

Bullying Prevention: Strategies to Support Statewide Collaboration Webinar



**Monday, December 6, 2010
1:00-2:30pm EST**



**NIHCM
Foundation**

Featured Speakers:

Susan P. Limber, PhD

Janice Seigle, MPM

Matthew Masiello, MD, MPH

Moderator:

CAPT Stephanie Bryn, MPH

On your telephone please dial: 1-866-835-7973

Welcome

Kathryn Santoro
National Institute for Health Care
Management

Ellen Schmidt
Children's Safety Network National Injury
and Violence Prevention Resource Center

Webinar Goals

- To raise the awareness among the participants and their partners about the topic of bullying prevention and to show a successful example of a non-traditional partnership to achieve mutual goals.
- To encourage participants to take the lessons learned here and your own experiences and contacts and develop your own partnerships to address bullying in your community.

Maximizing Partnerships

CAPT Stephanie Bryn, MPH

Director, Injury and Violence Prevention

HRSA, MCHB

Stop Bullying Now! Campaign



Speakers

➤ Susan P. Limber, PhD

- Sue Limber is a developmental psychologist and professor at Clemson University, whose research focuses on the nature and prevalence of bullying among children and youth and effective strategies for prevention and intervention. She has provided consultation to the Stop Bullying Now! Campaign since its inception.

➤ Janice Seigle, MPM

- As strategic corporate initiatives director, Janice Seigle manages the partner relationships and projects that comprise the Highmark Foundation's bullying prevention initiative.

➤ Matthew Masiello, MD, MPH

- Dr. Masiello is a pediatrician and public health professional. He is the director at the Center for Health Promotion and Disease Prevention, Windber Research Institute, Windber , PA.

Begin where you are

- and **build, build, build**
- If they own the problem **and** are part of the solution then projects and programs grow.



Stop Bullying Now! Campaign

- 80 active partners such as:
 - American Camp Association
 - FBI Community Outreach Specialists
 - Police Athletic League-Sheriffs
 - AMA Alliance
 - American Academy of Pediatrics, Psychiatry
 - Home Extension Services
 - Media-Cartoon Network
- www.stopbullyingnow.hrsa.gov

Your Task Force or Work Group

- Governor, Mayor, State Rep., Health Officer
- Police, School Resource Officer, Youth, PTA, School Board, and health, safety, education, mental health & faith professionals
- Youth organizations-Boys & Girls Clubs, Boy & Girl Scouts, NOYS, school & community clubs
- Champions, First Ladies, Junior League
- Industry, Businesses, Hospitals, Foundations, Chamber of Commerce

What We Know About Bullying Among Children & Youth

Susan P. Limber, PhD
Clemson University



Bullying...

- Is aggressive behavior that intends to cause harm or distress.
- Usually is repeated over time.
- Occurs in a relationship where there is an imbalance of power or strength.

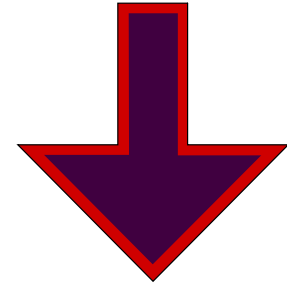
What Is/Isn't Bullying?



Myth: Bullying is the same thing as conflict.

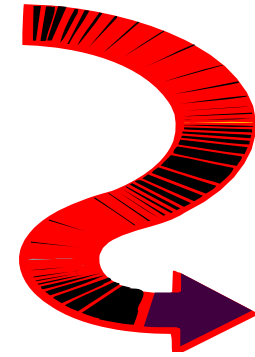
Reality: Conflict involves antagonism among 2+ people. Any two people can have a conflict. Bullying only occurs where there is a power imbalance.

Direct Bullying



- Hitting, kicking, shoving, spitting...
- Taunting, teasing, racial slurs, verbal harassment
- Threatening, obscene gestures

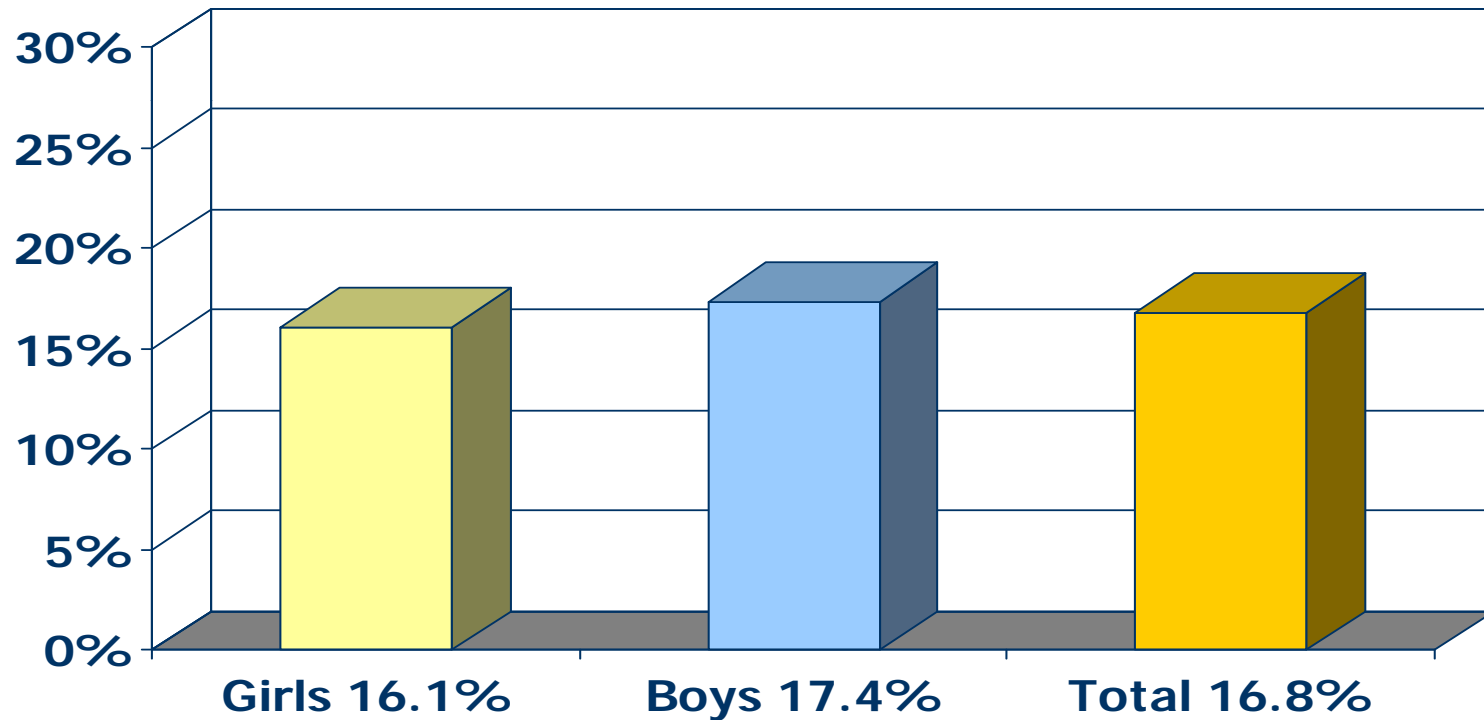
Indirect Bullying



- Getting another person to bully someone for you
- Spreading rumors
- Deliberately excluding someone from a group or activity
- Cyber Bullying

