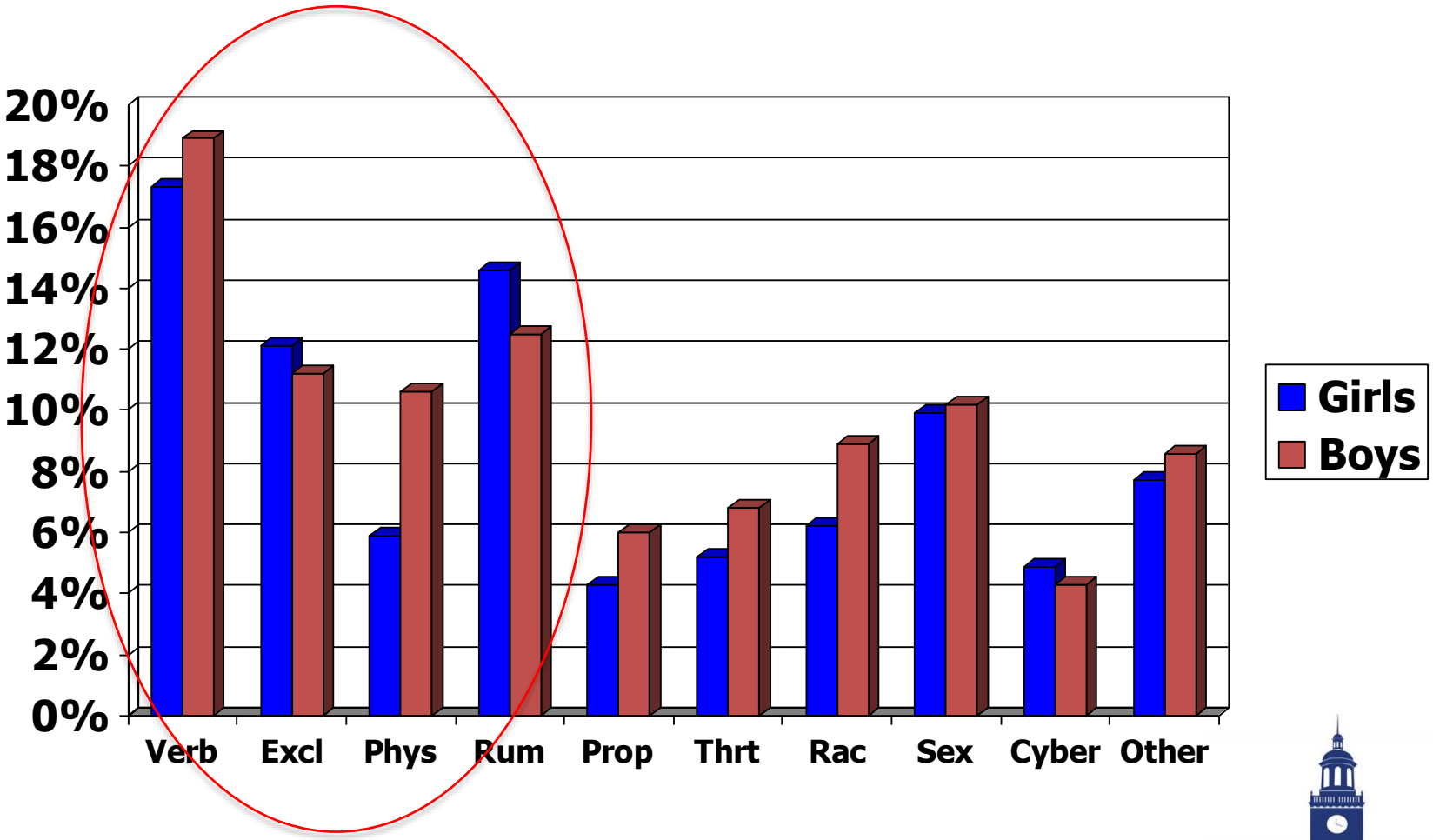
How are Boys and Girls Bullied?



Susan Limber, PhD – Clemson Univ. for the Federal Partners in Bullying Prevention

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Bullying: A Common Phenomenon

- Much childhood bullying is carried out by typically developing young children who are learning to socially navigate.

- Bullying behavior among elementary school children is common enough to be considered a normal developmental phenomenon to be anticipated, not unlike temper tantrums or sibling rivalry.

Bullying: So What's All the Fuss?

- The issue of emerging concern is the association of bullying behavior, particularly among young school-aged children, with the subsequent development of retaliatory assault behaviors and deleterious health consequences.

