

## PROJECT EVIDENCE

**PROJECT EVIDENCE for Prevention of Mental Disorders**. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email [admin@mhyfvc.org](mailto:admin@mhyfvc.org)

**[2] Selective Programs** are indicated for situations where subjects are at high risk of developing mental disorders unless there is preventive intervention.

[2 c] Social factors

- i Indigenous families
- ii Immigrant families, especially asylum-seekers
- iii Children involved with bullying
- iv Children in out-of-home care

### **[2 c iii ] Children involved with bullying**

Bullying may be one of the most harmful components associated with stigma. It is a toxic influence on mental health regardless of who is the victim. An ANZ Journal of Psychiatry editorial in 2017 by Professor Jorm summed up papers by Scott et al., Ford et al., and Thomas et al., in that issue, by saying, "Bullying in schools is arguably the most important etiological factor for mental illness that could systematically targeted at population level. Taken together, these studies show that bullying is common in Australian adolescents and that it has a medium to large association with a range of mental health problems and suicide attempts."

Ford's paper reported a nationally representative longitudinal study of Australian children in a cohort that began at kindergarten in 2004 and were aged 14-15 at this interview a decade later. One third had been bullied in the previous month, and one quarter experienced bullying frequently. This quarter revealed poor mental health, low self-regard, depression and anxiety, and violent behaviour.

The types of bullying were reported as physical, relational (such as exclusion from friendship groups and spreading rumours), and verbal abuse, including through social media. About half the bullying was verbal/relational and the other half was physical or a combination.

The simplistic view is that there are bullies and victims, and that the bullies should be punished for their misdeeds. The truth is much more complex. The roles reported in bullying are victim, bully, or both victim and bully. There are nearly as many bullies as victims, and in the bullying group there are twice as many who are victims as well as bullying. This group has the worst outcome. They are significantly disturbed, and simply punishing them will make this worse.

Adolescents involved in all bullying roles scored higher on the anxiety and depressive scales of the Strengths and Difficulties questionnaire than non-involved adolescents. Percentages for boys and girls are fairly similar. Victims scored poorly but those who are both victim and bully scored worst. This is in keeping with the concept that some acting-out bullying is an emotional response to being a victim. Nearly half this group have attempted suicide. Further punishment for their bullying is likely to worsen their emotional state. The rates of self-harm and suicide attempts are highly correlated with bullying. Furthermore, post-hoc analysis of the sample showed that those in the lowest income category were likely to report higher levels of suicidal behaviour. One can only agree with Professor Jorm that this is one of the important public health issues of our time.

For those who are victims of bullying the following psychology essay is a valuable resource.

## Treatment interventions for the victim of bullying

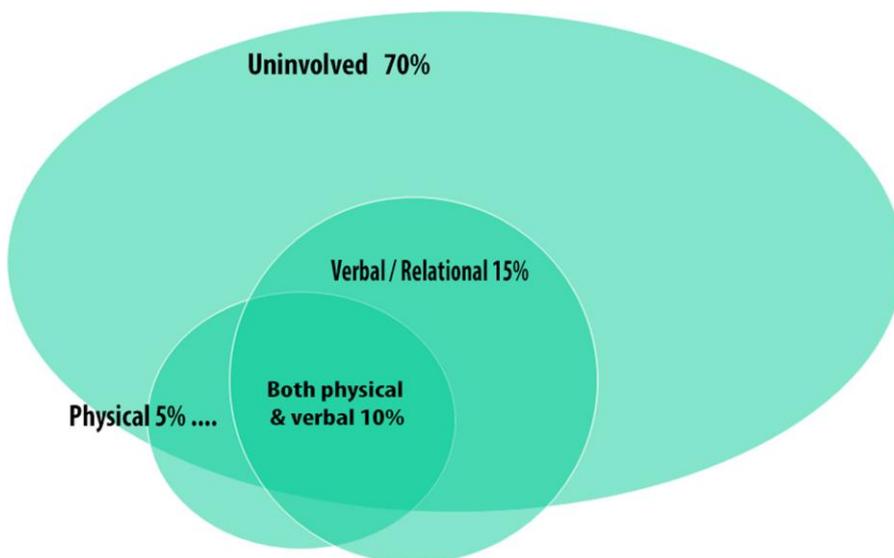
Bullying is defined as repeated negative actions over time directed at an individual (Olweus, 2002). The U.S. Department of Health and Human Services states that bullying involves an imbalance of power ("Stop bullying now," 2010). Seen as a continuum with teasing at one end and brutal bullying at the other. Another definition of bullying is "ongoing and frequent and includes verbal taunting, name-calling, threats, stealing, and acts of physical aggression" (Freedman, 2002, p. 5). Freedman (2002) stated that bullying also includes an "imbalance of power" (p.5) when the bully is older, larger, and has a high value of self. Bullying occurs within a social-ecological framework with the bully being a part of different environments such as school, home, peers, and community (Espelage & Swearer, 2004).

