AN INTERVENTION FOR BULLIES, BYSTANDERS AND VICTIMS
FROM A FAMILY SYSTEMS PERSPECTIVE

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

By
Andrea M. Kotok

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The project of Andrea M. Kotok is approved:

______________________________________________________  __________
Dr. Julie Hau  

______________________________________________________  __________
Maureen Sklar, LMFT  Date

______________________________________________________  __________
Dr. Stanley Charnofsky, Chair  Date

California State University, Northridge
DEDICATION

This graduate project is dedicated to my family who always believed in my potential to be of service to others. This is also dedicated to Dr. Hau, who spent tireless hours helping me to “wordsmith” and enabled me to put structure to my vision. This project is dedicated to the team at the Parenting and Relationship Counseling foundation; particularly Dr. Faye Snyder, whose life work has enabled me to facilitate healing in regards to others and myself; Maureen Sklar who invested her trust and time in me as my supervisor and reader; Daren Lawe, who always held a high bar for what I was able to achieve; Dr. Mary Jane Julius, who inspired me with her research regarding attachment and her dedication as the director at PaRC; and Mylene Carberry, my fellow trainee, for her overall encouragement. I am thankful to Robyn Buehler for her mastering of pagination and great sense of humor. I am honored that Dr. Stan Charnofsky is my chair and has been such an encouraging member of the faculty at CSUN for me. Finally, it is dedicated to the rest of my supportive and dear friends who relinquished time spent with me so that I could finish this project.
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ABSTRACT

AN INTERVENTION FOR BULLIES, BYSTANDERS AND VICTIMS
FROM A FAMILY SYSTEMS PERSPECTIVE

By
Andrea Kotok
Master of Science in Counseling,
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Bullying behaviors in school settings have been linked to many detrimental factors for societies, families, and individuals (Copich, 2012). These factors include low school performance, long-term emotional damage, somatic symptoms, and criminal behaviors (Copich, 2012). Bullying prevention programs increase awareness of this problem and demonstrate that trained school personnel and counseling departments can help to mitigate some of the damages of bullying behaviors. This project is designed to intervene, prevent, and treat individuals and schools affected by bullying behaviors to create a safer climate for all students. The intervention utilizes research that links earlier attachment styles, modeled behavior and family therapy to bullying behavior. This intervention also considers that bullies need assistance and guidance, as they are most likely suffering (Shallcross, 2013). This program seeks to implement trainings for school
personnel, school counselors, and marriage and family therapists to better assist all those (bullies, bystanders and victims) that are encountering school bullying. The intervention program also suggests new screening tools to track behaviors to safeguard schools. Suggestions for future research into the field are provided. This program plans to increase empathy and social skills for students as well as train students in effective responses to bullying behaviors. By cultivating a different school climate by having a responsive, trained staff and volunteers, the program aims to facilitate better mental health and increase pro-social ethics for students.
CHAPTER I:
INTRODUCTION

A young effeminate male was teased and bullied every day at school. He was small in stature due to a genetic condition. His passion outside of school was working as a professional dancer where his talents shined. At school every day he was harassed physically and verbally teased. When he got home from dance rehearsal, the teasing followed him through facebook and other forms of social media. When he attended school, he reported feeling sick to his stomach with fear and dread. He begged his mother to allow him to dropout of school and attain his GED, so that the torture he felt could end.

A young girl was treated with a lack of warmth and empathy at home. Her parents used aggression in the home and loudly proclaimed that she “better do what was needed to be done or else.” Later when her younger siblings arrived, her family was in a different place emotionally and treated her siblings better than they had treated her. She was forced to help care for the siblings who received more warmth and empathy. She felt jealous and deprived, but was not allowed to show her aggression to her siblings. In school she practiced bullying as she found that she could inflict pain and instill fear in others as it had been done to her at home. By being mean to others, she felt that she at last could release some of her pain.

A child is taught not to “rock the boat” or say too much. In the family system, the child is taught, “to go along with the flow.” When the child witnessed another child being bullied, he/she chose to say nothing, so that he/she did not “rock the boat.” The child feared if he/she said something, he/she would be harassed as well.
A child is treated with warmth and respect. When as a baby he/she cried, the parents responded with love and affection. When the child misbehaved, the child was given appropriate discipline and natural consequences. The child was deeply dialogued with in regard to his/her inner feelings. When the child acted in unethical ways, the parents discussed ethics. The most important discipline enacted by the family was to teach the child how to treat others ethically. When that child saw the dancer boy at school being treated by the girl that bullies meanly, that child spoke up. That child expected to be treated fairly and expected others to treat fairly as well. That child videotaped, with his/her smartphone, the bullying and then showed it to teachers. This was reported and an intervention was enacted for the person that bullied, the person who was a victim of that aggression, and the bystanders involved.

These vignettes are examples of bullying and protective behaviors and the implications for students in school. These vignettes are also reflective of attachment theory, as four types of attachment are presented: secure attachment, insecure-avoidant attachment, insecure-ambivalent attachment, and disorganized, respectively (Ainsworth, 1974; Main & Solomon, 1990). Clearly in the last example, the attachment seems secure. The child who bullied had parents who did not attune to the baby’s needs and hence the attachment appears insecure. The other two examples are not clear as secure or insecure attachments. One can extrapolate that the boy who was bullied might actually have an insecure-ambivalent or secure relationship. The child, that did not want to “rock the boat,” seemed to have an insecure attachment.
Statement of Need or Problem

While much has been done in the realm of research and intervention to help eradicate school bullying, more research is needed into effective treatments. By investigating school bullying as a reflection of family dynamics, it is possible to treat the entire system and intervene in a way that conceptualizes the entire family system. Having assessment and screening tools should help to better screen for bullying behaviors, ensure counseling is provided for all individuals who are suffering (bullies, victims, and bystanders), and create safer schools.

Bullying is an epidemic affecting today’s youth. Bullying behaviors have adverse long-term implications for societies, families, bullies, victims, and bystanders. Almost one in three students in middle school to high school reported experiencing bullying in the school (Robers, Zhang, & Truman, 2012). According to Bullying Statistics (2010), 160,000 school age children miss school daily to avoid being bullied. Nationwide statistics vary regarding the occurrence of bullying. According to the Center for Disease Control, in a 2011 study, 20% of students in grades 9-12 reported experiencing bullying (as cited in www.stopbullying.gov, 2013). Further in 2009, the National Center for Education Statistics and Bureau of Justice Statistics showed that 28% of students in grades 6-12 experienced bullying. Victims reported having a higher percentage of lower grades (Ds and Fs) than non-bullied peers, possibly linked to avoidance of school (DeVoe & Kaffenberger, 2005, p. 14).

Walden & Beran (2010) discovered that bullying behavior follows a developmental trend. Bullying often peaks in middle school and declines after 9th grade. They contend that such bullying is designed to establish social status. After middle school, social status
is assumed established, therefore the bullying behavior is no longer needed according to this model (Walden & Beran, 2010).

**Impact on Education**

According to a bullying statistic from 2010, nearly 160,000 children missed school due to fear of being the victim of bullying. As aforementioned, victims are reported to have more incidences of failing grades than their non-bullied peers (DeVoe & Kaffenberger, 2005). Victims of bullying behaviors describe not being able to concentrate for fear of bullying behaviors linking victimization of such behaviors to poor academic performance. For instance, victims reported having low school functioning, due to being preoccupied with fears of being bullied (Brown, Low, Smith, & Haggerty, 2011).

**Alternate Types**

With the onset of “cyber-bullying,” bullying has a new avenue to create havoc in the lives of students. In fact, 20% of youth (in a sample) reported being bullied through “computers, cell phones and other electronic devices” (Hinjuda & Patchin, 2010, p. 1). More specifically, one-in-five students reported being a victim of cyber bullying in the last 30 days (Holfeld & Grabe, 2010). Those that bully traditionally at school were as likely to cyber bully. Females were more likely to cyber-bully and that is linked to relational aggression (see next topic). Cyber bullying occurred on a home computer 80% of the time. The primary means of detecting cyber bullying is through self-report (Holfeld & Grabe, 2010).
Relational aggression is a method that children use that includes verbal abuse, name calling, teasing with the intent to hurt, and rumor spreading. Seventy-seven% of all students claim to having been bullied through verbal abuse (bullyingstatistics, 2010). According to Espelage and Swearer (2003), relational aggression seeks to damage ones reputation socially. This can be accomplished through “spreading of rumors, withdrawing of friendship, and exclusion of peers” (Espelage & Swearer, 2003, p. 368). Females reported experiencing more incidents of relational aggression (Espelage & Swearer, 2003).

Psychological Ramifications

Bullying behaviors can result in adverse outcomes including somatic symptoms for the bullied students such as headaches, migraines and stomachaches. Other symptoms associated with school bullying include ulcers, panic attacks, and irritable bowel syndrome (Walden & Beran, 2010). These symptoms can make attending school difficult.

Victims suffer many long-term consequences of bullying behavior including depression and changes to brain structures. Recent research shows that verbal abuse from bullying may result in lasting emotional and physical damage to the corpus callosum, which leads to other poor mental health outcomes (Arehart-Trichel, 2010 as cited by Copich, 2012). Victims often internalize bullying behavior and continue to be targets in future relationships. Outcomes and lasting implications for victims that do not attain assistance include depression, loneliness, and suicide risk (Copich, 2012). Victims often describe poor self-esteem and trouble concentrating while at school (Walden & Beran 2010).
Children who bullied were associated with drinking, smoking and other high-risk behaviors. In fact, there is evidence that bullying may be the first step towards a life of crime. Bullies are found to be at-risk for anti-social and violent behavior (Walden & Beran, 2010). Bullies are suggested to be 3 times more likely to have mental health disorders (Shallcross, 2013).

Furthermore, frequent exposure to bullying behaviors, for those who bully and victims, increased depression, suicide ideation, and suicide risk (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007). With potential implications for society and adolescents such as jail, juvenile delinquency, and conduct disorder, the costs to society are great. An intervention, which decreases bullying behaviors, will create a pathway for better mental health and ethics. Awareness is rising with no tolerance to bullying programs in California, movies such as “Bully,” and spokesperson Ellen DeGeneres speaking against bullying. However, instances of bullying are still prevalent and impacting many lives. Expanding upon past research and program initiatives, which have paved the way for this project, extending the means of providing effective treatments continues to require investigation. There remains a lack of understanding into the systematic ways that facilitators can intervene on a systemic level addressing the needs of all including families, bullies, victims and bystanders.

**Purpose of the Project**

The purpose of this project is to create a safe school through an effective treatment and intervention for bullying behaviors for schools. This project enables those who bully and those who are bullied to receive treatment and assistance. The people implementing
this project teach bystanders appropriate responses. In addition trainers prepare staff and personnel to be able to screen for bullying behaviors through new assessment tools.