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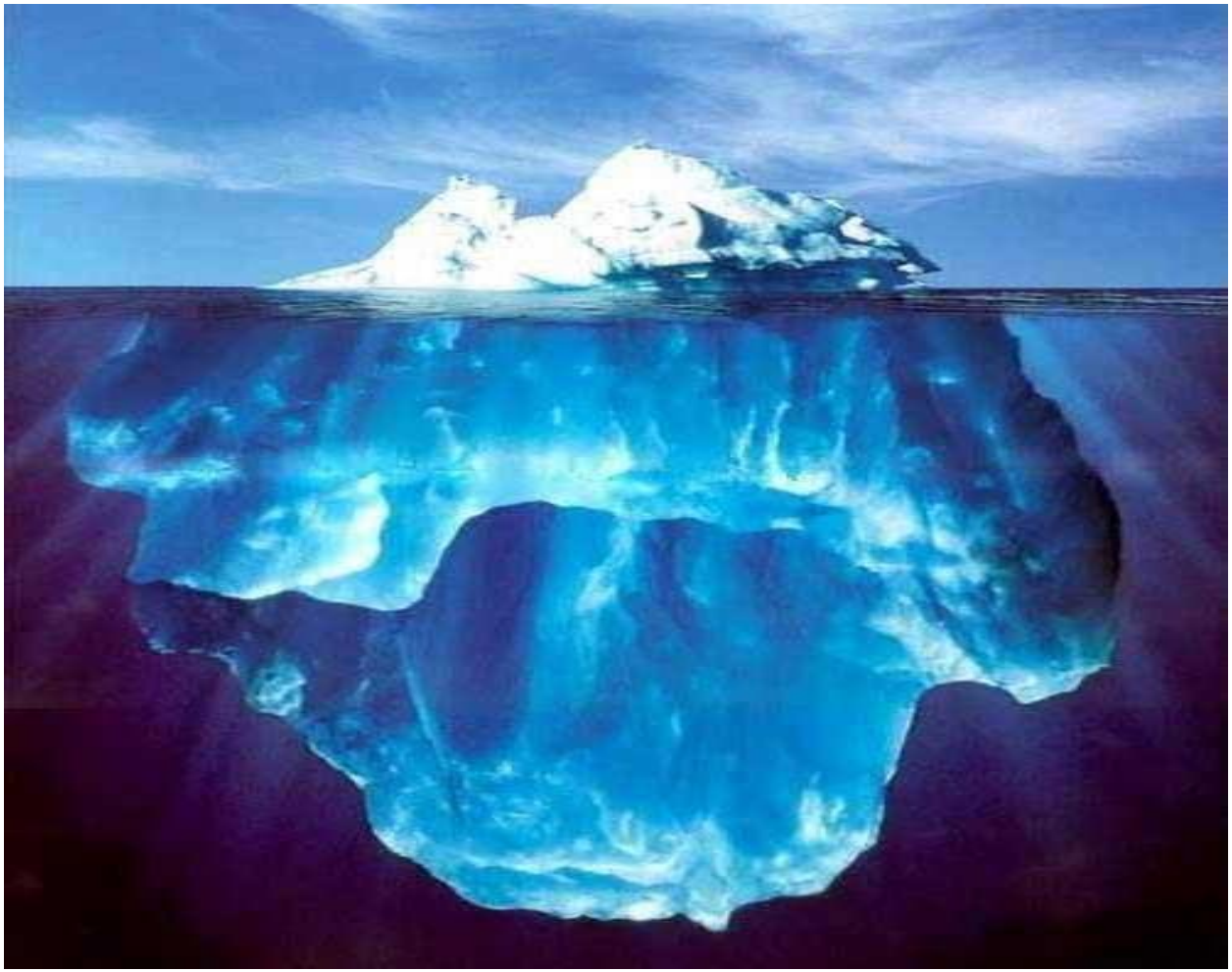
Bullying: Tip of the Intentional Injury Iceberg?



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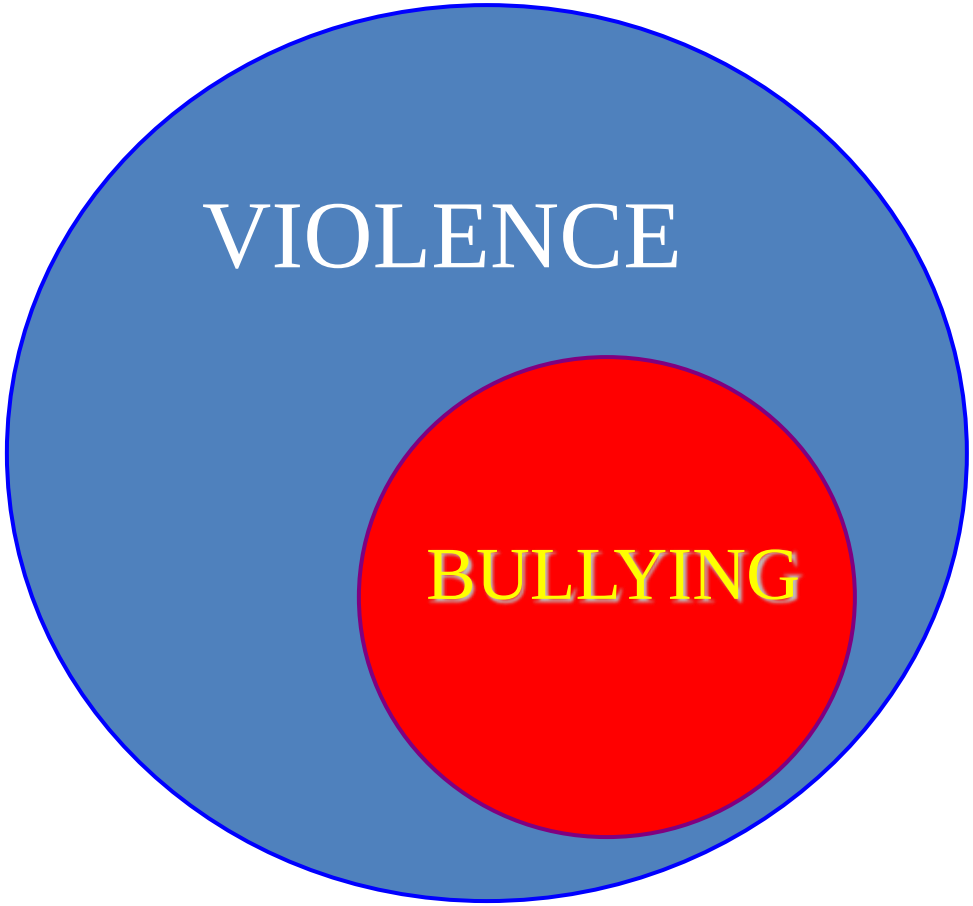
Bullying: A subset of intentional interpersonal injury



"No studies have examined the relationship of bullying and being bullied and the risk of more serious violence"
- 2001

Need to address bullying in violence prevention. *JAMA* 2001;285:2131

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NICHD: Violence Related Behaviors Associated w/ Bullying

- Bullying is associated with higher rates of weapon carrying, frequent fighting and injuries.
- Associations stronger for bullies than targets
- Bullying should not be considered normative, but a potential marker for more serious behaviors

Arch Pediatr Adolesc Med 2003;157:348-53

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Bullying: Behavioral Health Outcomes

- Depression and suicidal ideation are common outcomes of being bullied
- Associations are stronger for indirect vs. direct forms of bullying
- Direct bullying is significantly linked with depression and suicidal ideation in girls only

Pediatrics 2003;111:1312

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Adult Health Outcomes of Childhood Bullying Victimization

Objective: The authors examined midlife outcomes of childhood bullying victimization.

Method: Data were from the British National Child Development Study, a 50-year prospective cohort of births in 1 week in 1958. The authors conducted ordinal logistic and linear regressions on data from 7,771 participants whose parents reported bullying exposure at ages 7 and 11 years, and who participated in follow-up assessments between ages 23 and 50 years. Outcomes included suicidality and diagnoses of depression, anxiety disorders, and alcohol dependence at age 45; psychological distress and general health at ages 23 and 50; and cognitive functioning, socioeconomic status, social relationships, and well-being at age 50.