### Rate of Bullying

There has only been one large-scale study conducted on bullying in the United States. Nansel et al. (2001) asked 15,686 6th-through 10th-grade students to self-rate themselves as victims or as bullies. The results found that 29.9% of the students indicated that they had been bullied or were bullies. Of the 15,686 students, 10.6% identified themselves as victims and 13% indicated that they were bullies, and the remainder indicated that they have been both. In addition, this study found that there was a higher level of bullying in the middle school years compared to the high school years and that boys were more likely to be involved in bullying than girls. Boys are more likely to engage in physical bullying (Espelage, Bosworth, & Simon, 2001). Girls are more aggressive relationally (Crick & Grotpeter, 1995).

### Types of Bullying

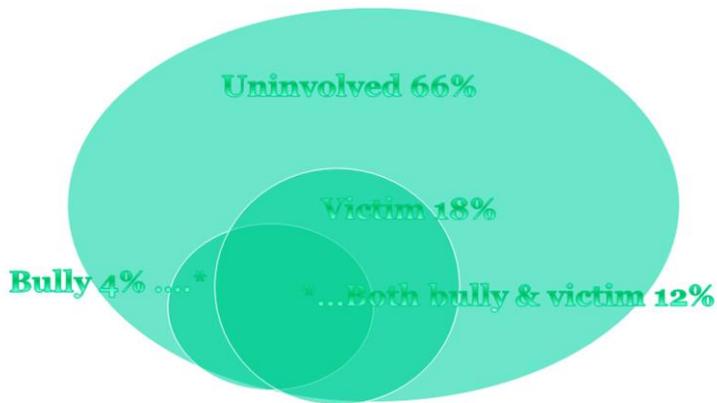
There are four main types of bullying behavior: physical, emotional/social, verbal, (Fox and Boulton, 2003), and/or cyber-bullying (Sheras, 2002). Examples of physical bullying include punching, kicking, stealing, hitting, or damaging someone else's belongings. Verbal bullying can be teasing, name-calling, gossip, or threats. Emotional-Social bullying can be spreading rumors about someone, isolating someone, or leaving someone out on purpose (C. Graves, personal communication, April 16, 2010). Cyber-bullying or "bullying on-line" (Sheras, 2002, p. 55) has become a new problem as children are getting cell phones and e-mail accounts and are becoming involved with social networks for the first time at much younger ages.



### Types of Victims

There are three different types of victims: passive, relational, and provocative (Orpinas & Horne, 2006). Passive victims are often insecure, have low self-esteem, lack social skills, and lack the skills needed to stand up for themselves. Passive victims do not do anything to warrant the abuse but they may have "characteristics that are immutable, such as size, gender, race, ethnicity, vision problems, or medical disorders" (Orpinas & Horne, 2006, p. 235). Relational victims are children who do not have strong social skills and need to learn how to have friendships with peers. Peers may see provocative victims as annoying and may have some of the same behaviors as someone with Attention Deficit Disorder

(ADD). Fox and Boulton (2003) identified five characteristics of victims that non-victims did not have. Victims may be annoying, withdrawn, and submissive, show outward signs of distress, and/or have behavioral vulnerabilities.



### Signs and Signals and Symptoms that a Child is being Bullied

Teachers, parents, and friends need to be aware of the signs that are present when a child is being bullied. Parents need to be aware of any changes that are going on with their child. They need to ask themselves, have their friendships changed? Does the child who once loved school no longer want to go (Garbarino & deLara, 2002)? Are they having trouble sleeping, or are they are depressed or sad (Garbarino & deLara, 2002)? Do they have unexplained bruises or torn clothes? Do they suddenly not want to ride the bus or are they taking a different route to school (McNamara & McNamara, 1997)?

Teachers can look for changes in the child as well. Signals that a child is being bullied at school can be that the child is being teased, physical injuries, and/or are they spending social-time alone. A drop in grades, spending time near the teacher, and being extremely quiet are also signs that may indicate that a child is being bullied. In addition, the child may be absent from school more often than prior to becoming a victim (McNamara & McNamara, 1997).