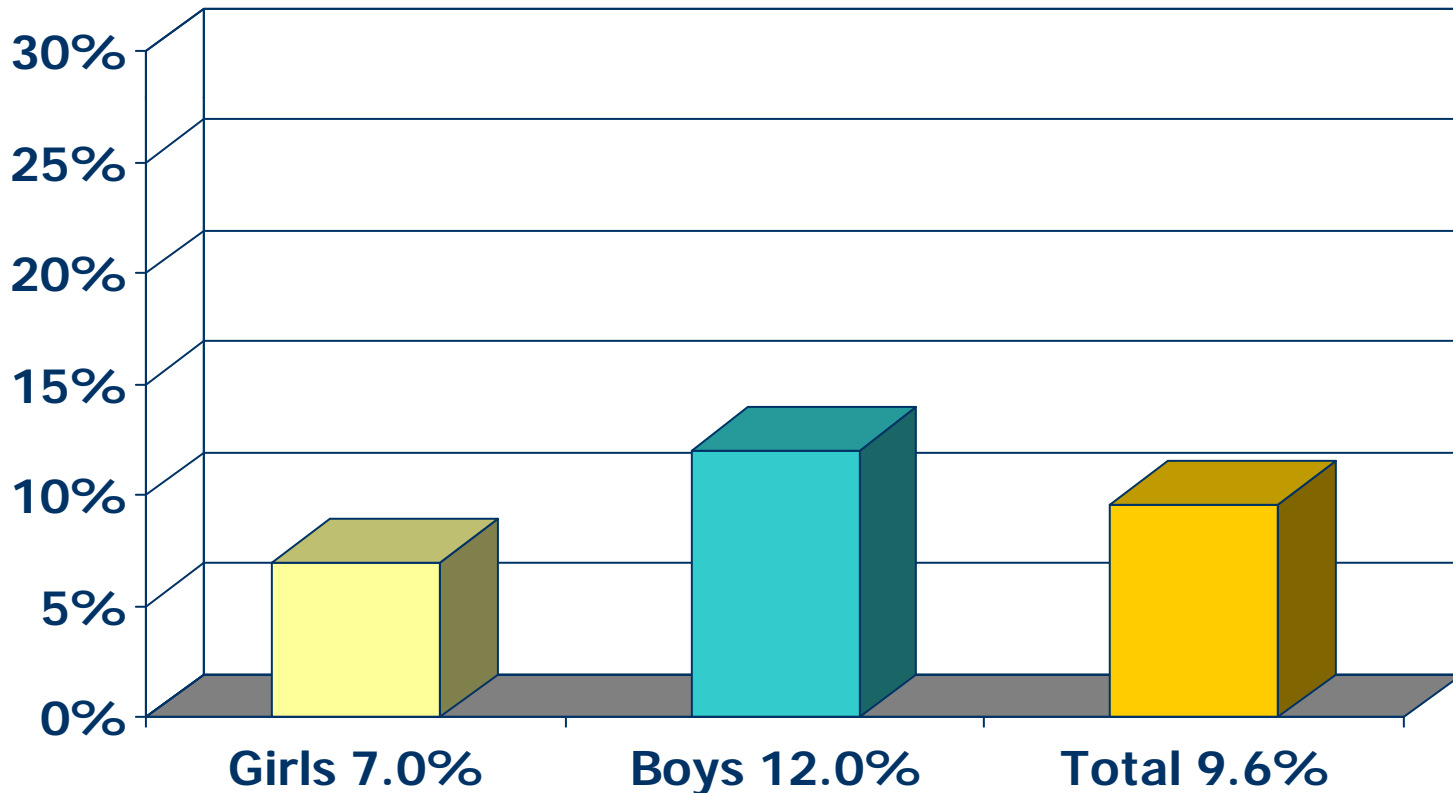
Percentage of Students Bullied

2-3 times/month or more (Olweus & Limber, 2010)



Students in grades 3-12; N = 524,054

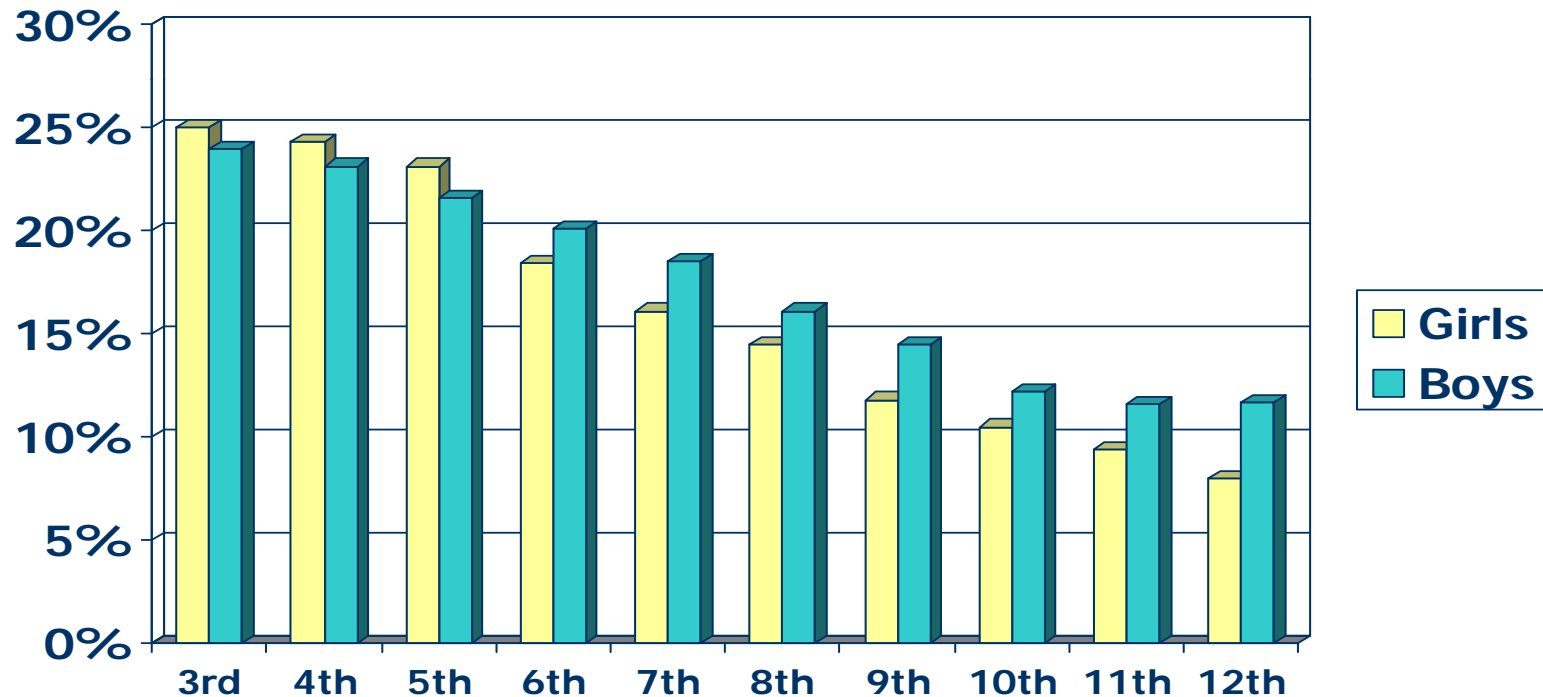
Percentage of Students Who Bully Others 2-3 times/month or more (Olweus & Limber, 2010)



Students in grades 3-12; N = 524,054

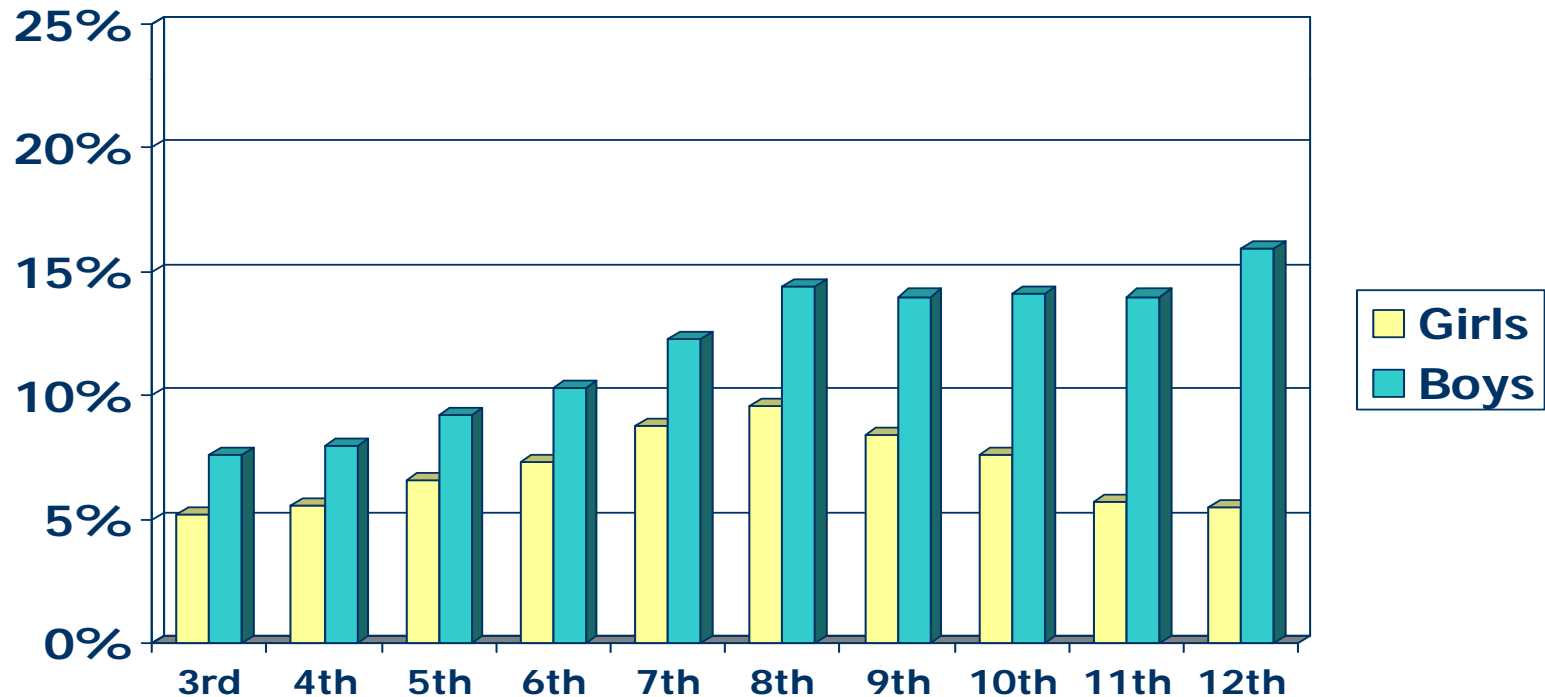
Bullied Students: Grade Trends

2-3 times/month or more (Olweus & Limber, 2010)