Results: Participants who were bullied in childhood had increased levels of psychological distress at ages 23 and 50. Victims of frequent bullying had higher rates of depression (odds ratio=1.95, 95% CI=1.27–2.99), anxiety disorders (odds ratio=1.65, 95% CI=1.25–2.18), and suicidality (odds ratio=2.21, 95% CI=1.47–3.31) than their nonvictimized peers. The effects were similar to those of being placed in public or substitute care and an index of multiple childhood adversities, and the effects remained significant after controlling for known correlates of bullying victimization. Childhood bullying victimization was associated with a lack of social relationships, economic hardship, and poor perceived quality of life at age 50.

Conclusions: Children who are bullied—and especially those who are frequently bullied—continue to be at risk for a wide range of poor social, health, and economic outcomes nearly four decades after exposure. Interventions need to reduce bullying exposure in childhood and minimize long-term effects on victims' well-being; such interventions should cast light on causal processes.

Takizawa, et al.
Am J Psychiatry
2014 Apr 18

Intervention: So What's a Pediatrician to do?

- Community level - Awareness and Advocacy
- Individual level - Anticipatory Guidance

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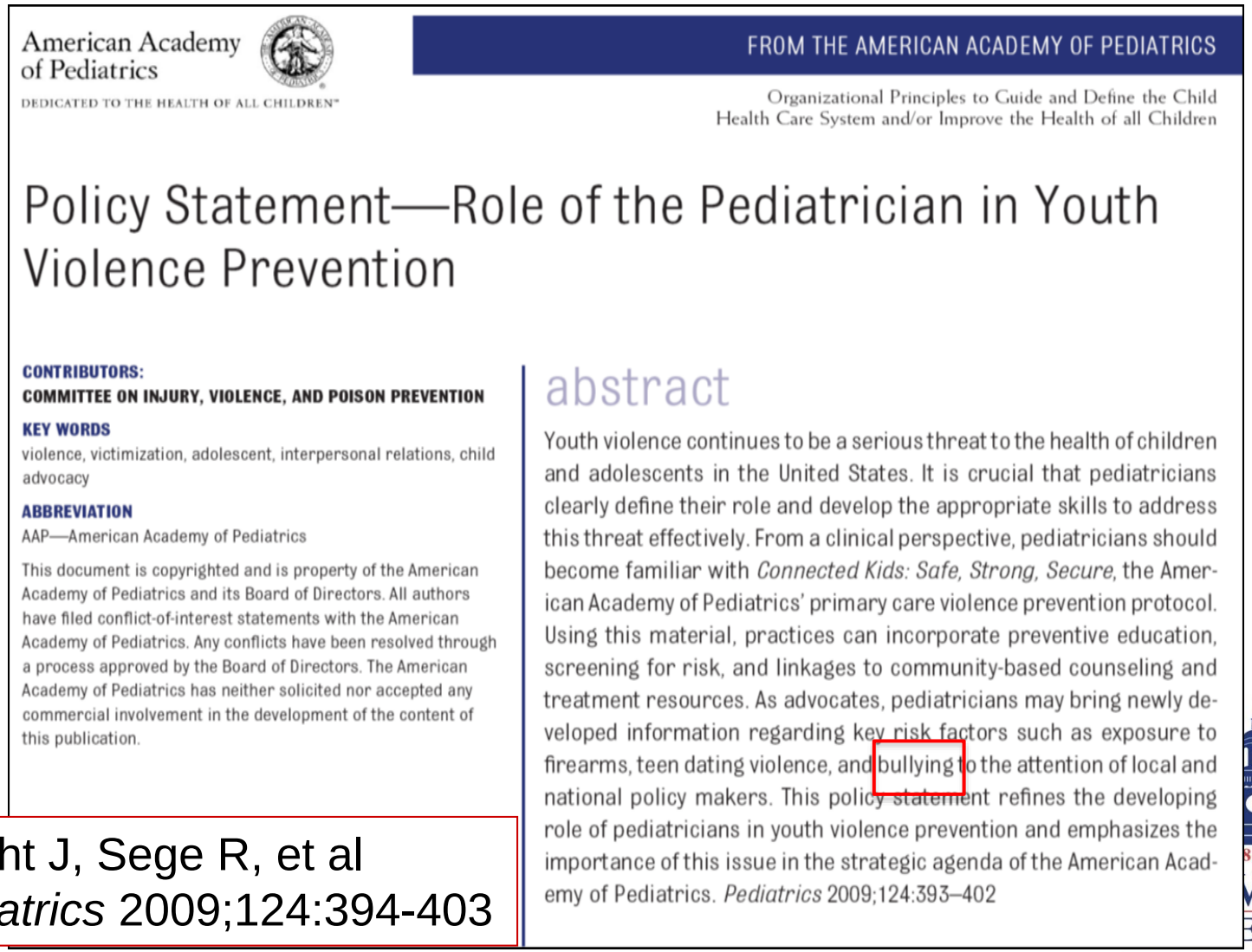
Bullying: Role of the Pediatrician



American Academy of Pediatrics

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FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

Policy Statement—Role of the Pediatrician in Youth Violence Prevention

CONTRIBUTORS:
COMMITTEE ON INJURY, VIOLENCE, AND POISON PREVENTION

KEY WORDS
violence, victimization, adolescent, interpersonal relations, child advocacy

ABBREVIATION
AAP—American Academy of Pediatrics

abstract

Youth violence continues to be a serious threat to the health of children and adolescents in the United States. It is crucial that pediatricians clearly define their role and develop the appropriate skills to address this threat effectively. From a clinical perspective, pediatricians should become familiar with *Connected Kids: Safe, Strong, Secure*, the American Academy of Pediatrics' primary care violence prevention protocol. Using this material, practices can incorporate preventive education, screening for risk, and linkages to community-based counseling and treatment resources. As advocates, pediatricians may bring newly developed information regarding key risk factors such as exposure to firearms, teen dating violence, and bullying to the attention of local and national policy makers. This policy statement refines the developing role of pediatricians in youth violence prevention and emphasizes the importance of this issue in the strategic agenda of the American Academy of Pediatrics. *Pediatrics* 2009;124:393–402

Wright J, Sege R, et al
Pediatrics 2009;124:394-403

Recommendations: Community-based Education


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FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

Policy Statement—Role of the Pediatrician in Youth Violence Prevention

- Pediatricians should advocate for:
  - Bullying awareness by teachers, educational administrators, parents and children.
  - The role of health professionals as appropriate public health messengers through print, electronic, or on-line media

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The Washington Post

D.C.'s children deserve anti-bullying legislation

Published: October 18

In the Oct. 9 Local Opinions commentary "Our chance to stand up for bullied children," Robert Friedman pointed out that the D.C. Council has not acted on the Bullying and Intimidation Prevention Act of 2011. This legislation was introduced in the D.C. Council Committee of the Whole in October 2010 and was last discussed at a public hearing of the Committee on Libraries, Parks, Recreation, and Planning in May. We, along with other local child advocacy organizations, testified in support of the bill before then-committee chair Muriel E. Bowser (D-Ward 4).