### Tattling versus Telling

Teachers need to teach children the difference between tattling and telling (C. Graves, personal communication, April 16, 2010). Telling involves letting an adult know when a child is in danger, is scared, need protection, or someone is going to harm their property. Tattling is when a student wants to "get someone in trouble," wants to look better in the eyes of teacher or peers, and/or the student wants "attention" (Orpinas & Horne, 2006, p. 238).

### Effects of Bullying

Children who have been repeatedly bullied with suffer from physical as well as emotional problems. Stomachaches and headaches are real physical problems that occur when a child is under a great deal of stress and is struggling with anxiety. Children who once loved going to school may now dread it. Bullying can have a negative effect on a child's sense of self. They may begin to blame themselves for the bullying and have negative conversations in their minds about their self-worth. Children who are victims of bullying may become depressed (Slee, 1995b), have low self-esteem, (Boulton & Smith, 1994), be lonely (Boulton & Underwood, 1992), and have a higher rate of absenteeism from school (Reid, 1983).

It is important to get the teachers, parents, and the school administration involved to get the bullying to stop right away. The child should not have to confront the bully and should not feel as though he or she is to blame (Orpinas & Horne, 2006). Teachers and guidance counselors need to teach children the need to report abuse and teach themselves how to feel empowered so that the abuse with stop (Orpinas & Horne, 2006).

## Intervention for an Elementary School Child who is being Bullied

### Treatment Plan

Having long-term goals and a series of short-term goals to reach the long-term goals is critical. Short-term goals should be measurable, brief, specific, and small, and measurable (Brems, 2008). A therapist can help children focus on the positive friendships that they do have and encourage them to build more safe friendships. It is important to consider when it is necessary for adults to get involved and when to allow the children to work it through. Children who are bullied need to find activities where they can increase their self-worth and can spend time with positive role models ("No bully," 2010).

One treatment method for victims of bullying is to help them see the future with a positive outlook and this can be done directly or indirectly (Abramson, Metalsky, and Alloy, 1989). Teaching children how to increase activities in their lives that they find pleasure in, as well as helping them find ways to relax, will help reduce feelings of hopelessness (Swearer, Grills, Haye, & Cary, 2004).

The therapist working with a child who is the victim of bullying needs to teach the child that it is not their fault and that they should not respond to the bully with aggression (Orpinas & Horne, 2006). When the bully does not get a reaction from the victim, he or she will often stop because it is no longer fun. Children who are bullied should think about how they are going to respond next time to the teasing so that they will not be caught off guard (Freedman, 2002).

Children who have been bullied repeatedly over an extended period will show long-term effects like depression and low self-esteem (Salmivalli, 1999). The most common symptom for children who are bullied is depression (Callagan & Joseph, 1995). Feelings associated with depression are hopelessness, worthlessness, and sadness. Children also will struggle with low self-esteem, irritability, lower performance in school, sleeping problems, and problems with relationships (Swearer et al., 2004).

### Long Term Goals for Treatment of a Child who is Being Bullied

The long-term treatment plan for a child who is being bullied begins by establishing a trusting relationship (Knapp & Jongsma, 2002) with the counselor where the child feels safe to share. The next step is to help improve self-esteem (Knapp & Jongsma, 2002) by building confidence in the child. The counselor and the child will work together to lower the child's level of anxiety. Helping to lower the depression level of the child is essential (Knapp & Jongsma Next, the counselor will assist the child to learn the skills needed to gain confidence to return to school and teach the child social skills (Mayer, 2008). Helping the child to build trusting friendships will give the child a solid support group (Knapp & Jongsma, 2002). The counselor will work with the teachers and parents to facilitate change (Knapp & Jongsma, 2002). Each of these long-term goals can be broken down into short-term goals, and different interventions will be given for each problem.

### The Counseling Relationship

A child counselor will provide a safe place for a child to share his or her thoughts and feelings. A counselor must listen to the child and help the child feel cared for during this difficult time. Allowing the child the freedom to choose the activity he or she desires is critical in child focused counseling. The counselor will also not burden the child with any of their personal struggles (Brems, 2008). Providing a warm, comforting, nurturing environment will help a child feel safe and will help keep him or her calm in intense moments. A child counselor should respect the child and the way the child is communicating. Allowing the child to speak when ready, and not forcing him or her to do or say anything, that may be uncomfortable with is extremely essential (Brems, 2008). Physical touch should be used sparingly in well thought out situations. Empathy can be shown to the child by "understanding the child from her or his unique perspective and history" (Brems, 2008, p. 255).