**Terminology**

**Bullying**

According to the Colorado trust, “Bullying is the intentional exclusion of targeted youths in activities or social events, gossiping meanly about others, unprovoked physical and verbal attacks, or using the Internet to anonymously and repeatedly harass and verbally attack others” (bullyingprevention.org, 2008, column 2, para.1). Further definitions specify that bullying behaviors have the intention to invoke terror and cause harm to victims (O’Rourke, 2008). Bullying includes physical forms and/or verbal intimidation such as mean teasing. Bullying often occurs when there is an imbalance of power. For example, one child may be smaller or weaker in stature. The following are definitions of bully, victim, and bystander, respectively. A bully is the person inflicting the bullying behavior. The victim refers to the target of bullying behavior. The term bystander generally refers to those who stand by while witnessing behavior. More specifically, the bystander effect was defined as an individual’s tendency to passively observe a person who clearly needs assistance. This was observed when a New York woman was stabbed to death and 38 others observed the attack and did not intervene (Latane & Darley, 1968).
Types of Bullying

**Social bullying.** Social bullying, which is also referred to as relational aggression, is a form of bullying used to harm one’s reputation (socially) so that others will not be friends with the victim (www.stopbullying). The bully’s intent necessarily includes harm, as some forms of teasing are viewed as positive pro-social interactions between peers (O’Rourke, 2008). Physical bullying seems easier to identify, yet other forms of bullying such as relational bullying are subtle and damaging.

**Cyber-bullying.** With the onset of social media, bullying now encompasses cyber bullying. Cyber bullying encompasses using the Internet, text messaging, and other electronic devices. Victims now encounter difficulty escaping their aggressor. That is, youth who once were able to return home and “close the door” on their aggressor are now subject to bullying behaviors twenty-four hours per day.

Theories

**Family Systems theories.** “The family systems theory is a theory introduced by Dr. Murray Bowen that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system” (genopro.com). In a family system, no behavior is seen in isolation. In fact, the problem is an attempt to form a solution (Gehart, 2010).

**Structural Therapy.** Salvador Minuchin is considered the father of structural therapy. In his theory, the health of individual is restored through assessing family structure and realigning boundaries as well as hierarchies within the family to promote
growth and healing (Gehart, 2010). There are several types of boundaries. Boundaries are “rules for defining who participates (in the family) and how” (Minuchin, 1974, p. 53). Clear Boundaries include “normal” boundaries, which allow for closeness and a personal sense of identity within a family (Colapinto, 1991). Enmeshment and diffuse boundaries lack clear boundaries between family members and do not promote autonomy (Minuchin, 1974). Finally, disengagement and rigid boundaries are exemplified by autonomy and independence as overly emphasized, wherein a family lacks closeness (Minuchin, 1974). Ideally in the therapeutic process various amounts of the family dynamics are re-enacted through enactments, where a therapist elicits family to “re-enact” a real life event and interaction pattern in session (Gehart, 2010).

**Behavioral Family Therapy and Narrative Therapy.** Behavioral family therapy and narrative therapy are two types of therapy, which can be applied to address this problem of bullying. Behavioral family therapy is a type of therapy that focuses on parent training (Patterson & Forgatch, 1987). Narrative therapy, founded by Michael White and David Epstom (1990), is based on the premise that people “story” and give meaning to lives through the stories developed. Individual stories are encompassed by broader societal stories. Problems occur for people when their lives do not match with the dominant discourse. Therapist and client collaborate to find alternative stories, separating the person from the problem. As a person breaks from the dominant discourse, they are able to find a sense of “personal agency” (White & Epstom, 1990 p. 16; Gehart, 2010).
Attachment Styles

John Bowlby viewed attachment as continuity of care between a child and his/her primary caregiver. Later Mary Ainsworth experimented with the stranger situation, where two brief separations from a child’s primary caregiver occurred. The infant’s response to being left without the primary caregiver followed three specific patterns: secure, insecure-anxious, and ambivalent-insecure. Later researchers Main and Solomon added a fourth category, which is disorganized (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990).

A child exhibiting a secure attachment would be distressed when his/her parent left, seek comfort when his/her parent (primary caregiver) returned, and upon returning, the child would return to play (Ainsworth et al., 1978; Main & Solomon, 1990). An insecure/avoidant attachment is exemplified by a child, who shows little distress when his/her parent leaves and would avoid eye contact upon parents return (Ainsworth et al., 1978; Main & Solomon, 1990). In ambivalent/insecure attachment, the child may seem weary of others and becomes highly distressed and refused to be soothed when his/her parent returned (Ainsworth et al., 1978; Main & Solomon, 1990). Finally in the disorganized attachment the child’s behavior did not fit into any pattern. In this case the behavior seemed to lack purpose; and researchers hypothesized the behavior to be caused by having a frightening parent (Main & Solomon, 1990).

Social Learning Theory. Behavior is learned through direct observation. Human beings have the capacity to learn vicariously through witnessing others and hence observing others’ consequences. Humans model behaviors including speech as a method of learning. In a famous experiment with Bobo dolls, when a group of children witnessed
hitting a Bobo doll, they hit the doll. Children who had not been exposed to the aggressive model were less likely to engage in aggressive behaviors (Bandura, 1977).

**Organization of the Project**

The project is organized by having a literature review in Chapter II. The literature review presents an understanding of the past research on bullying specifically regarding attachment and previous interventions. In Chapter III, the project audience and implemented factors are discussed. Followed by Chapter IV, wherein the project and implementation are outlined. Finally, Chapter V is a discussion and summary, including the limitations of the project, and hence the need for future research conceptualized. The appendix provides examples of training materials and screening interviews.
CHAPTER II:
LITERATURE REVIEW

Introduction

Bullying seems to be a growing epidemic that affects many of today’s youth and makes the school setting difficult for many children (Olweus, 1996). There are long-term ramifications for those who bully, those that are victimized by bullying behaviors, and schools in general (Walden & Beran, 2010). Particular populations such as lesbian, gay, bisexual, transgender, queer or questioning, and intersex youth (LGBTQI) are especially vulnerable to school bullying behaviors and its affects (GLSEN, 2011).

Literature has shown the importance of developing an intervention that is theory-driven (Brown, Low, Smith, & Haggerty, 2011). Quality of parental attachment has been linked to bullying behaviors. Having an internal model where a child expects to be treated with kindness and fairness seems to be a mitigating factor against bullying, victimization, and bystander response (Walden & Beran, 2010).

Family systems theory shows that all interactions occur through the lens of a system. Individual behavior patterns evolve out of a system and a drive to reach homeostasis (Gehart, 2010). In fact, what is considered a problem behavior is actually an attempt to solve a problem within a family system (Gehart, 2010). For example, a child acting out allows parents who might be arguing with each other to focus on the child’s behavior hence strengthening the couple in a single goal. When viewing a behavior systemically, understanding the entire system rather than one behavior in isolation is implored.
Review of Research

Characteristics of Bullies

Bullies often are older, bigger, possess enhanced verbal skills, or have a higher social status in the school (Colorado trust, 2008). Some bullies present as being more socially connected, yet others are isolated from their peers (stopbullying, 2013). Bullies can be of a different race or gender than the victim (Colorado trust, 2008). Bullies often associate with other bullies, are shown to lack parental involvement, see violence as acceptable, and tend to think negatively of others (stopbullying, 2013). Another form of bullying could include several numbers of kids combating against one other kid (Colorado trust, 2008.). According to a school counselor Lohnman, (as cited by Shallcross, 2013), on the implications of bullying behaviors, children with mental health disorders are more than three times more likely to be identified as bullies. Bullies are also more likely to be diagnosed or develop conduct disorder and delinquency (Copich, 2012). Bullying behavior at age 14 is a predictive factor into criminal behavior later, drug use, and having an “unproductive” life (Swearer, Wang, Maag, Siebecker, & Frerichs, 2012). Children with poor quality attachments are more likely to bully others (Walden and Beran, 2010). Findings implicate that bullies are victims of society and a system where violence is modeled through homes and media and then the bully recapitulates this behavior (Copich, 2012).
Characteristics of Bystanders

The term bystander generally refers to those who stand by while witnessing behavior. The term bystander effect was defined (1968) as an individual’s tendency to passively observe a person who clearly needs assistance, particularly when other individuals are around (Latane & Darley, 1968). By witnessing bullying behavior, bystanders are often reinforcing the behavior. According to eyesonbullying.com (n.d.), many bystanders cheer or ignite bullying behaviors. Bystanders are also commonly associated with passively watching bullying and doing nothing about it. Bystanders are in a unique position to challenge the social position of the bully and the victim, stand up against bullying, and/or anonymously report the bully. Bystanders should be empowered to follow new ethical findings and enhance their own positive leadership position.

Vulnerable Populations/Victims

Although victims range in characteristics, some factors have been found to be common among victims. Victims are often from targeted marginalized communities including LGBTQI youth and those who appear overweight or disabled (GLSEN, 2011; stopbullying, 2013). Victims have the potential to be perceived by bullies or peers as annoying or provoking. Victims commonly have few friends or are socially isolated (Olweus, 1996). Victims often present as having low self-esteem and depression (stopbullying, 2013). In turn being bullied can lead to low self-esteem, social isolation, and depression, ensuing a vicious cycle for victims.

The LGBTQI teen community is particularly susceptible to being targeted as victims of bullying behaviors. GLSEN stands for Gay Lesbian and Straight Education Network
and conducts regular research regarding the implications for the LGBTQI youth community. According to statistics collected by GLSEN, 8 out of 10 LGBTQI youth are targeted due to their sexual orientation and experienced harassment over the last year (Kosciw, Greytak, Bartkiiewicz, Boesen, & Palmer, 2011). Three fifths of the LGBTQI youth community describes feeling “unsafe” at school due to sexual orientation harassment. One-third of the youth over the last month reported skipping a day at school due to fear of being harassed. Eighty-one% of LGBTQI youth reported being verbally harassed, 38.3% reported being physically harassed and 18.3% reported being physically assaulted due to their sexual orientation. Transgender students are at particular risk with 80% reporting feeling unsafe at school. Outcomes include the reported grade point average of harassed youth as lower, in part due to increased absences from school due to feeling unsafe at school. In this particular population, it seems that many adult educators are not advocating for the youth and ignoring obvious signs of harassment. In contrast, when a school had a staff that was supportive of the LGBTQI youth, more positive indicators were present (Kosciw et al., 2011).

Dynamic Definitions

Although the previous definitions and characteristics for bully, bystander, and victim are fairly universal across the literature, some researchers argue that roles are not so dichotomous or static. Bullying behaviors can happen along a continuum and often ingroup behaviors include a more dynamic process (Espelage & Swearer, 2003). In addition, while anger seemed to be the highest correlate to bullying behavior, bullies also
experienced depression. In fact in 1996, a study showed “clinically elevated depression levels” linked to bullies (Austin & Joseph, 1996).

**Cyber-bullying**

Cyber-bullying is a form of bullying behavior that uses electronic media to harass or embarrass a child through “emails, IM, text messages, video messaging, cell phones, web pages, web logs, chat rooms, or discussion groups” (Holfeld & Grabe, 2012, p. 396). Cyber-bullying is especially dangerous as it allows youth to bully virtually anywhere, with a larger audience and less supervision than at school (Holfeld & Grabe, 2012). Findings implicate that those who bully at school are as likely to cyber-bully. Research demonstrates mixed findings in regards to gender differences for cyber-bullying, with some reporting virtually no gender differences (Hinduja & Patchin, 2007) and others reporting girls outnumbering boys in cyber-bullying behaviors (Kowalski & Limber, 2007). The general media buzz portrays cases of “mean girl phenomena” with girls bullying each other through facebook and social media. “Mean girl phenomena” is cited in popular culture movies such as “Mean Girls,” where two female friends play cruel tricks on each other (scholastic). Predominantly, in social science literature, it is referred to as relational aggression. There are also well-publicized cases of public humiliation with gay youth. A publicized case that surfaced in mainstream news was the instance of Tyler Clementi of Rutgers University, a gay boy, whose roommate videoed and posted Tyler being intimate with another boy. Following this incident, Tyler committed suicide (TylerClementifoundation, 2012).
In the case of cyber-bullying, the means of detecting the bullying is primarily due to self-report although there are certainly bystanders that are watching or possibly inciting the events. When youth received less media supervision involving the computer, they were more likely to be involved in cyber-bullying. Cyber-bullying happened on a home computer, nearly 80% of the time. Girls often cited revenge as a reason for cyber-bullying. Cyber-bullying behaviors decreased when victims self-reported the instances; therefore, it is suggested to encourage youth to report cyber bullying (Holfeld & Grabe, 2012).