What Mr. Friedman's commentary did not mention is that 49 of the 50 states already have some form of anti-bullying legislation on the books. The D.C. Council should take heed and provide the appropriate regulatory foundation to help protect our children from the physical, emotional and psychological consequences of bullying.

Joseph Wright, Washington

The writer is senior vice president of Children's National Medical Center.

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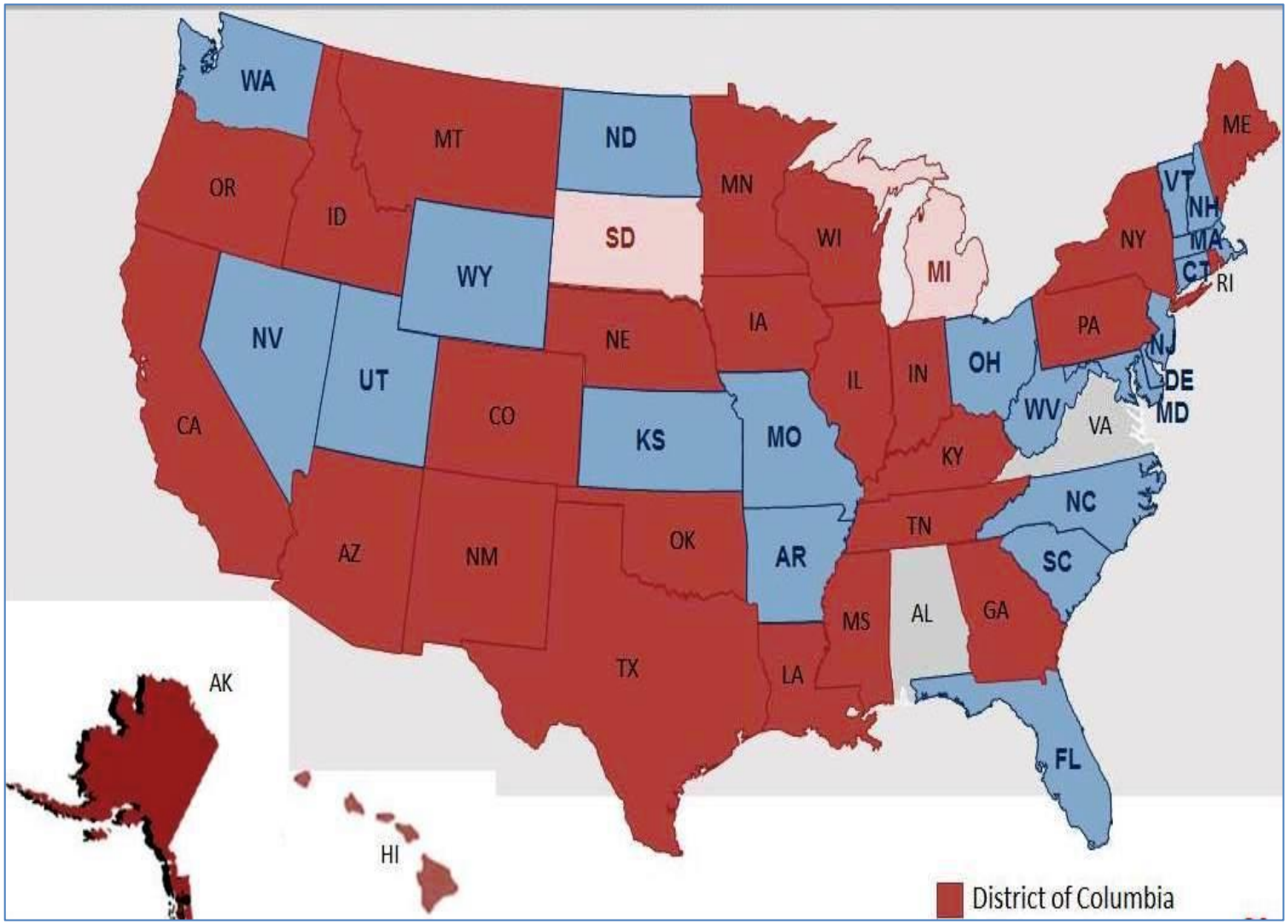
States Requiring Anti-Bullying Professional Development



Federal Partners in Bullying Prevention, 2012

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Bullying: Pediatricians and Schools

- Educational endeavors to engage school personnel on research findings from school interventions are desperately needed.

- The ultimate goal has to be change in the school culture such that bullying behavior is not tolerated anywhere on school property.

Recommendations: Clinical Practice

- Pediatricians should have:
  - A working familiarity with *"Connected Kids"* the AAP primary care violence prevention protocol;
  - Adherence to *Connected Kids* includes screening, counseling, appropriate and timely treatment and referral for violence-related problems, including bullying

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Anticipatory Guidance: Middle Childhood