My personal profile. During the first counseling session, the counselor can have the child complete a personal profile which can help establish a positive working relationship and help the child explore who he or she is as an individual (Knapp, 2003). Some of the questions on the worksheet can be basic information about family members, favorite color, hobbies, books they enjoy, basic values, and important friendships (Knapp, 2003). This will help the counselor to get to know the child and learn about his or her interests.

The Ungame. The Ungame, by Talicor Company, is a game designed to open communication, provide a fun way to express feelings, encourages children to share their feelings, and is non-competitive. A therapist can play this game with children who are five and up and it can help the counselor to gain a better understanding of how the child feels in certain situations. There are a few different versions of this game: the Christian version, the Catholic version, and the teen version ("The Ungame," 2010).

### Self-Esteem

The self-esteem of a child can be affected by being bullied (Mayer, 2008). A victim of bullying may begin to feel bad and beat himself or herself up about the situation. The long-term goals of counseling a child who has low self-esteem are to regain a strong sense of self worth and to have the confidence to participate in activities with peers (Knapp & Jongsma, 2002). The counselor needs to develop a trusting relationship so that the child will feel comfortable sharing how they are feeling about the abuse. During the first counseling session, the counselor needs to help the child develop self-awareness (Knapp, 2003). The counselor can assist the child in completing a "My Personal Profile" worksheet (Knapp, 2003, p. 303-304). This worksheet can help the child and counselor discover the child's family history, likes and dislikes, hobbies, important friendships, and values. Another way to assess the child's current wrong assumption is by using the "Goals of Misbehavior Inventory" (Manly, 1986).

### Exploring My Self-Esteem

Exploring my self-esteem game can be played in therapy with children five years and up and will help the therapist see how the children view themselves. The counselor can model for the child how to express feeling in a healthy manner and how to control impulses. This game helps a child communicate with the therapist personal stories about his or her world and is a wonderful tool to improve self-esteem ("Creative therapy store", 2010).

### Unconditional Love

Next, the counselor will help the child to recognize the people who provide unconditional love. The counselor can refer back to the personal profile that the child completed earlier, and refer to the sections of family members and friends, discussing with the child how much these individuals support him or her and how love is received from them. The counselor and child can brainstorm together what unconditional love is and how they feel love (Knapp & Jongsma, 2002). Chapman & Campbell (1997), in their book *The Five Love Languages of Children*, discuss how children receive love from others. The five love languages are "physical touch, words of affirmation, quality time, gifts, and acts of service" (p. 28).

### Accomplishments I am Proud Of

To help a child who has low self-esteem due to bullying, a counselor can have the child list accomplishments that the child is proud of and this will build self-confidence (Knapp, 2003). The child can either list events from his or her past that he or she is proud of or the child can draw a picture that illustrates the accomplishments. When the child is feeling low or sad he or she can refer back to the list or drawing and it may be able to cheer the child up. This can be used for children in grades 3-12 and the counselor should encourage the child to continue to add additional entries that can be referred to at a later date (Knapp, 2003).

### Sources of the Low Self-esteem

Did the child have low self-esteem before the bullying occurred? Discuss with the child how the child feels because of the bullying and if the bullying stopped would they feel better about themselves. The counselor could ask the child the "miracle question" which can help to goals in a clear and new way (Young, 2009). An example of this is "If you woke up tomorrow morning, and a miracle occurred in your life, what would your life look like?" This can help to imagine what could be different and can help to visualize the steps that need to be taken to achieve goals.

### Techniques for Improving Physical Demeanor and Feeling Vocabulary

Using puppets the counselor and child will play and try to help the child improve "eye contact and smiles" (Knapp & Jongsma, 2002, p. 310). The therapist will instruct the child on how to incorporate smiles, appropriate physical touch, and eye contact in his or her relationships with friends and family members (Knapp & Jongsma, 2002). Another step in the process of improving self-esteem is to teach the child how to recognize his or her feelings by using the "Feeling Vocabulary" (Knapp, 2003, p. 134-135). The list contains words that may indicate how the child feels when he or she is bullied and feelings that he or she may feel when the child is at peace. The counselor can help the child to see that he or she had power over his or her emotions. The "Feeling Vocabulary" also lists various situations that a child may face and has the child write down his or her emotions (Knapp, 2003).

