

How Medical and Mental Health Professionals Can Help Bullied Kids

Nancy Willard, M.S., J.D.

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According to the National Crimes Victimization Survey (NCVS), in 2011 close to 1.2 million U.S. students reported that someone was hurtful to them at school once a week or more--a rate that has not significantly declined since 2005. Of this number, close to 550,000 students reported someone was hurtful to them at school almost every day. A recent report in Pediatrics indicated that each year more than 90,000 school children suffer injuries at the hands of other students severe enough to land them in the emergency room. There has been only a minor decrease in this rate over the last 10 years. Clearly, the approaches schools are taking to stop bullying and violence aren't working.

How can the medical and mental health community help? This nation's major medical and mental associations have issued policy statements recognizing bullying as a serious health issue that these professionals should address and encouraging more active involvement with patients and local schools. This active involvement is vitally important. When schools are not handling these situations effectively, this often results in trips to the doctor's office to address injury or psychosomatic illness. Clinicians are on the front line of knowing when things are not working right.

What are schools doing and why isn't this working? State bullying prevention statutes require schools to implement a "rules and punishment" approach: Create policies against bullying, encourage students to report, then punish anyone engaging in bullying. There also has been a significant increase in the presence of School Resource Officers. The mistaken assumptions are that punishment will stop bullying and that if students report, adults will make everything better.

According to NCVS, 60% of bullied students did not tell an adult. One study found a significant majority of students (60%) think school staff make things worse when they intervene, but very few staff members (7%) think this. Another study found that if a student reported bullying to the school, there was only a one in three chance this would make things better, but also a one in three chance this would make things much worse. Adults can tell students to report bullying until they are "blue in the face." Students know the odds.

A 2013 Congressional Research Service report indicates there is no research evidence that the presence of SROs has a positive impact on school climate or reduction of violence. Of significant concern is that SROs, with no professional training in youth risk, are advised to teach students about risk behavior and provide counseling to "at risk" students.

Why aren't schools doing better? Most schools are doing what they have been told they should do and appear to think this is working. A major challenge is that schools have been expected to single-handedly fix the problems students face related to poverty, community violence, food insufficiency, and the like by becoming "test delivery factories." There are currently no incentives or requirements that schools should focus on "the whole child."

What should schools be doing? There is ample solid evidence that what schools must focus on building a positive school culture through these actions: Establish a district and school coordinating structure. Annually assess progress through student and staff surveys, focus groups of students, and analysis of local data. Implement a positive approach for managing student behavior and a comprehensive program addressing social emotional competencies. Actively engage students in leadership roles. Respond to negative incidents by addressing the challenges faced by all involved students, holding students who engage in wrongdoing accountable, and focusing on restoration--with a follow-up evaluation.

How clinicians can help schools become more effective?

Get more actively involved in comprehensive efforts at a local and state level. Working with local educators and at the state level to support the transformation of schools into environments that take a more balanced approach to address both academics and social emotional competencies. Encourage state legislation requiring schools to focus on positive school climate and social emotional learning and to engage in local assessment.

How clinicians can help patients?

Gain a better understanding of significant leverage for positive change provided by state and federal civil rights laws and the Individuals with Disabilities Education Act.

Civil rights laws require that schools not discriminate based on race or national origin, sex or gender-based (includes sexual orientation/identity), or disabilities. Frequently, students are bullied based on this status. If this bullying has been pervasive or persistent and has caused severe distress, that is interfering with the student's learning, the school knows or should have known about this, and the school fails to be diligent in addressing these concerns, both through the specific intervention and addressing the underlying environment, this can constitute a violation of that student's civil rights.

Recent guidance issued by U.S. Department of Education's Office for Special Education and Rehabilitation Services indicates that if a student receiving special education services is either being or engaging in bullying, the concerns associated with this must be addressed in an Individual Education Plan meeting.

Conduct specific screening of patients related to bullying, especially those having psychosomatic illnesses or who have pre-existing conditions that are known to contribute to being bullied. Fully document your findings. Communicate your concerns to the school district. If this does not lead to positive proactive action, recommend other avenues to the parent, including filing a civil rights complaint or contacting an attorney.

More extensive background information and substantive guidance for medical and mental health professionals is available at <http://www.embracecivility.org/positiverelationsatschool/>.

About the Author

Nancy Willard, M.S., J.D. has been addressing issues of youth risk, including legal issues, since 1995. She brings to this work a background in special education working with emotionally challenged students, law, and educational technology planning.

She is author of *Cyber Savvy: Embracing Digital Safety and Civility* (2011, Corwin Press) and *Cyberbullying and Cyberthreats: Responding to the Challenge of Online Social Cruelty, Threats, and Distress* (2007, Research Press).

Nancy has developed *Positive Relations @ School*, a comprehensive multi-tiered approach for schools to address the concerns of bullying and other hurtful peer behavior.

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Web site: <http://embracecivility.org>

Email: info@embracecivility.org rg.

Endorsement for Longer Document

This document is an accessible and authoritative "must read" for medical and mental health professionals who treat children and adolescents. Nancy Willard's approach to prevention and intervention is a refreshing and interdisciplinary critical analysis of the complex problem of bullying and includes an innovative call for student-centered solutions. She suggests that medical and mental health professionals can be catalysts for change in the lives of their patients who have been bullied, engage in bullying, or those who occupy the highest risk group - those in both categories. Included in this document are brief descriptions of the types of school-based prevention programs currently in place and realistic appraisals of their efficacy and impact in the lives on the psycho-social functioning of patients involved in bullying. Her legal advocacy tips may be particularly helpful when clinicians advocate on behalf of children with extra legal protections, such as those with emotional or physical disabilities or those in racial or sexual minority groups. Information in this document will help medical and health professionals to play an important role in reminding school administrators of children's rights, in addition to providing background to supplement a thoughtful and evidenced-based clinical approach the assessment, diagnosis, treatment and skills training. Willard sheds light on "hidden" bullying and definitional controversies that can help the clinician to better recognize bullying. The screening provided, while not yet tested, can be a useful supplement to a clinical assessment, particularly if it is used as a springboard for discussion of incidents of bullying. If medical and mental health professionals read only one document on bullying this year - read this one!

Steven Barreto Ph.D., Clinical Asst. Professor, Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University