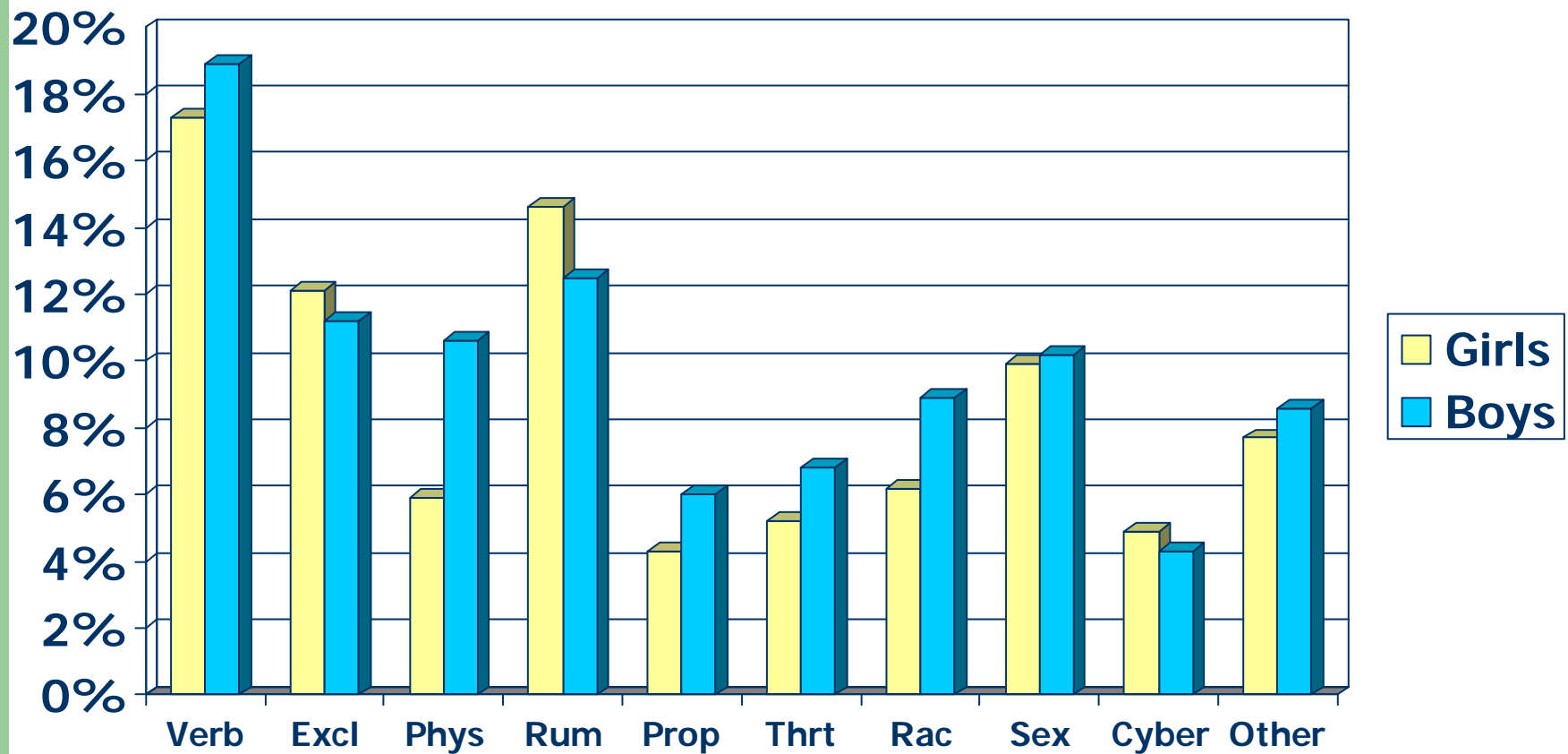
Students Bullying Others: Grade Trends

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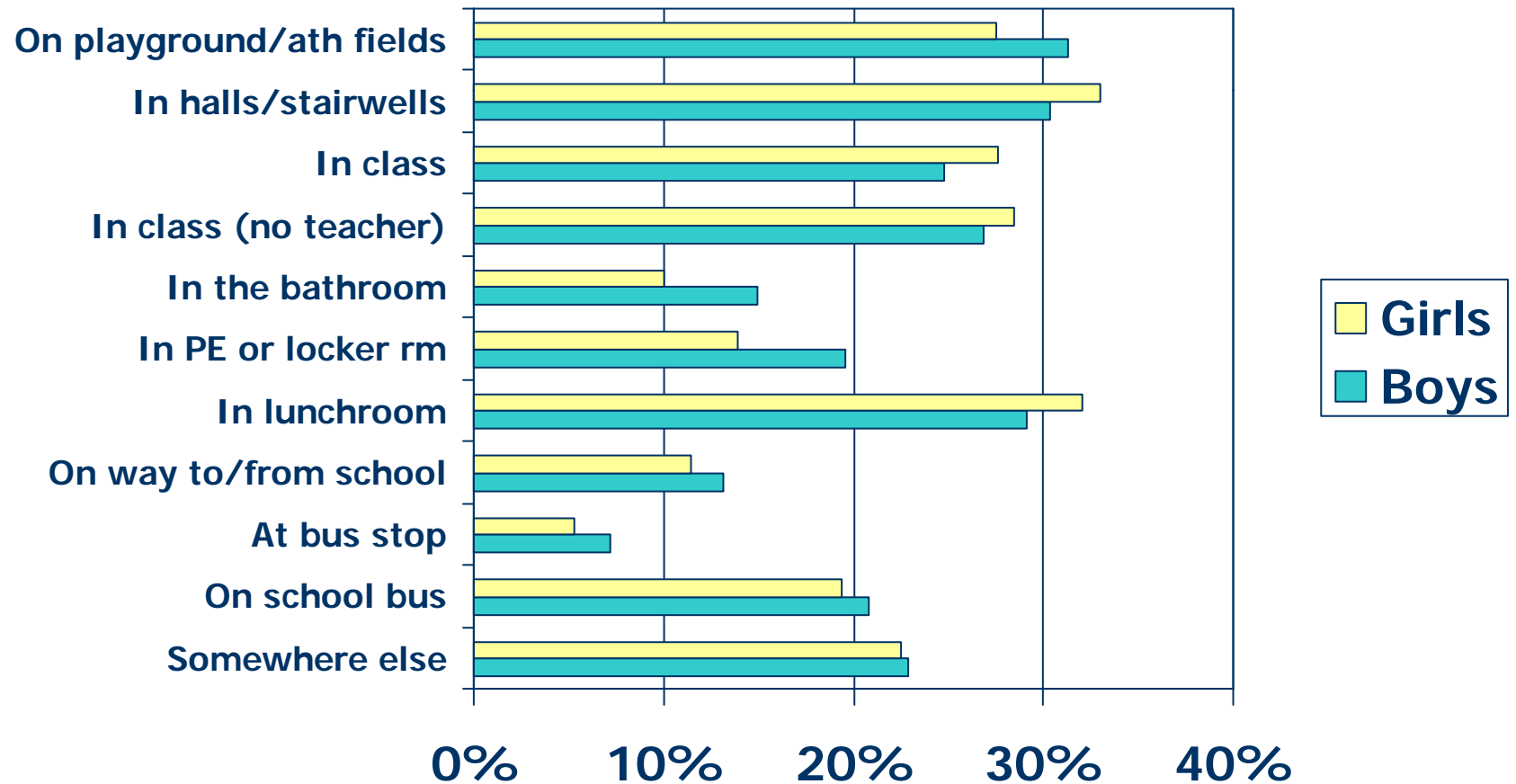
How are Boys and Girls Bullied?

(Olweus & Limber, 2010)



Where the Bullying Has Occurred

(if bullied once or more)



Short-Term Effects of Bullying on Victims

- Lower self-esteem
- Higher anxiety and depression
- More suicidal ideation
- Higher rates of illness

Health Consequences of Bullying

(Fekkes et al., 2003)



	<u>Bullied</u>	<u>Not bullied</u>
Headache	16%	6%
Sleep problems	42%	23%
Abdominal pain	17%	9%
Feeling tense	20%	9%
Anxiety	28%	10%
Feeling unhappy	23%	5%
Depression scale		
moderate indication	49%	16%
strong indication	16%	2%

Bullying, School Engagement & Academic Achievement



- Bullied children are more likely to:
 - Want to avoid going to school
 - Have higher absenteeism rates
 - Say they dislike school; receive lower grades

Long-Term Effects of Bullying

- Lower self-esteem
- Higher rates of depression



Children Who Bully are More Likely to:

- Get into frequent fights
- Be injured in a fight
- Steal, vandalize property
- Drink alcohol
- Smoke
- Be truant, drop out of school
- Report poorer academic achievement
- Perceive a negative climate at school
- Carry a weapon

Longitudinal Study of Children who Bullied Others (Olweus, 1993)

- 60% of boys who were bullies in middle school had 1+ conviction by age 24.
- 40% had 3+ convictions.
- Children who bullied were 4 times as likely as peers to have multiple convictions.

