Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth

Bullying Prevention and Friendship Promotion

OCCUPATIONAL PERFORMANCE

Children and teens who experience bullying may be challenged in the following areas of occupational performance:

Social Participation

- Rejection from peers
- Isolation due to fear of being bullied or feelings of inadequacy
- Family stress and tension can result from the youth's depression and anxiety related to bullying

ADLs

- Changes in eating patterns or loss of appetite

Education

- Difficulty concentrating and completing assignments due to anxiety or depression
- Avoiding school to prevent being bullied
- Experiencing illness associated with the stress of being bullied (e.g., stomachaches, headaches), resulting in frequent absenteeism

Work

- Difficulty completing work tasks due to poor concentration and anxiety
- Isolation and low morale leads to absenteeism

Play/Leisure

- Lack of interest in previously enjoyed activities

Sleep/Rest

- Disruptions in sleep patterns, such as difficulty falling or staying asleep

Occupational therapists are "front line providers" who can address bullying…or prevent bullying…during school, play, and work routines

OCCUPATIONAL THERAPY PRACTITIONERS use meaningful activities to help children and youth participate in what they need and or want to do to promote physical and mental health and well-being. Occupational therapy practitioners focus on participation in education, play and leisure, social participation, activities of daily living (ADLs; e.g., eating, dressing, hygiene), instrumental activities of daily living (e.g., meal preparation, shopping), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (e.g., sensory, motor, social–emotional, cognitive) that may limit successful participation across various settings, such as school, home, and community. Activities and accommodations are used in intervention to promote successful performance in these settings.

BULLYING is considered one of the most common forms of violence in schools and as such, most schools have adopted programs to reduce bullying and create emotionally and physically safe places contexts for learning (Espelage & Swearer, 2003; National Center for Mental Health Promotion and Youth Violence Prevention, 2009). Approximately one in three students ages 12–18 years report being bullied during the past year, with peak ages being 11–13. Forty nine states have passed anti-bullying laws (http://bullypolice.org).

What is bullying? Bullying is an act of intentional aggression carried out repeatedly over time and occurring within a relationship characterized by an imbalance of power (Center for the Study and Prevention of Violence, 2008). Three major types of bullying include:

- Direct bullying: physical acts of aggression (e.g., hitting, pushing) or verbal (e.g., taunting, name calling, malicious teasing)
- Indirect bullying: characterized by one or more forms of relational aggression (e.g., peer exclusion, spreading rumors, manipulating friendships to hurt the victim)
- Cyberbullying: threatening or hurtful messages or images being sent using an electronic device (e.g., cell phone, computer) (www.casel.org).

Boys tend to be involved in more direct acts of bullying whereas girls are more likely to engage in indirect forms (Jenson & Dieterich, 2007). Because indirect and cyberbullying are less visible to external parties, it is often difficult for adults to detect and address such behavior (Nansel et al., 2001).

Relevance to mental health. Bullying is viewed as a situational stressor that may result in mental health challenges for all the parties involved (e.g., victims, bullies, bystanders).

- **Victims** of bullying report a number of symptoms, including absenteeism, illness, and poor academic performance. Higher levels of depression, anxiety, and externalizing behaviors such as aggression are reported in those who have been bullied (Swearer, 2011).
- **Children who bully** generally like to dominate and often bully when adults are not around. Children who bully can have conduct disorders but also can be the popular kids. Bullies tend to have a sense of entitlement and intolerance for differences. A range of negative outcomes are often associated with those who bully, including poor school adjustment, conduct problems, depression, and peer rejection. Bullies tend to choose victims who have little social support.
- **Bystanders** who witness bullying can experience feelings of fear, anger, guilt, and sadness. Although they experience negative feelings, they may also play a role in maintaining bullying behavior by positively responding (e.g., laughing, joining in) or passively watching instead of intervening to help the victim.

Lastly, bullying should be taken seriously because of how it can negatively affect the entire school. Bullying creates a climate of fear and disrespect that can ultimately affect learning. It is especially important to look out for children who are at greater risk of being bullied, such as those with physical, cognitive, or emotional disabilities; who have different sexual orientation; and minorities.

continued

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Living Life To Its Fullest® OCCUPATIONAL THERAPY

This information sheet is part of a School Mental Health Toolkit at http://www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

Occupational Therapy's Role in Bullying Prevention and Friendship Promotion

OCCUPATIONAL THERAPY PRACTITIONERS can serve an important role in helping to prevent bullying and promote positive student interactions. Participation in enjoyable occupations, teaching coping strategies, and fostering friendships can serve as important "buffers" in the prevention of bullying and mental ill-health (Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002).