**Relational Aggression**

Relational aggression is a more subtle form of bullying but equally damaging. It is often associated with girls and spreading rumors or tarnishing peer’s names. This type of bullying can be harder to detect due to the primary means for detecting is the victim’s self-report. Furthermore, it can involve groups of students aggressing toward each other.

**Government Policy**

Many states and government officials have advocated for staunch policy reform on bullying behaviors. In California, anti bullying policies are strictly enforced through the education code particularly education code 48900. Students can encounter expulsion if found to be harassing others and/or bullying other students. This includes cyber bullying (stopcabully).
Attachment Theory

John Bowlby started research on attachment styles while in graduate school in London. He worked with a group of 44 juvenile thieves and a matched control group. In his research, he discovered that the juvenile thieves had considerably more experiences lacking maternal warmth or having more mother-child separations in their formative years. The children were then often seen as lacking in the ability to display affection later in life (Bowlby, 1944). Bowlby focused on early childhood separation as a factor in development as it was easier to quantify as opposed to family interaction styles at that time. A tuberculosis outbreak (unfortunately) separated many mothers and children and afforded Bowlby with a group of participants to study the effects of maternal separation (Ainsworth & Bowlby, 1991).

Nearly at the same time, Ainsworth began her study of security with Blatz whose general premise is that a child will base security on parents. Children have a desire to explore the world, with individuating happening throughout the lifespan as children learn to depend on themselves. Ainsworth joined forces with Bowlby, briefly post the war and was enthralled with the work being done on attachment while in London. The two would continue to work together throughout their lifespan. Meanwhile, Bowlby continued to research attachment with the hypothesis that when a child is not responded to, neglected, or has a separation break, the child will react with anxiety, hostility, or a false sense of independence. Ainsworth worked with babies in Uganda, dividing babies into three categories; securely attached, insecurely attached, and non-attached. She concluded that the non-attached babies were separated from their primary caregivers for too long. In 1969, Ainsworth tested the strange situation. This situation is where babies and mothers
who participated in the study for one year, were introduced to a new situation. In the new situation babies were left alone for a brief period of time with a stranger after the mother in the study told the baby that she would return. Behavioral outcomes were measured with three distinct patterns emerging. Prior to the initial stranger situation, the families were linked to longitudinal study by home visits that followed the parent/child interaction patterns. Findings showed that babies who had mothers that responded the most to them in an attuned way tended to be the most secure. A key factor for creating attachment is bodily contact, according to Bowlby, and especially holding babies when they were in distress. Securely attached babies could handle small amounts of the mother leaving the room with more ease. Babies who experienced less security tended to show greater distress when the mother left the room. Some babies that were very insecure showed very little interest if the mother was in the room or not. Avoidant infants tended to have rejecting mothers at home during the home visits. Their findings also implied that babies have a natural desire to comply with an attachment figure, especially if attachment was smooth (Ainsworth & Bowlby, 1991).

**Attachment and Bullying Behaviors**

Past research links have been found between attachment style and bullying behaviors (Troy & Sroufe, 1987). By using Ainsworth’s stranger situation, preschool age children were assessed for attachment and bullying or victim-like behaviors. Insecurely attached children were more likely to be both victims and bullies and securely attached children were less likely to bully or be bullied. Walden & Beran (2010) suggested that children that are treated with warmth and respect come to expect that sort of treatment and model
that behavior. However, it is noted that the majority of bullying occurs later in late elementary school and middle school where attachment or lack of it has already been established (Walden & Beran, 2010). Coleman (2003) used a small sample (that requires more research with a larger sample size) that indicated that an original attachment with one primary caregiver was a protective factor against bullying behavior. An “internal working model” is formed when a child has a positive attachment with the primary caregiver and hence the child comes to expect that treatment from others. When children have insecure attachments, they internalize the idea that the world is not safe and that social exchanges may not be satisfying. Students with a low “self-perceived quality of attachment to their primary caregiver” showed more bullying behaviors in a measure (Walden & Beran, 2010, p. 13). Securely attached children were more likely to actually show behaviors that were against bullying. These findings show the importance of earlier parent/child interaction in shaping bullying or anti-bullying behavior. Whereas many intervention programs focus on school settings, where bullying behavior is being expressed, key factors for bullying behaviors are most likely being cultivated in the home environment based on the family interaction and attachment style.

While much research has focused on the role of schools in bullying behaviors, family life shapes children in many ways as previously addressed in attachment styles. “Parental physical discipline, a lack of adult supervision, neighborhood safety concerns, and a lack of adult positive role models” are all associated with bullying behaviors (Espelage, Bosworth, & Simon, 2000, p. 327). Lack of adult supervision was positively correlated with bullying behaviors for males. Furthermore, when parents promoted teasing children regarding their appearance, children often became bullies or victims (Janauskine, 2008).
Parental lack of warmth and/or involvement is a risk factor for bullying behaviors (Olweus, 1994). Using physical discipline teaches children that violence is a conflict resolution style. Bullies have more “ambivalent” relationships with family members and are suggested to have more disengaged family systems and struggles within the family (Steven De Bourdeaudhuij, & Van Oost, 2002, as cited by Powell & Ladd, p. 196).

Stemming from attachment theory, aggression is viewed as various reactions based on the caregiver-child interaction. It could form from the interaction pattern with a neglectful or abusive caregiver. Another possibility is that aggression is a means of “seeking attention” from the caregiver. A third possibility is that aggression is used as a “defense mechanism” in reaction to a “perceived threat” from the caregiver child interaction. (Greenberg, Spelt, & DeKlyen, 1993, as cited by Powell & Ladd, p. 200).

Ireland and Power (2004) found that bullies and victims scored higher on avoidant attachment styles. Other models suggest other factors are stronger than attachment theory such as gender and age (Wilson, 2007). Still evidence supports attachment theory as relating to the construct of bullying behaviors. For example both bullies and victims were said to have lower attachments to their mothers (Marini, Dane, Bosacki, & CURA, 2006). Furthermore, victims were associated with enmeshed systems and overprotective parents (Olweus, 1993). Enmeshed family systems do not allow for individuation and overprotective parents might shelter a child from natural explorations and consequences. This implicates behavior stems from family dynamics.
Previous Interventions and Respective Findings

Dan Olweus – Paving the Way

Dan Olweus, a leading developmental psychology professor and researcher in Norway, ascertains that no student should be afraid of attending school and that schools should be made safe for all (1996). He examined bullying behaviors in a systemic way that regards how the family system, earlier attachment styles, and modeled behavior affect a child and have a causal link regarding bullying, victim, and bystander behavior. Olweus increased many of the measures regarding bullying behavior research and interventions. In 1983, he used a large sample of 150,000 Norwegian and Swedish students to develop statistics regarding bullying behavior. His original findings are very similar to other findings already reported. He found that 15% of all students in his sample experienced bullying behaviors. He divided bullies and victims into groups and found that 9% claimed to be bullied and 7% bullied. Boys commonly reported more bullying behaviors; however girls were more prone to relational bullying by engaging in verbally mean encounters with each other and excluding each other. His research also debunked several popular myths that bullying was due to “large classroom size, competition for resources and deviation” (Olweus, 1996, p. 17).

He is also responsible for defining and profiling what encompasses bullies and victims. Bullies were described as using an aggressive interaction style. They were suggested to be unpopular, yet had a few friends that supported them. The males especially tended to be larger physically. They often were aggressive with adults, teachers, and peers. Victims were predominantly insecure and anxious, had low self-
esteem, and had very few friends. Victims were noted to be weaker and sometimes smaller. Later in life, victims continued to suffer from depression and low self-esteem. They generally had a passive and submissive style of behavior; this made them a target. On the other hand, a portion of victims were said to be proactive and aggressive in a way that created “tension and irritation” in a social situation (Olweus, 1996, p. 18). Bullies demonstrated little empathy. Again, Olweus used scientific measures to de-bunk the common belief that bullies were anxious and insecure under their hard exterior. He tested bullies on several factors including their stress hormones and did not find a correlation with anxiety or insecurity. Bullies did have a strong need to be “in control” (Olweus, 1996, p. 19). Further, their family conditions may have led to feelings of animosity. They often had a drive to inflict pain on others and felt relief from doing so. Later in life, bullies were often involved in criminal activity.

Olweus suggested that bullying had a causal link to child rearing. He identified four risk factors regarding boys and bullying. The first factor is the basic emotional attitude of primary caregiver during the child’s early years, specifically a lack of “warmth and involvement” which increased aggressive and hostile behaviors in a child (Olweus, 1996, p. 19). In contrast, overly permissiveness parents also seem to create aggressive behavior in their children. If the “primary caregiver is permissive and does not set clear limits for aggressive behavior” in the child, then aggressive behavior is likely to increase (Olwues, 1996, p. 19). Use of power behaviors with children such as “physical punishments and emotional outbursts” is also implicated as a cause towards bullying behaviors (Olweus, 1996, p. 19). According to Olweus, "Violence begets violence” (1996, p. 19). Finally, Olweus considers the temperament of a child as a predictive factor in bullying behaviors.
He explains that a “hot tempered” temperament is more likely to display aggression. However, he describes the quality of attachment and discipline as more important factors than temperament (Olweus, 1996).

Using this valuable information and his personal passion to make schools safe, Olweus developed and evaluated anti-bullying plans. The sample consisted of 2500 students’ grades 4-7 in Bergen, Norway. The students were followed for 2.5 years. There were many positive outcomes according to the research showing a “marked reductions by 50% in bullying behavior,” improvements in “school climate,” “reduction in anti-social behavior including fighting, stealing and drunkenness,” “more positive attitudes towards schoolwork and an increase satisfaction with school life” (Olweus, 1996, p. 20).

The Colorado Trust

The Colorado Trust is a program that has allocated 9 million dollars to bully prevention in the state of Colorado. The program invests in prevention and intervention and also uses outside evaluators. Using a sample of 3000 students from 75 different schools in the state, programs assessed for general attitudes regarding safety and bystander effect as well as overall achievement scores. Bullying behaviors were found to decline by 12% in schools that had a bully prevention program in place. Most importantly, bullying was reduced in schools where teachers and students were willing to intervene. This shows that when staff and/or bystanders did not support bullying behaviors, the behavior decreased. Contrary to other beliefs regarding bystander effect, 95% of students in this sample claimed to want to intervene in some way. Students who thought that teachers treated them fairly were less likely to engage in bullying behavior.
Important preventive factors included adults showing empathy and concern. Adults included parents, families, and policy makers. Brush middle school, used as part of their sample, was originally chosen as it had the highest rate of bullying in the state of Colorado. After implementing the Colorado prevention program, reported bullying instances decreased by 56% (Colorado Trust, 2008).

