Working with Young People Who Bully Others: Tips for Mental Health Professionals

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- *An Imbalance of Power:* Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

- *Repetition:* Bullying behaviors happen more than once or have the potential to happen more than once.

Mental health professionals have important roles in helping to change the behavior of youth who bully others. To be effective, mental health professionals need a clear understanding of the roots of bullying behavior and a focus on those strategies that are likely to work. It is also important to understand what approaches may inadvertently make the bullying behavior worse.

Many young people who bully see their own behavior as justified. Many are viewed by peers and teachers as popular at school. According to Olweus (1993), children who bully are likely to come from home situations in which there is little warmth and little positive adult attention and in which discipline is inconsistent and periodically emotionally and physically aggressive. These young people may not develop adequate empathy for others and may not make cause-and-effect connections between their own actions and the consequences of these actions. Instead of re-examining their own behavior when they get in trouble for hurting others, they may blame adults in authority or the children whom they hurt. Consequences for bullying at school, in sports situations, and in other environments may be rare or inconsistent. Without supervision, clear expectations, and consistent consequences, youth who enjoy the power and social status gained from bullying are less likely to change.

Principles of Effective Interventions

Because young people who bully may be very comfortable with their own actions, some traditional counseling techniques may not help. Effective interventions are built on the following principles:

- Advocate for inevitable, consistent, nonhostile, and escalating consequences —within a positive relational context—to raise the cost of the bullying behavior and to help the young person consider alternatives to their behavior.

- Hold the young person who bullies fully accountable for his or her actions. Confront excuses that minimize the behavior ("I only called her a name.") or externalize the cause of the behavior ("I hit him because he kept staring at me."). Help the young person fully acknowledge his or her behavior. Emphasize that the youth had other options, no matter what the provocation and that he or she is fully responsible for the decision made.

- Support parents and educators in holding these young people fully accountable for their actions and not suggesting or allowing rationalizations (such as "He only teases people because he's bored at school.").

- Once the young person is able to recognize problems with his or her behavior, mental health professionals can help them set and work toward goals for change, help them track their progress toward new behaviors, and feel pride about those changes. Focus on helping them discover the specific positive goals that the aggression is directed toward ('What goal were you trying to reach by calling Eric names?') and finding other pathways to reach those goals. These goals may include leadership, being left alone, experiencing mastery of a skill, and dealing with anger.

- Help adults in the child's family and environment recognize and affirm the gradual progress these young people often make toward new, nonaggressive behaviors.

- Help the young person build positive ties with parents and adult mentors.

- Build genuine empathy, to help young people understand and experience the impact of their behavior. Be careful, though, not to keep this learning at a cognitive level only. If we do that, we risk helping these young people understand better how to hurt others.

- Build conscience. The first steps in conscience development may involve young people learning that their own actions can cause them to get in trouble. After reaching that realization, they can begin to appreciate the impact of their actions on others.

For some youth, bullying and other forms of social aggression are more related to impulsivity and poor social skills than to an effort to control others. When this is true, cognitive-behavioral interventions to improve impulse control and structured social skills training may also be helpful. Anger-management strategies may be effective with these young people; these strategies are not likely to help youth whose aggression is planned and done calmly.

Misdirections in Bullying Prevention

What about approaches to build self-esteem? Research indicates that many aggressive youth have high self-esteem and that their aggression can result from a sense of entitlement. It is rarely effective to employ counseling strategies based on self-esteem building with aggressive youth.

What about peer mediation? Mediation-based strategies frequently are based on the assumption that both parties have done something wrong. Especially when carried out by young or relatively untrained mediators, mediation in bullying situations risks solidifying the power differential between the young person who bullies and the young person who is bullied.

Effective interventions with youth who bully often involve strategies such as reality therapy or cognitive-behavior therapies, which hold the client accountable for his or her actions and for the impact of those actions on themselves and others. Work with family systems and consultation and advocacy with schools also are often necessary.

As William Glasser (1975) wrote in Reality Therapy, "[In therapy] someone cares enough about the patient to make him face a truth he has spent his life trying to avoid: he is responsible for his own behavior."

References and Resources

Baumeister, R. F., Bushman, B. J., & Campbell, W. K. (2000). Self-esteem, narcissism, and aggression: Does violence result from low self-esteem or threatened egotism? *Current Directions in Psychological Science*, 9, 26-29.

Baumeister, R. F. (2001). Violent pride: Do people turn violent because of self-hate, or self-love? *Scientific American*, 284, 96-101.

Davis, S. (2005) *Schools Where Everyone Belongs: Practical Strategies for Reducing Bullying* Champaign, IL: USA, Research Press.

Glasser, W. (1975). *Reality therapy: A new approach to psychiatry*. New York: Harper Collins.

Juvonen, J., Graham, S., Schuster, M. (2003). Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics*, 112: 1231-1237.

Mullin-Rindler, N. (2003). *Relational aggression and bullying: It's more than just a girl thing*. Center for Research on Women, Wellesley MA. Wellesley Centers for Women Working Paper Series, 2003. Working Paper # 408.

Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W. J., Simons-Morton, B., Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *The Journal of the American Medical Association*, 285, 2094-2100.

National Association of School Psychologists. (2002) *Bullying prevention: what schools and parents can do*. National Association of School Psychologists, Bethesda, MD. Retrieved August 25, 2005 from http://www.naspcenter.org/resourcekit/bullying_new_rk.html.

New South Wales Health Department (2001). *What parents should know about bullying.* Retrieved August 25, 2005 from http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5705.html.

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Oxford, UK: Blackwell.

Ross, D. (1996). *Childhood bullying and teasing.* Alexandria, VA: ACA Press.

Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behavior by young people.* Cambridge, UK: Cambridge University Press.