

Bullying and Its Impact on Mental Health

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September 28, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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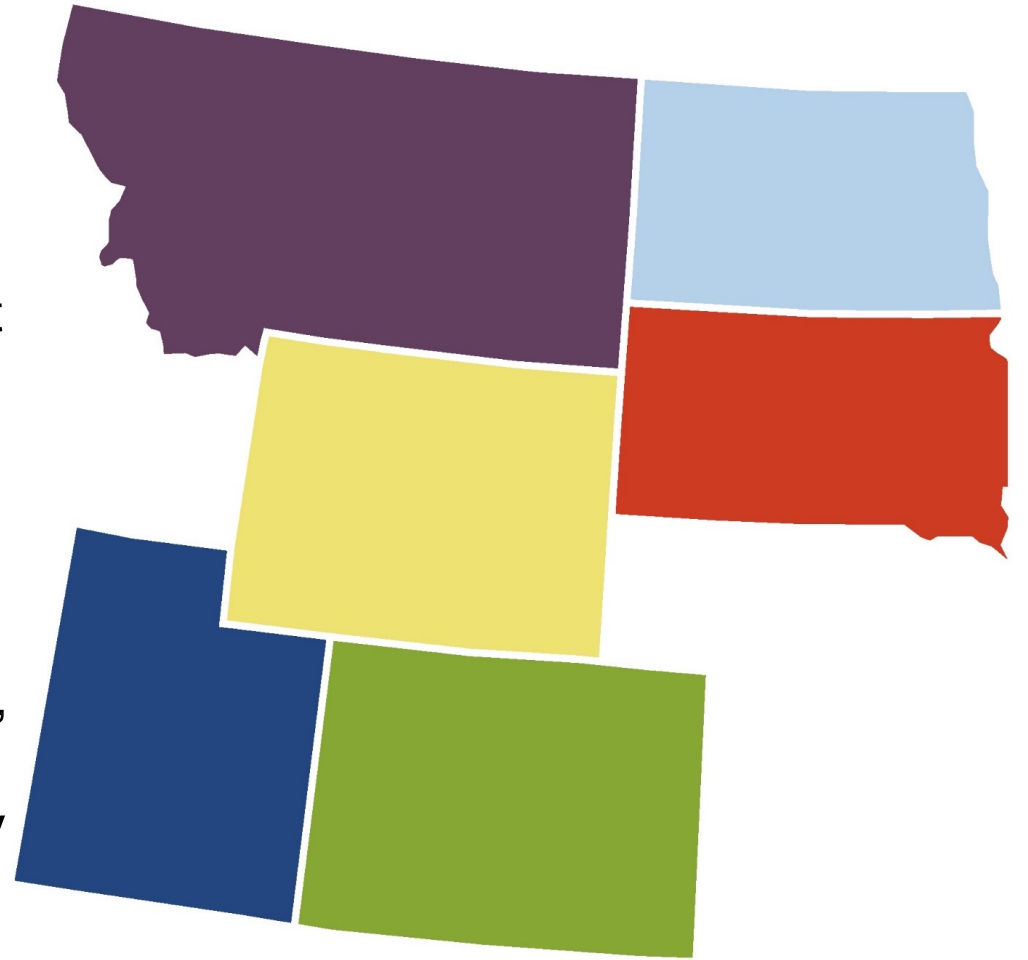
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Bullying and its Impact on Mental Health



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Learning Objectives



Define bullying and its forms

Understand the short- and long-term effects of bullying on mental health

Learn about protective factors that can that can prevent bullying and buffer youths from its adverse impact

Bullying

- Unwanted aggressive behavior(s) by another youth or group of youths that involves
 - an observed or perceived power imbalance and
- is repeated multiple times (or is highly likely to be repeated)



Forms of Bullying

Physical

- punching, shoving/pushing, hitting, spitting

Verbal

- name calling, making offensive remarks

Relational

- spreading rumors, excluding, ganging up

Cyber

- willful and repeated harm inflicted through the use of computers, cell phones, and other electronic devices