Steps to Respect

“Steps to Respect” is a well-researched program to stop bullying behaviors at schools. The program is designed based on the understanding that bullying behavior involves many “contextual systems” (Brown, Low, Smith, & Haggerty, 2011, p. 425). Proponents of STR argue that researchers and program implementers need solid theory to provide for the basis of a program and its evaluation. Their particular program targets peers, the school and the individual in the overall process of bullying behavior. The program encompasses overall school curriculum, small classroom exercises, and social skills. The program concentrates on how bystanders, teachers, and overall school culture factors into bullying behavior. A social factor is included through promoting social skills for victims. The program focused on training educators and school personnel. It also demonstrated what bystanders are able to do to “speak up” and assist in ameliorating bullying. Then through rigorous scientific testing, the program sought to evaluate the outcomes. The program was found to have significant changes in overall bullying behavior in 50% of measures studied. This further supports that anti-bullying programs are effective; yet, there is still a degree of improvement that is needed (Brown, Low, Smith, & Haggerty, 2011).
**LGBTQI Training**

Specific training in the LGBTQI community has been targeted at reducing bullying behavior for LGBTQI youth. Findings support the idea that the overall school climate and adults’ attitudes play a significant role in how LGBTQI youth are treated at schools. A critical mass of supportive adults at a school can become a mitigating factor for how LGBTQI youth feel about themselves and their overall tolerance of being bullied. GLSEN offers a safe space kit, which helps educate adults on how to create a safe environment for youth. A hostile school environment is sometimes reinforced through adult attitudes and LGBTQI youth who have supportive adults have better learning outcomes. “When educators effectively intervene in anti-lgbt bullying and harassment, there is less harassment and assault and lower rates of absenteeism” (Kosciw & Greytak, 2012, p. 1). Pre-tests and post-tests demonstrated changes in attitudes toward homosexuality and accountability following trainings for educators. A two-day training for educators was assessed through three surveys, before the study, 6 weeks after, and 6 months after. Results showed trainings increased appropriate terminology, empathy, communication skills with students and staff, and engagement regarding activities thus creating safer schools. Results demonstrated increased intervention by school staff made schools safer for LGBTQI youth. However these findings have not been directly duplicated. In a similar study, a (shorter) two-hour training workshop was provided to all certified staff: teachers, counselors, and school administrators at a secondary school in the Northeast to increase awareness of name calling bullying affects on school climate, affecting LGBTQI students and staff. This program developed participants’ strengths in creating safer school
for all utilizing a blend of interactive and lecture-style training materials. The sample included 2,042 staff members. Again, pre/post training questionnaires were used to examine changes in attitudes using advanced statistical measures such as ANCOVA to see if the intervention affected school climate, empathy, and efficacy. Results showed that this targeted training did make a difference in attitudes and this in turn made the overall school climate more safe for LGBT youth (Kosciw, et al., 2012).

The Gentle Warrior Program

The Gentle Warrior Program is a program that targets bullying behavior with a unique perspective utilizing a wrap around program that includes martial arts training. Traditional martial arts techniques were utilized to teach different attitudes regarding aggression. The program enlisted teachers, counselors, and school personnel in changing the entire school dynamic. (Twemlow, Biggs, Nelson, Vernberg, Fonagy, & Twemlow, 2008). Using traditional martial arts showed a decrease in aggressive behaviors in previous studies specifically with boys. Martial arts models “self control, empathy, and respect” (Twemlow, et. al, 2008, p. 3).

An assessment that utilized the “Gentle Warrior model” also assessed for parenting practices that were relevant to bullying behaviors (Smith, Twemlow, & Hoover, 1999). Their findings suggest, as already mentioned, bullies often have a lack of consistency in parenting. When 32 children that misbehaved were removed from homes and placed in to environments that had more structure, the aggressive behavior declined. In the 1999 study of the Gentle Warrior project, classmates were read to regularly by the sensei and trained in non-violent traditions. This intervention targeted the entire school involving teachers,
counselors, parents, and mentors. The first tactic was to change the overall school attitude regarding bullying and aggression. This was done through a school wide campaign that included posters that advertised the anti-bullying philosophy. Other measures used included having adult mentors paired with youth. Adults in the community volunteered and assisted at schools to screen campuses for aggressive behaviors. Parents were also brought in for workshops that addressed how to deal with conflicts, step parenting, drugs and other problematic behaviors. Following these interventions, suspension rates decreased by 50%, and exam scores increased by 18% (Smith et al., 1999).

Another interesting implication from this particular study is that the researchers investigated the link between attachment and bullying behaviors by using the Childhood attachment interview. A challenge to the results of this study is the lack of reliability in this measure (at the time of the study). The sample size included 25 students, with 6 identified by teachers, peers, and the school psychologist as bullies; 5 as victims; and 5 as bystanders. The bullies and victims were from single-family homes and many homes were chaotic. “The bullies did not remember being held or cuddled as a child” (Smith et al., 1999, p. 35) and had not been read to. These are indicators that there was less close interaction patterns, hence a decrease in positive attachments. Lacking an internal model of attachment that was healthy, some of the bullies, victims and bystanders seemed detached from their own traumas. They did not demonstrate concern regarding their own violence or trauma that they had endured. They seemed to act like it did not matter that they did not have solid attachments and “idealize or normalize unfavorable or negative relationships” (Smith et al., 1999, p. 35). In contrast, the control group demonstrated more secure attachments (Smith et al., 1999).
Assessment and Data Collection

Espelage and Swearer (2003) discuss the methods for collecting data to understand and evaluate bullying attitudes and hence preventative programs. The most common ways of collecting data regarding bullying behaviors are through self-report, observation, and peer/teacher report/nominations. An example of a self-report assessment tool is the Illinois Aggression Scale (Espelage & Holt, 2001). These reports are ensured to maintain participants’ confidentiality thus enhancing the quality of answers. Direct observation, by a third party or a recording device, is an alternative method of collecting data on bullying behaviors. However, due to the right of human subjects through institutional review boards, the welfare of participants is the first priority. That is, collecting data through direct observation and videotaping in some cases requires parental permission. Espelage and Swearer (2003) reported having difficulty obtaining parental permission.

A third form of assessing bullying behavior is to collect nominations or peer profiling from classmates and educators. This is done by first describing characteristics of a bully, victim, and bystander, then asking students to anonymously vote for classmates that act accordingly.

Several studies have been conducted to assess the global implications of bully prevention programs. Such programs need to be assessed for effectiveness before an abundance of tax money is allocated towards programs that do not work, such as the ever infamous DARE program or war on drugs. Finding evidence-based interventions is key to identifying where other programs have lacked and succeeded. As is often the case in social science research, findings are mixed regarding overall effectiveness.
Smith, Schneider, Smith, and Ananiadou (2004) found overall school wide anti-bullying programs to have negligible and even negative results. Other findings could not replicate the original Olweus study that was showed a positive outcome for bullying intervention programs in Norway (1994). Others found that bully prevention programs were effective especially when focused on the entire school as opposed to classroom curriculum (Vreeman & Carroll, 2007). Varying meta-analyses have shown positive results for nearly 1/3 of desired outcomes for anti-bullying programs (Merrel, Gueldner, Ross & Isava, 2008). In the most recent overall study, bully prevention programs were supported to be effective in reducing bully and victim behavior. It was stated that on average bullying across 44 evaluations, bullying decreased “20-23%” (Farrington & Ttofi, 2009, p. 90). However the results were the most effective in Europe. Many of the current studies have been critiqued for having faulty design measures (Ryan & Smith, 2009).

Family Therapy

Family therapy has been shown to have a positive effect on minimizing bullying behaviors in males and females (Nickel, Krawcyzk, Nickel, Forthuber, Kettler, Leiberich, Muelbacher, Tritt, Mittlerlehner, Lahnman, Rother & Loew, 2005). Solution focused therapy was found effective for its ability to not label bullies and look for possible alternative solutions. Narrative therapy also allowed for a collaborative stance and allowed bullies and victims to consider new choices for future behaviors. Narrative was especially helpful in allowing bullies to learn problem-solving techniques. Structural therapy was also recommended for its use in re-aligning family hierarchies and providing
firm boundaries. In fact brief structural, strategic therapy helped to “decrease bullying behavior and anger, to affect morning level cortisol secretion, and improve health related quality of life in adolescent boys demonstrating bullying behaviors” (Nickel, Muehlbacher, Kaplan, Kracwzyk, Bushmann, Kettler, Rother, Egger, Loew, & Nickel, 2006, p. 361). In a one-year follow up study, children who received structural strategic therapy, showed continuous signs of the behavior declining (Powell & Ladd, 2010).

School Shooters

School shooters are an extreme example of the violence and aggression occurring at schools and serve as a “wake up call” to society overall. The relation to school shooters and bullies is in regards to aggression at school. Seventy-one percent of school shooters were found to be victims of bullying behaviors according to a psychological profile from the secret service (Espelage & Swearer, 2003). A successful intervention program for students’ welfare should help to identify these extreme cases and try to ensure safety for all children. The Center for Disease Control (CDC, 2013) states that 14-34 students are victims of homicide every year, usually before or after school. The CDC ascertains that the amount of homicides that occur on school grounds is 1-2% for school age children (CDC, 2013). Usually the homicides occur by firearms. The firearms primarily come from family members. School shootings have been rising every decade. In 1970, there were 4 shootings, in 1980 5, in 1990 28, and in 2010 there were 25 shootings (Warnick, Johnson, & Rocha, 2010).

Profiles of school shooters vary as aforementioned. Many report being bullied at school and/or having abuse in the family. Some school shooters have violent pasts such
as Scott Pennington, who knew his dad only through random abuse and his mother was mentally unstable. School shooters tend to be unpopular and demonstrate traits of narcissistic personalities, desiring much attention while displaying little empathy (Warnick, Johnson, & Rocha, 2010).

Need for Assessment

Due to the frequency and increasing intensity of school shootings, screenings are essential to investigate behaviors that predict school shootings. Although bullies are usually not school shooters, an effective anti-bullying program that addresses the attitudes towards aggression and violence at schools should be implemented to screen and redirect school shooters. This intervention should occur before school shooters reach a critical breaking point.

Identifying and screening for school shooters is not a simple task (Lebrum, 2009). However, checklists can be used to help assess “family dynamics” and “evaluate personalities” of students (Lebrum, 2009, pp. 20-22). Effective screenings for at risk children should include some of the following screening measures: does the student “have access to firearms?” does the student “blame others for difficulties?” Is the student “quiet and withdrawn, usually before acting out?” Other risk factors include being part of a “closed social group” or “having negative role models” (Lebrum, 2009, pp. 22-24).

Assessing family dynamics is a critical factor to consider in potential shooters as well. Key dynamics to screen for include difficulty with a parent, modeling of weapon use in house, “limits to television watching,” and excessive permissiveness regarding children’s demands (Lebrum, 2009, pp. 26-27).
All of these patterns could be indicators of behaviors that lead to school shootings. Of course, this requires school educators, psychologists, and school staff to take the unique position of examining and possibly policing behaviors. Some educators argue that this changes their job description, no longer are they being asked to simply teach their subject matter, now they must detect potential threats and harm that may not be outwardly visible. However, maintaining a safe school climate is critical to learning (Warnick, Johnson, & Rocha, 2010).

