

Practice Perspective

Therapeutic Interventions to Address Bullying Behaviors

Debbie Tiger

Abstract: Youth who reside in residential mental health facilities often present with trauma histories that significantly impact their ability to establish and maintain healthy relationships. These youth were not provided with healthy role models or learning in their environments due to the abuse so are lacking in their understanding of what a healthy relationship is with peers, adults, and family members. At Cunningham (CCH), a music therapist, CTRS, and the author developed an anti-bullying program using the APIED process to help our youth improve on a common goal: “To improve the ability to establish and maintain healthy relationships.” This program was developed through access to websites and resources that address bullying. Results tend to support program effectiveness.

Keywords: *Bystanders, bullying, Power Shuffle, processing/debriefing*

Editor’s Note: This practice perspective illustrates the center piece of our profession—the TR process or APIED. As seen in the preceding manuscript, APIED is a key factor that defines our practice regardless of setting. This perspective describes a program guided by APIED and grounded on theory. Also illustrated, is how to gather data to document evidence of outcome achievement. Theory- and evidence-based practice also are significant elements of practice noted in our professional competencies.

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Cunningham Children's Home (CCH) is a private, nonprofit organization that specializes in a variety of services to children and teens. One such service is a residential/clinical facility where up to 56 children and teens reside to receive more intense clinical services. Often, these youth have suffered a great deal of trauma in their lives (i.e., physical, emotional, and/or sexual abuse and neglect). Youth range from 8 to 20 years old in the residential/group home areas. Common diagnoses for the clients are posttraumatic stress disorder, bipolar disorder, attention-deficit/hyperactivity disorder, autism spectrum, and disruptive mood regulation disorder. CCH has a Special Therapies' Department (ST) that employs two full-time certified therapeutic recreation specialists (CTRS), one full-time music therapist/board certified (MT-BC), and the full-time supervisor who is a CTRS (Assistant Director, Residential/Clinical Services). The ST Department provides a variety of programs for the youth involving recreation, leisure, counseling groups, leisure education, and music programming to help the youth develop their ability to establish and maintain healthy relationships, reduce/alleviate trauma symptoms, and improve their ability to identify, regulate, and express emotions constructively. One group is the *Matadors* group (anti-bullying group) to help all youth served at CCH learn what bullying behavior is, how to interact with others in a healthy way, and how to stand up for others who are victims of bullying behavior.

Assessment

All youth at CCH are involved in a multidisciplinary assessment process involving therapist interviews (social worker, professional counselor), ST interview/leisure inventory (CTRS, MT-BC), spe-

cialized assessment as needed (trauma inventory, ADHD inventory), and Ansel-Casey Life Skills Assessment (CTRS, MT-BC). Through this assessment process, the clinical team serving the youth, develops an individualized treatment plan (ITP) with mutual goals and objectives that all staff work on through their treatment areas. Common goals include improving the ability to establish and maintain healthy relationships and improving the ability to identify, regulate, and express emotions constructively.

Planning

In the ST department at CCH, the staff and author often review current research on what issues might need to be addressed with the youth in order to help them improve on their goal areas. One current area of concern growing over the last decade and having an effect on more residents is bullying. To this end, the staff were charged with developing a program aimed at anti-bullying, which also helps the youth to improve relationships. Available web-based resources, books, and videos served as resources to develop the program: Cost to develop the program was minimal due to the availability of these resources, refer to Table 1. The intervention was designed to occur one time per week for 30 to 45 minutes over eight weeks depending on the youth in the class and their individual needs. At CCH, there is flexibility to extend the number of weeks if particular lessons require longer than planned to achieve their desired outcomes. The protocol (Table 1) lays out the structure of the group and weekly lesson topics. The ST staff developed a resource binder with all items needed to conduct each week's lesson: Additional resources such as television, iPad, worksheets, writing utensils etc. may need to be gathered before each

particular lesson. The binder also provides staff with processing and debriefing

questions related to client goal/objective areas to use for each lesson.

Table 1

Special Therapies Program Design

Anti-Bullying–Matadors Counseling Group

Purpose

To provide youth with the opportunity to learn and understand how bullying affects youth. The youth will have the opportunity to participate in multiple activities, and work on decreasing their bullying behaviors. Youth will be exposed to different types of bullying, how it affects others, and how they can decrease their bullying behaviors and their peers' bullying behaviors. Youth will relate these topics to increasing positive interactions, utilize coping skills, appropriate expression, working together, and improving healthy relationship skills.

