

**Empowering families to address
bullying of children:
Resilience Triple P program trial**

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Overview

- Why bullying is an important issue for children
- Rationale for the child and family intervention
- Overview of *Resilience TP program*
- Research methodology and sample
- Outcomes
- Where to from here
- Questions

Bullying is...

Negative or hurtful behaviour which is typically repeated and can be

- *physical (e.g. Hitting),*
- *verbal (e.g. Teasing or insults)*
- *indirect social (e.g. Deliberate exclusion)*

and could be carried out in person or through technology”.

Adapted from a combination of Smith, Pepler, & Rigby, (2004) and Olweus (1993)

*Some kids get
bullied a lot more
than others...*

For some children bullying is a chronic issue

Victimization by bullying begins as early as 3 or 4 years
and can be chronic by 6 years

(Alsaker & Valkanover, 2001)

and for frequently bullied children
it can be an ongoing feature
of their school lives
throughout primary school

(Crick et al., 2006; Boulton & Smith, 1994)

and into high school

Paul & Cillessen, 2003.

Bullying causes severe consequences

depression

lower self-esteem

anxiety

loss of friendships

suicide

behaviour problems

Drop in academic results

health problems

school absenteeism

*Increased long-term risk
of severe mental health problems,
school dropout, involvement in criminal justice system.*

Long-term serious consequences of being bullied at primary school

Even after previous emotional adjustment and family factors are taken into account, being bullied at age 8-10 produces higher rates of:

- internalizing problems 2 yrs later (Arseneault et al., 2008),
- self-harm and psychotic problems by 12 years of age (Fisher et al., 2012; Schreier et al, 2009)
- depression and psychiatric problems in early adulthood and up to 32 years later (Sourander et al 2007; Farrington, Loeber, Stallings, & Ttofi, 2011).

Bullying increases risk of
serious long-term emotional
problems

***The longer it continues,
the greater the risk***

(Egan & Perry, 1998)

Effectiveness of School Programs in reducing Bullying

Recent meta-analyses of intervention research show:

- **no meaningful changes** on majority of outcomes
(Merrell, Gueldner, Ross, & Isava, 2008)
- **a small average effect size** on student self-reports of being bullied (mean $d = 0.27$) (Merrell, Gueldner, Ross, & Isava, 2008 ; Ttofi & Farrington (2010)
- **Only 1 of the 3 randomized trials for victimization and 1 of 9 for bullying showed any significant outcomes** (Ttofi & Farrington, 2010).

We know that

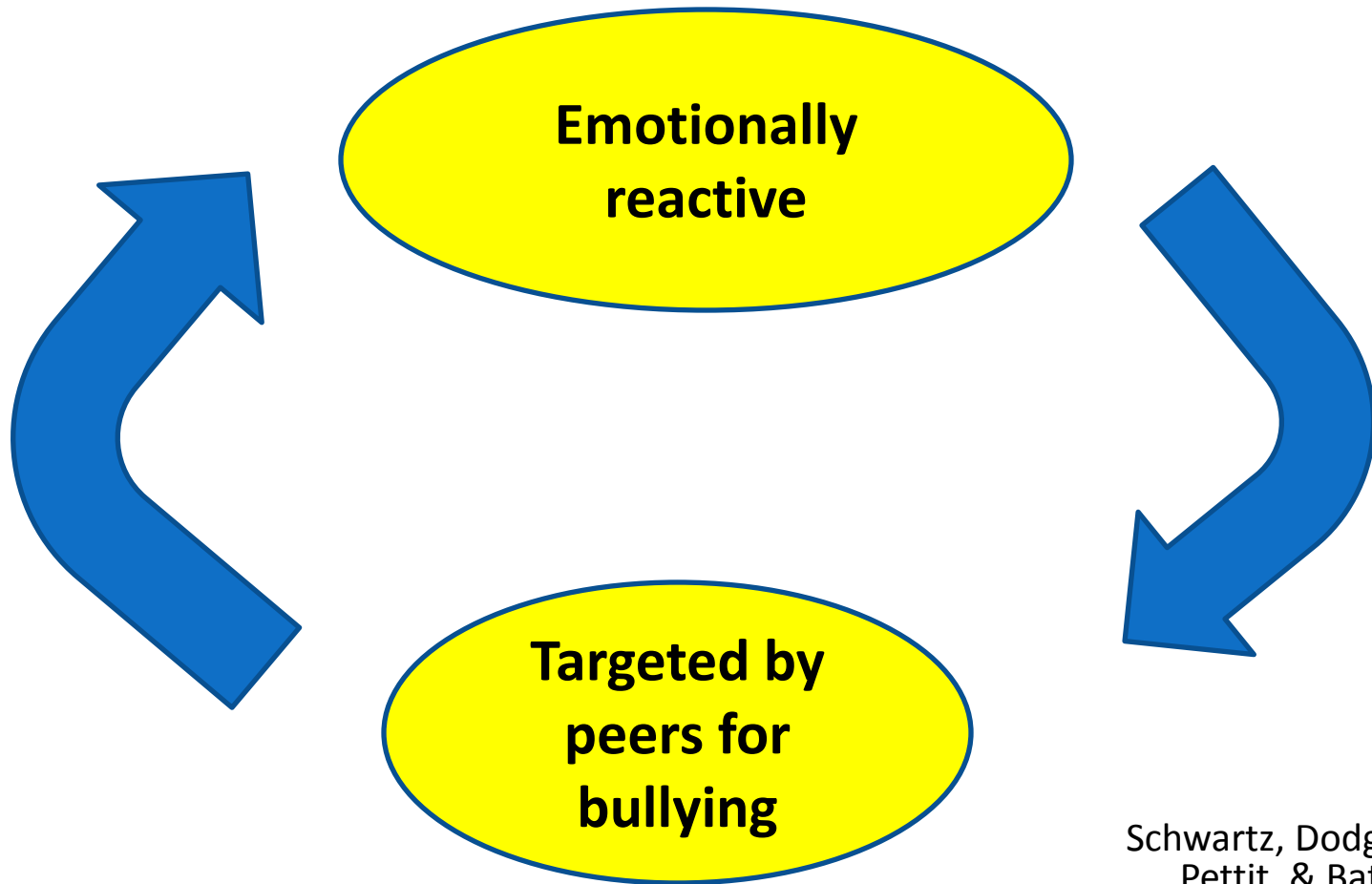
some kids get bullied a lot more than others,

and that

for the most bullied children, victimization is quite stable over time,

Why might this be???

The Downward Spiral of Victimization and Emotional Reactivity



Schwartz, Dodge,
Pettit, & Bates,
1997.

Why the family is a viable intervention point to address school bullying

Parenting affects

- **Children's social competence** (McDowell and Parke , 2009), and poor social competence is a strong predictor of victimization (Cook, Williams, Guerra, Kim & Sadek, 2010)
- **Children's ability to regulate emotions** and emotional reactivity is a risk factor for being bullied (Rejntjes, Kamhuis, Prinzie & Telch, 2010).
- **Children's adverse emotional consequences of bullying** (Bowes, Maughan, Caspi, Moffitt & Arseneault, 2010).
- **Children's sibling relationships** and bullying between siblings predicts increases in peer victimization two years later (Stauffer & DeHart, 2006).

School bullying interventions incorporating some parent education achieve better outcomes than those that do not (Ttofi & Farrington, 2011; Barbero & Hernandez, 2012).

Purpose of Resilience TP

- 1) To reduce bullying
- 2) To reduce the adverse emotional impacts of bullying



Resilience Triple P



- *Social Emotional Skills training for children (4 sessions in groups with other children & parents)*



- *Facilitative Parenting training for parents (4 sessions in group with other parents)*

What is “*Facilitative Parenting*”?

Facilitative Parenting is....
***parenting which is supportive of
children’s development of peer
skills and relationships***

Results of cross-sectional study with 215 families

(Healy & Sanders, in press)

Children reported by teachers to be bullied can
be discriminated from non-bullied peers

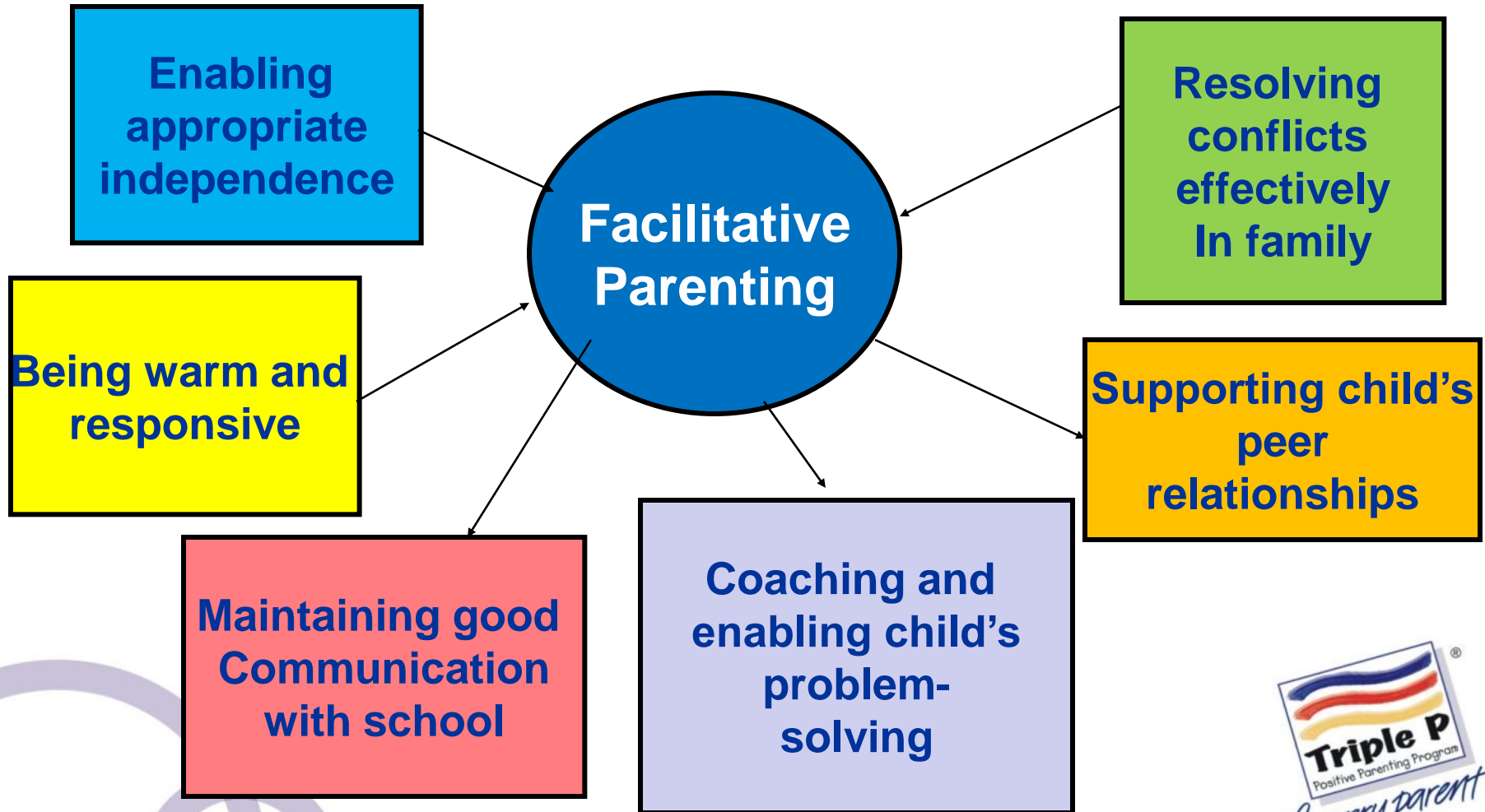
on the basis of:

facilitative parenting

+

children's social and emotional behaviour.