**Synthesis of Research**

Understanding the motives behind bullying programs is fundamental in creating effective interventions based on theoretical and systemic analyses (Orpinas and Horne, 2006). Attachment theory and a family systems approach offer a theoretical model to better understand the motives of bullying behavior as demonstrated by the research in this literature review. Attachment styles have been studied in regards to bullying behaviors revealing insecure attachment styles as a risk factor for bullying behaviors. By addressing attachment as a developmental force, one can design an intervention that considers this model. A family systems approach examines the multiple interaction patterns between individual families. One implication is that when children observe violence at home, they are more likely to be accepting of violence. A lack of natural consequences for bullying from schools and parents reinforces a lack of hierarchal strength between a student and parents or teachers. Effective boundaries and consequences seek to decrease bullying behaviors. Past interventions demonstrate that increased awareness of the problem of
bullying and a well-designed anti-bullying program helps to decrease levels of bullying behaviors.

Aggression in school is still on the rise despite the plethora of research and evidence regarding school-wide bullying programs. It is obviously a systemic problem, affecting all students; bullies, victims, and bystanders, and in turn affects society on many levels, as suggested by Steps to Respect. Although many interventions have started to address bullying, further research is needed. This project demonstrates a family systems approach to address the social system of bullying behaviors, rather than viewing the behavior in isolation. By examining behavior, through a systemic lens, one seeks to better aid students and thus creates a safer school environment, which in turn creates healthier individuals and families.
CHAPTER III:
IMPLEMENTED FACTORS

Introduction

This project attempts to introduce a systemic intervention for addressing school bullying behaviors through the lens of family systems theory and earlier attachment quality. The intervention describes a school wide protocol, screening measures, and an empathetic approach to working with students and families in counseling.

Development of Project

This project is developed for the use of the Parenting and Counseling Foundation (PaRC). This is a pilot program for California schools.

Intended Audience

This project is intended for school personnel to implement in school settings. It is also suggested for marriage and family therapists, counselors and other mental health providers that engage with children and families affected by bullying behaviors. Finally, this project is designed with the hope that researchers in the field who seek to better develop programs for bullying behavior interventions will continue to conduct research, as well as examine this program.
Personal Qualifications

Andrea M. Kotok (B.A.) is completing her Masters of Science in Counseling at California State University, Northridge with a specialty in Marriage and Family Therapy. She studied Psychology in her undergraduate program and collected data from research participants for Dr. Mark Otten regarding sports psychology. She is a therapist trainee at the Parenting and Relationship Counseling (PaRC) Foundation and teaches parenting classes at the PaRC Foundation.

Environment and Equipment

The fundamental environment that is involved is an identified school system. The Networks such as GSLEN will be utilized for their referral services for LGBTQI youth. The PaRC Foundation in Granada Hills will be used to train counselors, therapists and staff in assessing students’ behaviors. Parenting classes will be offered at the PaRC Foundation in Granada Hills. The class is free but the workbook that is required costs $50 per workbook.

Project Outline

In Chapter IV, the project outline is presented. First the curriculum and protocol for the intervention are presented. Second training for school personnel and school policy are described. This is followed by explicit consequences for school bullying. Therapeutic techniques for working with those that bully or are victimized by bullying behaviors are outlined. Formal and informal assessment and screening measures are utilized. Finally
the implementation discusses implications for group work including small classroom activities and community activities.
CHAPTER IV:
CURRICULUM

The importance of a theory-driven intervention has already been stated. The following intervention is based on family systems theory regarding the dynamic approach of examining the multiple levels of family interaction patterns and the family’s effects on an individual. Furthermore, the intervention is also based on attachment theory.

Dr. Faye Snyder is a theoretician who works with family interaction patterns. Through her theory, she addresses causal links between family interaction patterns and children’s behavior. She developed the Causal theory and uses it to train therapists and families regarding parenting as well as relationship skills classes at PaRC. The Causal theory identifies early attachment, bonding, and modeled behavior as significant factors in personality development (2012).

Curriculum and Protocol

The overarching goal of this intervention is to reduce bullying behaviors in schools. That is, bullying behaviors impact bullies, victims, and bystanders. This intervention aims to minimize the impact on bullies, victims, and bystanders. To meet this objective several components of the intervention will be implemented on a training level for school personnel, counselors and therapists: (1) to have a well trained school personnel that screens, addresses, and tracks bullying behaviors; and (2) to train therapists and school counselors so they can identify family structure, assess for attachment style, offer psycho-
education to parents, and enable a corrective experience for attachment, acceptance and emotional expression. Changes for the school environment affecting students include the following: (1) to achieve a school climate that is safe for all youth including LGBTQI youth; (2) to increase pro-social behaviors and empathy for all concerned; and (3) to create a healthier school climate, that instills long-term positive mental health outcomes for children.

**Training for Staff and Personnel**

Staff will be trained in different core competencies to decrease bullying behavior. Specifically they will be trained in the following areas: (1) to identify bullying, victim, and bystander behaviors, (2) to screen and to alert appropriate professionals of these behaviors, (3) to show empathy and understanding to students, and (4) to implement sensitive language that facilitates an accepting school climate. In this process, all adults are responsible for the safety of the school, understanding bullying behaviors, and stopping them. Further, staff will be educated on attachment issues, modeled behavior, and possible root causes for bullying behaviors. The root causes will be addressed through educating staff on the literature review that is included in Chapter II of this document.

**CAPE**

A core team of CAPE (Snyder, 2013a) will be established to help facilitate better understanding regarding the family dynamics. CAPE professionals will be utilized for screening potential threats to school safety climate and children’s welfare.
The CAPE team (Snyder, 2013a) is a core group of teachers that collaborate and identify children who have family problems at home. This team includes the school counselor, art teacher, physical education teacher, and English teacher. The school counselor administers the predictor scale and assesses family dynamics using open-ended questions. The art teacher asks students to draw pictures of families. The English teacher asks students to write stories about family dynamics. The PE teacher examines potentially overt aggressive behaviors. All come together as a collaborative team and discuss their findings bi-monthly. This way problematic behaviors and family systems can be assessed for children’s welfare. The goal is to mitigate harm or identify disconnected families to prevent school aggression. Further, for children that seem to have the potential to disconnect and possibly will engage as school shooters extra care is warranted. Many of these children exhibit red flags, such as isolating, exposure to weapons at home, and having a disconnected family system. Therefore, these children should be referred for in depth counseling (Snyder, 2013a).

**School Policy and Protocol**

The school will announce the policy to all students through a school assembly, a letter to parents (see Appendix A), and posters throughout the school (see Appendix B) that there will be no tolerance for bullying behaviors. In addition, a new curriculum will establish the school norm. All students will be given an email address specifically for reporting bullying behaviors (Snyder, 2013a).
School Assembly

The school assembly discusses new intervention methods, consequences for bullying behaviors, the possibility that bullies are most likely bullied also. The school assembly includes a dynamic and charismatic spokesperson (via video in areas where access to speakers is difficult) deemed by popular culture as “cool.” This speaker serves as a representative sample to employ how bullying is not “cool” and how it hurts people. Ongoing assemblies are used to continue to create school climate regarding no tolerance for bullying.

Protocol for School When a Student Demonstrates Bullying Behavior

Consequences for bullying behaviors are outlined in Dr. Faye Snyder’s working model called *Bullies and Time Bombs* (2013a). The first two consequences are based on this model. After an offense of bullying, the person who bullied, victim of aggression and any other parties will be sent to the school counselor for assessment and referred to marriage and family therapists on site for deeper counseling. The second offense of bullying for the person who bullied requires more counseling through the marriage and family therapists on site, probation from any extra-curricular activities, and a phone call to inform parents of the offense. In this intervention, the third offense will result in enrollment in civil service wherein a student will be of service to other students at school. To enforce this protocol, additional personnel will be hired as employees and volunteers. Similar to the “Gentle Warrior Project,” volunteers from the community will help patrol the schools. A security guard will also be employed to screen for aggressive behaviors.
Therapeutic Techniques

Implementation for Students who Bully

Marriage and family therapists that are specifically trained in the Causal theory by PaRC are contracted to work at the pilot school centers. To help augment costs, trainees and interns from PaRC are hired and supervised at these specific locations. Students receive therapeutic services (1) if they bullied another student and the offense was reported by staff or other students, (2) self-reported, students refer themselves (3) the CAPE team refers students.

In the first session, limits to confidentiality are discussed. This includes harm to self and others. Furthermore, it is noted that the therapist is a mandated reporter thus child abuse will be reported.

The therapist’s initial goal is to build rapport and build a climate of safety. The therapist joins with the bully and provides empathy, thus entering the bully’s world. The therapist uses open-ended questions to assess family dynamics as part of the intake procedure. Does the person who bullies have a neglectful family? Is there violence in the home? What were their early life experiences like? Does the person who bullies have a person that they can discuss and talk to regarding feelings? How do they feel about feelings? “Do they have access to firearms? Are they on any medications? Which ones” (Snyder, 2013a)? Are the parents overly permissive, not setting adequate boundaries? What are the persons’ goals and dreams? Do they have any? Is there a direction or passion to follow?

The second goal of therapy is to involve the family. Therefore if the family is willing, the entire family is invited to meet with the therapist. As the therapist-student relationship
will eventually terminate; it is imperative that family members are accessible and responsible for future corrective experiences. This is done first by meeting with the parents for a brief interview and discussion regarding current family dynamics. Following this brief interview, both children and parents are invited to a session so that the interaction pattern is “alive” in the room. If the structure of the parent-child relationship is weak, the therapist teaches parents how to set more consistent boundaries, thus re-aligning parental-child hierarchies. This is consistent with Minuchin’s work on structural therapy. If the student who bullied lacked a nurturing and secure attachment as a child, the lack of nurturing and attachment style is addressed with the family. The lack of attachment is addressed for the student and family by first educating the parents on attachment, and then allowing a cathartic experience for the child. A willing parent or family member would allow the child to release feelings regarding lack of attachment or inconsistent values with empathy, thus providing a corrective experience. In addition, if there is sibling rivalry, it is acknowledged and discussed in session and parents are encouraged to treat children fairly as to negate parental effects on sibling rivalry.

Psycho-education is enhanced regarding use of the Internet and more consistent supervision, if cyber bullying is occurring. Parents are taught here how to set strong boundaries emphasizing natural consequences and ethics. For example, if a child uses the internet to bully, then internet privileges are taken away as well as other media such as iPads, and iPhones. If internet use is needed for schoolwork, it is supervised at all times. The child has the ability to earn back their internet privileges in a timely manner. This will be discussed in therapy with the parents and children. However, if the child bullies again, it would be suggested to immediately restrict access to electronics.
Professional judgment is required when making the decision to include the family. For instance, care needs to be exercised in case the family would harm the student who bullies. While hoping for the best possible family outcomes, a therapist needs to be able to assess if bringing in the family would be harmful to the child. It would be harmful if in any way the parents would abuse the child for discussing their dynamics with an outside source. The child is the priority and nothing should be done to place the child in harms way. If the person’s family is violent, unwilling to seek help, has a closed family system, or has a secrecy ethic, including the family in therapy may be difficult if not contraindicated. If this is the case, then the therapist is responsible for taking on the role of the person who will provide corrective experiences. Further, if the child is being hurt, the therapist, as a mandated reporter, is obligated to report to child protective services. In this case, the therapists’ goals include continuing to join the student, fostering empathy, and facilitating emotional expression. These goals include allowing appropriate anger to be expressed in session at earlier life experiences or mistreatment and allowing for grief work. Grief work addresses the component of releasing sadness through emotional expression.

