

## **How to Help Bullying Victims-Clinical Interventions With Children**

Increasingly, schools are beginning to adopt approaches to school bullying and violence that involve all relevant players in a child's life. The supplement [From Primary Prevention to Treatment of Serious Problems](#) highlights what collaborations are needed to support the goal of helping a child learn and be safe. Although the most successful [bullying prevention approaches](#) involve the entire school, sometimes children need individual attention with a mental health professional. Specifically, when working with a child who bullies (or is a bully/victim), the professional can ask specific questions, with the answers sometimes determining the course of intervention. These questions include:

- Did you plan to (add specific incident: e.g., take the other boy's lunch money) beforehand, or was it a sudden urge?
- Why did you pick on that particular person?
- What were you thinking when you did it? (Example: "I need the money," "I'll look cool.")
- How did you feel when you did it? (Example: excited, thrilled, frightened, powerful)
- How do you think the other boy felt?
- What's happening in your life or in your family that may be upsetting you?

When the professional understands the details of what happened, they can determine how to help the child. Using the example of stealing another boy's money, if the child stole the money because he saw it sitting on a lunch tray and had a sudden urge to grab it, he will need to learn to recognize his impulses and to stop them when they are inappropriate. If he planned to steal the money, pre-selected a victim, and stole because he wanted to look important, he will need to learn positive ways to make friends and gain peer acceptance.

Mental health professionals use a variety of therapeutic approaches with children depending on the age of the child and the nature of the problem(s). At times, a combination of different psychotherapeutic approaches may be helpful. In some cases, a combination of psychotherapy and medication may be necessary.

### **Cognitive-Behavioral Therapy**

Cognitive-behavioral therapy (CBT) is a behavioral approach that has been used in treating a variety of anxiety disorders and mood disorders in adults as well as in children and adolescents. CBT has been found to be most effective with mild depression and anxiety disorders such as social phobia. The CBT approach asks a person to examine his or her thought process, which then leads to reflection on emotions and feelings. This approach is based on the theory that thoughts, beliefs, and attitudes determine emotion and behavior.

CBT involves teaching youth about the thought-emotion-behavior link and working with them to modify their thinking patterns. This will lead to better, more adaptive behavior, especially in stressful situations. Many children have not been taught adequate coping

skills. They have internalized negative thoughts about their self-worth. Using CBT, the therapist works to identify the underlying thinking that is causing unwanted or painful feelings. The therapist then helps the child replace this distorted thinking with thoughts that enable healthier and more appropriate behavior.

CBT is helpful to use when working with children who have been involved in bullying or any other victimization because many suffer from anxiety and/or depression. In practice, the mental health professional can work with the child to teach him or her to recognize the way they talk to themselves before and/or after an incident. Thoughts affect how a child will feel, which then will determine ways a child will act. In a bullying situation, a child who is bullied may be telling him/herself, "I am not good enough to be treated well" or "My feelings are not as important as others are." These thoughts can often lead to lower self-esteem and depression.

If that child can learn to change their self-talk, then they can learn positive ways to address the bullying while raising their self-esteem. Even aside from the context of bullying, research shows that depression is increasing among children, and children are being affected by depression at an earlier age. Almost 20 percent of adolescents may experience at least one episode of depression by the time they reach 18. Adolescents in particular may have a multitude of symptoms, including depression, suicidality, impulsivity, and behavior problems.

#### **Applying Cognitive-Behavioral Techniques in a Classroom**

Cognitive-behavioral interventions (CBI) can be effective in helping teachers provide students with the tools necessary to control their behavior. It involves teaching the use of their self-talk to make them aware of how their thoughts affect their resulting feelings and emotions. Researchers consider the internalization of self-statements fundamental in developing self-control, so those children whose self-statements are negative have negative beliefs about themselves. This can contribute to behavior problems, including aggression and victimization.

By using rewards, modeling, role-plays, and self-evaluation, teachers or other school staff can use the CBI approach with all students or those who have demonstrated higher risk for behavior and emotional problems. The following is an example of this approach:

A boy gets teased and wants to push the peer back. This behavior can be mediated by inner speech such as "That makes me mad, but first I need to calm down and think about this."

In this example, as in all cognitive-behavioral interventions, the overt behavior (hitting or pushing) is mediated by cognition ("I'm going to let him have it.") The premise is that if a child can change his or her thoughts (cognition), the child can learn to change his or her behavior. Modeling from the teacher is crucial for students to develop their own techniques for changing thoughts. A teacher may walk a class through the process by sharing comments with the class, such as, "What she said just now makes me really angry, but I won't say anything now. I'll talk to her later." The teacher should be sure to

also share the outcome: "I'm glad I didn't say anything. It turned out to be just a misunderstanding." As a result, teachers are helping students think about their thinking.

In a CBI classroom, students would use the following sequential strategy when approaching a problem:

- Stop and think before acting. They are taught to restrain aggressive responses through the use of inner speak.
- Identify the problem. Students are required to distinguish the specific aspects of a situation that may elicit aggressive responses.
- Develop alternative solutions. Each student generates at least two alternative solutions to aggressive behavior. These could include thinking about something else until he or she is able to relax, or moving to another location.
- Evaluate the consequences of possible solutions.
- Select and implement a solution.

### **Multisystemic Therapy**

Multisystemic therapy (MST) is a mental health service that focuses on changing how youth function in their environment (e.g., home, school, and community). MST works very well with problem behaviors such as conduct disorder, substance abuse, severe depression, suicidality, and delinquency. This is a very intense approach that calls for monetary resources to implement. Although it has not been tested for bullying, it has been found to be effective for serious conduct disorders.

MST is designed to promote positive social behavior while decreasing problematic behavior. The therapist focuses on identifying family strengths to improve parenting skills and support networks. MST is part of larger family therapy techniques that involve the entire family in the therapeutic process, including grandparents, caregivers, and siblings.

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