Facilitative Parenting involves



Child Skills Targeted over 4 sessions

- Play skills
- Self-regulatory skills
- Everyday body language
- Responding calmly and assertively to provocation (verbal and non-verbal skills)
- Resolving conflicts
- Interpreting peer situations

For further information about content of
Resilience Triple P:

***Resilience Triple P* for Children Bullied by
Peers**

Workshop 2:00 this afternoon

Recruitment

- Families informed through school newsletters

Eligibility criteria:

- child aged 6 to 12 yrs
- child living in home situation
- child attends regular school
- Child bullied at school (according to parent)

Definition of Bullying used

“By bullying we mean negative or hurtful behaviour which is typically repeated and can be physical (e.g. Hitting), verbal (e.g. Teasing or insults) indirect social (e.g. Deliberate exclusion - and could be carried out in person or through technology”.

To meet criterion, bullying needs to have been:

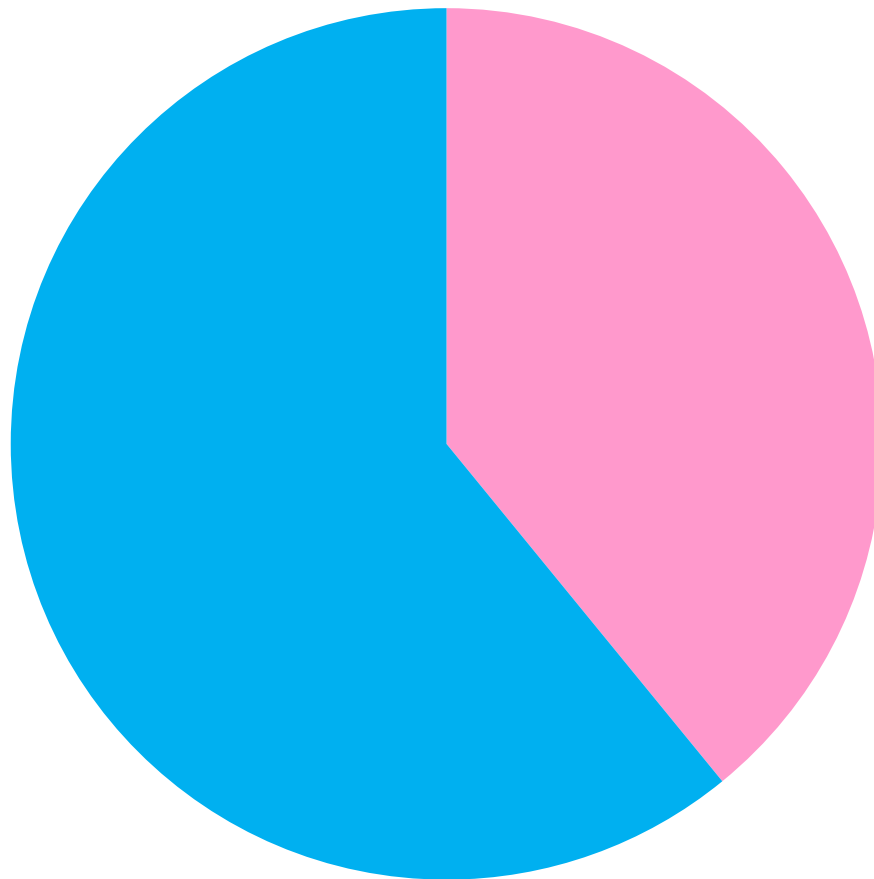
- Ongoing basis for at least one month, and/ or
- A recurring problem over more than one year

RCT of *Resilience Triple P*

- 111 families of children reported (by parents) to be chronically bullied including 2/3's "passive" and 1/3 "provocative victims"
- Families randomized to immediate start *Resilience Triple P* or Active Control
- Assessment points at 0, 3 and 9 months
- Progress monitored by multiple informants (child, parent, teacher, actor role-plays, observational coding)