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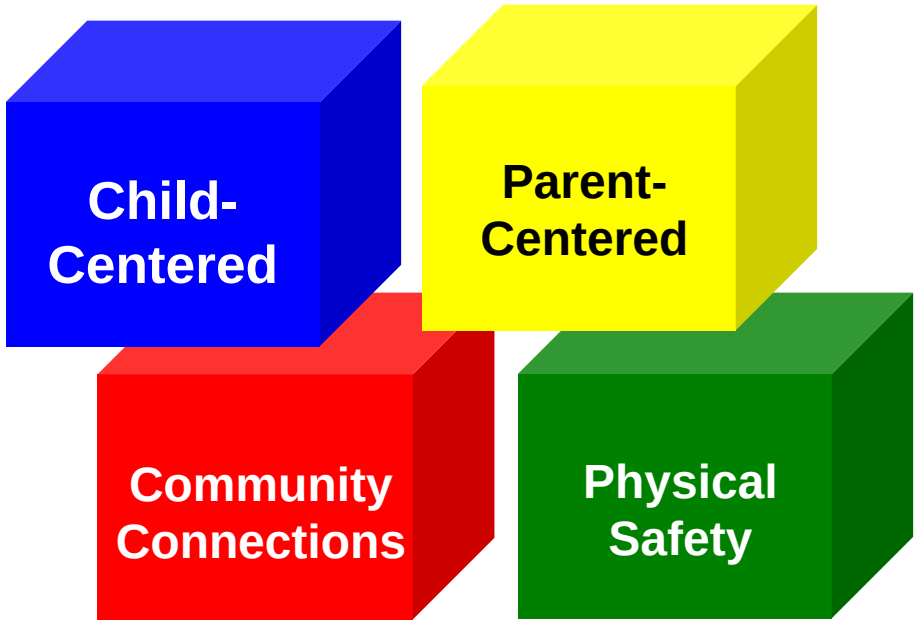
Anticipatory Guidance



- Asset/strength-based
- Resilience focused

Hagan JF, Shaw JS, Duncan P, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Third Edition. *Pocket Guide.* Elk Grove Village, IL: American Academy of Pediatrics.

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There's Promise in Anticipatory Guidance

- Early Cognitive Stimulation, Emotional Support, and TV Watching as Predictors of Subsequent Bullying in School-Aged Children:
  - Parental cognitive stimulation and emotional support are independently and significantly protective against bullying.
  - Each hour of daily television viewing is significantly associated with development of subsequent bullying behavior (dose response)

Arch Pediatr Adolesc Med 2005;159:384

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Recommendations: Research

- Contribution of data to existing surveillance systems

- Participation in practice-based research networks

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Bottom Line for Health Care Providers…

- Adult indifference to bullying must end because it teaches young people to tolerate coercive and abusive behavior.

- Attention to bullying cannot be separated from a comprehensive approach to youth violence prevention.

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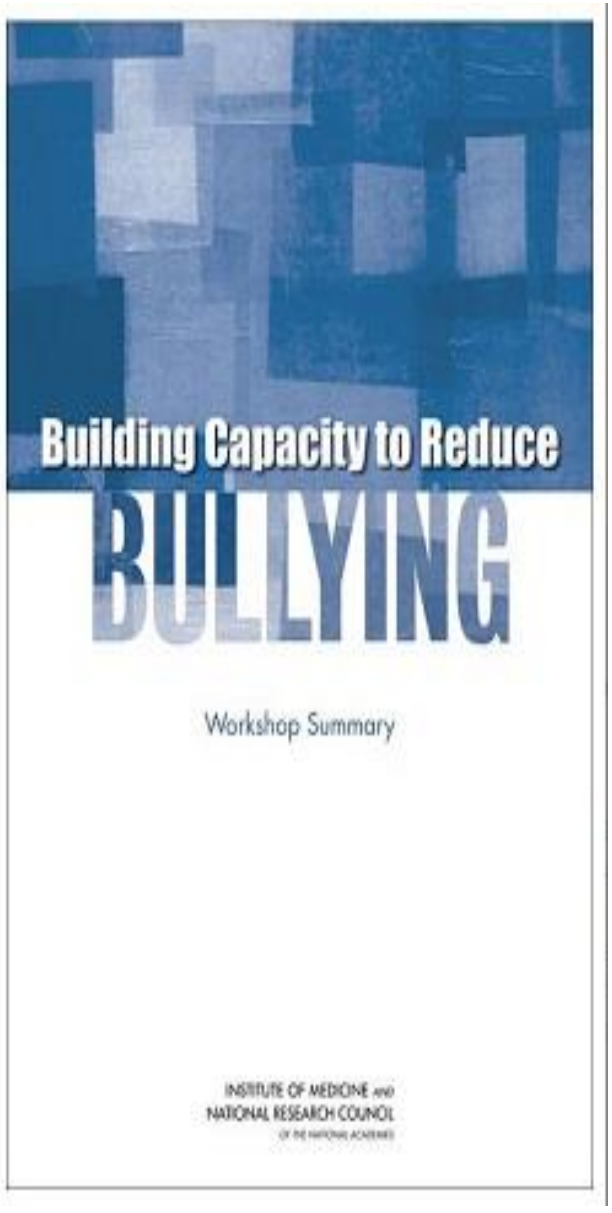
Additional Resources



- Institute of Medicine 2014. Building Capacity to Reduce Bullying: Workshop Summary. Washington, DC: National Academies Press

- www.stopbullying.gov

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Thank You!!

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The Role of Healthcare Professionals in Bullying Prevention

Matt Masiello, M.D., M.P.H
CMO
The Children's Institute of Pittsburgh

Task

- Review the challenges and recommendations facing physicians
- Importance of working with various stakeholders to address health and social issues related to bullying.
- Review office and school-based tools that community pediatricians can leverage to support and advise children and families who are exposed to bullying and related health consequences.

Health Consequences of Bullying
Fekkes et al.(2003) Pediatrics, 144, 17-22

Headache	16%	6%
Sleep problems	42%	23%
Abdominal pain	17%	9%
Feeling tense	20%	9%
Anxiety	28%	10%
Feeling unhappy	23%	5%
Depression scale		
moderate indication	49%	16%
strong indication	16%	2%

School bullying and health – J.F. Sigurdson, et al

- Groups involved in bullying of any type in adolescence had an increased risk for lower education as young adults compared to those non involved
- As adults, the bullying group had a higher risk of unemployment and receiving social support
- Those bullied and bully-victims had increased risk of poor general health and high levels of pain
- Bully victims and those aggressive toward others during adolescence had increased risk of tobacco use and lower job function as well as increased risk of illegal drug use

- Relations to live in spouse/partner were poorer among those being bullied

- *Involvement in bullying, either as a victim or perpetuator has significant social costs even 12 years after the bullying experience*.

  - J.F. Sigurdson, et al. Is involvement in school bullying associated with general health and psychosocial adjustment outcomes in adulthood?
    - Child Abuse and Neglect 38 (2014) 1607–1617

Plenty of recommendations, but what are the challenges

- Fragmented educational processes on the subject
  - medical school, residency, certification process
- Time
- Reimbursement

What can we do?