LEVELS OF INTERVENTION

Tier 1: Universal, whole school approaches. Because bullying can affect the entire student body and school climate, existing research supports universal school-wide programs as opposed to involving only victims and bullies. Effective whole-school approaches consist of a variety of strategies such as teacher training, school-wide rules, classroom curricula and management strategies, parent education, improved playground supervision, and peer involvement to combat bullying A recent systematic review identified a variety of bully prevention programs (Swearer, Espelage, Love, & Kingsbury, 2008; Ttofi & Farrington, 2009). Bully prevention in positive behavior supports (PBS) emphasizes remediating problem behavior and prevention of further bullying (see side bar for information Positive Behavioral Interventions & Supports (PBIS) bully prevention program manuals). Bully prevention within a social and emotional learning (SEL) framework emphasizes promoting a positive school climate (e.g., warmth, respect) and positive student interactions (increasing SEL competencies). Students who have greater SEL competency are less likely to be aggressors, targets of bullying, or passive bystanders. A document describing an SEL and bullying prevention framework is available on the CASEL Web site (www.casel.org).

In addition to contributing to school-wide PBS and SEL efforts, the occupational therapy practitioner can:

- Teach children appropriate ways for standing up to a bully, such as (1) stand or sit tall with hands at side; (2) take a deep breath and let it out slowly; (3) maintain eye contact; and (4) Speak in a calm, clear, and confident voice (Storey, Slaby, Adler, Minotti, & Katz, 2013).
- Be vigilant! Observe interactions during unstructured times and less supervised places – recess, lunch, restrooms, hallways. Talk to students and take an interest in their social life. Ask about friendships and what they do out of school. Look out for the loner!
- Focus on friendships! Research suggests that having high-quality friendships, or at least one good friend, can help prevent children from being a victim of bullying (www.casel.org). Friendships are a source of happiness and provide opportunities for companionship, having fun together, and receiving support. Children who have friends tend to be more sociable, self-confident, cooperative, and emotionally supportive than those without friends (Wentzel, Baker, & Russell, 2009).

Tier 2: Targeted strategies focusing on students at risk of bullying. Students at greater risk of bullying are perceived as "different," for example, students with disabilities, those who are overweight/obese, gay/lesbian/transgendered, or shy or anxious, to name a few.

- Teach friendship skills during individual or group interaction. Examples include, knowing how to enter a group, giving compliments appropriately, cooperating in groups, and demonstrating empathy. (Atwood, n.d.)
- Help children identify interests and join a club or group after school in order to develop friends with similar interests. Use coaching strategies for those who are reluctant.
- Encourage teachers to embed reading books on topics related to bullying and the importance of tolerating differences (Carnegie Library of Pittsburgh, n.d.)

Tier 3: Intensive, Individualized services when you see or hear bullying.

During the bullying incident

- Intervene immediately, even if you're not sure it's bullying.
- Respond calmly but firmly. Describe the bullying behavior observed and why it is unacceptable; indicate the bullying must stop.
- Avoid lecturing the bully in front of peers.
- Praise any helpful bystanders.
- Stick around to ensure the bullying has stopped.

Follow up after the bullying incident

- Bullies must be told that bullying will not be tolerated. They must understand what they did, why it was wrong, and how it affects their victims and others. Assist the bully in apologizing or making amends with the victim.
- Victims must know that adults care and support them. Listen to what happened; offer support; help them develop strategies for preventing further bullying.
- Inform appropriate staff. Follow procedures at your school. Parents must be informed.
- Record the incident.
- Check up regularly with the victim, bully and staff to ensure the bullying does not continue. (Storey et al., 2013)

For references, see page 3.

Bully Prevention Manual— Elementary School Level

Bully Prevention Manual— Middle School Level

Authors: B. Stiller, S. Ross, & R. H. Horner

Published by OSEP Technical Assistance Center on Positive Behavioral Interventions & Supports (n.d.), **www.pbis.org**

Bully Prevention in Positive Behavior Support was designed for school-wide implementation to reduce incidents of bullying by teaching all students behaviors that will reduce the probability of bullying. This manual provides clear methods and user-friendly worksheets for teaching this program to students and staff.