Sample Demographics: Children

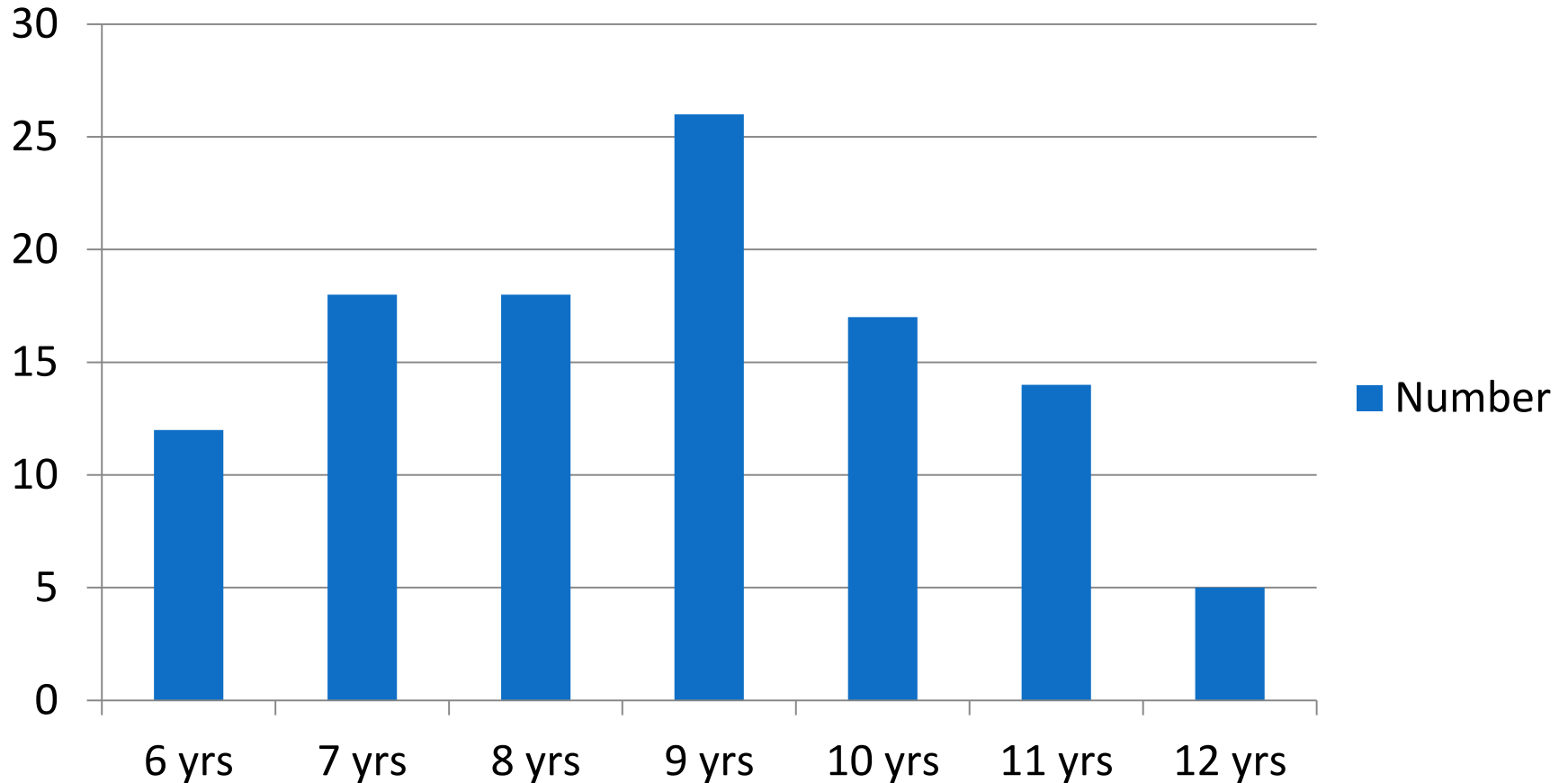
Child gender



- Girls
- Boys

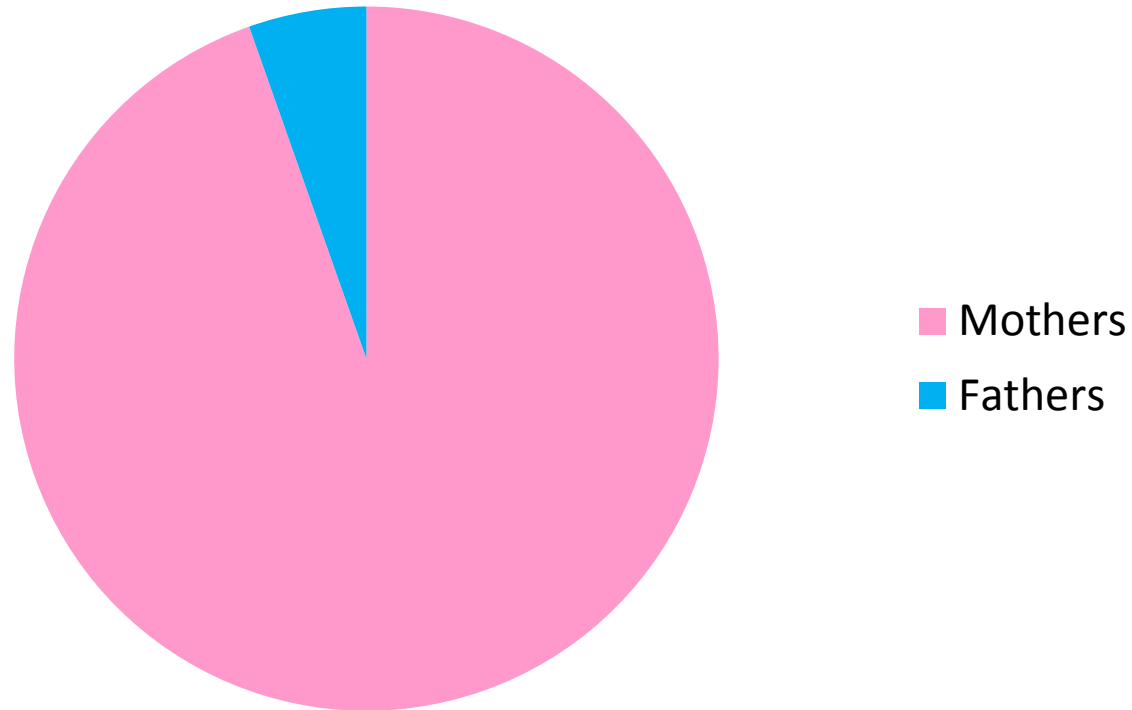
Age of children commencing trial

Number



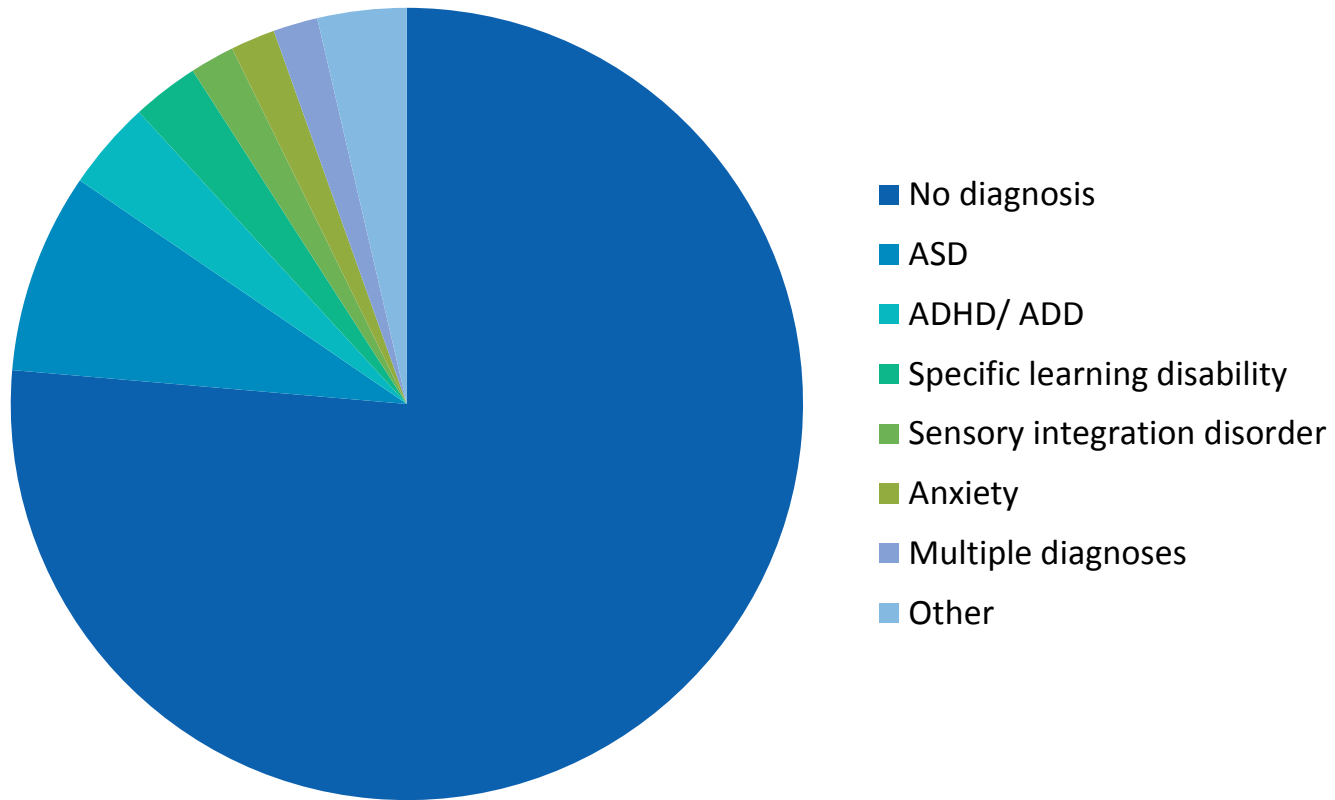
Family Demographics

Parent Involved as Main Caregiver

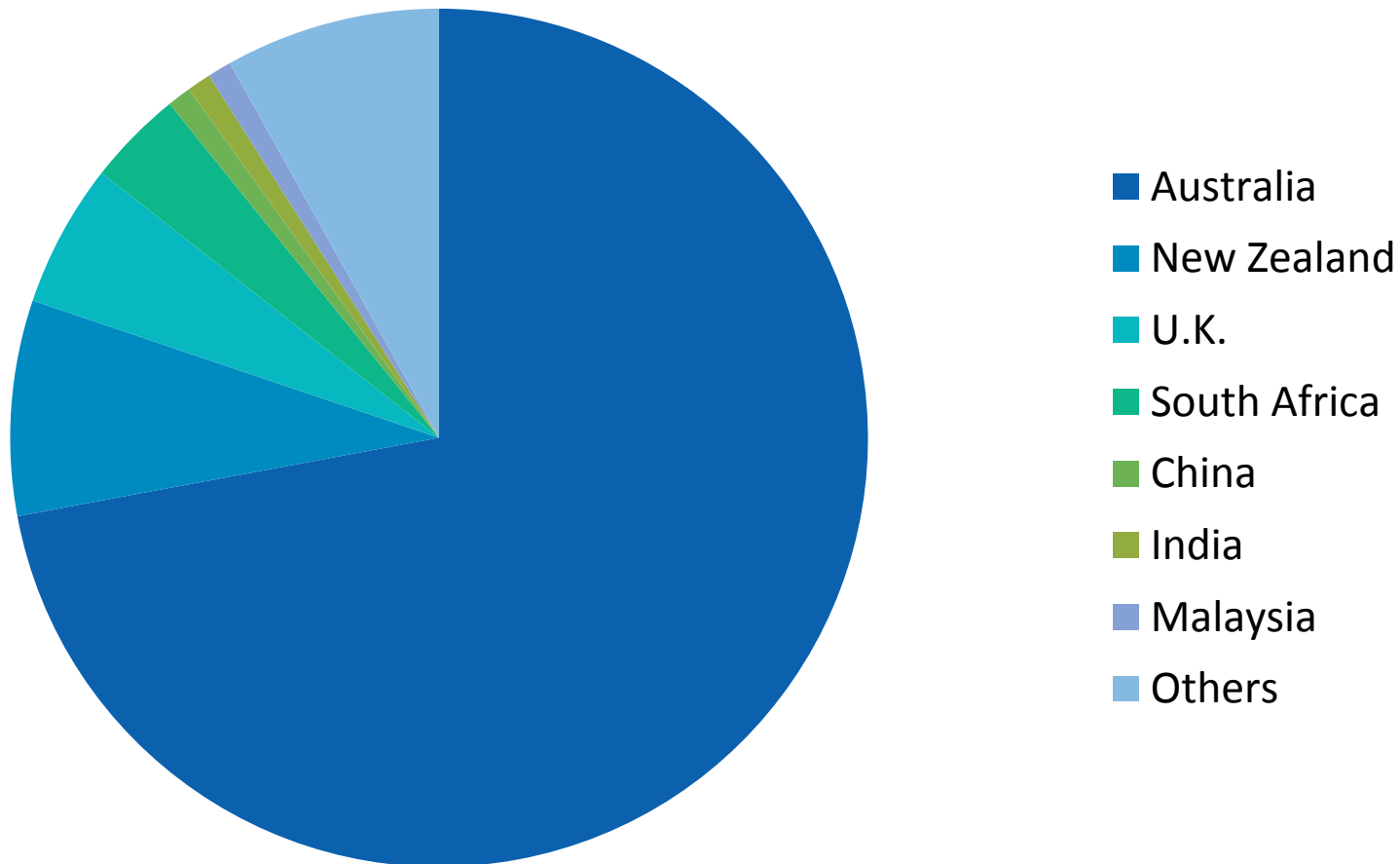


Child Diagnosis

Prior Diagnosis

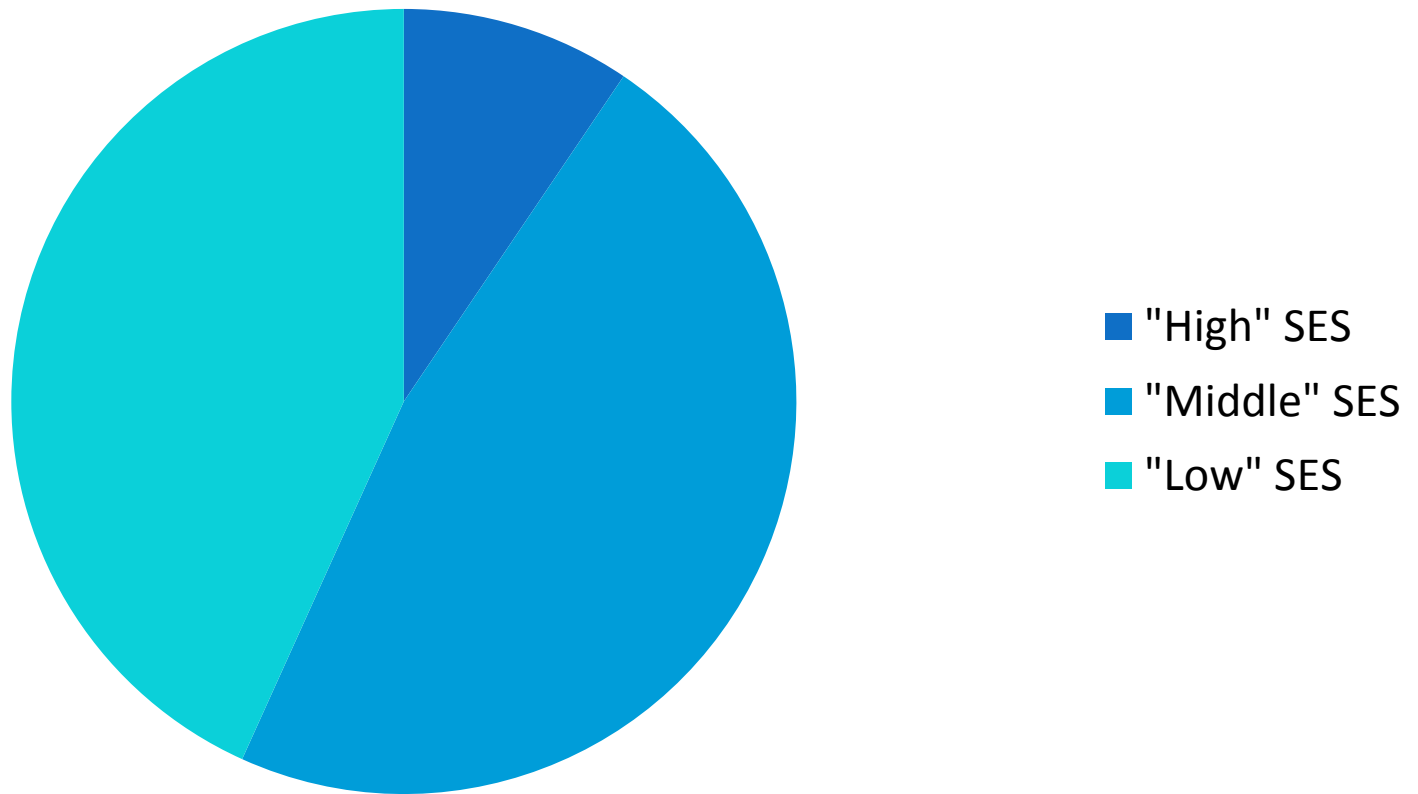


Country of Birth – Main Caregiver



Family SES (Cont'd)