Goals

- Learn to identify/label feelings and connect them to behaviors
- Increase willingness to take responsibility for actions
- Will develop age-appropriate boundaries and relationships and will learn to use them in a variety of situations with adults and peers.
- Will practice conflict resolution skills
- Will continue to develop and increase ability to interact with peers and adults in positive ways

*Goals and objectives for each client are noted in his or her individual treatment plan and are the goals/objectives that are addressed in this program. Goals noted above are taken from common treatment plans at CCH and addressed in this group.

Logistics

The class should be lead by a Mental Health Professional (MHP) or Qualified Mental Health Professional (QMHP). The group will meet one time per week for 30-45 minutes in an assigned room, with a group size of 2-4 youth. The setting should be positive and relaxed in order to facilitate a positive group discussion on the subject.

Note: CTRS' with a bachelor's degree are considered MHP in the state of Illinois. Master's level CTRS' are considered QMHP.

Referral Criteria

Unit coordinators, therapist, and ST staff may refer youth based on their need for the group. Other criteria for youth for this program include the following: display bullying behaviors, need for improvement with positive interactions/developing positive relationships, youth who struggle with aggression, and youth who need improvement in expressing their emotions in a healthy manner. Youth should also be able to function well in a group and have the cognitive ability to function in the group.

Methods and Interventions

Participants in this group will be exposed to multiple topics throughout the entirety of the group. The amount of structure will depend on the group members' strengths and needs. The group will move through the topics in the listed order, if possible, MHP/QMHP will adjust the order as needed to fit the group members' strengths and needs.

Therapist will begin each session with an introductory activity to get the group acclimated with the start of the session and to assess where they are emotionally based on verbal responses and non-verbal responses (facial affect, body language, etc.) to the activity. The therapist will then

Table 1 (cont.)

continue with the planned activity for that session. If the warm up exercise shows that the intervention needs to be adjusted, the therapist will do so. The group will focus on one particular bullying topic and focus on one emotion recognition, expression, and/or relationship skill each session using the interventions below:

1. Opening session: pretest. Defining bullying activity. Introducing the different types of individual problems youth have with bullying, and providing vocabulary to understand bullying.
2. Introductory activity: Sam and Wanda activity. Main activity: Why we use bullying behaviors? Identify and discuss scenarios and reasons for why people display bullying behaviors.
3. Introductory activity: videos about bullying (i.e., *To This Day* by Shane Koyczan). Main activity: bullying thermometer, identifying which type of bullying is worse or more harmful. Concluding activity: How to spot a bully? Identify characteristics of bullying and how to identify these characteristics in multiple settings.
4. Introductory activity: reviewing previous learning. Main activity: watch the documentary *Bullied*. Concluding activity: Processing questions, thoughts, feelings related to documentary (processing/debriefing questions located in resource material that comes with documentary).
5. Introductory activity: ice breaker of choice to review material and share thoughts and feelings thus far in the program. Main activity: Discuss the acronym T.H.I.N.K. S.M.A.R.T. Think before you speak activity. Youth will identify questions to think before they participate in bullying behaviors. These questions are designed to have youth identify the negative effects of bullying and how to cope when in a situation where bullying is occurring.
6. Introductory activity: ice breaker of choice to review material and share thoughts and feelings thus far in the program. Main activity: How can students help a bullied peer? Youth will have the opportunity to identify, process, and implement different techniques to help peers who are being bullied. Concluding activity: *Power Shuffle*. Students will be able to experience tolerance and empathy for others through this activity. Youth will relate with others about different life experiences, and process how they can accept others.
7. Introductory activity: A letter to a bully. Youth will read a letter written by a child who experienced bullying. Youth will have the opportunity to write a letter to a bully, expressing their feelings towards them. Main Activity: Caring Chain to stop bullying. Art project for youth to express caring statements to encourage the stop of bullying. Youth write caring words on pieces of paper and form a chain to hang in the building. Youth also develop posters with unique statements to promote stopping bullying behaviors. We have filmed the youth holding their posters and put this to music for a slide show to show stakeholders, staff, and clients. Youth anonymity is kept by having them hold the posters in front of their faces. Concluding activity: Everyday it happens. Discussing how bullying happens everyday, and multiple approaches to cope with bullying on a day-to-day basis.
8. Introductory activity/main activity: Bullying board game (developed by a TR intern for our agency) participation to review material and facts from the program. Concluding activity: Stamp out bullying pact. Youth will have the opportunity to create a pact together to follow in order to decrease bullying in their environment. Youth will take the post-test in the last class. They will also take a satisfaction survey if randomly selected to for this program.

