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Transdiagnostic Behavior Therapy for Bullying-Related Anxiety and Depression: Initial Development and Pilot Study

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The majority of school-age youth experience some form of bullying, and the consequences can have significant impact on a child's or adolescent's social, emotional, and academic functioning. The majority of anti-bullying initiatives have focused on schoolwide prevention programs aimed to enhance school climate and a school's response to bullying incidences. Few programs address the socio-emotional functioning of youth who are experiencing significant anxiety and mood problems following exposure to bullying. The current paper describes the development of a transdiagnostic behavioral activation and exposure program (Group Behavior Activation Therapy for Bullying) designed to address internalizing problems secondary to bullying. Case descriptions and clinical outcomes are reported from a pilot group of 5 youth (ages 12 to 13). Video clips of group demonstrations are included for illustrative purposes. Attendance was strong and group satisfaction ratings indicated the program was feasible and acceptable to conduct in school settings. Initial outcomes suggest that youth experienced benefits in anxiety and depression diagnoses, symptom outcomes, and functional impairment related to bullying. However, larger controlled evaluations are required to support any conclusions about treatment efficacy.

The prevalence and psychosocial impact of peer victimization in schools has rightly warranted significant attention in health care, education, and public policy (Merrell, Gueldner, Ross, & Isava, 2008). Up to 77% of students have reported an experience with bullying and 14% report significant negative reactions, including anxiety, depression, negative peer relationships, and lowered academic performance (Ericson, 2001; Hawker & Boulton, 2000; Haynie et al., 2001; Williams, Chambers, Logan, & Robinson, 1996). To address the large number of youth affected, nationwide initiatives are under way to identify and decrease bullying in schools.

Consensus is still building around the term "bullying," but most agree that bullying includes four types of aggressive behaviors: verbal (e.g., name-calling, teasing), psychological or relational (e.g., breaking up friendships, spreading rumors, social exclusion), physical (e.g., physical aggression, stealing belongings), and cyber (i.e., using the Internet, mobile phone, or other digital technology to harm others; New Jersey Department of Education, 2011). Bullying is commonly defined as "exposure, repeatedly and over time, to negative or aggressive acts on the part of one or more other students" (Olweus, 2010, p. 11). Bullying is thus differentiated from normative interpersonal conflict in that it entails an imbalance of power, an intent to cause harm, and evidence of repeated occurrence. The occasional "push" in the hallway or argument in the lunchroom would not necessarily be defined as bullying. Some state laws (e.g., New Jersey) have gone as far as to mandate that a victim be a part of a protected class (e.g., race, gender, sexuality, disability) for an incident to be classified as "bullying" (New Jersey Anti-Bullying Bill of Rights Act, 2011). These legal terms help clarify the responsibilities of the school administrators and the consequences for youth who bully. This will be discussed later.

[1] Video patients/clients are portrayed by actors.

Keywords: bullying; transdiagnostic behavior therapy; anxiety; depression

Socio-Emotional Impact of Bullying

Research has identified consistent impairment in social, emotional, and academic domains as a result of bullying. Victimization has been associated with school avoidance and lack of participation in class (Buhs, Ladd, & Herald, 2006; Juvonen, Nishina, & Graham, 2000); lower achievement and feeling unsafe in school (Glew, Fan, Katon, Rivara, & Kernic, 2005); somatic complaints, such as headaches, stomachaches, bed-wetting, and sleep problems (Williams et al., 1996); and social skills deficits (Egan & Perry, 1998; Rubin, Coplan, & Bowker, 2009; Schwartz, Dodge, & Coie, 1993). Bullying can also lead to further rejection and isolation as peers might be reluctant

to befriend or defend targeted youth (Coie, Dodge, & Kupersmidt, 1990).