By accessing sadness, the student is encouraged to have full expression of their feelings and cry or allow feelings to emote out. Following catharsis, the therapist and student discuss new choices. Strong limits and consequences are continuously enforced through school policy, while the therapist provides a caring environment. Questions are asked of children that bully that help them self-reflect, consider their motives and address reasons for the bullying behaviors. Questions are asked in language that is accessible to the student. Examples of questions are provided, “What happened to you just before you
decided to bully? How were you feeling? How did you feel after you bullied?” This would involve a discussion to facilitate self-awareness for the student. The therapist seeks to coach the student through the therapist-student relationship that interactions between people can be positive, reflect secure relationships and thus encourage pro-social interaction styles. Furthermore, new choices develop a new collaborative narrative for the person that bullied in re-defining his/her life.

The previous described intervention is in depth and would occur over 3-6 months depending on the family and child’s willingness. Therapy is a process, and each family is unique therefore it is hard to quantify the amount of sessions needed. Throughout the therapy process, the therapist will discuss with the family and reassess the need for continued counseling and the appropriate time for termination. For ongoing services or more extensive cases, students and families are referred to PaRC.

**Implementation for Victims of Bullying**

The initial process for referral for victims of bullying is the similar as stated for those who bully. Victims are referred from (1) reports from teachers and classmates regarding targets of bullying behaviors, (2) self-referral for those that express wanting help, and (3) referral from the CAPE team. The same guidelines regarding informed consent and confidentiality would be adhered to as previously discussed in implementation for students who bully. Initial therapeutic goals include building rapport. The therapist joins with the student thus entering the student’s world. Empathy is provided to better understand the student’s experience. The therapist encourages a climate of safety and trust. As part of the general intake, open-ended questions are addressed to assess family
dynamics. What is the person who is a victim’s home life like? Do they have friends at school? What are their social skills like? “Do they have access to firearms? Are they on medications” (Snyder, 2013a)? What are their feelings regarding being bullied? Do they have traumatic symptoms? Do their families know that they are facing bullying behaviors? Do they have siblings that bully or that they bully?

If the family is willing, and if doing so is deemed safe for the child, the family is brought in for family therapy. Parents’ understanding of the problem is critical, so that they can provide empathy and create a safe home environment. Helping to ensure parents understanding of the problem is addressed in session through educating parents.

Victims of bullying behaviors are encouraged to take self-defense classes (Snyder, 2012). Self-defense classes, particularly martial arts are important as they address aspects of self-control and attitudes towards aggression as previously mentioned in “The Gentle Warrior Project.” However, it is also identified for victims of bullying behaviors, as it would assist in changing overall body language, which might be a factor in mitigating behaviors that make one especially susceptible to being a target of bully behaviors.

The therapists’ exploration of family dynamics seeks to ensure that the victims are not bullied at home. Feelings regarding earlier attachment issues, if present, are expressed to parents. In this instance, parents are first educated and coached by the therapist regarding attachment. If a parent did not nurture or give appropriate feedback, then it is addressed in the sessions. If there are siblings or sibling rivalry, it is acknowledged in session. If sibling rivalry exists and one of the siblings is being bullied, it needs to be
addressed and eradicated. In part, it is eradicated through educating parents and facilitating new problem solving replacement skills for the family.

Those that are victimized are encouraged to discuss new problem solving strategies and solutions. One example of problem solving is to identify adults at the school or in the community to report victimization. Victims are also asked how they would like to be viewed by others and encouraged to find a voice of power within themselves. In the therapeutic sessions between the student and therapist, the student and therapist initiate role-playing interactions that help address having a sense of power for the person who was victimized.

If the families are not willing to attend sessions or if family therapy would be detrimental to the student, then the goals are worked on in session between the therapist and the student. The therapist addresses goals by creating a safety plan such as advocating for one’s self and/or reporting bullying behaviors, discussing behaviors with others, and increasing pro-social behaviors. Those that were victimized are encouraged to have emotional expression about unresolved feelings in regards to being victimized. Following emotional processing, the students are encouraged to find insight and thus make new choices and hence new narratives regarding their view of themselves as mentioned in narrative therapy definitions in terminology in Chapter I. Finding insight and establishing a new narrative is promoted through open-ended questions and dialogues.

Students who are bullied commonly isolate thus it is important that they engage in more social activities. Therefore, group therapy will be encouraged so students can find a place of support. This is especially important if students tend to be loners or are
ostracized by multiple bullies. If the student is from the LGBTQI community, they are referred to a group through GLSEN to receive social support.

**Assessment and Screening**

Three screening and assessment tools are implemented in this interview. Tools include the following: (1) The Predictor Scale, (2) The Intake (informal interview questions) and (3) Data from the CAPE team

The Predictor Scale and Score Sheet (Snyder, 2013b) is an instrument that assesses earlier life attachment and predicts outcomes of behavior. The Predictor Scale is a relatively new instrument (see Appendix C and D for The Predictor Scale and Score Sheet). Scores range from -150 to +150. The average person is assessed to be around 0 with extremes on either end of the spectrum. Scores of -25 are a cause for concern for parents and might indicate depression or anxiety. As the scale seeks to reduce harm, scores below -50 would be flagged for more immediate attention including further assessments, notes to parents and therapy referrals.

The first measure discussed in The Predictor Score Sheet is prenatal assaults. This area is weighted between -5 and +5. Factors considered include maternal ingestion of drugs, alcohol, and/or harmful chemicals. Also considered are mental attitudes of the expectant mother. Did the mother and father yearn for the expectant child? Was there stress or high cortisol levels for the expectant mother?

The second measure presented in the predictor scale is bonding and attachment. This area is weighted between -35 to +35. Attunement as opposed to cold neglecting parenting constitutes -15 to +15 points of the total score. An example of a -15 would include
leaving the “infant in crib for extended periods” (Snyder, 2013b, p. 93). While gaining a score of +15 is associated with a mother who “soothes crying baby and delights in his/her point of view” (Snyder, 2013b, p. 93). Broken versus continuous attachment constitutes the other -20 to +20 points of this area. Continuous attachment refers to the physical presence of one primary caregiver during first years of life with consistency.

The next item being recorded is separation-individuation, discipline and abuse. The scores affiliated here are -30 to +30. Factors considered include physical punishment versus natural consequences, sexual abuse versus safe affection, and emotional abuse versus confidence building. In this category age and severity are examined for scoring.

Ethics is the fourth indicator for the predictor scale and is ascribed -30 to +30 of available points. “Repression versus expression” ethics constitute -15 to +15 points. Repression refers to a child that is taught through interaction patterns with family members to hold in their feelings or not show their authentic selves. On the other hand, the expression ethics is the ability to show and express all feelings. Mitigating factors change the scores and compounding factors affect the score ranging from -100 to +100. Mitigating factors include extensive therapy and a meditation practice. This demonstrates a theory of hope and change, where a person is able to transcend a painful childhood and obstacles to mental health. In contrast, compounding factors include drug, alcohol and pharmaceutical abuse (Snyder, 2013b).

The Predictor Scale is designed to be utilized by school counselors as an assessment tool. It also is a reference tool to be used by the marriage and family therapists, trainees, and interns on site to guide treatment. Therapists are suggested to utilize the tool during
family sessions to access multiple perspectives on the predictive factors regarding attachment.

As mentioned, the Predictor Scale is a new instrument. Responses are subjective. Therefore for its initial use evaluators, therapists, school counselors, and other staff members using the instrument will first engage in a training with Dr. Faye Snyder, where the scale is explicitly explained and personnel are educated in using the instrument. This will help to ensure benchmarking and an overall theoretical understanding is adhered to with the Predictor Scale.

Combined with an initial intake collected from the therapist and/or school counselor through open-ended questions and data from the CAPE team, the school counselors, therapists, and other team members are able to screen and identify problematic behavior. The CAPE team has the potential to access information regarding family dynamics and screen for red flags in behavior from a team perspective. This data is tracked throughout the child’s school experience, and extra sensitivity is required to prevent harm. That is, knowledge of a students’ attachment style and its ramifications must necessarily not involve labeling a student. The scale is used to identify patterns of behavior and children who need counseling, not for diagnostic purposes.

**Small Classroom Curriculum**

Group work addresses a systemic change by shifting the school culture regarding attitudes about bullying behaviors, feelings regarding bullying behaviors, and bystander response. This will be accomplished in part through small classroom exercises. Facilitators of group exercises include teachers, school counselors, and marriage family
therapists. These facilitators need to be sensitive to language and working in groups to create safety and group cohesion. The sensitivity to language will be addressed in trainings for staff. Topics addressed include defining bullying and discussing causes behind bullying, victim, and bystander behaviors. Rules of the group process are defined. Safety within the group is primary goal so that members are able to discuss their feelings related to bullying behaviors. The facilitators, through role-playing and problem-solving discussions, teach replacement behaviors. Role-plays for bystander response will be enacted demonstrating methods of stopping behavior and reporting it including videotaping if it is an option (Snyder, 2012).

LGBTQI youth are encouraged to join support groups as evidence shows better outcomes for individuals in support groups. GLSEN can offer referrals. If the location reflects a lack of resources, then students are encouraged to seek online support groups through GLSEN’s referral network (see Appendix E for list of referrals).

**Community-Based Interventions in the Los Angeles Area**

Parents and students are referred (by the school) to take the parenting and theory course, offered by the PaRC foundation (see Appendix F for parenting class flyer). This eight-week course is based on the fundamental concept of cause and effect. The class is provided for free 5 times a year. Participants are asked to make a one-time purchase of the course textbook. The key role of parenting in the formation of a healthy resilient child, especially during the attachment stage of development, is taught along with tools and techniques for proper discipline and healing parental mistakes. PaRC’s theory integrates family systems theory, attachment theory, cognitive behavioral theory and
neuroscience into a framework of cause and effect. All families are offered follow-up services if needed including home visits, private therapy, and relationship skills workshops for adults, teens and kids. Additional lectures throughout the year are held at PaRC including topic such as sibling rivalry, homework, safe body, and the ethics of mental health.

Community events include regularly showing films that increase pro-social behaviors such as “Bully.” Community events will also promote family social events such as hiking, playing games, and visiting local museums. The intention behind community events is to increase community wide awareness and promote cohesiveness for the community at large.

Youth are encouraged to find alternative channels for behaviors through mentor-student activities (Twemlow et al. 2008). Mentors in the community volunteer to spend time with youth assisting with homework, game playing, hiking, attending sports activities, art projects, etc. This models pro-social interaction. Mentors were used effectively in the “Gentle Warrior Project.” The use of mentors is suggested to be a mitigating factor especially for youth whose families cannot be involved, for example if a child has a single and overworked parent.