ASK (Public health approach)

- Who
- When
- What
- Where
- How

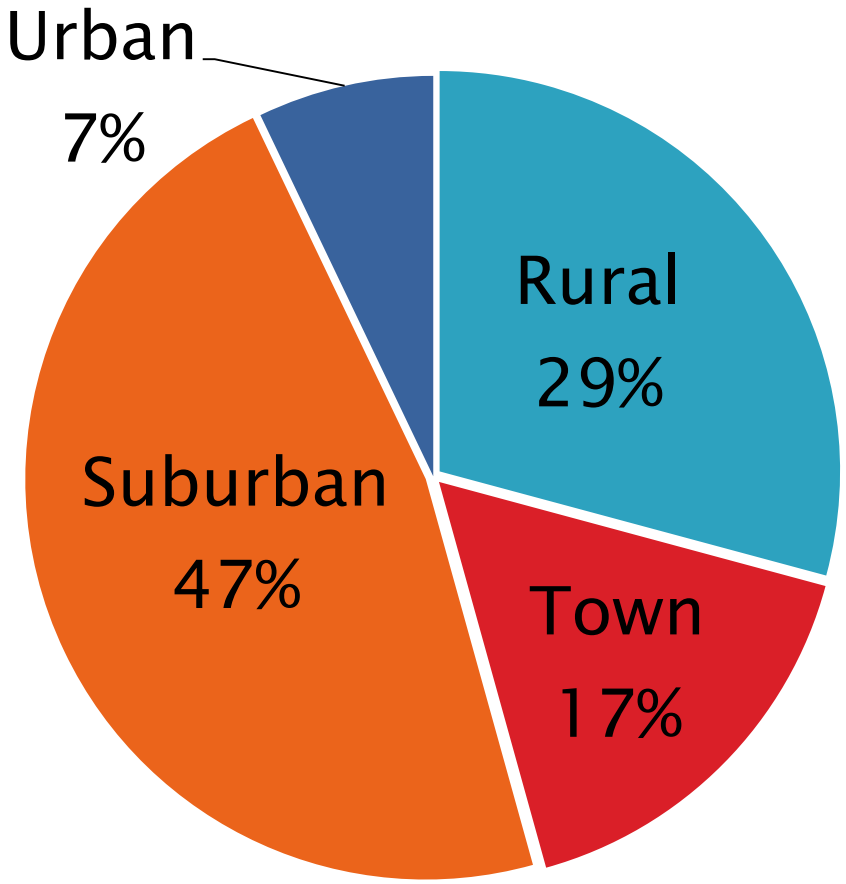
A Look at Impact
Pennsylvania 2006-2012

49 Counties in Pennsylvania

2007 – Present

- 210,000 students (13%)
- 420 schools out of 3,280 (13%)
- More than 17,000 teachers
- Approximately 345,000 parents

Breakdown by School Type



Six year Initiative – Summary

- Significant decrease in students' self reports of being bullied
- Significant decrease in students' reports of bullying others
- Significant increases with regard to students' perceptions that teachers and other adults helped to stop bullying.
- Students were less willing to join in bullying and more likely to try to help a bullied student

Successful Outcomes of a Large Scale, Public Health Based Bullying Prevention Initiative in Pennsylvania

Allison Messina[1], MHPE; Diana Schroeder[1], MSN; Susan Limber[2], PhD; Dan Olweus[3], PhD; Rosemary Browne[4], BS

1. The Center for Health Promotion and Disease Prevention at Windber Research Institute, Windber, PA; 2. Clemson University, Clemson, SC; 3.Uni Health and University of Bergen, Norway, Highmark Foundation, Pittsburgh, PA

Introduction

16% of students (3rd-12th grade) are bullied at school with regularity (2-3 times a month or more).[1] Bullying is a factor in school absenteeism, diminished learning capacity, depression, suicide, school-based violence and drug/alcohol use.[2]

The Olweus Bullying Prevention Program (OBPP), an evidenced-based program, can reduce and prevent bullying by engaging teachers, parents, non-teaching staff, and students in bullying prevention.

Program components include clear rules and policies against bullying, class meetings to discuss bullying and peer relations, support and protection of children who are bullied, and intervention with children who bully.

Methods

From 2008-11, 214 schools in western and central Pennsylvania implemented the OBPP. It was a quasi-experimental study with an "extended" age cohorts selection design.

Schools received support from a certified Olweus trainer, all program materials and evaluation tools for 3 years.

To measure changes in behaviors, the Olweus Bullying Questionnaire* (OBQ) was administered to students in grades 3-12, prior to implementation (T0), at 12 months (T1), and at 2 years (T2) which was after 18 months or more of implementation. 72,251 students completed the OBQ at T0 and 68,066 completed it at T2.

Procedures

Schools formed a Bullying Prevention Coordinating Committee (BPCC) to oversee OBPP implementation. Classroom teachers and building leaders were trained in OBPP components.

Teachers were expected to conduct weekly classroom meetings with students and meet monthly as a staff to discuss the program. They were trained to intervene and investigate when they witnessed or suspected bullying. Students were instructed to tell an adult at school and at home if they were bullied.

A certified Olweus trainer provided support to the schools to provide technical assistance and help ensure program fidelity.

Results

Findings revealed many positive and systematic effects of the OBPP, including students' reports of being bullied and bullying others. Analyses suggested that changes over time were not due to historical effects but rather to the program effects, which were systematically larger the longer it was implemented. Key findings included:

Significant decrease in students' self reports of being bullied-Odds Ratios ranged from 1:14 to 1.25 (except for 8th grade, OR 1.06), indicating that the odds of being bullied in the control (T0) condition was 14-25% higher than after the intervention. (Figure 1)

Significant decrease in students' reports of bullying others-Odds Ratios ranged from 1.41 to 1.62, indicating that the odds of bullying others in the control (T0) condition was 41-62% higher than after the intervention. (Figure 2)

Analysis of a data subset (n=63,843, 3 data points) showed:

- **Significant increases with regard to students' perceptions that teachers and other adults helped to stop bullying.**
- **Students were less willing to join in bullying and more likely to try to help a bullied student.**