SES Question



Active Control Group

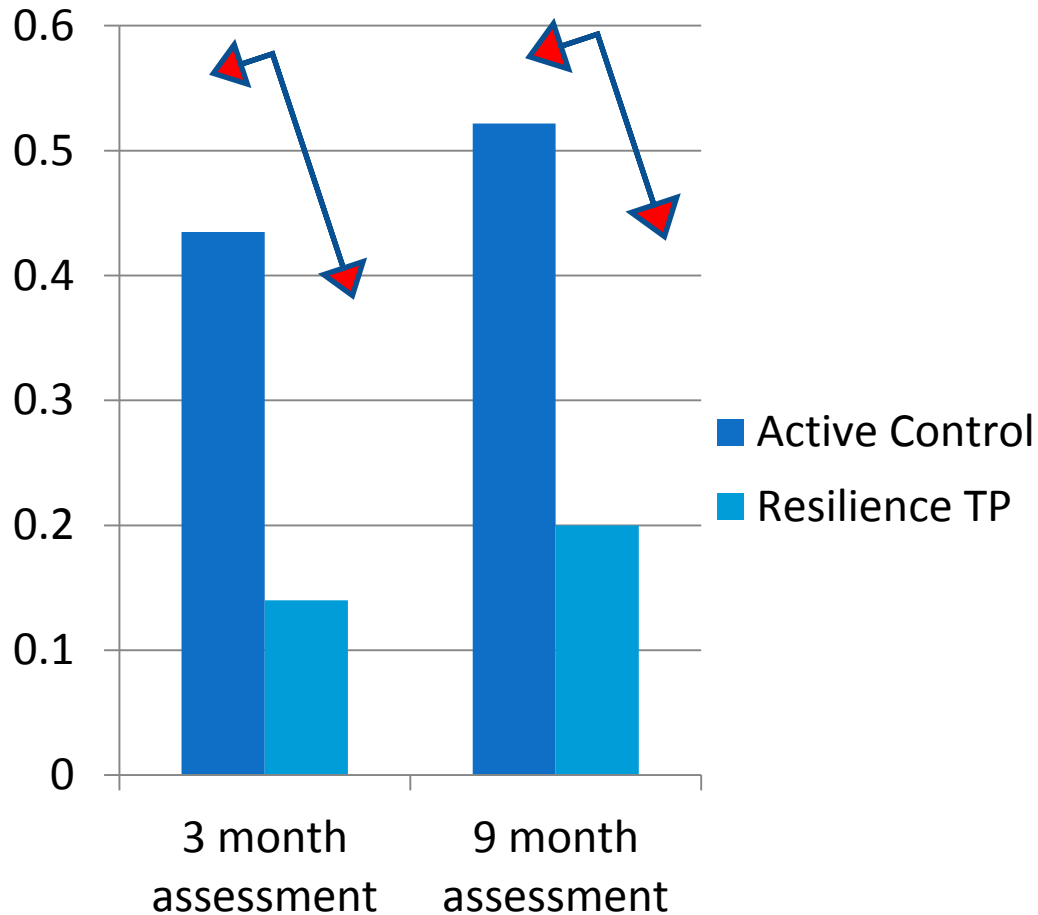
- Visited clinic for interactive assessments
- Free to pursue other programs
- Letters to school Principal and Class Teacher informing them of family's concern about bullying and participation in trial
- Teachers helped monitor children's progress.

Predicted Treatment Effects

- Less bullying of child
- Lower levels of child emotional distress
- Higher levels of Facilitative Parenting
- Improved child sibling and peer relationships
- Improved child social behaviour

Results: Bullying of child at school

Child Perception: “Compared to when you first visited here, how much are you now being bullied?”



**Child Perception of Change
in bullying**

0=less

1=same

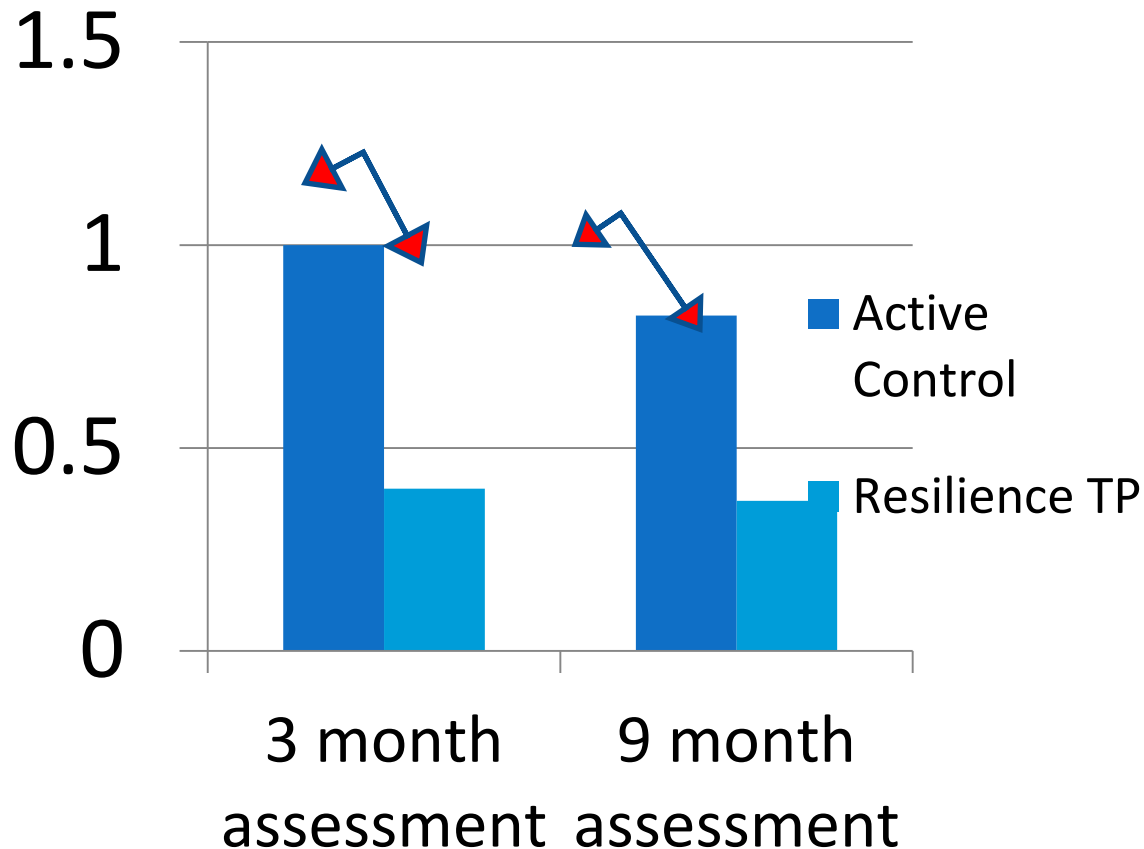
Between Group Difference:
(bonferoni adj)

$F(1,94) = 8.14$ $p = .005$

$\eta_p^2 = .080$

(med/large effect size)

Parent Perception: *“Compared to when you first visited here, how much is your child being bullied?”*

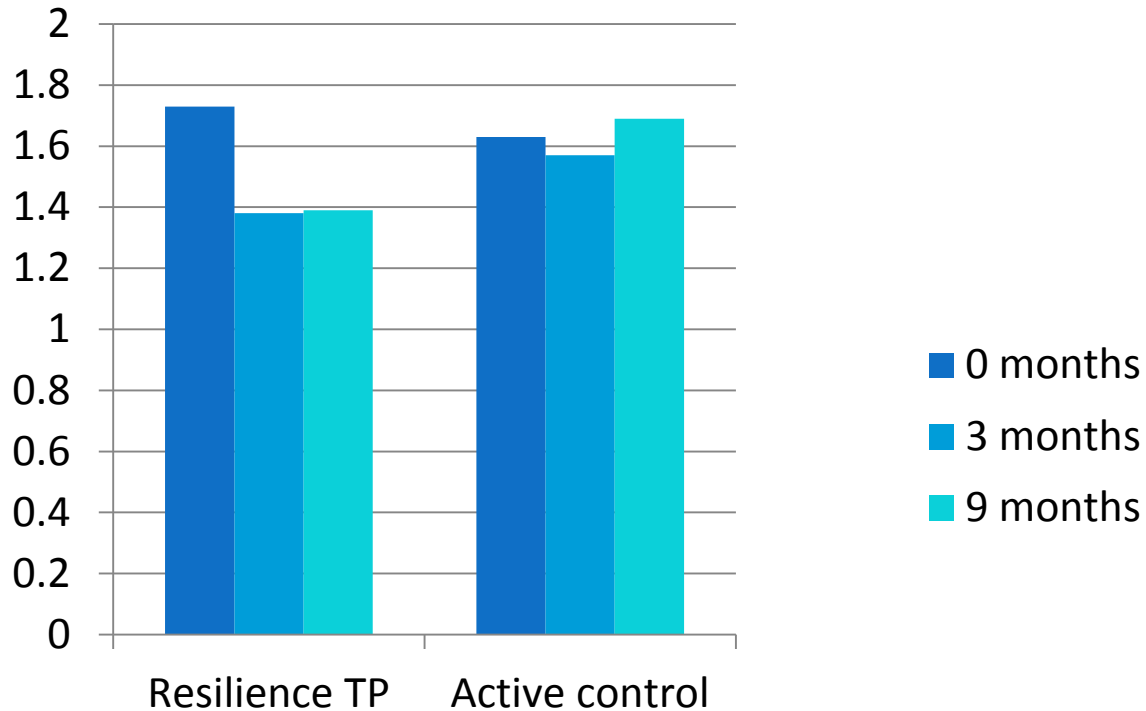


Parent Perception of Change in bullying
1=less,
0= much less

Between Group Difference: (bonferoni adj)
 $F(1,94) = 16.18$
 $p < .000$
 $\eta_p^2 = .147$
(large effect size)

Overt Bullying of Child: Teacher report

The Preschool Peer Victimization measure (Crick, Casas & Ku, 1999).