Another important intervention that a child who is being bullied should learn how to do is to know how to express their feelings directly (Knapp & Jongsma, 2002). A technique that can be used is the "Bug-Wish Technique" (Knapp & Jongsma, 2002, p. 365). This technique encourages the child to say phrases like "It bugs me when you" (Knapp & Jongsma, 2002, p. 365). The child is letting the bully know how he or she feels and is standing up for himself or herself.

### The Self-Concept Game

The Self-Concept game, by Berthold Berg, Ph. D., is designed to help children ages eight and up improve self-esteem. This game can help children focus on the strengths they have in five areas, "scholastic competence, social acceptance, physical appearance, athletic competence, and behavioral competence" ("Creative therapy store," 2010). There is also a self-concept workbook, which can help a child have an improved self-esteem by using self-talk ("Creative therapy store," 2010).

### Anxiety Management for a Child with Low Self-Esteem

One form of intervention involves teaching the child self-talk. One type of self-talk is asking oneself a question about the situation and then answering the question. A therapist would ask the child if what the bully is saying about him or her is even true. If the child says "no," then this can help the counselor to demonstrate for the child that they are allowing the bully to have too much control over the child's thoughts and feelings (Freedman, 2002). Take for example this situation; a bully calls the victim "stupid." The victim needs to ask himself or herself, "Am I stupid?" and then answers in his or her own mind. The child may say to himself or herself, "I get mostly A's and B's in school, so I must not be stupid."

Another type of self-talk is learning to realize that some teasing is just a matter of opinion (Freedman, 2002). A bully can make fun of something the victim is eating and make the child decide that he or she should no longer eat the food. The victim needs to learn that the bully has an opinion about the food but that his or her opinion about the food is more important. If the child likes the food, he or she should not let the bully talk him or her out of it.

Self-talk can also include thinking positive thoughts about oneself when someone is picking on your character or physical qualities (Freedman, 2002). If a bully calls a victim "scrawny and weak," the victims can think of positive aspects of themselves for example that he or she is an excellent student and a good friend, and not let the bully control his or her feelings.

### Reframing Your Worries

Low self-esteem and high anxiety that occur when a child is being bullied may lead the child to think that the worst possible things are going to happen and always imagine the worst-case scenario. The child's negative self-talk is making the bad situation worse. A counselor can help the child regain the negative thinking pattern and begin to replace the negative thoughts with positive more helpful thoughts (Knapp, 2003). The student can write down the problem, write down the worst-case scenario of what he or she fears may happen and finally write down a positive outcome. This activity will help the child to take control of negative thought patterns (Knapp, 2003).

### "Coping Cat"

One cognitive behavioral treatment program that was created to help children with anxiety is the "coping cat" (Barrett & Ollendick, 2004, p. 125). This program is 16 sessions in length and has two parts: the educational half and the practice component. When a child is facing a scary situation, he or she needs tools to draw from to help him or her work through those fears. Barrett and Ollendick (2004) use the mnemonic "FEAR" which stands for "F-feeling frightened? E-expecting bad things to happen?, A-attitudes and actions that will help, and R-results and rewards" (Barrett & Ollendick, 2004, p. 125-126). A child will be taught to recognize the physical symptoms of anxiety as well as begin to identify his or her negative self-talk (Barrett & Ollendick, 2004). Next, the child will be taught the appropriate solutions for the problem. When a child deals with a situation successfully, he or she will use self-talk to bring encouragement and a positive view on life. In the second half of the program, the child will put what he or she learned into real world situations. After real life situations, the child can discuss with the counselor what he or she can do next time and consult with the counselor about what he or she did well and what needs to be changed. The child can also brag on himself or herself about how well he or she responded in the particular situation (Barrett & Ollendick, 2004).

### Play Therapy

Play therapy is helpful for young children who are experiencing anxiety because they are being bullied and may not be able to express themselves with words. A therapist can have a dollhouse, an art center, puppets, and other toys in the office that the child can play with and act out how he or she is feeling (Sheras, 2002). Play therapy can be with the child and therapist playing together, or the therapist can watch the child play. The therapist needs to watch the child playing and then interpret the meaning (Mayer, 2008).