Best Practices in School-Based Bullying Prevention & Intervention

1. Focus on the school's social environment
2. Assess bullying
3. Garner staff and parent support
4. Have a representative team coordinate efforts
5. Train all staff
6. Establish and enforce rules and policies
7. Increase adult supervision in "hot spots"
8. Intervene consistently and appropriately
9. Focus some class time on prevention
10. Continue efforts over time

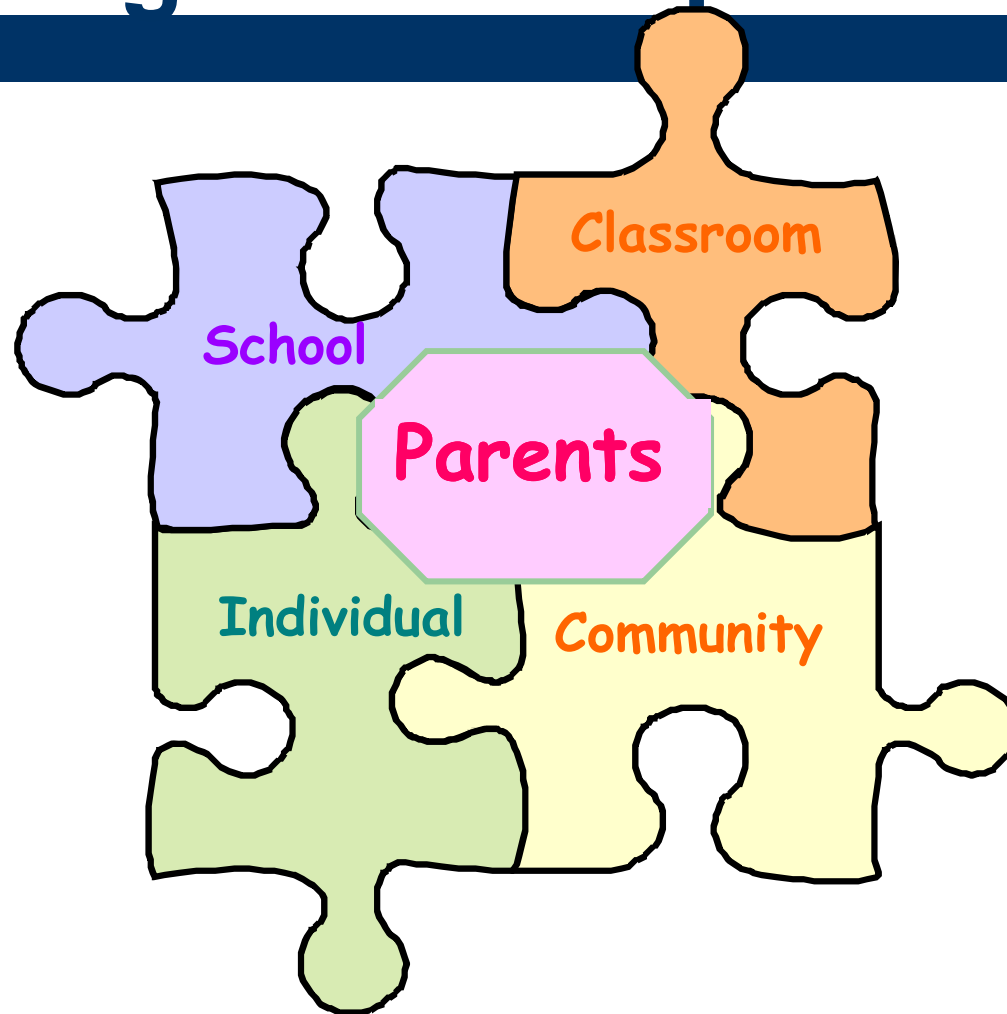
Misdirections in Bullying Prevention & Intervention

- Zero tolerance (student exclusion) policies
- Conflict resolution/peer mediation
- Group treatment for children who bully
- Simple, short-term solutions

Evaluation of Bullying Prevention Programs

- Ttofi & Farrington (2008, 2009) meta-analysis:
 - Rigorous study (included 30 programs, 59 studies, 200+ participants in each)
 - Conclusions:
 - School-based programs can be effective (20-23% reduction of bullying).
 - There are variations in the effects of different programs.
 - Those “inspired by the work of Dan Olweus worked best.”

The Olweus Bullying Prevention Program: Components



The Olweus Bullying Prevention Program Is...

- Designed for all students
- Preventive and responsive
- Focused on changing norms and restructuring the school setting
- Research-based
- Not time-limited: Requires systematic efforts over time

Recognition of the Olweus Bullying Prevention Program

- Blueprint Model Program (Center for the Study & Prevention of Violence)
- Effective Program (OJJDP)
- Level 2 Program (US Dept. of Education)

Highmark Foundation Leading a Large Population-Based Bullying Prevention Initiative

Janice E. Seigle, MPM
Strategic Corporation Initiatives Director
Highmark
janice.seigle@highmark.com



Today's Presentation

- Background: Highmark/Highmark Foundation
- Bullying Prevention initiative components
- Forming a coalition to expedite process
- Observations and lessons learned
- Future role for Highmark Foundation in PA bullying prevention and beyond

About Highmark Inc.

- Pittsburgh based
- Serving 32 million nationwide through health care, dental, vision and customized supplemental health products businesses
- \$13.9 billion total 2009 revenues
- Insuring health care for approximately 4.4 million within PA
- \$143 million in support of corporate mission
- Supporting community programming in 49, PA counties served by Highmark

About Highmark Foundation

- Founded in 2000 and solely funded by Highmark Inc.
- 2006 launch of Highmark Healthy High 5, a \$100 million, five-year initiative to support 5 critical areas: nutrition, physical activity, grieving, self esteem and bullying prevention.
- Pursuing the following goals:
 - Raising Awareness – Changing Behavior – Creating Supportive Environments

Initial Rationale and Strategies to Reduce Bullying Behavior

- Bullying, a serious public health issue, ultimately impeding ability of children to learn and to succeed.
- Dedicated to reducing incidents of bullying in 49-county service area through evidence-based solutions that help engender healthy behaviors in children.
- Convening and supporting leading experts and community leaders to:
 - Raise awareness of bullying prevalence and impact
 - Develop and implement strategies to support bullying prevention efforts

Refining the Approach

- **Changing Behavior:** Grant making to improve school climate through funding wide-scale OBPP adoption
- **Raising Awareness:** Media Campaign & Parent Engagement
- **Creating Supportive Environments:**
 - Increasing capacity through the Highmark Healthy High 5 Bullying Prevention Institute
 - Coalition building



A bullying prevention program

PA CARES

A bullying prevention program

Windber Research Institute 3-year Grant

District-wide adoption of OBPP & evaluation – HALT!

Districts *invited* on regional basis: Erie, Pittsburgh, Cambria, Harrisburg

Center for Safe Schools 3-year Grant

School-wide adoption of OBPP & evaluation – PA CARES

All schools that qualify are accepted based on completion of Readiness Assessment and on-line application



BULLYING
PREVENTION
INSTITUTE
empowering change in schools

Made possible through
funding provided by
HIGHMARK
healthy high 5. 
An initiative of the Highmark Foundation



A bullying prevention program

PA CARES

A bullying prevention program

Highmark Healthy High 5 Bullying Prevention Institute

Educational forums

Expert Panel

Support for Adopters

Document Impact

Website: www.bullyingpreventioninstitute.org



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Bullying Prevention Institute Elements

Website

- Resources
- Hyper Links
- On-line Registration
- Webinar Capability
- Outcomes data dissemination

Educational Forums

- Hershey PA Inaugural Event
- BP 101 and 201
- Coordinating Committee Workshops

Expert Panel

- Comment and Insight on proposed strategies
- Create linkages to emerging best practice
- Recommendations on strategy development



Document Impact

- Statewide Studay
- Abstracts and Publication
- Case development for future funding and engaging stakeholders

Support Adopters

- Resources for OBPP implementation
- Continuing Ed credit sessions
- Grant Opportunities (PA CARES)
- Welcome Kits

Bullying Prevention Institute: Building Capacity

1,800 attendees Since 2007 Summit Launch, Hershey Lodge, Hershey PA

– 2008-2009 School Year:

- » BP 101 Regional Sessions
- » Coordinating Committee Workshops
- » OBPP Trainer Recertification Program

– 2009-2010 School Year:

- » BP 101 & 201
- » Coordinating Committee Workshops
- » Membership Benefits

Current Year BPI Focus

- **Current School Year:**
 - School Certification Program
 - Implementing a hybrid approach
 - Documenting/publishing success

Raising Awareness

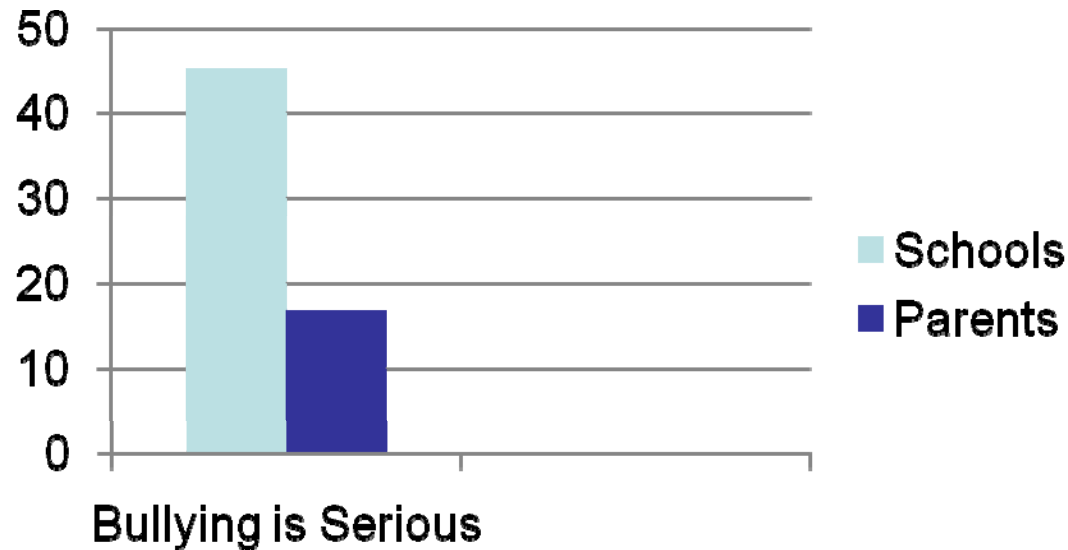
- Parent Engagement
 - Awareness Study
 - Parent Advisory Group
- Media Partnerships
 - TV Town Hall Meetings
 - Media Campaigns

TAKE THE TIME • TALK TO YOUR KIDS
TACKLE BULLYING

Research Results on Awareness

- In 2009, 45.2% of school teachers and professional staff thought bullying was a serious issue (*very serious or serious*) in their school.
- Only 16.8% of parents thought it was serious.