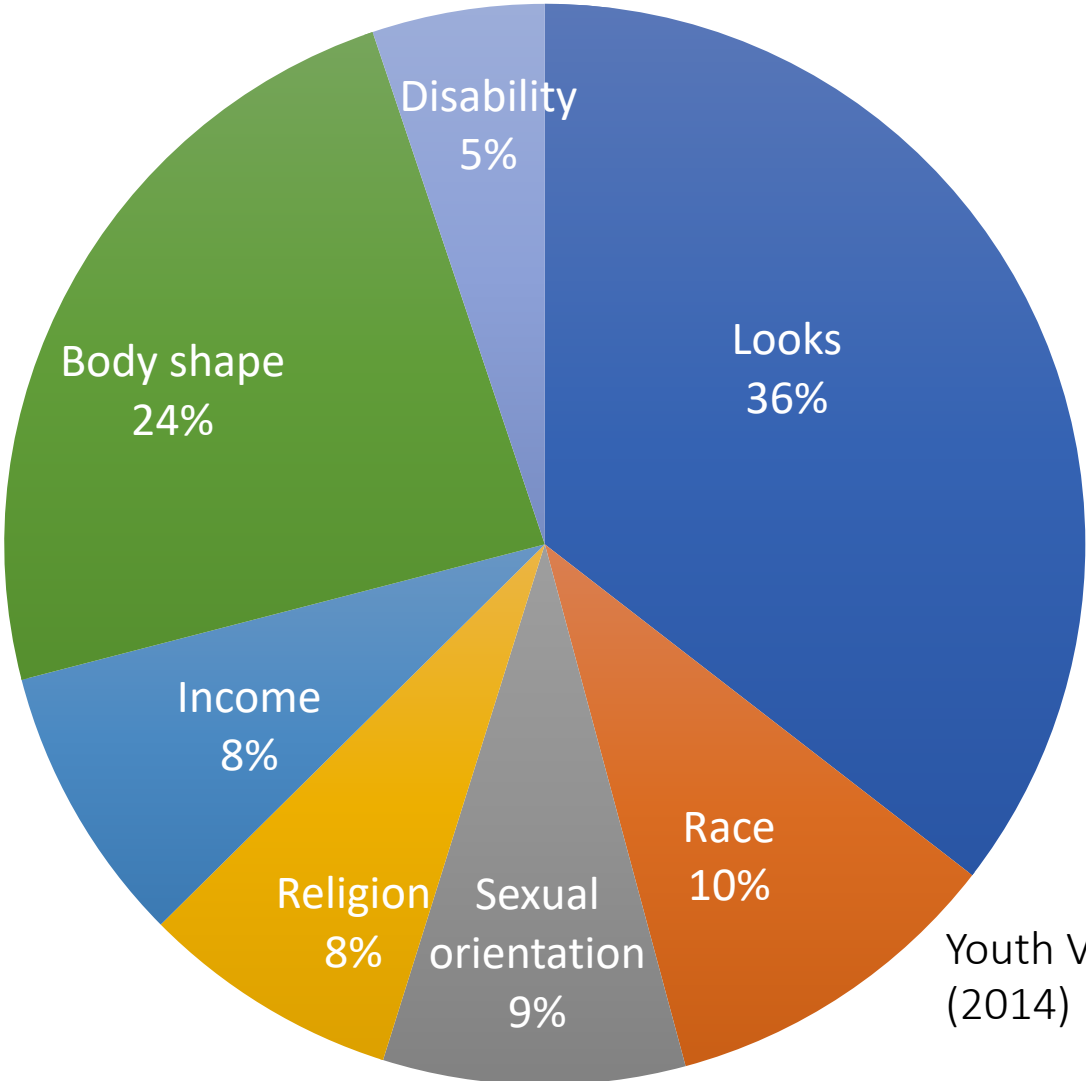


Students who are Bullied: Common Characteristics

- Most are perceived as weak or vulnerable
 - Different (appearance, sexual orientation)
 - Passive, lack assertiveness, do not invite the bullying
 - Often rejected by peers
- Fewer provoke others (provocative victims or bully-victims)
 - Offend, irritate, tease others
 - Reactive; fight back when attacked



What are Students Bullied About?