As a result, emotional and behavioral problems are common in bullied youth. Meta-analysis has shown that bullying is significantly related to generalized anxiety and social anxiety. Victims are three times more likely than nonvictims to experience an anxiety disorder directly following the incident (Hawker & Boulton, 2000; Kumpulainen, Räsänen, & Puura, 2001) and are at heightened risk for future development of anxiety disorders in adolescence and adulthood (Gladstone, Parker, & Malhi, 2006; Hanish & Guerra, 2002; Sourander et al., 2007). A similar relationship has been found between bullying and depression. Victims are often lonely, isolated, and withdrawn (Hawker & Boulton, 2000), and an increase in depressed mood and suicidal ideation has been identified among victims (Klomek, Sourander, & Gould, 2010). Of course, the relationship between bullying and emotional distress is complex. Youth with primary anxiety and mood problems can be seen as easy targets for aggressive children as they are often inhibited, withdrawn, sensitive, and may lack the confidence to assert themselves in the face of bullying. Thus, anxiety and mood problems appear to be a consistent consequence of bullying, and internalizing disorders may be a significant predictor of future victimization (Cluver, Bowes, & Gardner, 2010; Fekkes, Pijpers, Fredriks, Vogels, & Verloove-Vanhorick, 2006).

Prevailing Models of Bullying Programs

To address bullying in schools, all but a few states have passed anti-bullying legislation that requires school districts to develop and implement formal systems for identification and intervention of bullying. In New Jersey, for example, anti-bullying legislation mandates that each school identify an anti-bullying specialist who is responsible for preventing, identifying, and addressing harassment, intimidation, and bullying (HIB) incidents in the school. Anti-bullying laws differ across states, but most include statements prohibiting bullying behavior, procedures for reporting bullying events, and general guidelines for consequences (U.S. Department of Education, Office of Planning, Evaluation and Policy Development Policy and Program Studies Service, 2011). Some state guidelines have gone as far as imposing criminal sanctions for bullying behavior. In Georgia, a state with one of the most punitive sanctions for bullying behaviors, it is required that any student involved in bullying on three or more occasions be automatically transferred to an alternative school (*Ga. Code Ann.* §20-2-751.4). Several state statutes (e.g., Colorado, Maryland, Oklahoma, New Hampshire) encourage schools to implement bullying prevention programs. These legislative findings are noteworthy in that they reflect the seriousness with which policymakers consider the issue of bullying.

Many have expressed frustration that state legislation provides little guidance or financial assistance to develop bullying intervention programs. Some policies are vague, communicating the importance of schoolwide prevention efforts without outlining specific requirements to follow or allocating resources to support such programs. "Unfunded mandates" like these have placed substantial demands on school districts, individual schools, and school personnel to develop and implement programs individually, often without trained personnel who specialize in bullying. Despite these obstacles, a number of schoolwide anti-bullying prevention-intervention programs have been developed and implemented. These initiatives tend to focus on school climate factors, such as improving peer relations among the general student body, fostering awareness of bullying, and establishing a protocol for responding to bullying events. Research on the effectiveness of these programs, however, remains mixed (Smith, Sharp, Eslea, & Thompson, 2004; Vreeman & Carroll, 2007), highlighting the need for additional methods of intervention.

Focused Interventions for Victims of Bullying

Few interventions focus specifically on youth who have been victims of bullying. Most existing programs target social skills deficits to decrease vulnerability to continued bullying. Fox and Boulton (2003) evaluated a social skills group program that used social learning and cognitive–behavioral strategies to teach victims prosocial behavior. Evaluation of this program revealed enhanced global self-esteem but no significant improvement in victimization, number of friends, peer acceptance, or symptoms of anxiety or depression. A similar social skills program developed by DeRosier (2004) yielded significant improvements in global self-esteem, peer acceptance, and social anxiety symptoms, though effect sizes were modest. Berry and Hunt (2009) developed an intervention that targeted victims of bullying who also reported elevated anxiety symptoms. In addition to social skills, the eight-session intervention incorporated anxiety management and self-esteem-building strategies (e.g., cognitive restructuring, graded exposure). Participants in this intervention reported reductions in bullying experiences and symptoms of anxiety and depression, though they did not report changes in aggressive or avoidant responses to bullying.

The current paper describes a novel school-based group intervention that teaches victims protective strategies to minimize the impact of bullying and to build social skills that minimize risk for continued bullying. The program differs from prior models in that it is provided within the context of a behavioral activation and exposure program designed to help youth with anxiety and depression. In particular, the group aims to help victims