(This pattern has occurred in earlier surveys as well.)



Parent Advisory Group Input

From a survey following the final session:

- On average, parents were 20% more aware of programs being offered by their child/children's school that address bullying.
- Parents were at least twice as likely to have reported talking to their children about bullying.
- Bullying was discussed more often with younger children than older/high school-aged children since these parents consider bullying more prevalent in the younger ages.

Issues for Parents

- Parents wanted specific ways in which to address bullying with younger children and older children.
- Most felt schools were not doing enough about bullying.
- When parents talked with children, they learned that bullying was much more prevalent.

Further Resources

- www.highmarkhealthyhigh5.org
- www.bullyingpreventioninstitute.org
 - Resources: “Companion Bibliography (for OBPP), Grades K-12,” and “Bullying Prevention: A Statewide Collaborative That Works”
 - About: “PA CARES Schools,” and “HALT! Schools”
- www.safeschools.info/pacares
- www.wriwindber.org

Key Partnerships

- **Windber Research Institute Center for Health Promotion and Disease Prevention**
 - 4-year funding to implement HALT!
 - BPI content development and execution
 - Public Health Model overlay: documenting progress
- **Center for Safe Schools**
 - 4-year funding to implement PA CARES
 - Capacity building:
 - BP Trainer Network;
 - Program fidelity
 - Parent support strategy development


...and Critical Partners

- Dr. Susan Limber, Clemson University: Innovations as part of the Olweus Model
 - OBPP Quality Assurance
 - Trainer Recertification
 - Expert Panel participation
- Dr. Dan Olweus, OBPP founder, University of Bergen, Bergen Norway
 - Expert Panel participation
 - Validation, endorsement
- Dr. Jerry Zahorchak, former PA Secretary of Education
 - Expert Panel participation
 - School Climate Standards

Coalition Building: Brick by Brick, Face to Face

- Differences: federal agencies, health promotion hospital, private foundation, academia
 - Tugboats vs. freighters
 - Time lines and time warps
 - Networks
 - Consistency/commitments
- Importance of passionate change agents

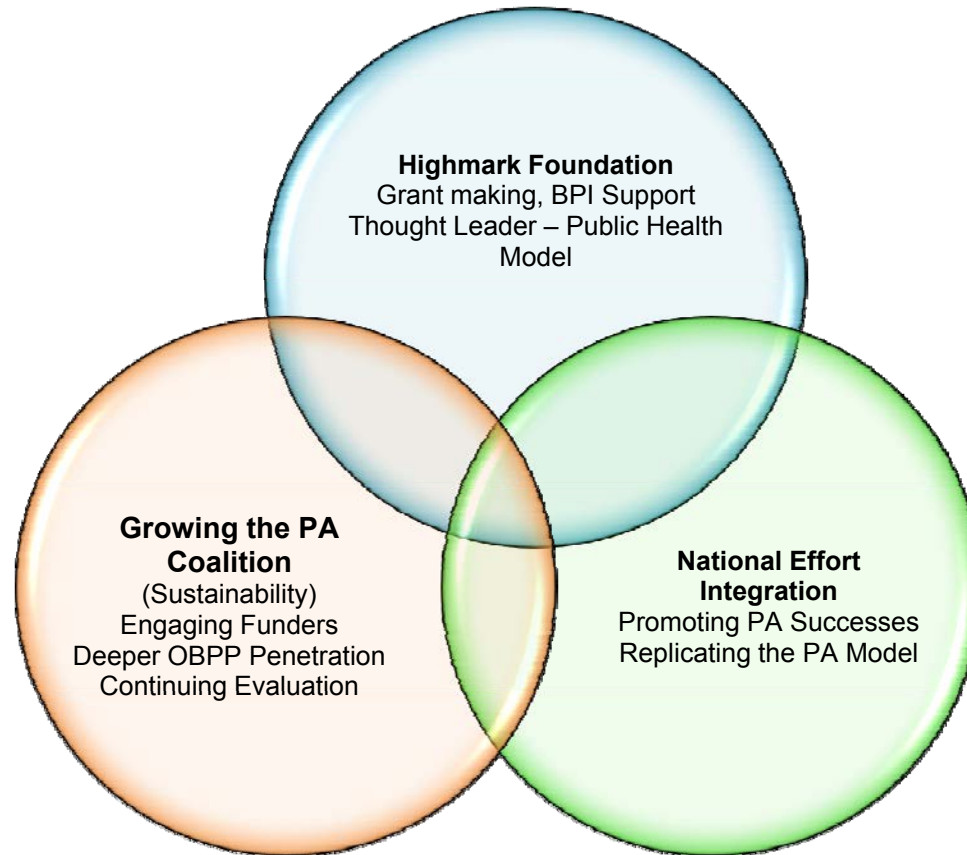
Collaborating With Success

				RESULTS
Consensus on Vision	Expertise or Know How	Resources and Assets	Evidence-based Solutions	Desired Outcomes
X	Expertise or Know How	Resources & Assets	Evidence-based Solution	Disorder Lost Interest
Consensus on Vision	X	Resources & Assets	Evidence-based Solution	Disagreement Poor Implementation
Consensus on Vision	Expertise or Know How	X	Evidence-based Solution	False Starts Lost Impetus
Consensus on Vision	Expertise or Know How	Resources & Assets	X	Slow Progress Minimal Results

Lessons Learned

- Agree on long-term Vision while achieving short-term wins
- Be flexible as partnerships shift and timelines wander
- Allow for autonomy and different views from different perspectives
- Lean on the content experts
- Earn buy in from senior management
- Narrow the focus to afford high impact
- Build relationships all along the food chain
- Demonstrate impact to engender sustainability

Exploring Future Roles: Intersecting Gateways





Matthew Masiello, MD, MPH

Director

Center for Health Promotion & Disease Prevention

Windber Research Institute

Windber, PA





A Public Health Approach to Bullying
Prevention
The Pennsylvania Initiative



Today's Objectives

- Endorsement of the public health model as the foundation to the successful implementation of large population based bullying prevention initiatives
- Historical review of the Pennsylvania Bullying Prevention initiative



Goal of the HHH5 bullying prevention effort

Produce a positive change in school climate

- Reduce bullying behavior
- Improve student perception of teacher effectiveness in preventing and intervening in bullying situations
- Increase rate at which students actively intervene in support of their peers



Cambria County Data– The early years

Bullying rates ↑

“It is interesting to note that in the first year of baseline data accumulation, 24% of students reported being bullied, whereas 0% of the students reported bullying anyone.”



Cambria County Data– The early years

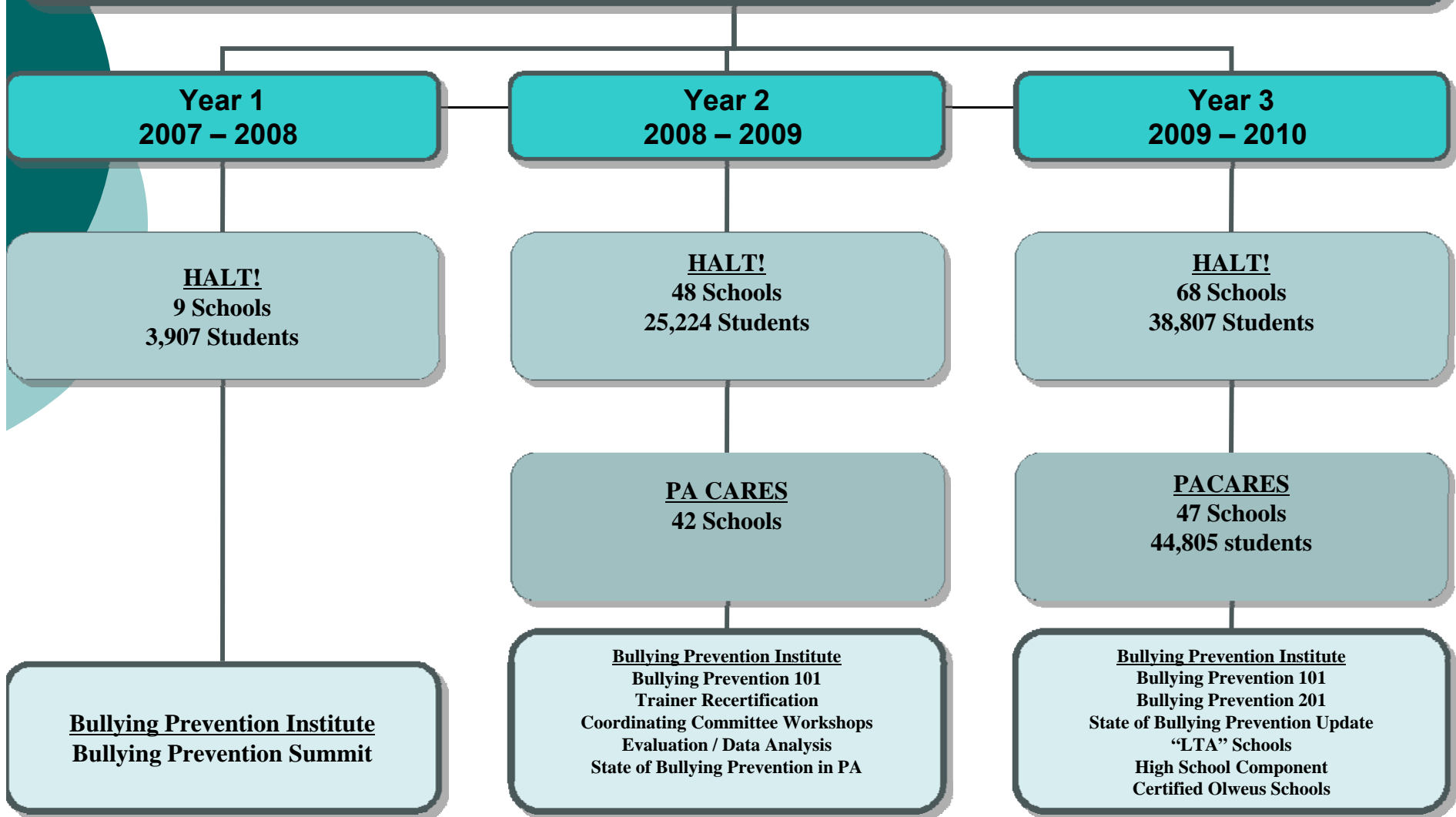
- After three years - elementary school students, there was:
 - 73% increase in telling a friend or relative
 - 44% increase in telling a parent
 - 29% increase in telling a school official.
- For middle school students
 - 66% increase in telling a friend or relative,
 - 99% increase in telling a parent
 - 22% increase in telling a school official.