Youth Voice Project, Nixon & Davis (2014)

Warning Signs Child May Be Bullied by Others

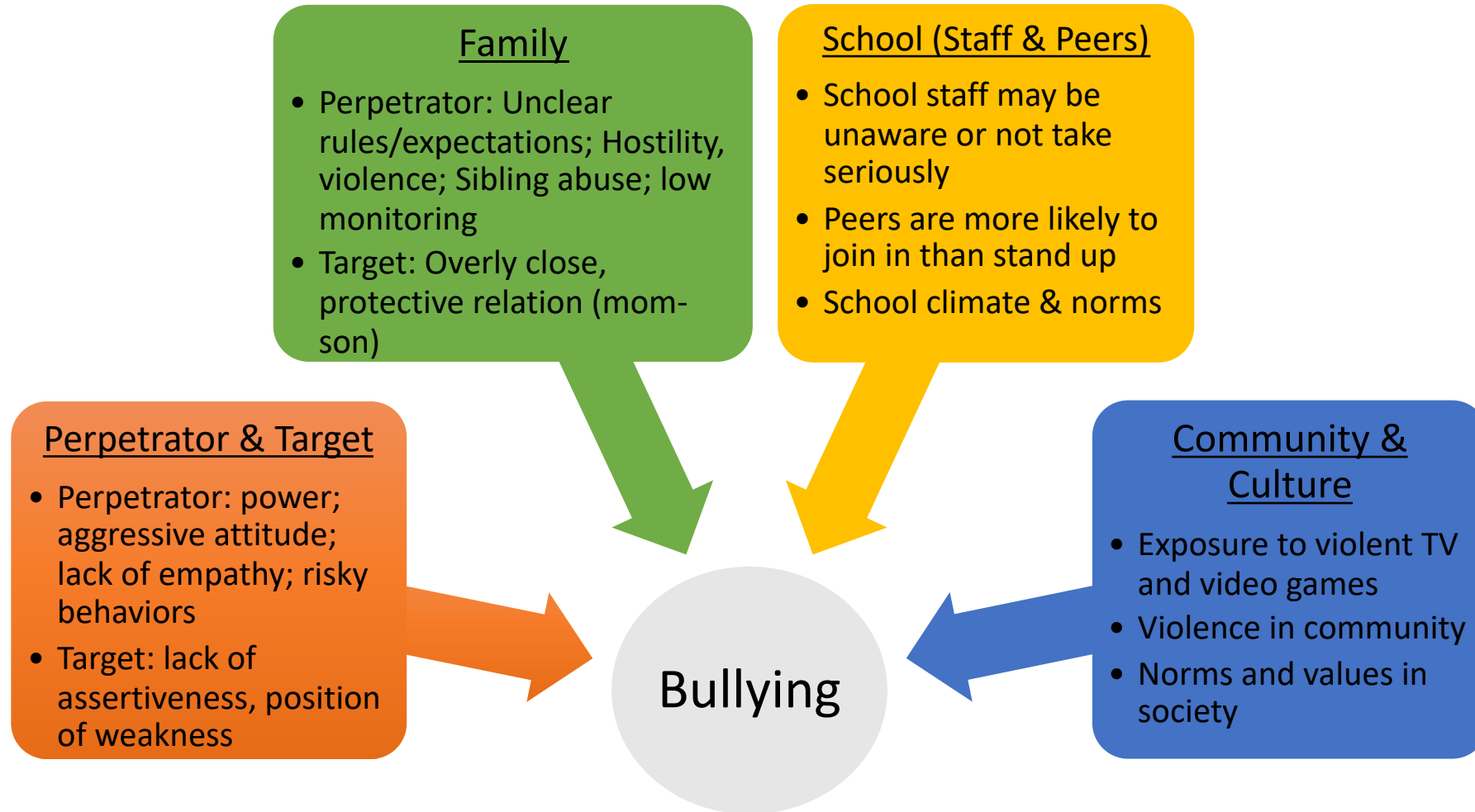
Unexplained illnesses, cuts/bruises (nurse's office visits)