Change
between
conditions
over time

$p = .029$

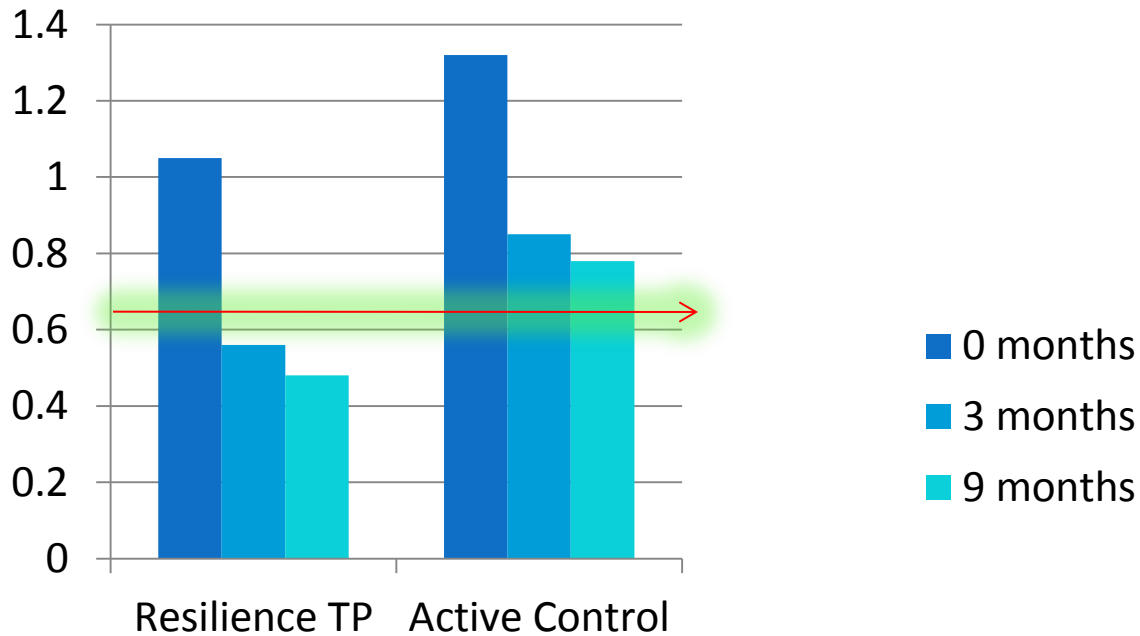
Treatment
effect size

$d = .57$ (med)

Aversive Peer Behaviour in last week: Child report

(6 yrs to Gr 5 inclusive)

Things Kids Do (Healy & Sanders, 2008).



Change
between
conditions
over time

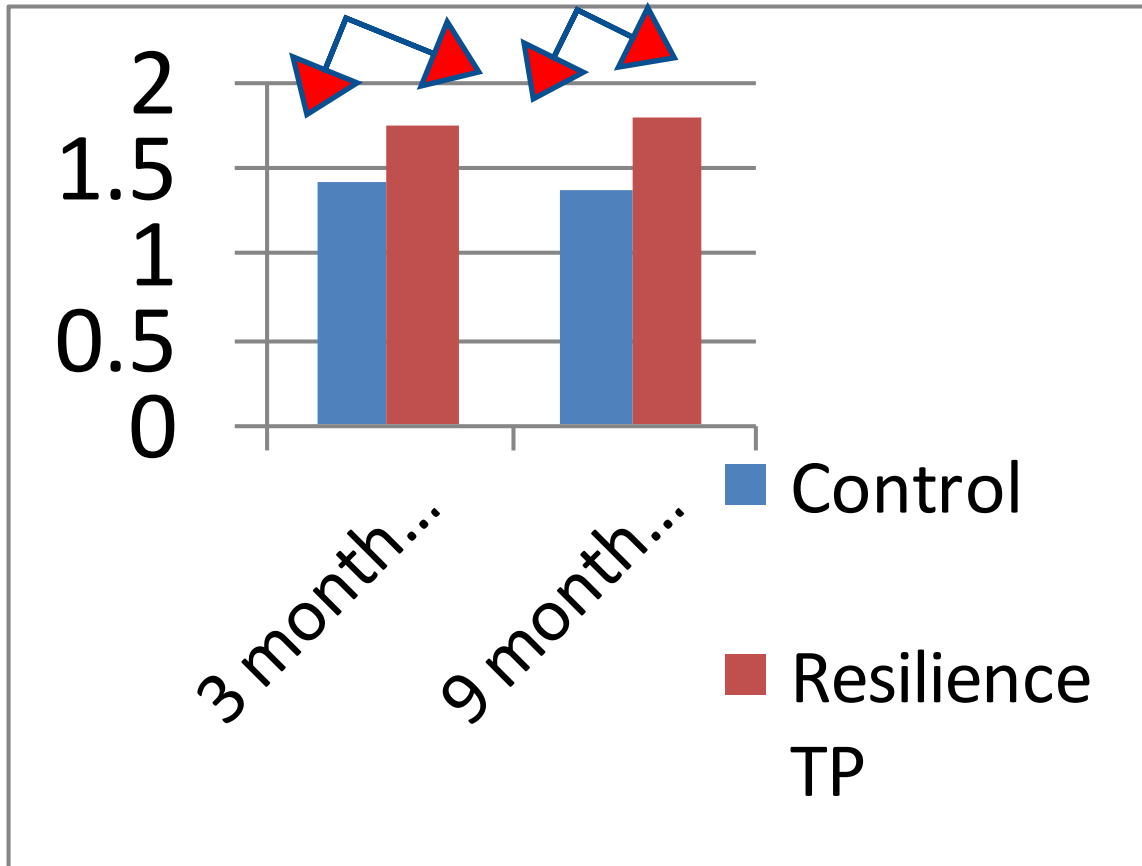
$p = .937$

Change
over time
across both
conditions

$p < .001$

Results: Child distress

Child Perception: *“Compared to when you first visited, how are you feeling about how children are acting?”*



Child Perception of
Change in feelings

1=same

2 = better

Between Group
Difference:

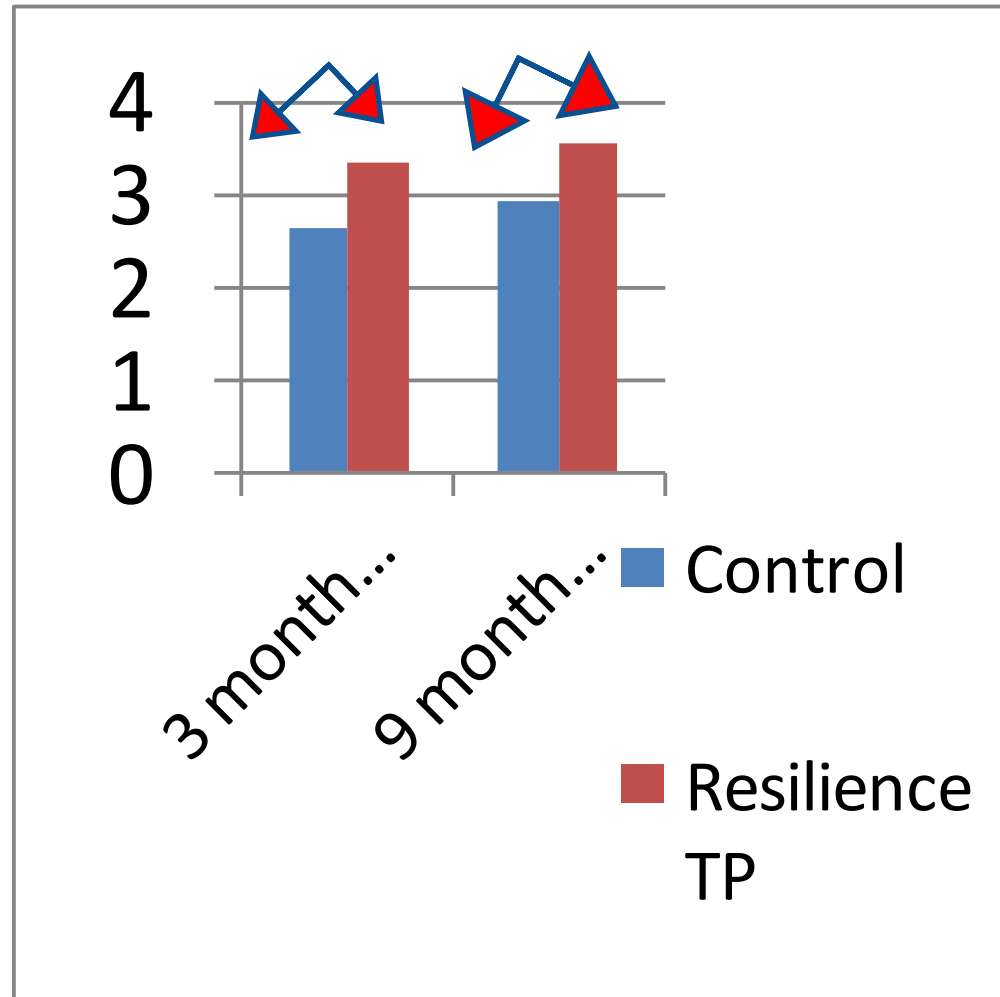
$F(1,94) = 12.79$

$p = .001$

$\eta_p^2 = .12$

(large effect size)

Parent Perception: “Compared to when you first visited, *how is your child coping with the behaviour of other children?*”



Parent Perception of Child Coping

2=same

3 = better

4 = much better

Between Group

Difference: (bonferoni adj)

$F(1,94) = 21.22$

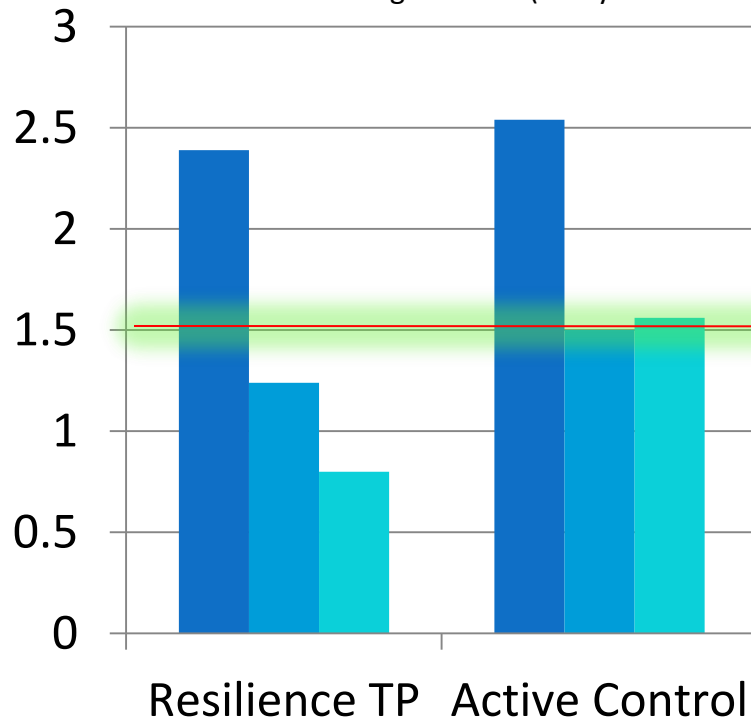
$p < .001$

$\eta_p^2 = .184$

(very large effect size)