Cambria County Data– The early years

- Increase in the number of students that would try to help someone being bullied after two years of the program
 - 68% elementary school and 48% increase for middle school.
- Increase in student perception regarding teacher responsibility to stop bullying.
 - Elementary school - increase of 16%
 - Middle school - increase of 8%.
- After three years - a decrease in the number of students with 0 or 1 friend
 - elementary school (28%) and middle school (30%).


Highmark Foundation Healthy High 5 Bullying Prevention Initiatives Project Timeline






HALT! Outcome Data 2007-2009

- Almost universally across age groups and cohorts students were **less** likely to feel that their teacher had done little to address bullying.
- Changes ranged from 11% to 53%.



HALT! Outcome Data 2007-2009

- Reductions in self-reports of bullying others were seen in almost all age groups and cohorts.
 - There were particularly promising results seen in high schools, where reductions ranged from 15-39%.



HALT! Outcome Data 2007-2009

Students' attitudes about bullying-

- Across most groups—positive changes were reported in the % of students who say they would try to help a bullied student. Also, decreases were seen in the number of students who reported that they would just passively observe the bullying and not help.



After 2 years, 27% of elementary school students in
HALT! schools said they'd try to help.



“Using a systematic, theory based planning model distinguishes the health behavior change professional from the technician.”


- Health Behavior and Health Education, 3rd edition



The Behavioral Ecological Model as a Framework for School-Based Anti-Bullying Health Promotion Interventions

**Emma Dressler-Hawke, PhD
Dean Whitehead, PhD, RN**

The Journal of School Nursing June 2009 vol. 25 no. 3 195-204



*Sick of Bullying
Or
Sick Because of Bullying?*

*Children's Health Impact
from Bullying*

Diana Schroeder, MSN, RN



Core principles of a public health & the PA Initiative

Richard Windsor, PhD, GWU SPHHS

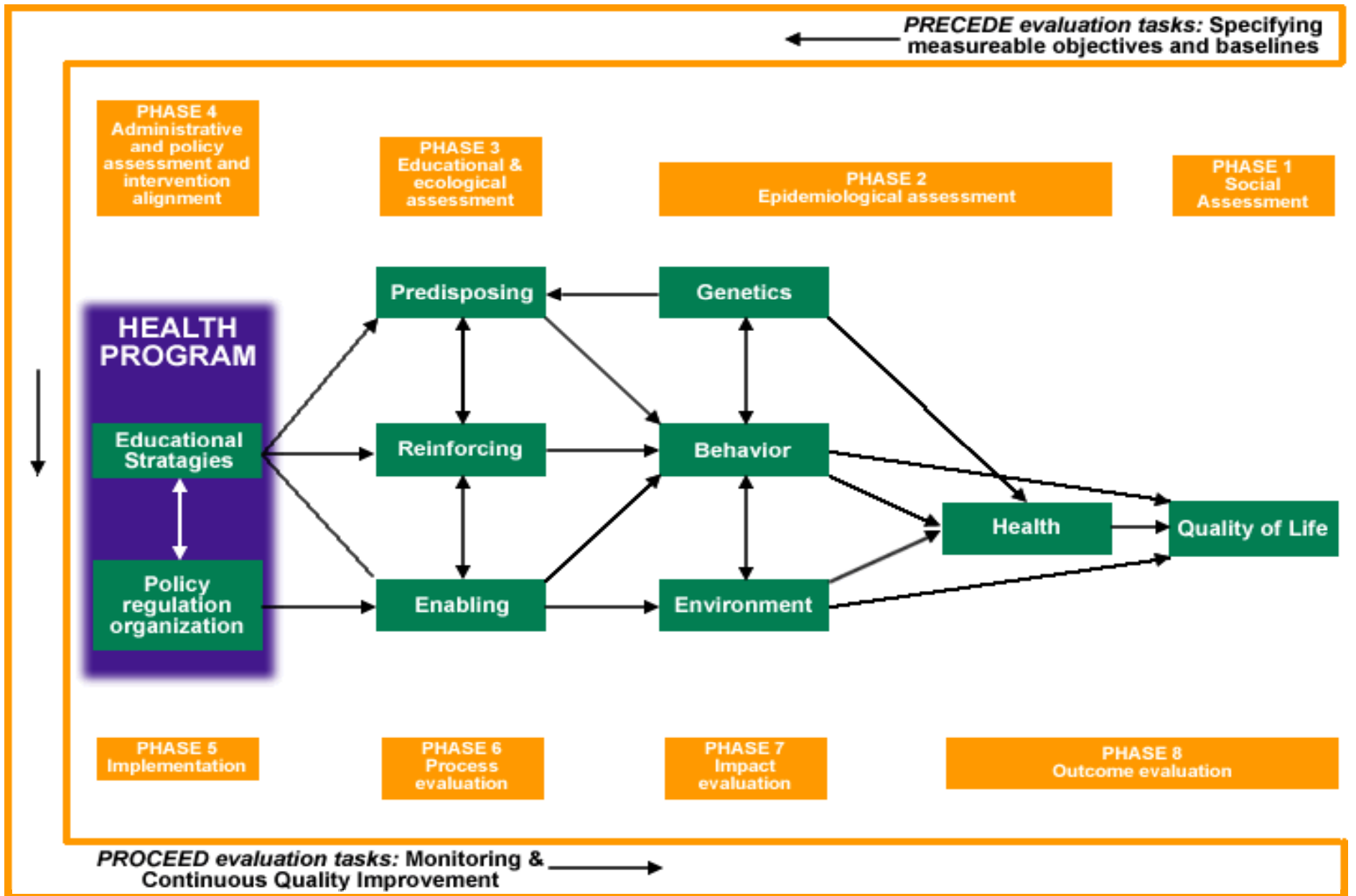
Commenting on the decade long PA initiative:

- Systematic assessment (of the student population)
- Defined population and local problems
- Worked with an array of stakeholders
- Considered broader social issues
- Evaluate a more comprehensive plan beyond the evidence based program



What is the Public Health Model? (CDC)

1. Needs assessment - Define the problem
2. Identify risk and protective factors
3. Develop, use and test prevention strategies
4. Assure widespread adoption
5. Monitor, Evaluate, Sustain





Cambria County, Pennsylvania and the public health model

1. Needs assessment - Define the problem
2. Identify risk and protective factors
3. Develop, use and test prevention strategies
4. Assure widespread adoption
5. Monitor, Evaluate, Sustain



So what was happening in Pennsylvania? 1998 – 2006

SW PA County



Pennsylvania / USA

- SW PA hospital develops a public health initiative
- RN/ Community / school / BRFSS surveys/meetings
- BP research → OBPP
- Implementation/Funding/Media
- PCCD funding – York, Jane Riese/ Clemson U.
- Columbine
- PA begins OBPP TOT for SW PA



Pennsylvania 2006

Contact by the Highmark Foundation → → →

Highmark Healthy High 5 Bullying Prevention
Initiative



Pennsylvania & BP

A public health model – 2006-2009

PA Cares

HALT!