Not wanting to go to school or be in social situations

Change in behavior

- Withdrawn or isolated
- Change in friend group
- Loss of appetite

Contributors to Bullying



Students who Bully: Common Characteristics

- Desire for power and control
- Get satisfaction from others' suffering
- Justify their behavior (“he deserved it”)
- More exposed to physical punishment
- Engage in other risky behaviors
- HOWEVER, IT IS MORE COMPLEX....

Social Patterns in Bullying and Aggressive Behavior

- Avoid social marginalization and seek social integration
- Prosocial controllers
 - Highly skilled, socially appealing. low conflict
- Coercive controllers
 - Aggressive, hostile
- Bistrategic controllers
 - Coercive (cheat, high desire for social recognition) and prosocial (socially skilled, attract peers, liked by teachers, extroverted)



Warning Signs Child May Be Bullying Others

Refer to others negatively
(wimp, loser)

Lack empathy

Strong need for power/control and getting own way

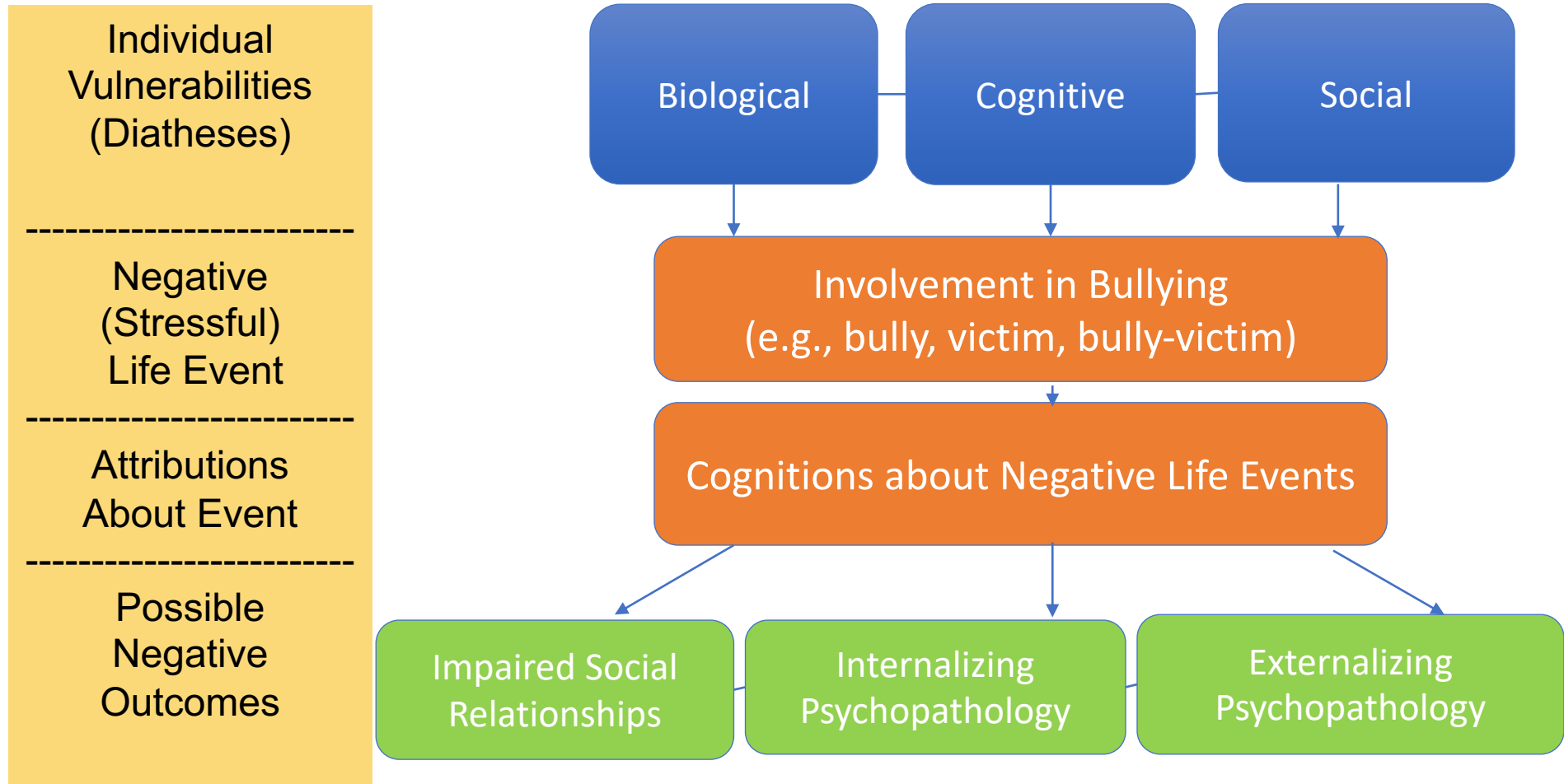
Hostile/defiant attitude

Anger easily

Deny involvement or blame others



Impact: Diathesis–Stress Model and Vulnerability



Cicchetti & Toth (1998); Ferguson, San Miguel, & Hartley (2009); Kaltiala-Heino, Rimpelä, Rantanen, & Rimpelä (2000); Lazarus (1993); Swearer & Hymel (2015)

Impact: Targets of Bullying

- Emotional distress, self-blame, reduced-wellbeing
- Loneliness, peer rejection, psycho-social problems, withdrawal
- Increased anxiety, depression, self-harm (8.1% compared to 4% not involved in bullying), suicidal ideation and attempts; low self-esteem and decreased future optimism