How upset they felt last week about peer behaviour: Child report

Things Kids Do (Healy & Sanders, 2008). - 6 yrs to Grade 5 only in graph



Change between conditions over time

$p = .117$ ($d = .37$)

■ 0 months

■ 3 months

■ 9 months

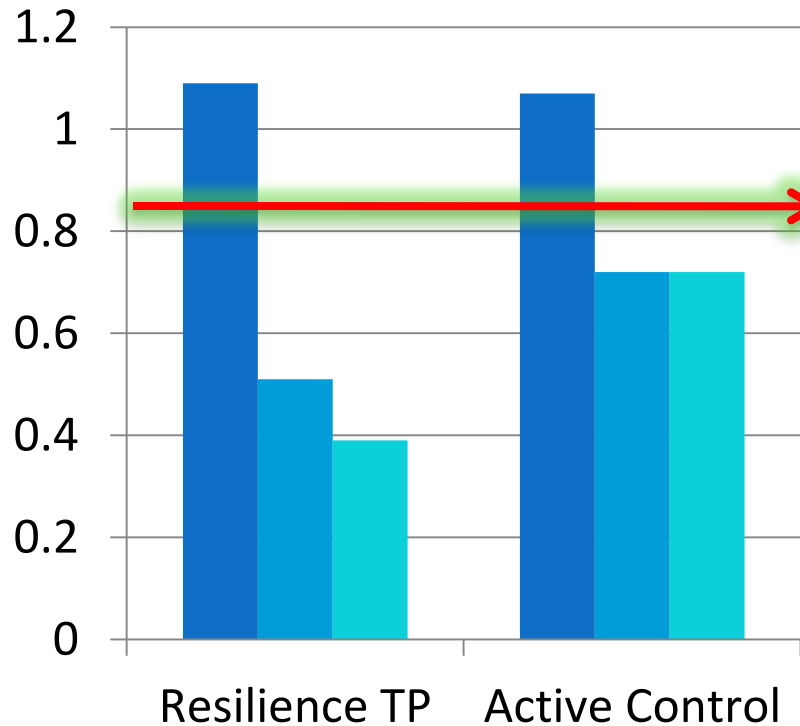
Difference in clinical improvement between conditions

$p = .023$

Change over time across both conditions $p < .001$

Child report of how upset they would feel in hypothetical situation

Sensitivity to Peer Behaviour Interview (Healy & Sanders, 2008). - 6 yrs to Grade 5 only in graph



■ 0 months
■ 3 months
■ 9 months

Change over
conditions
over time

$p = .010$

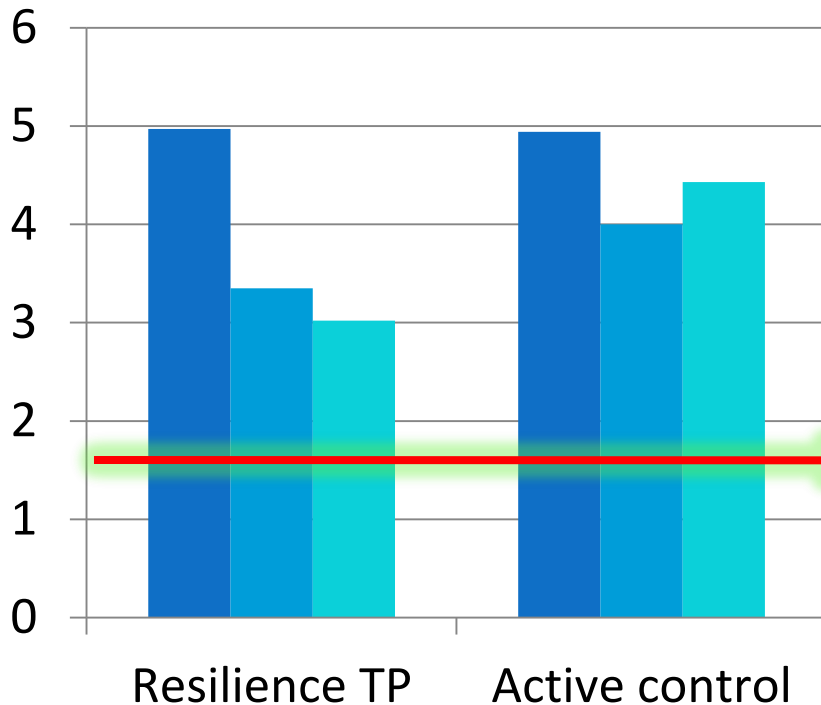
Treatment
effect size

$d = .59$

(medium)

Child Depression: Parent report

Preschool Feelings Checklist (Luby, Heffelfinger, Mrakotsky, & Hildebrand, 1999) – Graph of 5 yrs to Year 5 only



■ 0 months
■ 3 months
■ 9 months

Change
over
conditions
over time

$p = .008$

Treatment
effect size

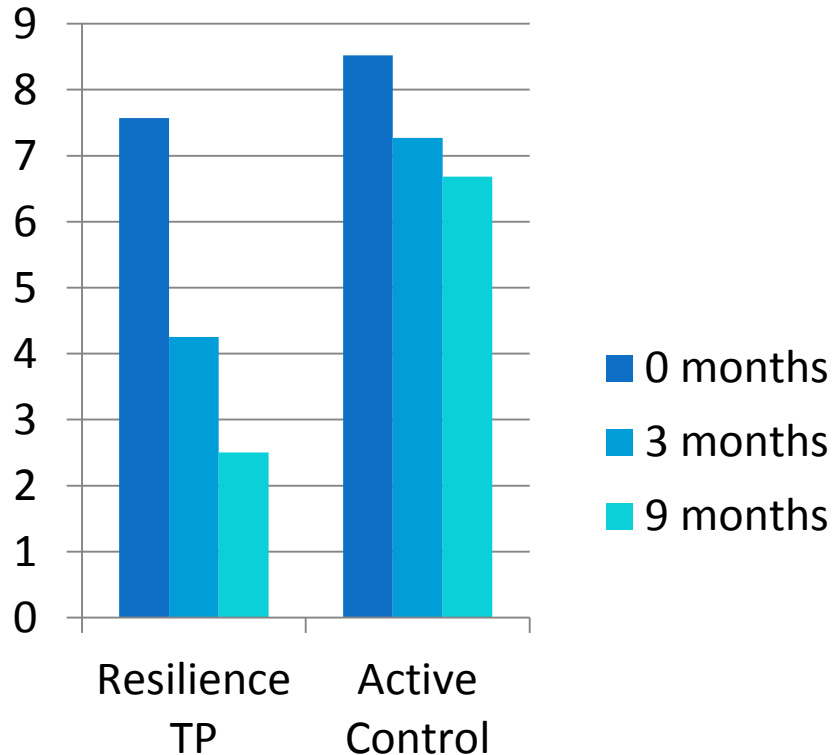
$d = .51(\text{med})$

Results: Child social behaviour

Child Social Skills: Actor Assessment

Child Role Play Assessment (Healy & Sanders, 2009)

Child Role Play Assessment (Actor)



How much does child's response encourage more bullying?

Change over conditions over time

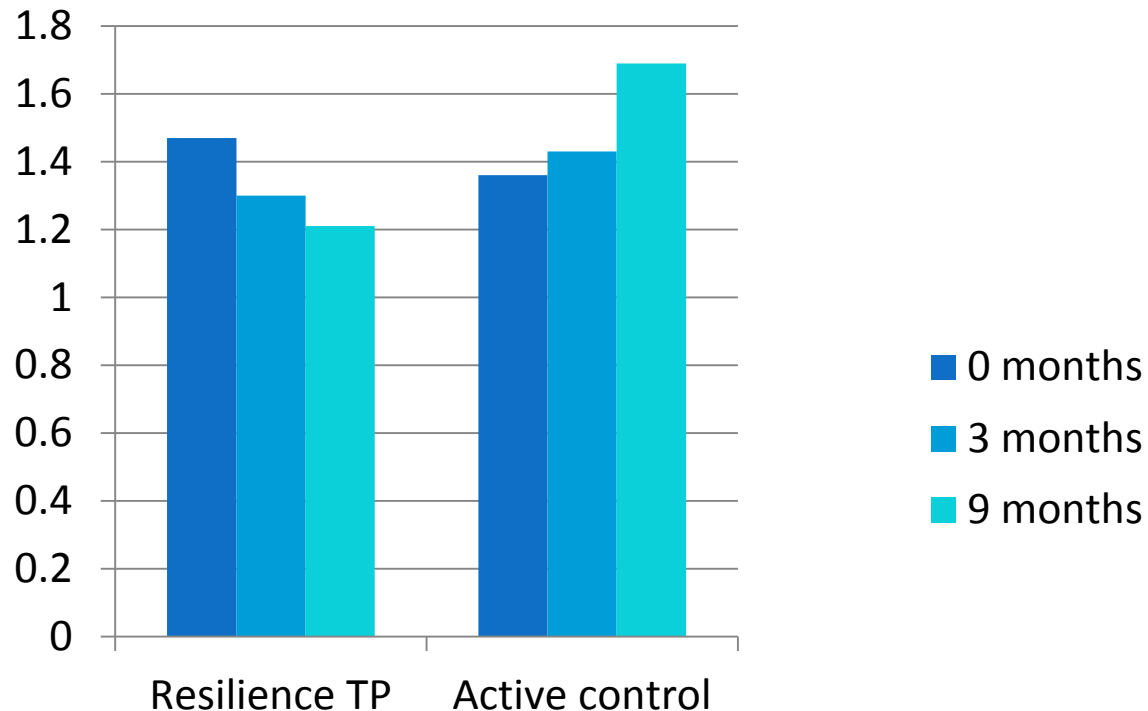
$p = .001$

$d = .72$

(medium/ large effect size)

Overt Social Aggression by Child: Teacher report

The Preschool Social Behaviour Scale (PSBS) (Crick, Casas, & Mosher, 1997).