One type of play therapy is cognitive-behavioral, in which the therapist will take an active role in the process, and will focus on helping the child replace negative thought patterns with positive ones. Another type of play therapy is rational-emotive therapy (RET) which "looks at how irrational thinking creates self-defeating behaviors and life problems" (Mayer, 2008, p. 204). A third type of play therapy is child-centered play therapy (CCPT); in this, the therapist focuses on creating an environment in which the child will feel safe and on creating a trusting counseling relationship (Mayer, 2008). Child-centered play therapy would be effective in helping a child cope with the anxiety they feel when they are being bullied. During CCPT, the counselor will provide unconditional positive regard, help the child work through his or her issues at child's pace, and reflect the child's feelings in a nonjudgmental way (Jongsma, 2004).

### Depression and Anxiety

A child who is bullied will frequently be depressed and have a high level of anxiety (Callagan & Joseph, 1995). The research on who has the higher level of anxiety the bully or the victim is mixed. One study by Craig (1998) found that the bullies have a lower level of anxiety than the victims they are bullying. Bullies may feel no anxiety at all because they frequently have "antisocial personalities" (Craig, 1998, p. 7). A different study found that the level of anxiety was the same for the bully and the victim (Espelage & Swearer, 2004). Children who are bullied may become depressed over time because over time they begin to lose hope of it stopping and may begin to feel as though they deserve the abuse (Craig, 1998). As the level of anxiety and depression increase children may begin to have physical pain as well as other health problems due to in the increase in stress (Craig, 1998).

## Planning Fun Activities and Art Therapy

When a child is depressed, he or she may have stopped doing the activities that were once found fun. Brainstorming a list of fun activities with the child will bring them into the process and will help to discover what fun activities the child enjoys (Knapp, 2003). The therapist can walk the child through the systematic process of planning these activities. Parents and friends can then help discover what interests the child has, and help him or her complete these pursuits (Knapp, 2003). Art therapy can be effective with creative children and helps them to express themselves through art when they may not be able to express themselves verbally. A victim of bullying can benefit from this therapy to help cope with depression or abuse (Sheras, 2002). Refusal to go to School

Place, et al. (2000) found that among 17 school refusers all but one indicated that they did not want to go to school because they were being bullied. The long-term goal for a child who is being bullied and refuses to go to school is simply to get the child to go to school. Along the way, a counselor also desires for the child to have low anxiety and a positive view of school (Knapp & Jongsma, 2002). The intervention for a child who refuses to go to school is a combination of "relaxation training, enhancement of social competence, cognitive therapy, and exposure" (Heyne & King, 2004, p. 257). A child can learn to relax his or her body by first learning what it feels like when he or she is tense. Kendall (1993) discusses the robot-ragdoll technique. He instructs a child to stiffen his or her muscles as if being a robot, and then relax the muscles completely, like a ragdoll. This process helps a child to relax in stressful situations. Another technique that can be used to help young children relax is progressive muscle relaxation (Koeppen, 1974). In this technique, the therapist will walk the child through the process of relaxing different parts of the body until the entire body is completely relaxed.

The counselor can help the child to reframe his or her fear about the bullying problem by thinking of several positive ways to react to the situation (Knapp & Jongsma, 2002). The child needs to know that the teachers will take action if the situation is out of control. The child and the therapist can work together to use the reframing your worries (Knapp, 2003) as detailed in the anxiety section of this paper. Working with the child, the therapist will help the child think of the positive things that he or she enjoys about school. Next, the counselor can help the child improve his or her social skills.

## Social-Skills Training

Social skills are needed to have positive and healthy relationships. A socially skilled person is "someone who can develop and maintain friendships easily, resolve difficult social problems tactfully, and essentially breeze their way through the social thicket of life" (Fox & Boulton, 2005, p. 314). Someone who has poor social skills will have problems with close friendships and will struggle in social situations. Elliott (1991) found that children with poor social skills are more likely to be bullied. Perry et al. (1990) discussed the concept that when a child is the victim of bullying his or her response to the bully has an impact on the duration and intensity of the attack. If the bully senses that they are getting under the skin of the victim, they will be more likely to continue the aggression.

Fox and Boulton (2003) created a Social Skills Training (SST) Programme to help victims of bullying improve their social skills. The purpose of the program was to teach children how to use verbal techniques, how to change negative thinking in positive thinking, and how to solve difficult social situations (Fox & Boulton, 2003). Other skills that were taught in the Social Skills Training were how the children should change how they react to being bullied and they were trained on different relaxation methods for coping with stress (Fox & Boulton, 2003).