- Desire to avoid school
- In some cases, may respond with extreme violence

Graham & Juvonen, 1998; Hinduja, & Patchin (2009); Kochenderfer & Ladd (1996); Nickerson & Orrange-Torchia (2015); Nickerson & Slater (2009); Olweus (1993); van Oort, Greaves-Lord, Ormel, Verhulst, & Huizink (2011); Evens et al. (2018); Eyuboglu et al. (2021); Eisenberg et al. (2019); Mayano & Sánchez-Fuentes (2020)



Impact: Bystanders

- Emotional isolation
- Anxiety, depression
 - Physiological response similar to life threatening experiences (e.g., natural disasters)
- Social anxiety
- Hostility, paranoia, aggression
- Skewed perceptions about how others perceive bullying
- Those who assist in the bullying have increased aggression, anxiety/depression and less future optimism
- Those who try to help have increased depression and anxiety, but also increased self-esteem and future optimism



Evans et al. (2018), Dumas & Midgett (2020)

Impact: Perpetrators

- More likely to experience legal or criminal troubles as adults (even after controlling for other risk factors) including violent crimes
- Engage in high-risk behaviors:
 - aggressive behavior
 - weapon carrying
 - substance abuse
 - sexually harass others
- Depression, anxiety, decreased future optimism and self-esteem, conduct problems, self-harm behavior (14.1% vs. 4% not involved), suicidal ideation and attempts
- Poor ability to develop and maintain positive relationships

Bully Effect

What might be contributing factors?

What is the impact?