Change
between
conditions
over time

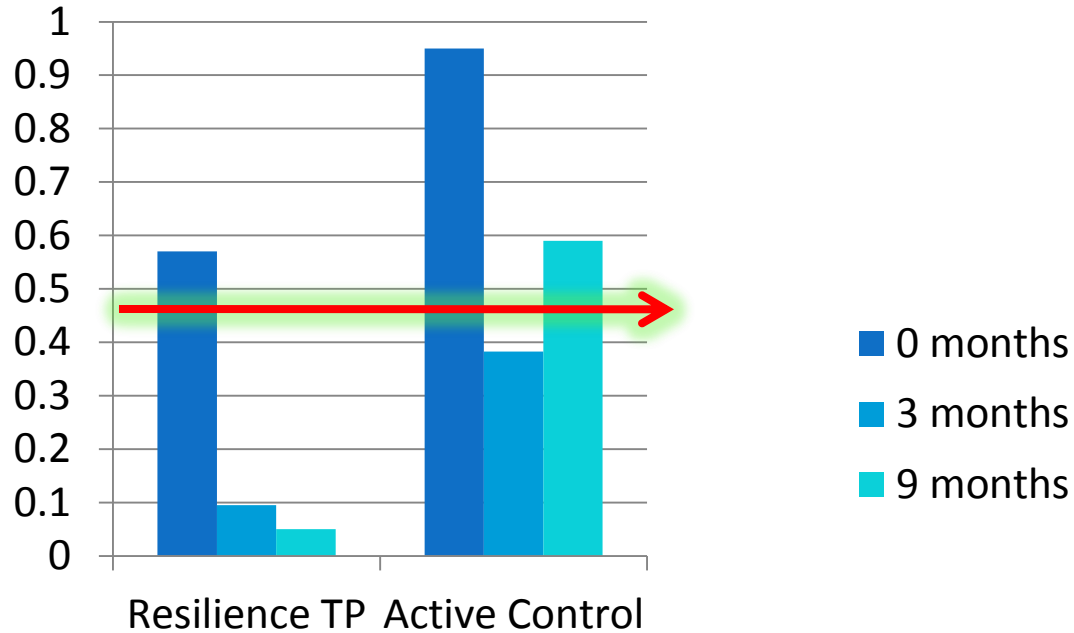
$p = .004$

Treatment
effect size

$d = .51$ (med)

Reactive Aggression

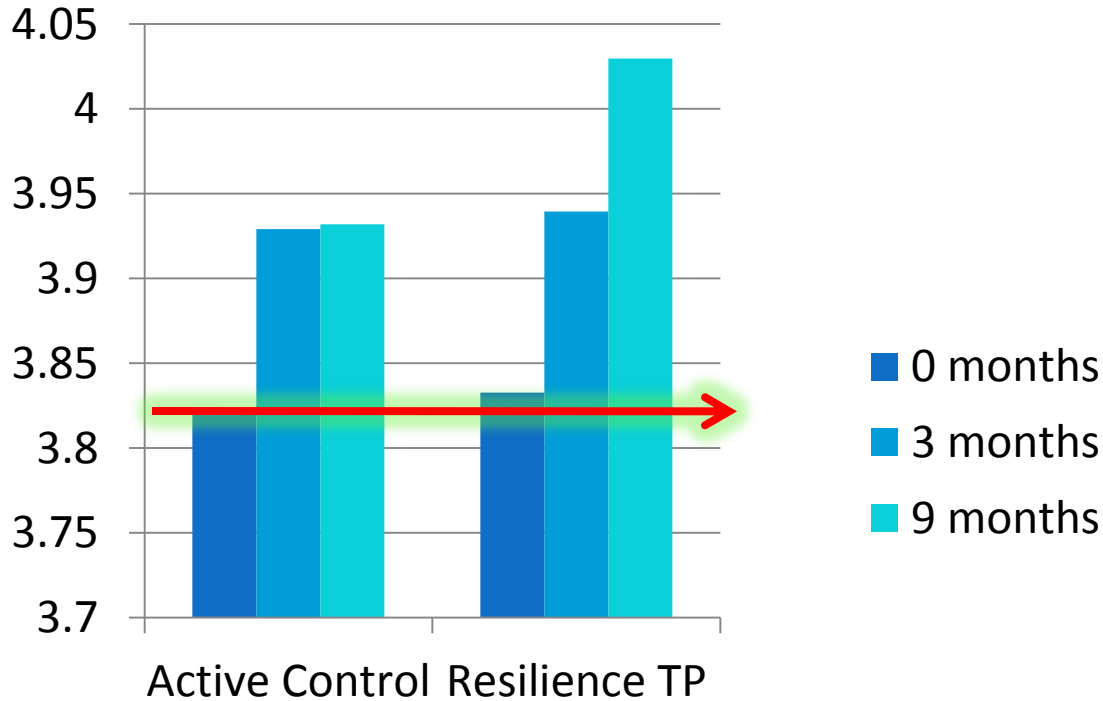
Sensitivity to Peer Behaviour Interview (Healy & Sanders, 2008).



Results: Facilitative Parenting

Facilitative Parenting

Facilitative Parenting Scale (Healy & Sanders, 2008)

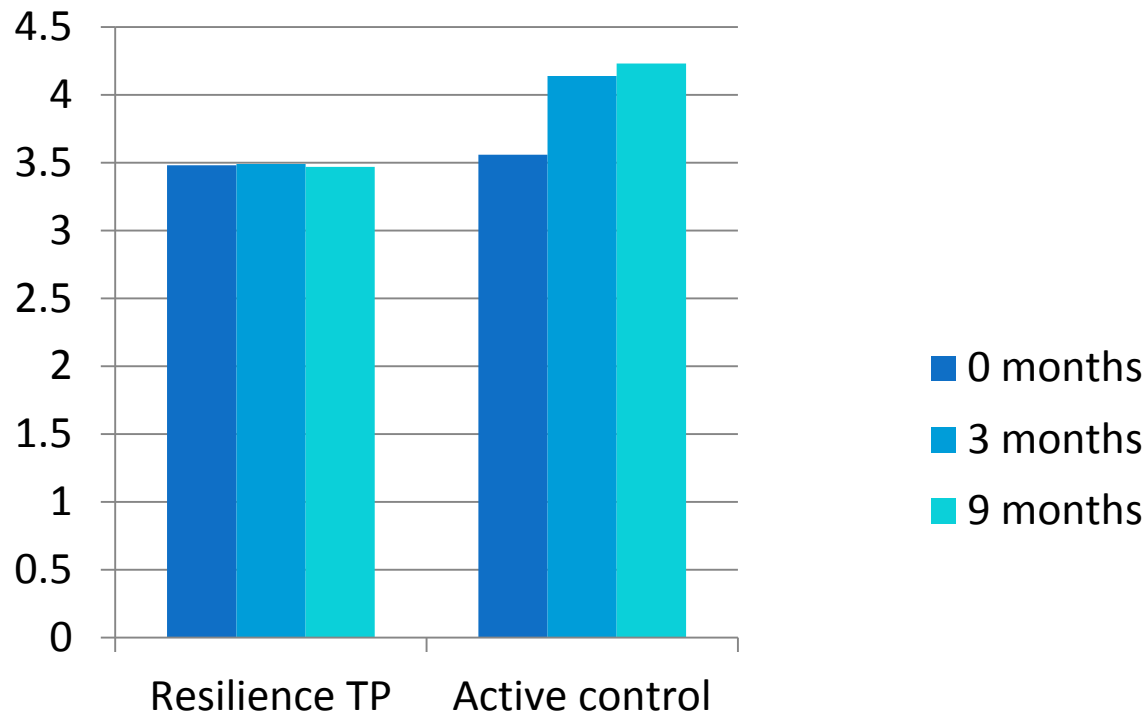


Change
between
conditions
over time
 $p = .035$

Treatment
effect size
 $d = .32$
(small+)

Intrusive Demandingness: Coding of Parent-Child Interaction

Parent Child Discussion Task (Sanders & Healy, 2009).



Change
between
conditions
over time

$p = .059$

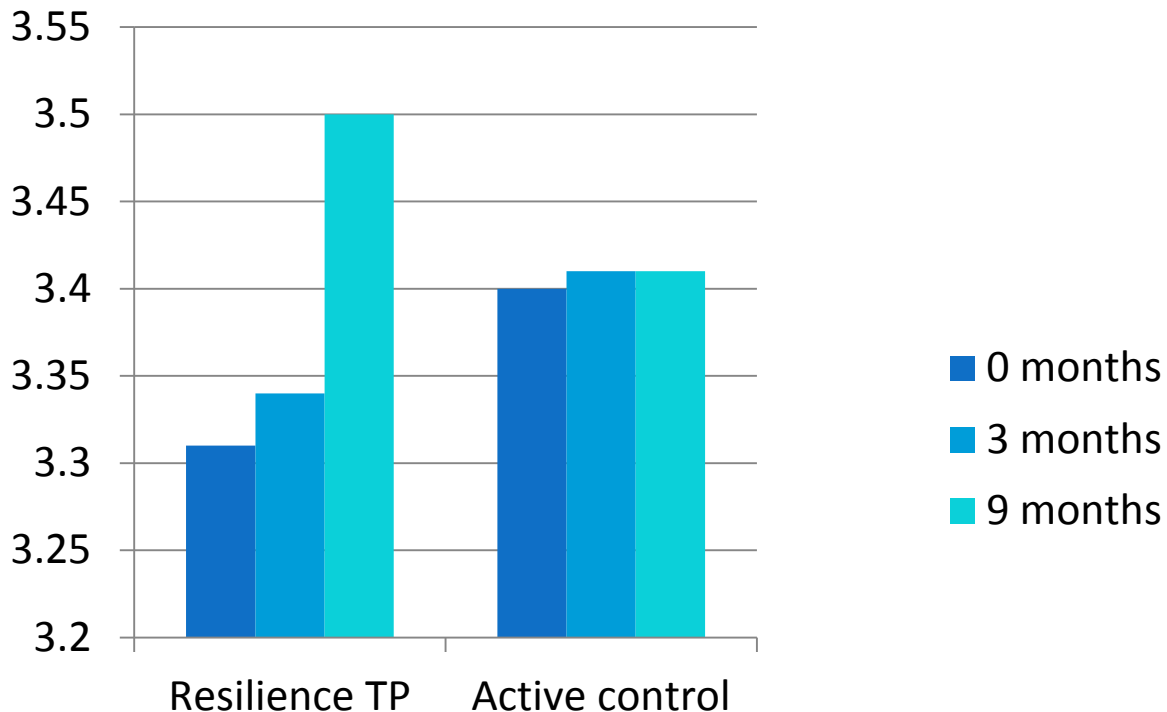
Treatment
effect size

$d = .43$ (small-
med)

Results: Sibling relations

Sibling Warmth: Parent report

Parental Expectations and Perceptions of Children's Sibling Relationship Questionnaire (PEPC-SRQ)(Kramer, 1995).