Identified Risks and Management Plan

Behaviors requiring immediate attention:

1. Uncontrollable outbursts: youth would be made aware of the impact their behaviors are having on the group's progress. Youth may be asked by the leader to take a time away to help them calm down on their own so they can continue to participate in the group. If necessary, the unit staff will be called and youth would be taken back to the unit with their staff.

Table 1 (cont.)

2. Physical aggression: Youth would be asked to leave the group, for safety reasons, and will be escorted out by staff. If the youth is able to calm down and implement a plan to return to the group successfully, the youth will be able to rejoin the group. If this is unable to happen, the unit staff will be called and the youth will be escorted back to the unit.
3. Verbal aggression: A time away would be given to the youth. Youth would process with staff the situation and create a plan to rejoin the group. If staff determines youth is stable, they may rejoin the group.
4. Threats of harm to self or others: Youth would be asked to speak to staff outside of the group room to determine if they are stable and able to return to the group, or if they need to return to their unit for further risk assessment.
5. Disruptive behaviors: this includes horseplay, off-task behaviors, not following directions, and playing with objects in the group room. Staff will redirect youth to task at hand and prompt youth visually, verbally, and non-verbally. If youth continues to be disruptive, staff will escort youth to take a time away. Staff will process behaviors and will make a plan to return to group.

Sequence of Events:

1. Youth will be referred to group
2. Youth will attend group at assigned date and time weekly
3. Youth will engage in activities and discussion presented by the therapist
4. Youth will respond and engage in staff invitation to bring up issues or questions to be addressed in the group.
5. Youth will engage in a discussion about the group at the end of the program and will complete a satisfaction survey (if selected randomly) and post-test.

Program Evaluation:

Group leaders will discuss and evaluate youth's participation and progress on a weekly basis. These discussions will be informal and will allow the therapist to adjust the level of structure if necessary. Leaders will notify individual therapists and unit staff (treatment team members) if there are any specific concerns over a youth's behavior or the topic areas being addressed. Youth will be provided with a satisfaction survey at the end of the full group (approximately 8 weeks) to identify progress they feel they made and provide leaders with feedback on the group. Group leaders will complete a written evaluation on the group to determine success and possible changes that need to be made for future groups. Group leaders will also compare pre and posttest outcomes to determine if objectives were met for the class and to determine progress of individual clients.

Implementation

Each weekly lesson starts with an introductory or warm up activity to help the youth settle in to group, review previous learning, and for the staff to gauge where the youth are emotionally. The main activity then occurs, allowing time for processing and debriefing toward the end of the session. Processing and debriefing are focused on the anti-bullying lesson for the week and how that relates to the treatment goals and objectives of the clients.

An example of a weekly lesson is as follows: Staff gather youth for the group; staff discuss last week's topic briefly to remind youth of what they learned and gather any feedback; staff play the online video *To This Day* by Shane Koyczan; staff processes the bullying behaviors noticed in the video and how they affect the main character; staff then lead the main activity for the day which is to construct a bullying thermometer. The bullying thermometer activity aids youth in processing different types of bullying behaviors

and what behaviors they consider severe or more harmful. Staff can then debrief with the youth different types of bullying behaviors, characteristics of those types, and how bullying can affect each person differently based on his or her life experiences.

Another lesson involves the *Power Shuffle* activity. This activity involves youth standing by a line with youth on either side of the line and stepping on the line after a statement is read such as “I have been physically bullied by someone.” Multiple statements are read. The intent of this activity is to see that others are experiencing similar situations in life, promoting empathy, and discussion regarding a shared experience. This can lead to discussion on feelings related to being bullied and how one can cope in a healthy manner as well as support each other. Leaders also often discuss in multiple lessons about being a bystander and how bystanders can stand up for those being bullied rather than passively observing bullying.