BPI



“Bullying Prevention: A Statewide Collaborative That Works: A Report to Stakeholders”



Highmark Foundation BP Initiative - 2010

- Enhanced collaboration - “Hybrid” program model
- Cost effect analysis study
- Publications
- Sustainability



IMPACT

Quantitative and Qualitative



Public Health Impact - Quantitative

- Large(st) population implementation of the OBPP
- Development of numerous strategic and collaborative enhancements
- Landmark public health initiative by the Highmark Foundation
 - \$9 million
 - 49 county service area of PA
 - 200,000+ students, nearly 400 buildings by 2012
 - 25% of PA school population



Public Health Impact- Qualitative

- Importance of the Public Health approach to social/health issues (school climate)
- Development of a formative state wide BP coalition and expert panel
- Development of strategically designed statewide BP “enhancements”
- Documentation of positive behavioral changes in students, parents, teachers



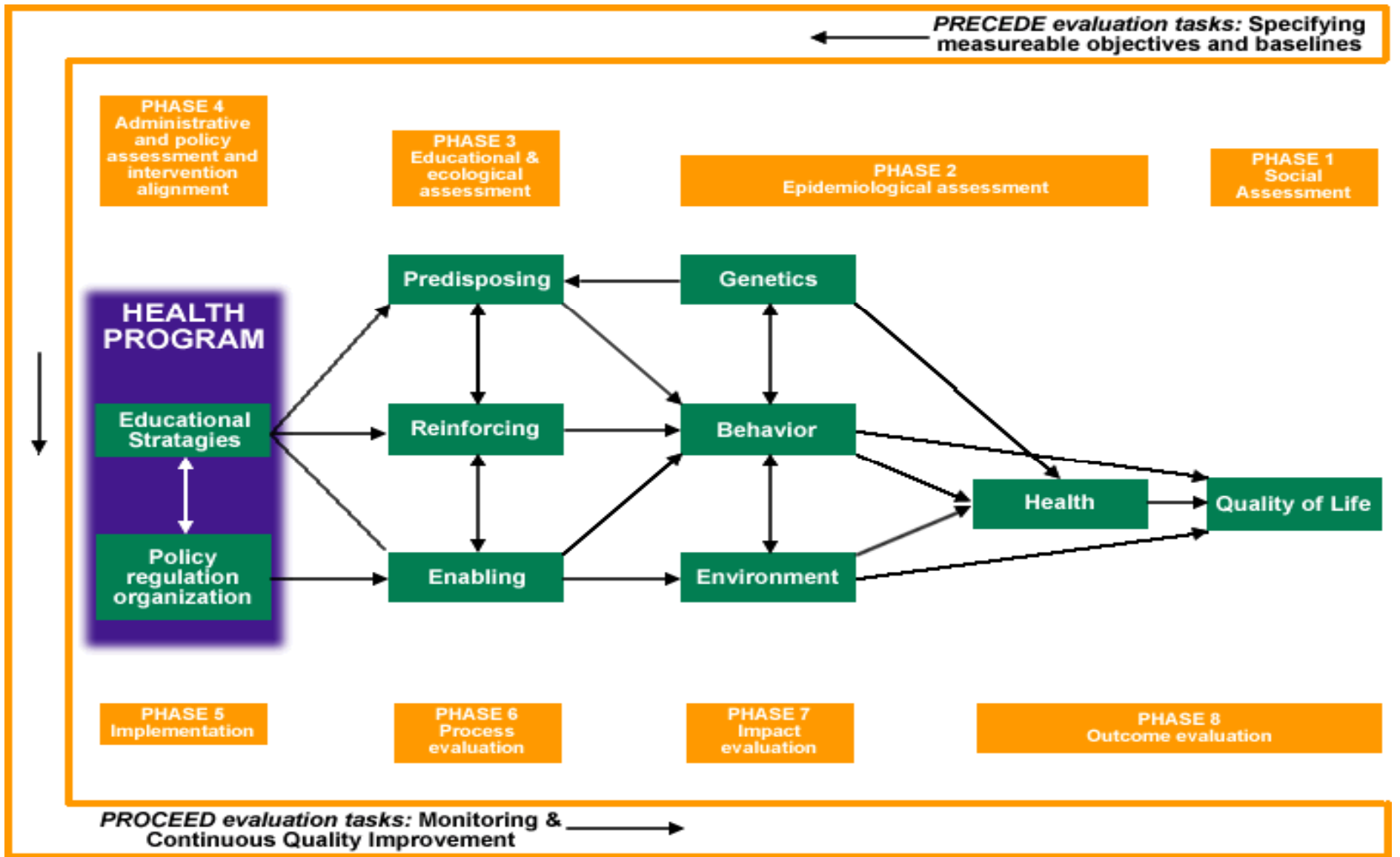
Issues necessitating a public health approach

- “School health” monitoring should include parameters that measure physical symptoms associated with bullying.
- Departments of Education need to develop policies to identify **specific, evidence based** strategies that **effectively** capture bullying data in schools.
- Support development of the CSHC standards and utilization of CDC School Health Safety Index for self-assessment of school’s health needs



Issues demanding a public health approach

- The development of school climate standards bullying is more than “social” or “educational” (Zahorchak)
- Healthcare providers need to approach bullying as **peer abuse** and employ screening methodologies similar to spousal abuse, elder abuse, or child abuse
- Need for the development and study of a simple assessment tool for healthcare providers





Conclusion

- Use of a public health model to address the public health epidemic of bullying will allow for maximum behavior and health impact, sustainability and coalition development.
- This will allow for a sustainable positive change in school climate as well as the ability to appropriately address singular activities of bullying (cyber, gender, etc.) and the consequences they have on vulnerable populations.

Contact Information

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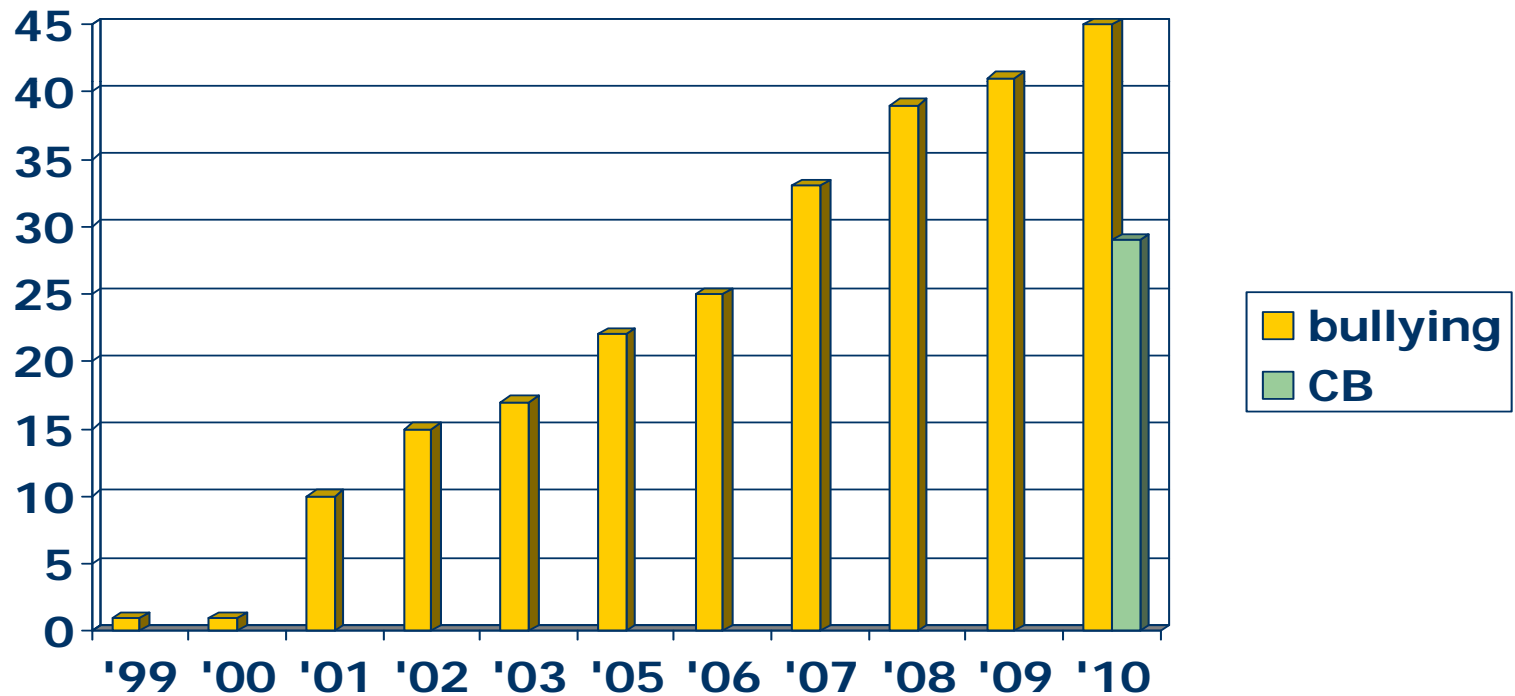
814-619-6168