Change
between
conditions
over time

$p = .025$

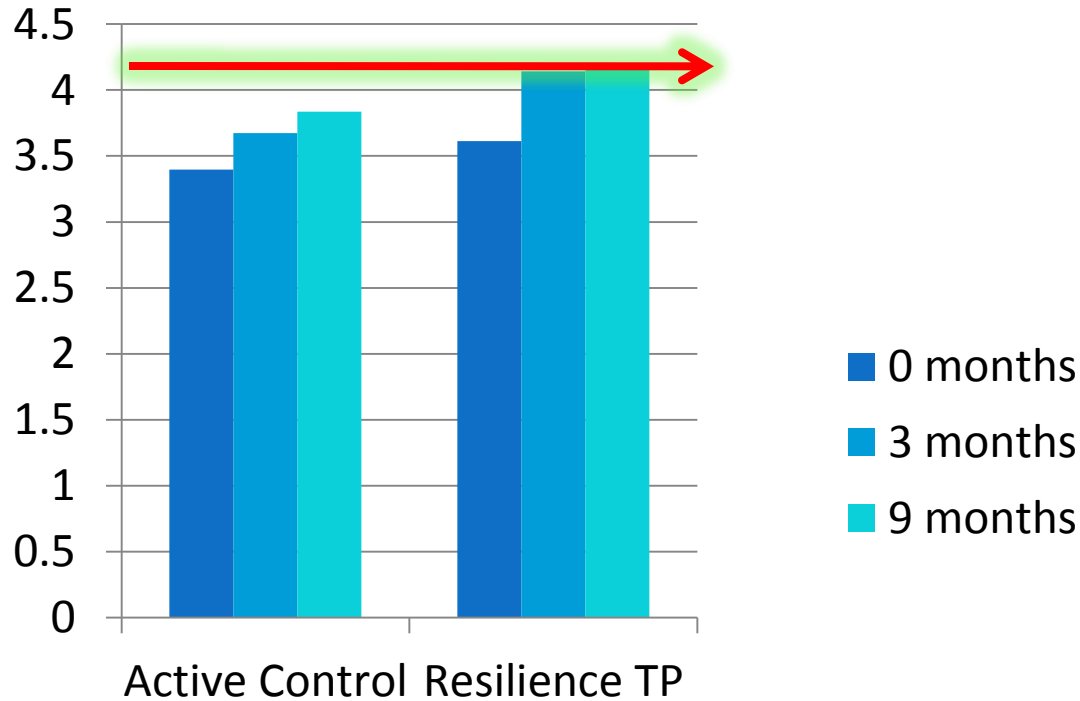
Treatment
effect size

$d = .30$ (small)

Results: Child peer relations

Friendedness – Child report

The Loneliness Questionnaire (Asher & Wheeler, 1985)

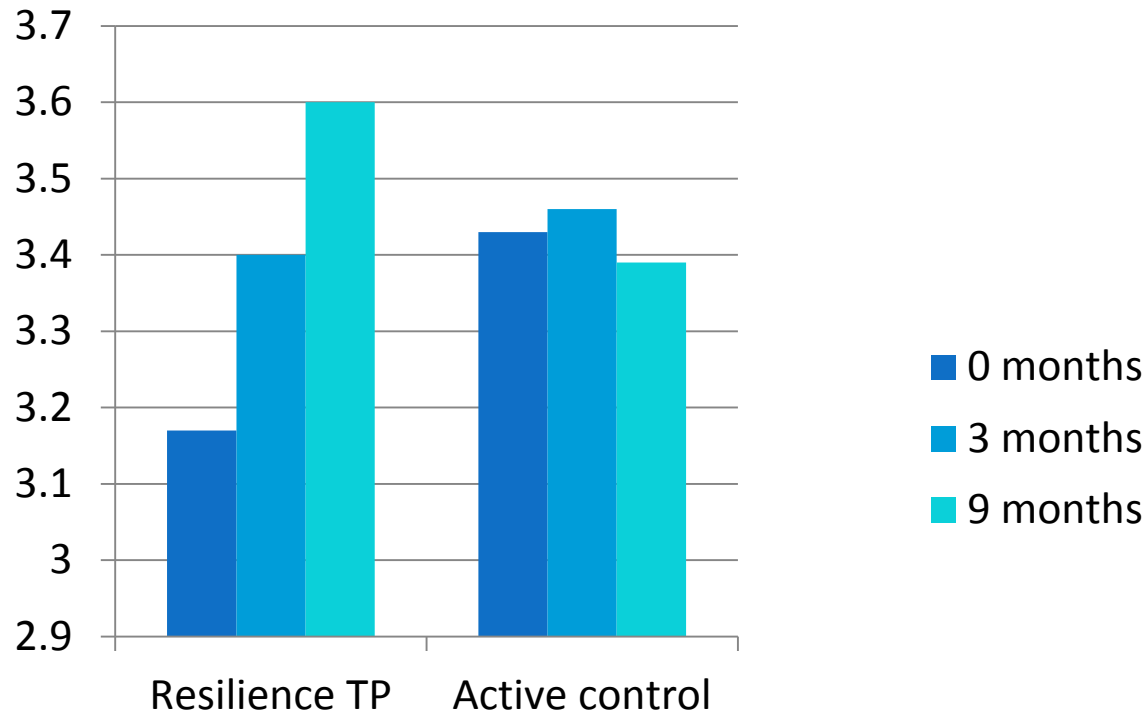


No change
between
conditions
over time
 $p = .71$

Significant
change
over both
conditions
over time
 $p < .001$.

Liked by Same-Sex Peers: Teacher report

The Preschool Social Behaviour Scale (PSBS) (Crick, Casas, & Mosher, 1997).



Change
between
conditions
over time

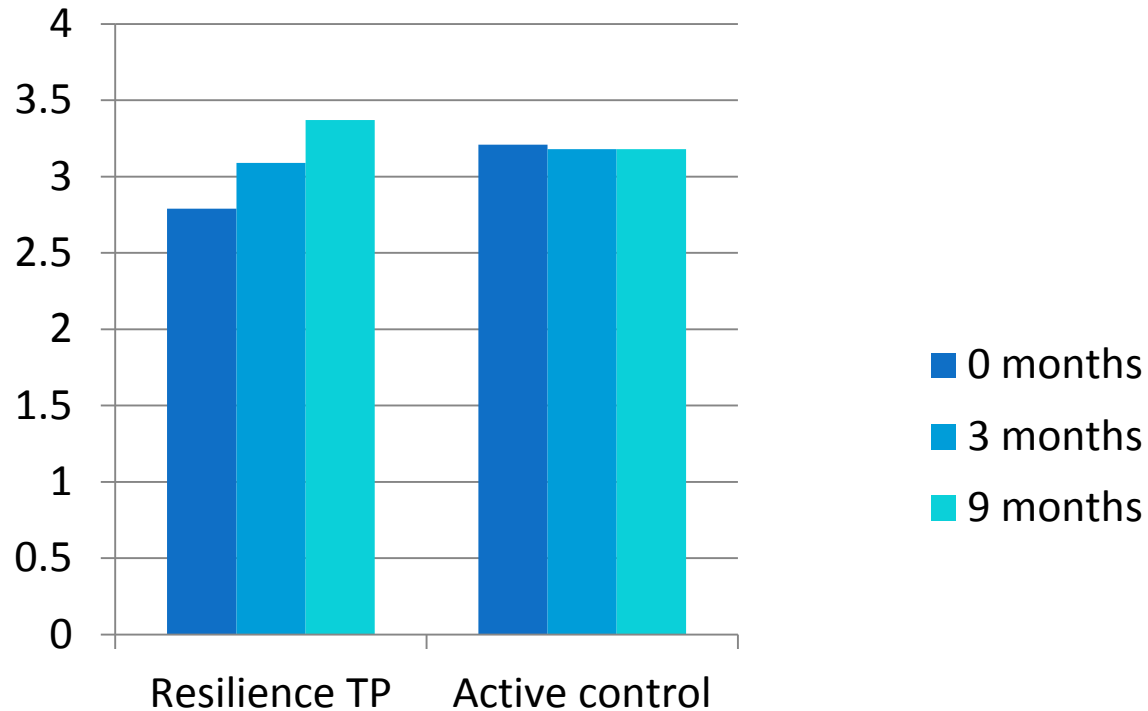
$p = .032$

Treatment
effect size

$d = .46$ (med)

Liked by Opposite-Sex Peers: Teacher report

The Preschool Social Behaviour Scale (PSBS) (Crick, Casas, & Mosher, 1997).



Change
between
conditions
over time

$p = .010$

Treatment
effect size

$d = .60$ (med)

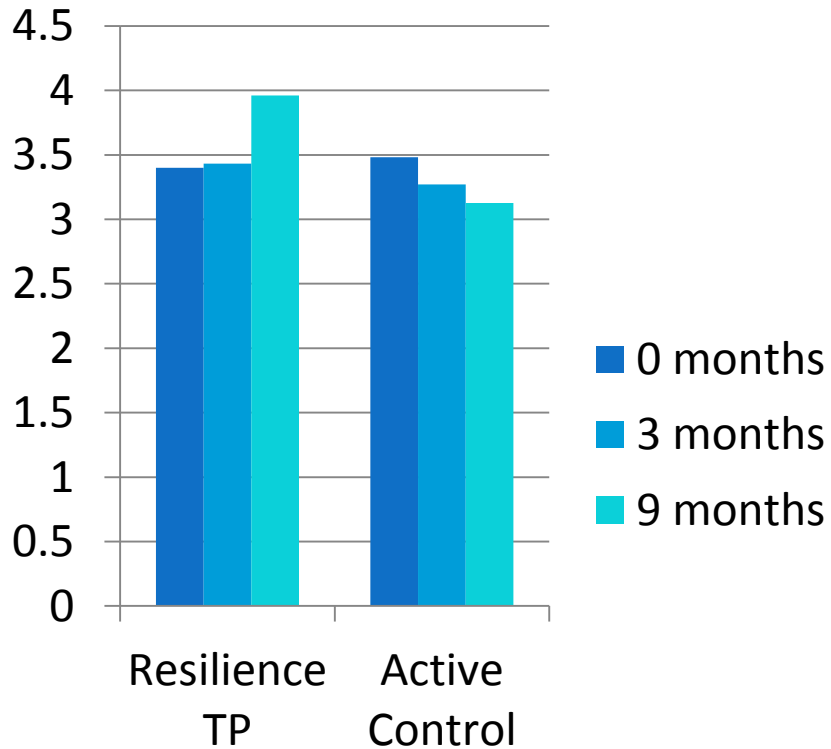
Child testimonial

“This program worked so rapidly that I already have my first ex-girlfriend.”

Joel 9 yrs

Results: *“I like school”*

“I like school”: Child report (Loneliness Measure)



Change over conditions over time

$p = .002$

$d = .65$ (med)



Note by Control Family Dad after program

“Just a quick update to let you know, Ben is coming along in leaps & bounds since doing your program, His zest for life is back.

We have not heard about any upsets from school in ages; in fact Ben and Ella both now walk to and from school (or should I say run to school), their confidence has grown so much.

Ben & Ella are now both leaders of their teams in scouting. Ben has also been picked out by his Sunday school teacher to do Leadership Training, There's no stopping him now.

Our happy-go-lucky 10 year old is back. Awesome.”

Conclusions

- 1) *Resilience Triple P* achieved better results than the significant improvements schools and families could otherwise achieve.
- 2) Victimization of individual children can be substantially reduced when families and schools seek to improve the situation.

Questions for Further Research

- Trial of shorter preventative parent discussion group
- Trial of whole school system
- Investigate impacts over a longer time – including depressive symptoms
- Does this program affect other factors such as academic outcomes and health?
- Does this program work differentially for passive vs provocative victims, for boys vs girls?

Thanks for your time and attention.

Enquiries re Resilience Triple P
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