Twenty-eight children participated in the Fox and Boulton (2003) study, with a mean age of 9 years and 8 months. The experimental group received SST training over an eight-week period and the control group did not receive SST training. The material they used were the Peer Nomination Inventory (PNI) which "assesses social skills problems, peer victimization, friendship, and peer acceptance" (p. 235). Fox and Boulton (2003) had the children do self-assessment

on areas such as anxiety, depression, and self-esteem. The results indicated that the children in the experimental group had an increase in self-esteem and the children in the control group did not have an increase in self-esteem.

Fox and Boulton (2005) found that victims of bullying were perceived by their peers to look more scared, to look more serious, and were non-assertive. This study can be helpful for counselors to know how to help victims become more confident, to teach them to be more easy going, and to show them how to be more assertive. If the therapist can improve the child's social skills, they will be able to help decrease the amount of bullying (Fox & Boulton, 2005).

### The Social Skills Game

This is a game that the therapist can play with children who are eight years old and are struggling socially. If children are having trouble making friends or do not know how to react to their peers, this game can help teach them the social skills they need to function. It focuses on how to interact with peers in a positive manner, how to communicate needs, and how to make friends ("Creative therapy store," 2010).

### The Social Conflict Game and Peacetown

The Social Conflict game, by Berthold Berg Ph.D., is helpful for children who are having conflicts with peers and it teaches how to settle problems in a peaceful manner. This game would be good for bullies as well as for victims. It can be played with children eight years and older. It teaches a child who is being bullied to use "assertive rather than aggressive behavior", ("Creative therapy store," 2010). Another game that can be assist children ages eight and up in keeping the peace in all areas of life is Peacetown, by Eric Terry. The skills that can be learned while playing this game includes ignoring bad situations, when to seek help from adults, avoiding children who are negative, and learning conflict resolution skills ("Creative therapy store," 2010).

### Friendships

A child who is being bullied may have a difficult time making and keeps friendships.

In the counseling relationship, the therapist can help a child learn how to make and keep friendships by teaching friendship making skills. An excellent way to learn the qualities that are important for being a good friend is to have the child complete the activity called "Art of Creating and Maintaining Friendships" (Knapp, 2003, p. 343). The activity is a word search containing twenty-four qualities that are essential characteristics of a good friend. Some of the words in this puzzle are "apologize, stick up for, support, understand, help, and forgive" (Knapp, 2003, p. 343). Afterwards discuss the puzzle with the child and talk about friendships.

### Peer Mediation

Peer mediation involves training a selected group of students and training them to manage and resolve conflict. These students are taught how to solve problems among their peers using fair solutions (Nickerson, Brock, Chang, & O'Malley. 2006). Burrell, Zirbel & Allen (2003) conducted a meta-analytic review of 43 studies on peer mediation outcomes and found that in elementary, middle, and high school it was 90 % effective at resolving conflicts.

### School Wide Programs

The counselor needs to encourage children to talk with their teacher about the being bullied. School wide intervention programs have been shown to reduce bullying by as much as 70% (Olweus, 2002). Olweus (1993) created an Anti-Bullying Program for Schools that included having a school wide assembly on the topic of bullying, involving the teachers in games and activities during lunch and recess, dedicating class time to the teaching of positive social interactions, and encouraged small groups to build respect.

A recent study on bullying was conducted to see if teacher intervention would decrease the incidence of bullying in classrooms. Over a one-year period 859 students in third- through sixth-grade received "Steps to Respect" curriculum (Hirschstein et al., 2007). The Steps to Respect Program goals are to teach how to have healthy relationships with peers by improving social-emotional skills, to encourage prosocial behavior, and to amplify adult monitoring and awareness (Hirschstein et al., 2007). The results of this study showed that when teachers were actively involved in modeling prosocial behavior and were "walk (ing) the talk" the rate of bullying declined. One year after the implementation of the "Steps to Respect" program, the rate of bullying on the playground had declined due to the efforts that were made in the classroom (Hirschstein et al., 2007).

### Parents

A therapist needs to promote the involvement of the parents and teachers and to provide support for the victim and consequences for the bully ("Stop bullying now," 2010).

Parents need to be supportive and can help their children by empathizing and by listening carefully to what they are saying. The parent should never tell a child to ignore the bullying or say that it is his or her fault. In addition, a parent should not tell the child to fight back because it will not solve the problem and he or she may get into trouble ("Stop bullying now," 2010). The parents should never contact the parents of the bully because this may make matters worse for the victim. Contacting the child's school may be necessary to help the bullying to stop. Helping the child to have a positive self-image and encouraging new and old friendships with the positive kids in class may help the child to feel more involved and connected. The best thing that parents is provide unconditional love and be ready, willing, and available to talk when the child is ready ("Stop bullying now," 2010).