Alex Libby

Three years earlier
from **BULLY.**

Protective Factors: Individual

- High self-esteem
- Intelligence
- Social competence
- Problem-solving
- Positive outlook about self and future
- Attributions
 - View bullying as a challenge for which there may be growth (learn to cope, make other friends) as opposed to leading to harm and threat



Protective Factors: Family and Peers

- Parent interaction, support, warmth, communication
- School belonging, engagement, and relations with teachers
- Mixed findings about peer and friendship support
 - Some studies find that peer support leads to less victimization and when victimization occurs, less depression or anxiety
 - Other studies have found that peer relationships do not lessen the anxiety and depression from bullying, and sometimes can increase emotional distress



How Do Youth Want Adults to Respond?

Adults made it better by:

Listening

Checking in

Giving advice

Adults made it worse by saying:

Stop tattling

Solve it yourself

If you act different, it won't happen to you

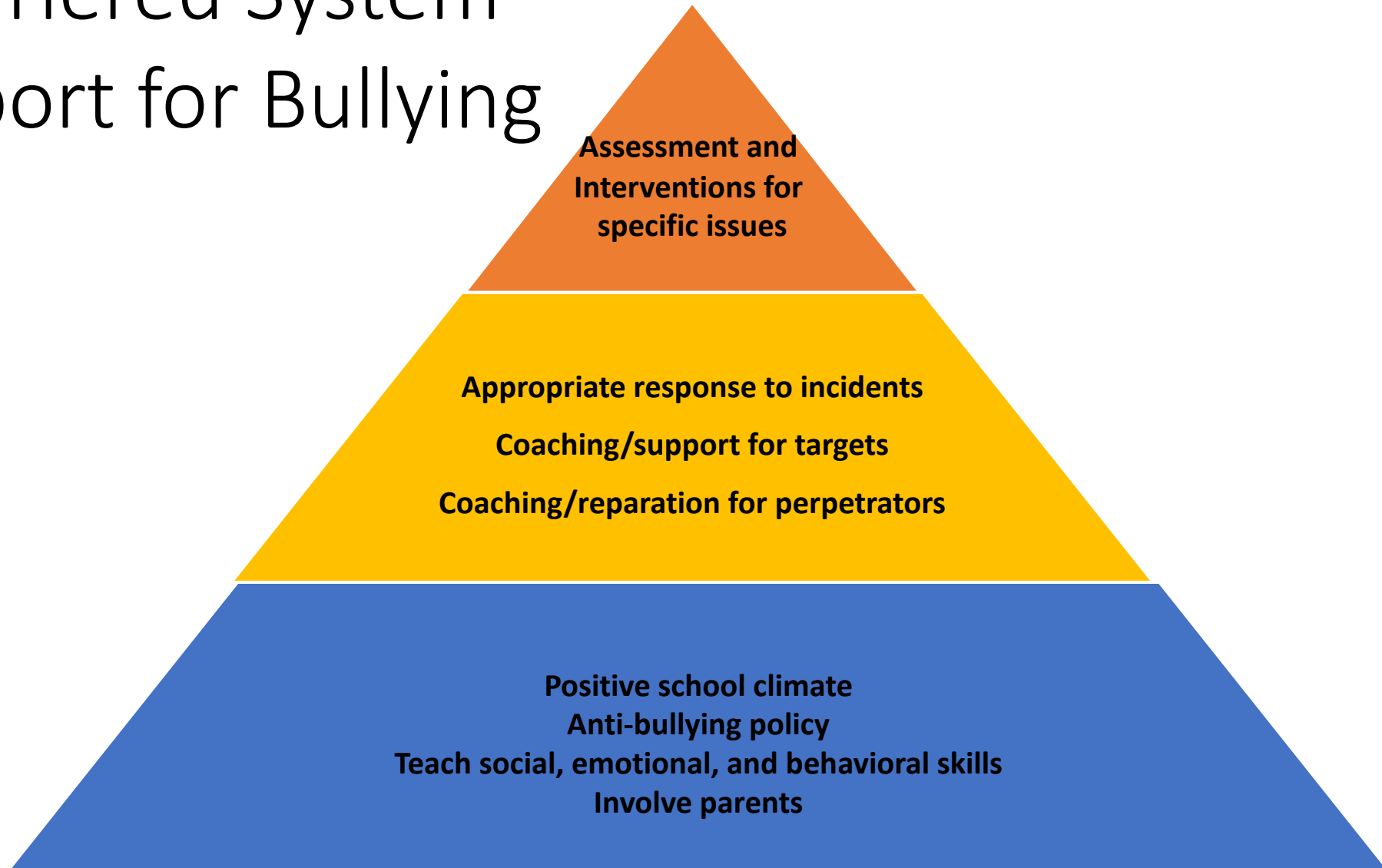
- ➔ Successful techniques of the target include seeking out the support of others (parents, teachers, and friends)