Figure 1. Percentage of Students Being Bullied (Global Question) by Grade

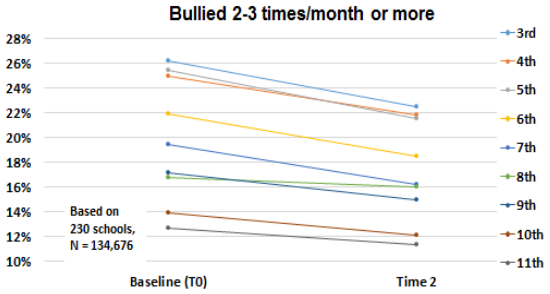
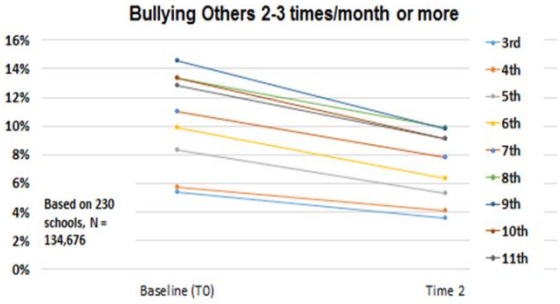


Figure 2. Percentage of Students Bullying Others (Global Question) by Grade



Conclusion

Bullying has been identified as the most common form of violence in our schools and in society in general. With a systematic, public health approach to bullying prevention, schools can help ensure that they are safer places for their students.

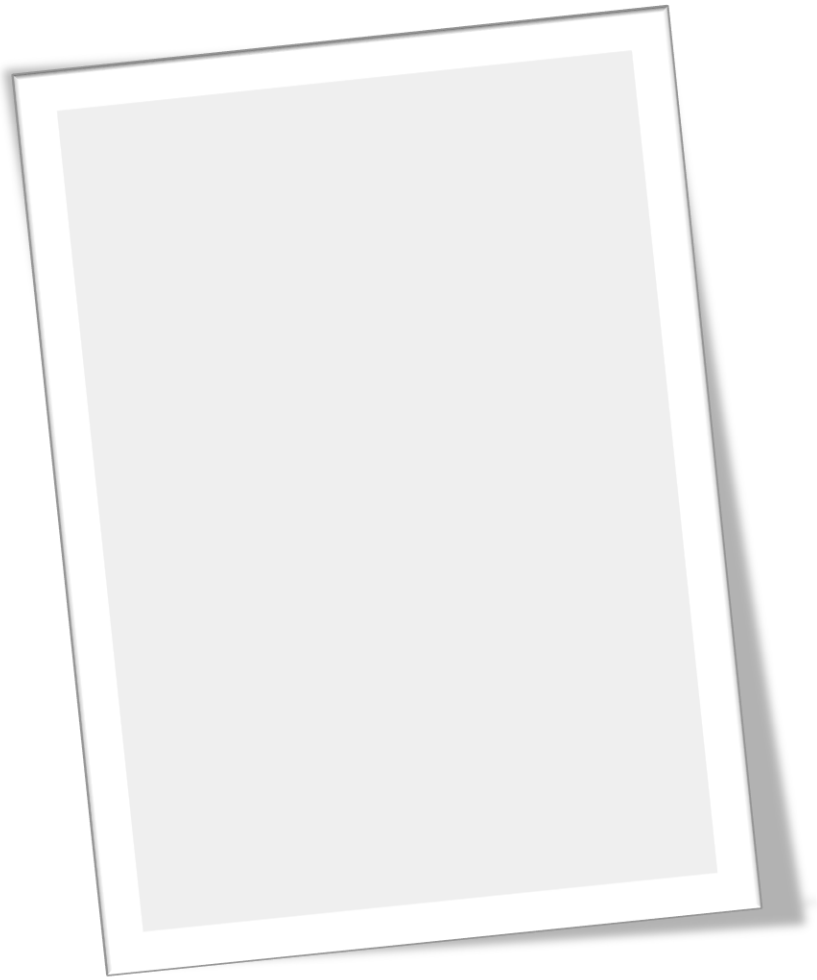
This study demonstrates that the OBPP, through teacher and student engagement, is able to positively change behaviors and attitudes about bullying. Across all grade levels there were significant reductions in the number of students who reported they had been bullied or had bullied others.

To date, this is the largest evaluation of the OBPP in the United States. The data support the fact that evidence-based bullying prevention programs, when implemented as designed, can have significant positive impacts on bullying behaviors and students' and teachers' handling of bullying situations.

In Print

The Implementation of a Statewide Bullying Prevention Program: Preliminary Findings From the Field and the Importance of Coalitions. Schroeder, B, et al. Health Promotion Practice; July 2012 Vol. 13, No. 4. p. 489-495

The Role of a Health Care Foundation in a Statewide Bullying Prevention Initiative. Schroeder, B et al. Academy of Health Care Management Journal; Volume 8, Number 1, 2012. p. 32



School Cost Benefit: Each school could recover the cost of OBPP implementation if JUST TWO students were prevented from transferring or dropping out due to bullying

Health Payer Cost Benefit:

Societal Benefit:

Process Evaluation of a Screening Tool

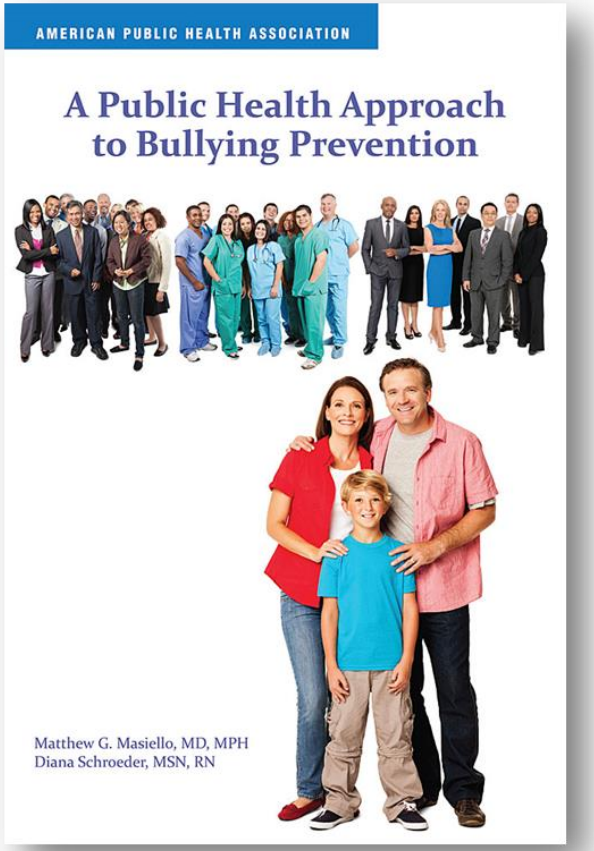
- **Study Size: >50 children per practice**
- **Practice In-Service Training:**
  - Bullying (research, history of prevention, known health outcomes)
  - Instruction on survey.
- **General resources for patients and families**
- **“Thank You” library for participating practices**

“Decision Tree”

- Frames questions providers can ask their patients, based on their level of involvement in school-based bullying (whether as bully, target or bystander.)