### Games for Dealing with Bullies

#### Bully Wise Dominoes

Another game that can be played with Elementary school children who are dealing with bullies or who are being bullies is called Bully Wise Dominoes. This game is for children aged 6-10 years and is an educational game that helps children learn how to deal with bullies, and to practice effective strategies for intervention. It helps them to decide when the situation calls for adult intervention, and when they should try to handle the bully themselves. The victims of bullying will learn steps to take to reduce the bullying in a peaceful manner. The game also helps bullies to learn new ways of getting the social success that they crave without putting others down ("Bully wise dominoes game," 2010).

#### Bully-Buster Bingo

This game helps students learn about themselves and gives them skills they need to stand up to a bully. It also helps the children to get to know themselves and can help them to gain confidence and improve their self-image. When a child is being a victim of bullying, he or she is frequently not prepared for the abuse and does not know what to say. This game gives the child examples of how to deal with the problems he or she is facing. It provides information on when and where to seek help in moments of crisis and demonstrate proper social skills. Bully-Buster Bingo is appropriate for children in second through seventh grades ("Bully-Buster bingo," 2010).

### Conclusion

Bullying is becoming more of a problem for children in elementary school and middle school. Parent, teachers, peers, the school administration, and counselors all need to be involved in the process of providing training, support, and encouragement to students who are the victims. A counselor who is working with a victim of bullying needs to first make sure that the bullying stops immediately. The next step is to provide a safe counseling environment where victims feel safe to share their feelings. Children who are victims of bullying may have low self-esteem, high anxiety, depression, poor social skills, they may refuse to go to school, and have trouble keeping positive friendships. The

counselor can work with the victims through a variety of interventions that can help a victim to work through the pain and suffering they have endured.

The victim will most likely have low self-esteem, and some interventions for this include "My Personal Profile" (Knapp, 2003), "Goals of Misbehavior Inventory" (Manly, 1986), and playing "Exploring My Self-Esteem," by Arley Loeffler, LCSW. The counselor can also have the child list the accomplishments that he or she is proud of as well as helping the child to change his or her negative self-talk to positive self-talk.

The counselor can help a child lower his or her anxiety by using the "coping cat" program designed to teach the student anxiety reducing skills (Barlett & Ollendick, 2004, p. 125). Play therapy is another intervention that can help children lower their anxiety if they are not ready to share their thoughts and feelings in words. Children who are depressed because they have been bullied are encouraged to do fun activities and art therapy is often helpful. If a child is refusing to go to school after he or she is bullied relaxation therapy as well as reframing have proven to be successful. Children who are victims of bullying often have poor social skills and there are several games that the counselor can play with them to help improve their social skills. Three of these games are the Social Skills game, the Social Conflict game, and Peacetown.

The counselor can work with the victim in improving his or her ability to make and keep positive friendships. Peer mediation has been proven effective in helping to lower bullying. Olweus (1993) created an Anti-Bullying program, which has helped lower the amount of bullying in schools. Parents of victims of bullying need to make sure their child gets the highest quality and appropriate counseling and provide support to the child.

Teachers need to set good examples and protect the students from the abuse of bullies. They must report abuse to the administration and take actions to punish the bully so that his or her actions will stop. Teachers need to supervise the free time that the children have such as during recess or at lunch. Adult supervision had been proven to reduce the amount of bullying that occurs in school.

A counselor has many games that they can play with the children who are victims of bullies and they are Bully Wise Dominoes and Bully-Buster Bingo. Victims need support and help from everyone in their lives to help ease their pain, rebuild their self-esteem, reduce their anxiety, help them become more involved with peer friendships, and learn the social skills they need to stop bullying from happening again. Bullies need to be stopped immediately and they need counseling to teach them new positive ways to interact with their peers.

Once the bullying is stopped, children can recover with support from individuals in their lives who love them unconditionally and provide the support and encouragement that they need to heal and have a positive outlook on life. The worse thing that teachers, parents, and other students can do is to ignore the severity of the problem and do nothing. Victims of bullying have been known to take their own lives and this can be avoided with timely care and intervention.

Essays, UK. (November 2013). Treatment Interventions For The Victim Of Bullying Psychology Essay. Retrieved from <http://www.ukessays.com/essays/psychology/treatment-interventions-for-the-victim-of-bullying-psychology-essay.php?cref=1>

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