Protective Factors: Systems-Level

- Greater willingness to seek help buffers the negative impact of bullying
- Reporting and monitoring services (cyberbullying)
- Access to medical and counseling services



Multi-Tiered System of Support for Bullying



Children Involved in Bullying: Assess to Identify Issues

- Functional behavioral assessment to identify antecedents, consequences, functions
- School, home, peer group functioning
- Internalizing problems
- Externalizing problems
- Cognitive distortions (e.g., How I think Questionnaire)
- Social skills (skill or performance deficit?)
- Suicide risk assessment or threat assessment as indicated



Intervene with Students who Bully

- Behavior intervention plans
- Behavior education programs (BEP) - daily report card, check-in/checkout, progress monitoring
- Skill instruction for empathy, perspective taking, anger
 - Anger Coping Program
 - Life Skills Training Program
- [Bullying Intervention Program](#) (assessment, education, report with recommendations)
- Restorative justice if planful and indicated

Gansle (2005); Lochman et al. (2011); Lochman & Wells (2002);
Nickerson, Guttman, & Cook (2017); Swearer & Givens (2006)

Intervene with Targets of Bullying

- Evidence-based interventions for:
 - Anxiety (e.g., Coping Cat)
 - Depression (CBT groups)
 - Stress and coping (Mindfulness)
 - Trauma (CBITS)
- Peer relation problems
 - Aggressive/disruptive/rejected: problem solving skills, anger coping, behavior management
 - Sensitive/isolated, social skill instruction, providing opportunities for peer connection/support
- Safety/coping plan and follow-up as needed



Empower the Bystanders to be Upstanders

DIRECT

- Stop the altercation (if safe)
- Tell the person to stop
- Take the target away from the situation

DISTRACT

- Take attention away
- Change the subject
- Create a distraction

SUPPORT

- Stick up for the victim
- Ask if they are OK
- Ask if they want to talk to anyone

GET HELP

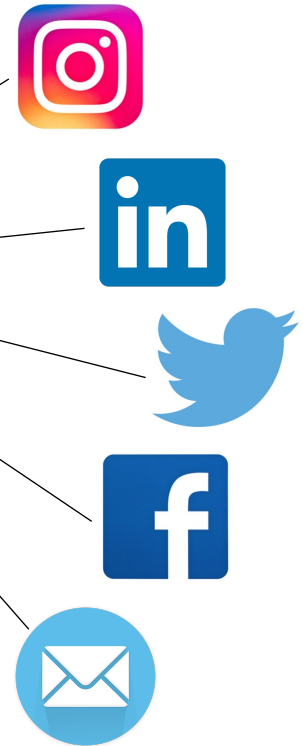
- Seek help of an adult
- Report
- Get other friends involved

Resources for Ongoing Efforts

- Stopbullying.gov
- PACER's National Bullying Prevention Center (<https://www.pacer.org/bullying/>)
- Alberti Center for Bullying Abuse Prevention, University at Buffalo (<http://ed.buffalo.edu/alberti.html>)
- Cyberbullying Research Center (<https://cyberbullying.org>)
- Netsmartz.org
- Commonsensemedia.org
- Learning for Justice <https://www.learningforjustice.org>

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THANK YOU!



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