Students are taught a three-step response to problems behavior to prevent the reinforcement of bullying and to extinguish it. (Separate sections apply the three steps to the problems of gossip, inappropriate remarks, and cyberbullying). The three steps involve:

- **Stop:** Teach students the school-wide "stop signal" (verbal and physical action) for problem behavior, and practice when and how to use it appropriately.
- **Walk:** Teach students to "walk away" when the problem behavior continues after the stop signal. Walking away removes the reinforcement for problem behavior.
- **Talk:** Teach students to "talk" to an adult if the problem behavior continues after using stop and walk.

CHECK THIS OUT!

- ***Steps to Respect***—Bullying prevention and friendship development (Committee for Children) **http://www.cfchildren.org/steps-to-respect.aspx**
- ***Eyes on Bullying Toolkit: What Can You Do?***—**http://www.eyesonbullying.org/pdfs//toolkit.pdf**
- ***15+ Make Time to Listen, Take Time to Talk…About Bullying***—Conversation starters (Substance Abuse and Mental Health Services Administration) **http://store.samhsa.gov/shin/content//SMA08-4321/SMA08-4321.pdf**
- ***Words That Heal: Using Children's Literature to Prevent Bullying*** (Anti-Defamation League) **http://www.adl.org/education/curriculum_connections/winter_2005/**
- ***PACER's National Bullying Prevention Center*** **http://www.pacer.org/bullying/**

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REFERENCES

Atwood, T. (n.d.). Understanding and teaching friendship skills. Retrieved from http://www.tonyattwood.com.au/index.php/publications/by-tony-attwood/archived-papers/75-understanding-and-teaching-friendship-skills

Carnegie Library of Pittsburgh. (n.d.) Bibliotherapy booklists: Helping young children cope in today's world. Retrieved August 21, 2013 from http://www.carnegielibrary.org/research/parentseducators/parents/bibliotherapy/

CASEL. (n.d.) Collaborative for academic, social, and emotional learning. Retrieved from http://casel.org/

Catalano, R. F., Hawkins, J. D., Berglund, M. L., Pollard, J. A., & Arthur, M. W. (2002). Prevention science and positive youth development: Competitive and cooperative framework? *Journal of Adolescent Health, 31*, 230–239.

Center for the Study and Prevention of Violence. (2008). An overview of bullying [Fact sheet]. Retrieved from http://www.colorado.edu/cspv/publications/factsheets/safeschools/FS-SC07.pdf

Espelage, D. L., & Swearer, S. M. (2003). Research on school bullying and victimization: What have we learned and where do you we go from here? *School Psychology Review, 32*, 365–383.

Jenson, J. M., & Dieterich, W. A. (2007). Effects of skills-based prevention program on bullying and bully victimization among elementary school children. *Prevention Science, 8*, 285–296.

Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among U.S. youth: Prevalence and association with psychosocial adjustment. *JAMA, 285*, 2094–2100.

National Center for Mental Health Promotion and Youth Violence Prevention. (2009). Social and emotional learning and bullying prevention. Retrieved from http://casel.org/wp-content/uploads/SEL-and-Bullying-Prevention-2009.pdf

Storey, K., Slaby, R., Adler, M., Minotti, J., & Katz, R. (2013). Eyes on bullying…what can you do? Waltham, MA: Education Development Center, Inc. Retrieved from http://www.eyesonbullying.org/pdfs/toolkit.pdf

Swearer, S. M. (2011). Risk factors for and outcomes of bullying and victimization. Materials from the White House 2011 Conference on Bullying Prevention. Retrieved from http://www.stopbullying.gov/resources-files/white-house-conference-2011-materials.pdf

Swearer, S. M., Espelage, D. L., Love, K. B., & Kingsbury, W. (2008). School-wide approaches to intervention for school aggression and bullying. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services* (pp. 187–212). Thousand Oaks, CA: Corwin Press.

Ttofi, M. M., & Farrington, D. P. (2009). What works in preventing bullying: Effective elements of anti-bullying programs. *Journal of Aggression, Conflict and Peace Research, 1*, 13–24.

Wentzel, K. R., Baker, S. A., & Russell, S. (2009). Peer relationships and positive adjustment at school. In R. Gillman, S. Huebner, & M. Furlong (Eds.), *Promoting wellness in children and youth: A handbook of positive psychology in the schools* (pp. 229–244). Mahwah, NJ: Erlbaum.

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