www.bullyingpreventioninstitute.org

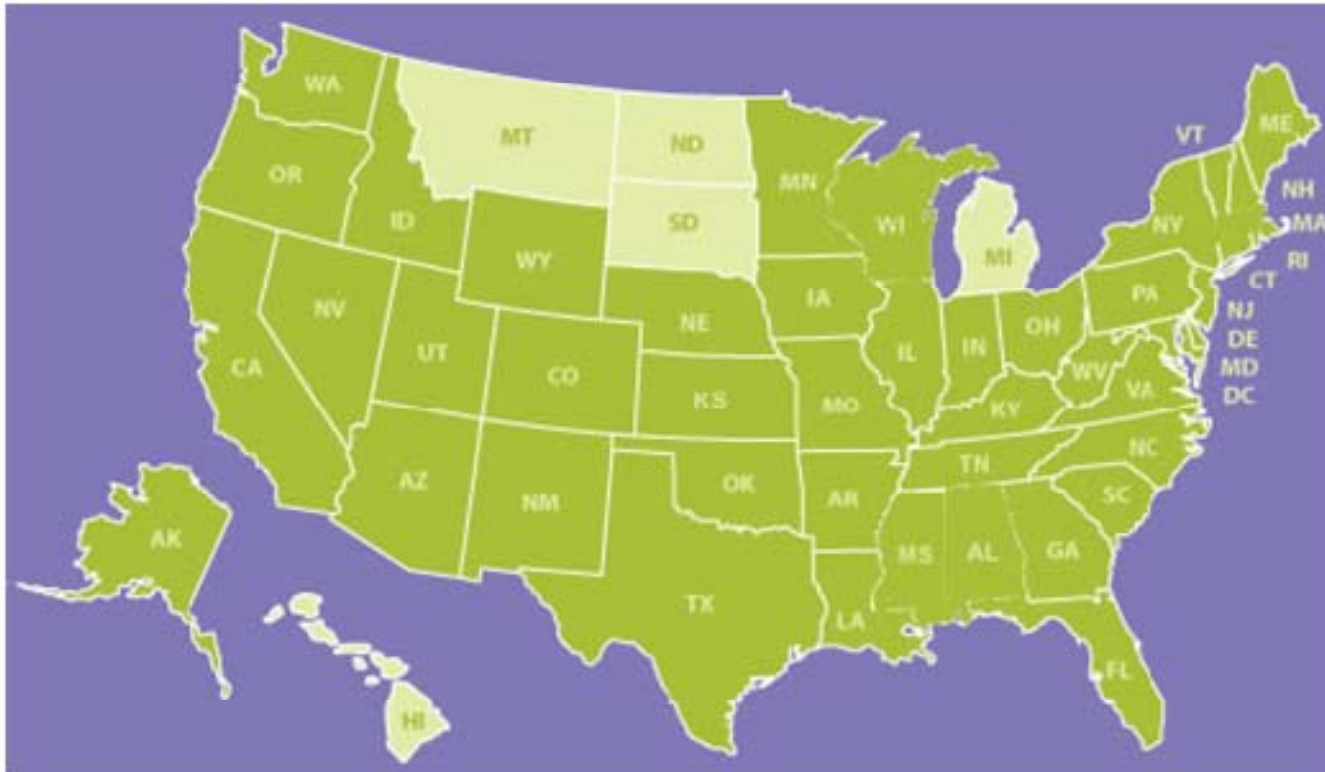
The National Context: Other State Interest in Bullying Prevention

Susan P. Limber, PhD
Clemson University

Number of State Laws Related to Bullying



State Laws on Bullying



Elements of State Laws

- Almost all require public school districts to develop policies about bullying.
- Definitions and elements of policies vary:
 - Reporting of bullying
 - Investigation of incidents
 - Notification of parents
 - Consequences /disciplinary actions
 - Guidelines for employee training
 - Prevention/intervention

What Are Schools Doing To Address Bullying?

- Nothing
- Awareness-raising efforts
- Reporting, tracking
- Zero tolerance (student exclusion)
- Social skills training for victims
- Individual & group treatment
- Mediation, conflict resolution programs
- Curricular approaches
- Comprehensive approaches

Another Example of a State-Level Initiative: Bully Free Virginia

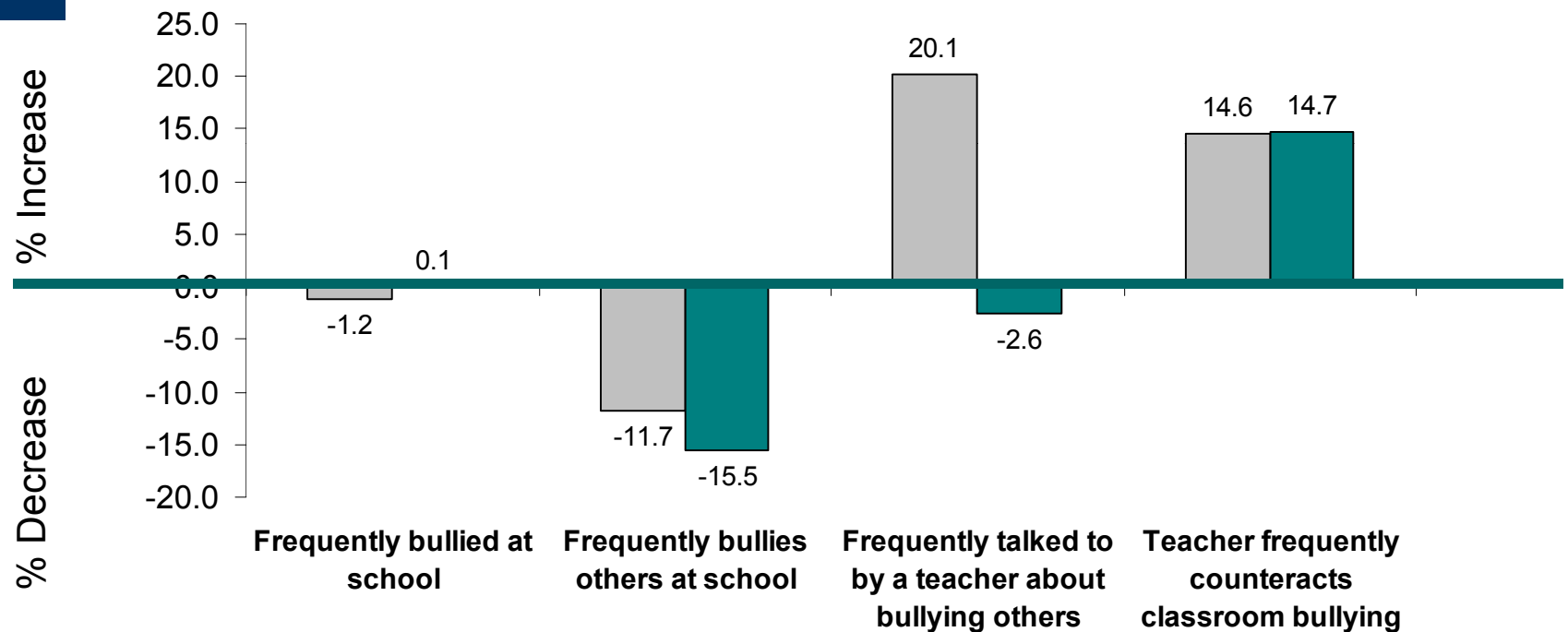
- Led by Katie Moffett, PhD, VCU Center for School-Community Collaboration, with the VA Department of Health Division for Injury and Violence Prevention
 - 2004: Received a needs assessment grant from the CDC
 - 2005-2006: 7 regional workshops sponsored by VA Department of Education and VCU
 - 2005-2006: Training of Trainers in the OBPP
 - 2006: Received funding from the CDC to Enhance State Capacity to address Child and Adolescent Health through Violence Prevention
 - Between 2006 and 2010 have served 90 schools and 3 after-school programs (94,452 students)

Moffett, 2010

Focus of Bully Free Virginia Efforts

- Schools received all necessary materials to implement OBPP
- Training of Coordinating Committee by OBPP Certified Trainer
- Monthly Consultation for 18 months
- Statewide and Regional Conferences—6 Statewide Networking Conferences and 5 Regional Conferences
- Focus on Dating Violence for Middle and High Schools 2009-10
- *Stop Bullying Now, Virginia!* In the Fall of 2008, the conference was opened to all schools in Virginia—360 participants from all over the commonwealth
- Technical Assistance and Site Visits
- Provision of Additional Program Resources
 - *Peaceful School Bus, Safe Dates, Class Meetings*

Preliminary Findings (Moffett, 2010): Relative Change (Y0-Y1 and Y0-Y2)



■ Y0-Y1
■ Y0-Y2

*Among students that said they had bullied another student

Frequently is defined as 2 or 3 times per month or more, or on a regular basis

Preliminary Findings (Moffett, 2010): Y0-Y2 Changes

- 63% of schools reported decreases in the frequency of children being bullied.
- 75% of schools reported decreases in the frequency of children bullying others.
- 31% of schools reported increases in teachers speaking to students about bullying behaviors.
- 81% of schools reported increases in teachers actively trying to counteract bullying in the classroom.

Based on 16 schools

Selected Bullying Prevention Resources

www.bullyfreevirginia.org

www.olweus.org

American Academy of Pediatrics Policy Statement: Role of the Pediatrician in Youth Violence Prevention*

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;124/1/393>

Association of State and Territorial Health Officials (ASTHO),* National Association of County and City Health Officials (NACCHO),* and Safe States Alliance Webinar: Policies to Prevent Bullying in Schools

<http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=218#Bullying>

Cartoon Network Stop Bullying Speak Up Campaign

http://www.cartoonnetwork.com/tv_shows/promotion_landing_page/stopbullying/index.html

Children's Safety Network Bullying Prevention Resources

<http://www.childrenssafetynetwork.org/topics/showtopic.asp?pkTopicID=15>

CNN Stop Bullying Speak Up Special Coverage

<http://www.cnn.com/SPECIALS/2010/bullying/>

Selected Bullying Prevention Resources

C-SPAN Coverage of the Federal Bullying Prevention Summit

<http://www.c-spanvideo.org/program/295021-1>

Highmark Healthy High 5 Bullying Prevention Institute

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

Highmark Foundation Report - Bullying Prevention: A Statewide Collaborative that Works – Report

<http://www.bullyingpreventioninstitute.org/LinkClick.aspx?fileticket=bwBwDQLRCao%3d&tabid=39>

Health Resources and Services Administration Stop Bullying Now! Campaign

<http://stopbullyingnow.hrsa.gov/kids/>

The National Conference of State Legislatures School Bullying and Cyberbullying Resources*

<http://www.ncsl.org/default.aspx?tabid=12952>

* Denotes an [Alliance for Information on Maternal and Child Health \(AIM\)](#) Partner. AIM is a collaborative of national membership organizations and the Maternal and Child Health Bureau.

Send any additional questions or comments to:

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More resources from CSN can be found at

www.ChildrensSafetyNetwork.org