Program Evaluation

The bullying school climate questionnaire (See Appendix G) is administered to evaluate the effectiveness of the program on creating a safer school climate. This tool would be administered before the program is implemented and 6 months following the implementation of this program. The questionnaire would be given to all students
attending the school. The students would be instructed not to put their names on the survey. The measure categorizes gender and grade. Following this basic collection of data related to gender and grade, instructions on the scale inform the student that there is no right or wrong answer but to try to answer honestly. The scale has 14 items. The items are scored using a Likert scale ranging from 1-5, (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree). Reverse score items include 4, 5, 6, 8, 9, 10, 11, and 12. For reverse scoring 5 = 1, 4 = 2, 3 = 3, 2 = 4, and 5 = 1). Scores are added for the instrument and tallied for a total score.

The bullying school climate questionnaire for educators (see Appendix H) is a similar instrument but assesses overall attitudes regarding school climate before and 6 months following the intervention for educators and school staff. The questionnaire would be given to all staff. The staff would be instructed not to put their names on the questionnaire. In this population, gender is again considered. Following the gender classification, instructions on the scale explain that there is no right or wrong answer and to be as honest as possible. The measure uses the same Likert as the bullying school climate questionnaire. Reverse items are 4, 5, 6, 7, 8, 9, 10, and 11. Scores are added for the instrument and tallied for a total score.

Both evaluation tools seek to evaluate attitudes regarding bullying and overall school climate. Information gathered from the two time points seeks to reveal if attitudes change after the implementation of the program. Information would also steer future research and interventions needed.
CHAPTER V:  
CONCLUSION

Summary

Much research has been developed in regards to the construct of school bullying. This project conceptualizes school bullying as an interaction pattern based on attachment styles from childhood. This project also views the problem of bullying through the lens of family systems, that behavior does not occur in isolation but rather as a systemic outgrowth of a family system. By implementing family systems theory, encouraging empathy, emotional catharsis, and a corrective experience regarding attachment and pro-social behaviors, it is hypothesized to create more resilient and healthy children. Furthermore, using these tools, school staff will have heightened awareness for assessing, screening and understanding bullying behaviors. Having assessment tools in place to predict behaviors is a key step in reducing bullying behaviors. As effective assessment and predictive tools are currently lacking in the field, these tools seek to bring attention to bullying behaviors and hence prevention. The assessment tools allow those that are suffering to receive therapeutic services and hence reduce the ongoing damage incurred by school bullying behaviors.

Discussion

The project has limitations in regards to screening procedures and instruments used. Many screening measures use self-reports, which rely on students and families’
sometimes-faulty perceptions. The Predictor Scale is a new instrument, and therefore does not have demonstrated reliability and validity. Furthermore, the scale is subjective in that the individual doing the scoring chooses a “best guess” score for each childhood experience. Tracking and screening of students requires vigilant record keeping and long-term evaluation.

The school setting presents some limiting factors, primarily school size and a compliant staff. Larger schools may lack the personnel needed to enforce school policies. Furthermore the successful implementation of the program requires a willing and compliant staff. The staff will be required to allocate time for trainings, meetings and screen for aggressive behaviors. This requires more effort for a staff that is possibly already overworked and often not compensated adequately.

Due to these concerns and budget constraints, it is advisable that this program is selected to run as a pilot program in a few California schools in the Los Angeles area, then assessed for effectiveness and areas for improvement. It is hypothesized that through this program there will be some immediate gain in pro-social behaviors. The long-term goal is to decrease school violence and aggression by 50% as demonstrated in other bullying prevention programs.

**Evaluation**

This project seeks ongoing evaluation of its primary goals of decreased school bullying. Using pre and post test surveys with a Likert scale, overall attitudes at the school in regards to school climate and bullying behaviors will be assessed at various time points. As school performance has been associated with bullying behaviors (Walden
& Beran, 2010), evaluators will consider test scores before and after the implementation of the project. Finally reports of aggression will continue to be reported by schools. As part of the ongoing assessment, areas that show weakness will be further researched for improvements to better facilitate decrease in bullying behaviors.

Future Work and Research

This project provides a foundation for screening and assessment for aggressive behaviors based on an attachment model. However, more work is needed. Long-term studies tracking youths’ development and attachment styles using the Predictor Scale would enhance the development of designing effective intervention programs for bullying behaviors. Continual training is needed regarding making schools safe for LGBTQI. As school shootings have been on the rise, it is important to better understand factors that create “school shooters” so that these violent individuals can be identified and receive counseling. This has been a difficult undertaking as potentially violent individuals often suffer silently and are difficult to identify. The Predictor Scale provides a measurable tool to evaluate and identify these individuals, but may need some refining. The critical importance of tools to evaluate violent behavior through early detection and in order to provide preventive counseling (before it is too late) is undeniable.

Closing

In closing, continual need for further research is required. The fundamental aspects of caring and empathy implied in this project are not always quantifiable, but the intent is to facilitate change in students’ lives. To examine the more qualitative aspects of caring and
empathy, qualitative research is recommended. Alice Miller (1997) described the importance of an “enlightened witness” (para 5). She claims having one caring person in a persons’ life that allows the other to express their trauma, has a mitigating factor on that person’s life helping to restore mental health. It is in this context, that this intervention seeks to help those that suffer from bullying behaviors.
REFERENCES


Appendix A presents an example of a letter to the parents. The letter to the parents serves to keep parents informed of the school policy and consequences in regards to bullying, as well as the program being implemented, and ways of participation for family members. It seeks to both inform and involve families regarding the intervention.

Dear Parents,

This letter is to inform you that the local school will be part of a pilot program to eradicate bullying behaviors. This is an exciting wrap around program to create a safe school climate that is encouraging and supportive for all students. As part of the program, we encourage you to speak openly with your children regarding bullying behaviors. Be aware that the school will have a no tolerance for bullying behaviors. If your child engages in bullying behaviors, they will be sent to the school counselor and after the second offense you will be invited in to attend therapy. Other consequences for children who bully include that they would be enrolled into a service program rather than a normal suspension. By being of service to other students, those who bully would earn back their privileges.

The school will also be implementing screening procedures and assessments for harmful aggressive behaviors. Please note that the intention of the screening procedures is for safety and mental health of all children.
As part of the initiative, the school is sponsoring various community events to promote pro-social behaviors. You will be continually informed and invited to participate. Some of these events include community films, family hikes and picnics, and even a day at the beach.

We look forward to your participation and feedback.

Thank you,

Andrea Kotok, MFT trainee
APPENDIX B:

POSTER

Appendix B is an example of a poster that would be presented in a school. The image used on the poster is cited in references and was retrieved from the following website:


Mandatory School-Wide Assembly

Stop Bullying Now!
Special Guest Appearance by
Professional Snowboarder Shaun White

Find out school policy and what you can do to address school bullying.

Friday @ 11:05 am in MPR2

Snacks and games will be provided, but don’t be fooled by all the fun; this is serious business!
APPENDIX C:
THE PREDICTOR SCALE

Appendix C presents The Predictor Scale, a new measure developed by Dr. Faye Snyder. For this intervention it would be used to screen students along with informal interviews and descriptions from the CAPE team. The measure is based on some subjectivity, therefore Dr. Faye Snyder would train staff members on how to use it and score. The following are examples of where Dr. Faye suggested that some famous people might fall on the scale. On the following page (Appendix D) is the actual score sheet.

150  Jesus
140  The Buddha
130  Mother Teresa, Galileo, Nelson Mandela
120  Oprah Winfrey, Michelangelo, Albert Einstein
110  Barack Obama, John Bowlby, Alice Miller
100  Bessel van der Kolk, Peter Breggin, Mikhail Gorbachev
  95  B. Goldwater, Sam Harris, Donahue, D. Eisenhower
  90  Paul Newman, excellent marriages, careers, parenting
  85  Good self-reflection, constructive critical thinking
  80  Problem-solving, persistent, Amanda Knox
  70  Tom Cruise, courageous in pioneering, stuck in choices
  60  Focus on education and values, self-reflection
  50  Michael Jackson, great talent, self-defeating choices
  40  Compassionate to a fault or in business to a fault
  30  Major intuitive successes without a plan, risk of failure
  25  Tries to live the good life by the book, admiring others
  20  Financially responsible, lacking adventure
  10  Decent values, superstitious, lack of cause/effect thinking
    0  Average person, relationships, career, parenting, ethics
   -10  Represses feelings, more than average problems
   -20  Represses truth, holds secrets, loyalty ethic over values
   -25  Depression, anxiety, infidelity
   -30  Personality Disorders: Dependent, Obsessive Compulsive
Personality Disorders: Avoidant, Schizoid, Borderline, Narcissist, Paranoid

- Dominance or submission, exploitation, lack of empathy
- Lack of conscience, sociopathic, Bernie Madoff
- Bully, terrorist, gang member, Schizophrenic
- Schizophrenia, suicidality, terrorist, gang member
- Rapist, teacher of abuse, Dr. Schreber
- Child molester, child molester secret keeper
- Killer, abusive cult leader, Charles Manson
- Paranoid schizophrenia, psychotic mass murderer
- Mass murders: Hitler, Saddam Hussein, Joseph Stalin
- Jeffrey Dahmer, Richard Ramirez
- John Wayne Gacy
APPENDIX D:

PREDICTOR SCORE SHEET

Name:

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<thead>
<tr>
<th>PRENATAL ASSAULTS (-5 to 5)</th>
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<td>violence and toxins vs. wanted baby</td>
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<tr>
<th>BONDING/ATTACHMENT (-35 to 35)</th>
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<tr>
<td>Cold, Neglecting vs. Attuned (-15 to 15)</td>
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<tr>
<td>Broken vs. Continuous (-20 to 20) daycare, abandonment</td>
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<tr>
<th>DISCIPLINE/SEPARATION-INDIVIDUATION (-30 to 30)</th>
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<tbody>
<tr>
<td>Physical Abuse vs. Karmic Discipline</td>
<td></td>
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<tr>
<td>Age (-5 to 5) younger is worse</td>
<td></td>
</tr>
<tr>
<td>Severity (-5 to 5) frequency and degree</td>
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<tr>
<td>Sexual Abuse vs. Safe Affection</td>
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<tr>
<td>Age (-5 to 5) younger is worse</td>
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<tr>
<td>Severity (-5 to 5) frequency and degree</td>
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<tr>
<td>Emotional Abuse vs. Identity &amp; Confidence Building</td>
<td></td>
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<tr>
<td>Age (-5 to 5) younger is worse</td>
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<tr>
<td>Severity (-5 to 5) frequency and degree</td>
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<th>ETHICS (-30 to 30)</th>
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<tr>
<td>Repression vs. Expression Ethic (-15 to 15)</td>
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<tr>
<td>Blaming/Judging vs. Personal Responsibility (-15 to 15)</td>
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<tr>
<th>SUBTOTAL</th>
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<table>
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<tr>
<th>COMPOUNDING &amp; MITIGATING FACTORS (-100 to 100)</th>
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<tbody>
<tr>
<td>arrogance, substances, Rx vs. therapy, meditation</td>
<td></td>
</tr>
<tr>
<td>TOTAL (-150 to 150)</td>
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</table>

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Designated Issue of Concern:

Relevant History:

Interpretation:
APPENDIX E:

REFERRAL SOURCES

Appendix E is a source for referrals. This can be used as a guide for counselors, therapists and teachers to provide youth with appropriate sources to acquire assistance and support.