- Also recommends anticipatory guidance for providers to pass along to patients and their families, as well as suggested plans for follow-up interventions.

A Public Health Approach to Bullying Prevention –APHA Publishing



What can YOU do?

What can we do?

- Office based
  - ask (who, when, what, when, how)
  - medical home process
  - Move to office based tools
- School based –
  - coordinated school health council
  - EB BP program
  - make yourself available
- Community Media –
  - offer well informed comment
- Professional organization – push hard

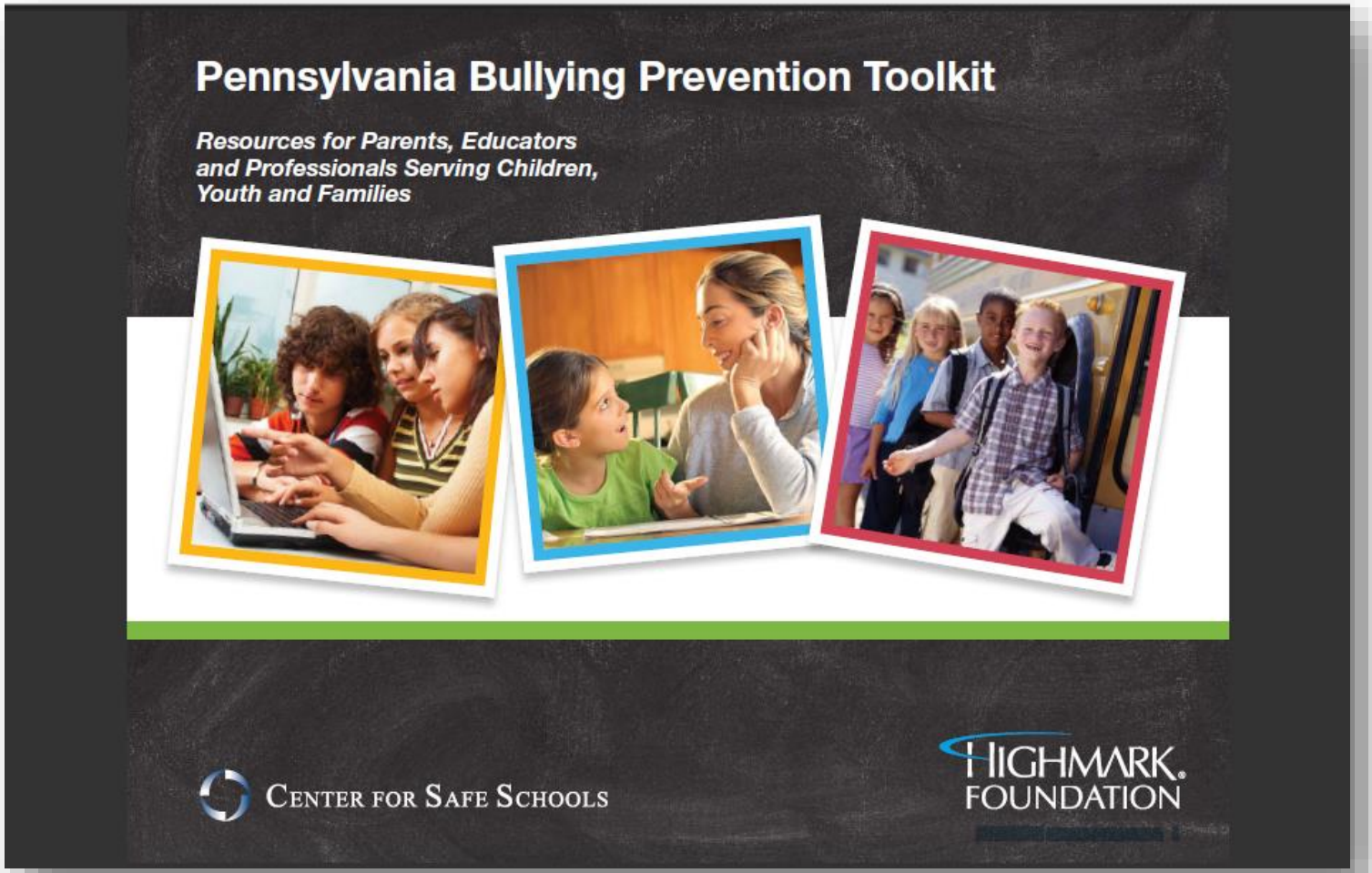
Available resources

- Stopbullying.gov
  - http://www.stopbullying.gov/resources-files/roles-for-pediatricians-tipsheet.pdf
- Role of the Pediatrician in Youth Violence Prevention – 2009
- Philanthropic groups (Foundations)
  - http://www.bullyingpreventioninstitute.org/
- Bullying at School: Never Acceptable
  - American College of Pediatricians – October 2013
  - "Students attending schools with bullying prevention programs were more likely to have experienced peer victimization, compared to those attending schools without bullying prevention programs."

Available resources

- Summary of Findings: 2014 CSN Bullying Prevention Environmental Scan(status of state policies)
- http://www.safeschools.info/content/BPToolkit2014.pdf
- *Leading Howard Pediatrician Participates in Anti-Bullying Campaign*
- National Association of School Nurses (NASN)
  - Bullying Prevention in Schools 2014 Position Statement

PA Bullying Prevention Toolkit



Institute of Medicine and National Research Council of the National Academies

- *Committee on the Biological and Psychosocial Effects of Peer Victimization for Bullying Prevention.*

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Questions?

Additional Resources

- Building Capacity to Reduce Bullying- IOM Workshop Summary
- StopBullying.gov website
- StopBullying.gov Blog
- CSN Bullying Prevention Resource Guide

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Thank You!

Please complete this brief evaluation
https://www.surveymonkey.com/r/Y6JC8S7

Contact Information

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