Evaluation

There are multiple layers of evaluation that occur at CCH. Informally, group leaders assess weekly groups based on client behaviors and youth participation in the lessons. These discussions allow the leaders to process youth understanding and adjust the level of instruction to accommodate the individual clients in a group: At times, some youth will need more visuals or more written materials to understand the lesson. A lesson may need to be broken down into briefer content sections to allow for more processing time. A pre-/posttest was developed based on the program design of the anti-bullying group (see Table 2). The ST staff and author developed the content to

align with the common treatment goals at CCH; then prepared pre-/posttest questions to match the design and needs of the youth. The pretest is given in the first week of the program and the identical posttest is repeated the last week of the program. The leaders then compare pre-/posttest results to determine improvements of the youth. This information then is provided to the treatment team for each youth in quarterly staffings designed to discuss progress, regression, and update the individualized treatment plan of the youth.

Youth are also randomly given a satisfaction survey to fill out at the end of their programs. Because groups are randomly surveyed, not every anti-bullying class of students receives the satisfaction survey.

Documentation

At CCH, services such as the *Mata-dors* group are billed to Medicaid. This class is coded through Medicaid as a counseling group. This requires Medicaid compliant documentation of a service for each client who received the service in the form of a contact note. The note reflects topic, group interventions related to client goals/objectives, group response to the treatment related to their goals/objectives, individual client response to the intervention related to his or her goals/objectives, and a progress statement. This is Medicaid specific criteria that must be met for the service to be billable.

Another form of documentation is the summary report of each counseling group for each youth that occurs during the quarterly staffing of each client to determine progress or regression. Pre-post test scores are presented in these reports to show evidence of progress or regression. All evaluations noted in the pre-

Table 2

Pre-/Posttest for Matador's Counseling Group

1. Describe the possible emotional impact of someone being the victim of bullying behaviors. List three.
 2. Name two places bullying can occur.
 3. Identify two examples of physical bullying.
 4. Identify two examples of verbal bullying.
 5. How can a bystander be affected by witnessing bullying behaviors? List 3 ways
 6. What is cyber bullying? List 3 behaviors that would be considered cyber bullying?
 7. Name three positive coping skills you can use if you are being bullied.
 8. Name two people that could help you if you are being bullied.
 9. Identify an "I statement" to assert yourself to help stop bullying behavior.
 10. Identify two ways you could end bullying.
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vious section are also documented and reviewed by ST staff and the assistant director to determine any changes that need to be made in the program and to identify strengths of the program. Completed groups are also noted in the discharge summary of each client so that future placements can see the counseling groups in which clients have been successful.

Author's Comments

The *Matador* group has proven to be a valuable group in teaching youth about unhealthy characteristics in relationships (bullying behaviors), different types of bullying, how to stop bullying by not passively watching (bystander), learning assertiveness skills to manage bullying behaviors, and developing empathy for others and coping skills to manage situ-

ations that involve bullying. The program is grounded on the Leisure Ability Model (LAM) (Stumbo & Peterson, 2009). The learning experiences and selected interventions address functioning deficits like difficulty expressing and regulating emotions, following directions, perspective-taking skills, acquiring and using healthy coping skills, and establishing and maintaining healthy relationships: Through leisure education, clients develop social interaction and assertiveness skills (Stumbo & Peterson, 2009) which are practiced during various group and recreation sessions.

At the time of this writing, 61% of clients ($N = 28$) who took both the pre- and post-test showed progress, scoring higher on their posttests; 32% stayed approximately the same from pre to post-test, and 7% regressed slightly from pre- to posttest. It is important to note that

children and teens on any given day may be resistant to taking pre-/posttests. Unfortunately, their emotional functioning or mood often dictates how they will respond and even though they may know the information, their test score may not reflect their capabilities. Overall, the *Mat-*

ador group has been a successful group in teaching youth about healthy and unhealthy relationships and how to manage emotions when faced with negative situations. Often times, it is found that the youth elaborate more on their posttests as they have gained more knowledge not identified by the pretests.

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References to build your program including bullying definitions and free resources:

<http://www.stopbullying.gov/>

<http://www.pacer.org/bullying/>

<http://www.stompoutbullying.org/>

<http://www.erasebullying.ca/index.php>

<https://thinkkindness.org/kindness-classroom-keeping-simple/>

https://4-h.ca.uky.edu/sites/4-h.ca.uky.edu/files/stc11_bullying_program.doc_1.pdf (Activities we use from this site are bullying thermometer, why we bully?, what is bullying?, icebreakers, and Greatest American Hero (bystander lesson)).