Referral Sources:

http://www.resourcedirectory.com/

http://www.glsen.org/

http://www.thebullyproject.com/

http://www.stopbullying.gov/

tp://www.thetrevorproject.org/ - provides crisis intervention for LGB

http://www.theparcfoundation.com/

National runaway safeline 1 (800) RUN AWAY

http://www.1800runaway.org/youth/nrs_can_help/referrals/

http://us.reachout.com/

http://nationalsafeplace.org/- Provides youth with a safe place to go
APPENDIX F:
PARENTING CLASS FLYER

Appendix F presents a flyer for the parenting classes that are offered at the PaRC foundation. This is to be used as part of the services that addresses psycho-education for parents including attachment and discipline. Topics covered in the 8 week series include (1) how to make a personality (2) preventative diagnosis (3) healing (4) stages and ages (5) imprinting (6) faith parenting (note, this does not refer to religion but faith in a child’s abilities) (7) discipline and (8) relationship skills.

The following material is taken from the PaRC Foundation website:

“The Parenting & Theory Class is where we discover how we became the way we are and how we can change or improve. The Parenting & Theory Class is a theory class about developmental psychology.

This eight-week series is intended for parents, family members, caregivers and anyone who wants to learn more about personality development and raising children for greatness as well as healing from childhood pain. Originally called The Miracle Child Parenting Series this course is dedicated to the development of healthier, happier, smarter, and more compassionate children by fine-tuning parental awareness. Parenting is our most important endeavor. The way in which we parent our children, as the well as the way we were parented, sets them up for success or struggle.

The Parenting & Theory Class corrects many false assumptions before the therapist-client dialogue begins. The Parenting & Theory class is not just for parents. We were all affected in childhood by our parenting and self-reflection requires awareness of the causal relationship between how we were parented and how we navigate the world as adults.”

“This class will accelerate your understanding of what must be done and why. It saves time and money. When you enroll in the class your work has begun. It is also available live or on DVDs and CDs.”

Tri-fold flyer appears on the following two pages.
The Founder

Dr. S. Faye Snyder is a psychologist and family therapist who prefers to be called Dr. Faye. She originated The Causal Theory on the formation of personality based upon simple cause and effect in the child's early life. She received her BA in Political Science from the State University of New York at Stony Brook and spent one year doing graduate work in sociology at New York University before she decided to become a therapist. She received her master's degree in marriage, family, and child counseling from California Graduate Institute in Westwood and her doctorate from Brynma College of Psychology. However, her real credentials come from the wisdom anyone attains in transcending a difficult childhood and in successfully raising their own healthy child.

Dr. Faye's theory has dual intentions: (1) to contribute to the field insights that accelerate healing and (2) to put state-of-the-art psychology into the hands of parents. She formulated The Handbook and The Class, formerly known as The Miracle Child Parenting Series in 1988 when she founded The Institute for Professional Parenting (IPP), now known as PaRC. It was from this same outline of The Class that The Manual was born, a comprehensive reference book for parents and psychotherapists.

Dr. Faye is happily married to Ron, a quiet, gentle man. Together they raised their own child, Scott, according to The Theory. He is now professionally known as Scott Clifton. She has also trained a team of Causal Therapists in the Snyder Causal Theory and Technique (SCTT), who have also done The Work at PaRC. PaRC is also presently training more therapists who have already done The Work themselves. So, PaRC has a team of therapists and interns providing the best in therapy for a price you can afford.

The Philosophy

The Class draws from the best of psychology and the social sciences. The Class provides a bridge by which the general public can enjoy access to state-of-the-art information on parenting in a form that is easy to understand and apply. It can enrich the parenting skills of any parent.

We believe that children are born good. They flourish when parents have faith in them and encourage them with love. Children are, for the most part, naturally self-correcting when not self-conscious or in fear of judgment. They provide us with a mirror of ourselves, for their actions will be a reflection of ours. We learn to "read" their behaviors and then apply strategic corrections, if necessary.

We are committed to healing abuse in all its forms. We hold that the abusing parent was an abused child. Without education the cycle goes on because the parent has not been healed and sees no real alternatives. What we have learned by studying child abuse informs us in reverse how to raise a gifted child.

The Class is dedicated to the development of healthier, happier, smarter and more compassionate children by raising parental awareness. Parenting is the most important endeavor. We can change the world by changing the family. We hope our children will become models who will generate a chain-reaction around the world.

Parenting According to The Causal Theory

Presented by Parenting and Relationship Counseling Foundation

Changing Lives for Good

PaRC Counseling Foundation

15690 Devonshire St - Suite 210 - Granada Hills, CA 91344
Services started: (818) 894-8477
Get Started: info@PaR Cfoundation.com

thePaRCfoundation.com

73
The Class
Current schedule available online.

Week 1:
How to Make a Personality
Lecture
This lecture is an overview of the entire course in developmental psychology, starting with the basic theories. The textbook will be available to help students follow the lecture, so they don't have to take notes. We are asking for a donation of $50. We provide an overview of the necessary ingredients in the healthy childhood, which include attachment, empathy, secure attachment, confidence (to create need), both in the child's ability to learn from experiences through discovery, authentic expression of feelings and thoughts, and healthy discipline.

Week 2:
Preventive Diagnosis
Lecture
In this compelling lecture students learn personality types and disorders and how to create them by parenting, as nearly all the disorders are created by well-intentioned parents who think they are doing the right thing. It is designed to teach students how to recognize their children and all others. Herein, the field of psychology has been reluctant to teach diagnosis to the lay population. Our goal in teaching diagnosis to parents is prevention. We believe that by teaching parents how to create personality disorders, they will fully understand the results of their actions, realizing not to use such techniques again. This class is also designed to inspire collective social responsibility for all our bodies so we may take stronger measures to solve the problems which lead to criminal behavior.

Week 3:
Healing
Lecture
As parents, our job of healing is twofold. Knowing that our uncontrolled past may unconsciously be repeated, our job is to become self-aware, understanding the roots of our assumptions and drive so that we may be our own designers. Our second job is to perceive our children so that we may help them self-correct. Where healing is needed, this class is designed to teach the student how to healing works, as our parents have the most power to create healthy children as well as heal our own children. In this class we learn about the psycho-spiritual process of healing which occurs in an environment of love, support, empathy and understanding, in order to heal one will need to exercise four tools: love, truth, faith in our redeemable physiological design, courage and humility.

Week 4:
Stages and Ages
Lecture
Children have varying physical, mental, and emotional needs, which differ from parents' needs. This class outlines for parents levels of reasonable expectations. Among other topics, we will cover bonding, attachment, the formation of identity, eating, and self-esteem. We will also cover learning, talking, reading, writing, listening, reasoning, motor skills, and powerlessness. This class covers child development from birth to young adulthood.

Week 5:
Imprinting
Lecture
This is a theory which is profound yet simple. It fundamentally accounts for the source of behavior, attitudes, and beliefs we learn to see clearly that the root of our child's actions is our own actions. Like a mirror, clarifying our children is an opportunity to observe ourselves.

Week 6:
Faith Parenting
Lecture
An important aspect of our theory of child rearing is having faith in our children's ability to learn by experience and from their own mistakes. This important aspect of the theory is based upon the premise that all children are born good and when we raise them correctly, with faith that they will learn best by experience, there will be far less need for discipline. When we faith parent, we are more relaxed, allowing the child to explore, solve problems and learn from their own mistakes. We also learn to set necessary boundaries which provide security and protection.

Week 7:
Discipline
Lecture
You will learn what to tell your child, what to discipline and how to quickly and correctly respond to the way children test their limits. When you respect your children are born good and you raise them in a state of faith, minimal discipline is necessary. If you model good ethics yourself, when a discipline is attached has been interrupted or the child has never been securely attached, the child will need healing and the parent will need expertise in corrective discipline techniques. Ultimately lead the child to insight and self-control. When parents become too far children will emit class that they need discipline, strength, and consistency, for which we offer state-of-the-art techniques. On the other hand, if your child has been exposed to poor role modeling, scared, over-controlled, dominated or abused you have already learned how to head the resulting behavior in Week 3.

Week 8:
Relationships and Graduation
Lecture
The relationship between parents is the prototype for all relationships. There are significant dysfunctional concepts that permeate our society and can harm the quality of our interactions. In this lecture we learn principles that give life to a relationship and aid in safe and healthy communication, as well as ethics and problem-solving skills. We believe every family inherently possesses this knowledge, which they can pass on to future generations. Relationship skills show up on the playground, either way.

Week 9:
Intelligence
Lecture
Offered Annually to Graduates
Lecture and Discussion
There is a need that parents can do to enhance their child’s intelligence, starting at birth and continuing through bonding by “talking to the baby out”. We will also look at the role of curiosity and self-esteem in the development of intelligence. We believe the source of intelligence, as well as wisdom, is pure perception of intuition and experience. We will discuss ideas and strategies from which naturally arise the ability to comprehend, generalize and express thoughts according to The Way of All Things (ancient concepts in physics, chemistry and all sciences, as well as human behavior). The child already possesses clearly the “what”, and it is up to the parent to give him the experiences, comparing them to what the child already knows. Therefore, the aware parent co-creates significantly higher intelligence within the child.

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Please circle your gender and current grade.

Gender: Male (0) Female (1) Other (2)

School Year: Grade 7 (1) Grade 8 (2) Grade 9 (3)

Please circle the number that matches your response. Respond with your opinion on bullying. There are no right or wrong answers to these items, only your opinion.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am the victim of bullying behaviors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I bully others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I witness others bullying each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I am willing to report to an adult when I see bullying behaviors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Other students treat each other kindly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. People treat LGBTQI youth with respect at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I have skipped school for fear of being harassed by other students.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I am aware of the school policy in regards to consequences for bullying others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. I am able to openly talk with my family members regarding bullying at my school. | 1 | 2 | 3 | 4 | 5 |
10. People treat each other with respect at my school. | 1 | 2 | 3 | 4 | 5 |
11. I am able to openly talk with teachers regarding bullying at my school. | 1 | 2 | 3 | 4 | 5 |
12. People treat others who are different with respect at my school. | 1 | 2 | 3 | 4 | 5 |
13. People with disabilities are bullied at my school. | 1 | 2 | 3 | 4 | 5 |
14. I have not attended school, because I didn’t feel good for fear I would be bullied at school. | 1 | 2 | 3 | 4 | 5 |

Reverse score items 4, 5, 6, 8, 9, 10, 11, and 12 (5 = 1, 4 = 2, 3 = 3, 2 = 4, and 5 = 1), then add scores for the instrument. Items are tallied for a total score by adding each of the items together.
Please circle your gender.

Gender: Male (0)  Female (1)  Other (2)

Please circle the number that matches your response. Respond with your opinion on bullying. There are no right or wrong answers to these items, only your opinion.

<table>
<thead>
<tr>
<th>1. I witness students engaged in bullying activities.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I am unsure of how to intervene with students involved in bullying behaviors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I have witnessed children being picked on because they seem different than others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I am aware of the impact of language on LGBTQI youth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Students treat each other kindly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. People treat LGBTQI youth with respect at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. As a teacher, I am aware of the school policy in regards to consequences for bullying others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</tr>
<tr>
<td>8. Students treat each other with respect at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Teachers treat students with respect at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Students are open to discussing bullying behaviors with teachers at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. People treat others who are different with respect at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. People with disabilities are bullied at my school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Reverse score items 4 through 11 (5 = 1, 4 = 2, 3 = 3, 2 = 4, and 5 = 1), then add scores for the instrument. Items are tallied for a total score by adding each of the items together.