2019

Clinical Practice with Children and Adolescents Involved in Bullying and Cyberbullying: Gleaning Guidelines from the Literature

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Abstract

Bullying and cyberbullying have received unprecedented international scholarly attention over the last three decades, including increasingly sophisticated descriptive models, measures of associated harm, and studies of whole-school intervention programs. Despite an abundance of articles related to bullying and cyberbullying, there has been relatively little attention to clinical practice with children and adolescents involved in bullying and cyberbullying. The purpose of this article is to provide a comprehensive review of peer-reviewed academic journal articles published between January 1990 and June 2018 pertaining to individual and group psychotherapy with clients involved in bullying and cyberbullying. Based on this review, we identify four guidelines for clinical practice related to bullying and cyberbullying with children and adolescents.

Keywords: bullying, cyberbullying, clinical practice

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Unprecedented international research over the last thirty years has examined various aspects of bullying, and more recently cyberbullying, including prevalence (Craig et al, 2009; Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014) and associated psychosocial and medical problems (Cuevas, Finkelhor, & Turner, 2011; Ttofi, Farrington, Lösel, & Loeber, 2011). At the same time, however, to date there has been remarkably little attention related to direct clinical practice, including psychotherapy, with clients who are involved in bullying and cyberbullying, whether engaging in bullying, being victimized, or witnessing the bullying. Considering prevalence rates alone, it is highly likely that clinicians in schools and community settings regularly encounter clients involved in bullying and cyberbullying in various ways.

Bullying includes a range of intentional, repetitive, direct and indirect forms of aggression targeting one or more peers with relatively less power (Olweus, 2009; Pepler, Craig, & O'Connell, 1999). Cyberbullying generally refers to bullying using digital technology and social media (Hinduja & Patchin, 2008; Smith et al, 2008). Despite similarities, bullying and cyberbullying can operate differently. Cyberbullying can intrude beyond schools and public places into homes, and there is both a perception of online anonymity and the possibility of actual anonymity among adolescents, which can sometimes lead to intensified attacks (Mishna, Saini, & Solomon, 2009; Suler, 2004). The factor of power imbalance is thought to work differently with cyberbullying: Sometimes, for instance, individuals and groups target peers online who actually have relatively more power among peers in offline settings (Baldasare, Bauman, Goldman, & Robie, 2012).

One of the reasons there has been so little scholarly attention to clinical practice on these issues may relate to the conceptualization of bullying and cyberbullying as group phenomena. Both have been shown to involve a dynamic interaction between an individual or group engaged in bullying or cyberbullying, an individual or group being targeted, and people who witness the aggression (Byers, 2013; Kerzner, 2013; Salmivalli, 2010; Twemlow, Fonagy, & Sacco, 2004). These interactions are thought to be highly influenced by environmental factors, for example school policies and teacher reactions in response to bullying and cyberbullying, and other aspects of school climate (Guerra, Williams, & Sadek, 2011). These models are consistent with ecological systems theory and the person-in-environment perspective (Germain & Gitterman, 1996; Hong & Espelage, 2012; Mishna, 2003).

Attention to group and ecological factors has so far primarily contributed to a dominant emphasis on "whole school" intervention designs, typically focusing on raising awareness about bullying and cyberbullying among all students and staff in a school (Swearer et al., 2010). Efficacy of such programs in practice has been inconsistent (Merrell, Gueldner, Ross, & Isava, 2008; Ttofi & Farrington, 2011). They can likely be refined and improved with better measures and greater developmental sensitivity (Yaeger et al, 2015), as well as more direct attention to social identity, marginalization, social isolation, and individual and group defensive processes (Byers, 2013, 2016; Corbett, 2013; Swearer et al., 2010)—crucial work for clinicians, students, parents, educators, and researchers to take up together in every school and district.

In many cases direct clinical intervention may also be called for, which is consistent with ecological and person-in-environment frameworks. Numerous studies have demonstrated high correlations between bullying involvement and psychological and social problems, suggesting that clinicians may encounter a disproportionate number of clients involved in bullying and

cyberbullying, even if not the primary reason for referral and even if not identified. Indeed, victimized youth are more likely to meet the criteria for psychiatric diagnoses (Cuevas, Finkelhor, & Turner, 2011), including depression, anxiety, and other internalizing problems (Gladstone, Parker & Malhi, 2006; Kaltiala-Heino & Fröjd, 2011; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Ttofi, Farrington, Lösel, & Loeber, 2011), psychosomatic problems (Gini & Pozzoli, 2009), and post-traumatic stress disorder (PTSD) and other trauma symptoms (Carney, 2008; Idsoe, Dyregrov, Idsoe, 2012; Litman et al., 2015; Weaver, 2000). Symptoms secondary to bullying and cyberbullying experiences in childhood may persist into adulthood, along with disturbing memories of being victimized (Espelage, Hong, & Mebane, 2016; Miehls, 2017). Children and adolescents identified as bullying others are at greater risk of substance use, academic problems, depression, anxiety, and attention deficit hyperactivity disorder (Smokowski & Holland Kopasz, 2005; Turcott Benedict, Vivier, & Gjelsvik, 2015). Left unchecked, bullying behaviors and attitudes may persist and escalate into adulthood (Smokowski & Holland Kopasz, 2005). Young people who both bully others and are themselves victimized are at even greater risk for psychological and social problems (Smokowski & Holland Kopasz, 2005). Young people are unlikely to disclose experiences related to bullying and cyberbullying to adults (Mishna & Allagia, 2005; Mishna, Cook, Gadalla, Daciuk, & Solomon, 2010). It is important however, for clinicians to recognize that it is likely commonplace that they are seeing youth dealing with issues related to bullying and cyberbullying—even if often unacknowledged. We therefore wondered what guidance clinical practice scholarship has to offer clinicians in the field, who are treating clients involved in bullying and cyberbullying.

Method for Review of the Literature

We conducted a comprehensive survey of peer-reviewed journal articles published between January 1990 and June 2018 related to individual and group-based clinical practice with children and adolescents involved in bullying and cyberbullying. After reviewing case studies, articles outlining clinical approaches, as well as systematized intervention studies, we identify four guidelines for clinical practice related to bullying and cyberbullying based on application of clinical and developmental theory, practice wisdom, and translational research methods.

We draw on ecological systems theory (Bronfenbrenner, 2000; Germain & Gitterman, 1996; Hong & Espelage, 2012) and the person-in-environment model (Green & McDermott, 2010; Mishna, 2003) in our analysis of the clinical literature and our recommendations for practice—recognizing how individuals are embedded and influenced by social and other interrelated contextual systems. Bullying and cyberbullying involvement and victimization need to be understood dynamically and holistically with reference to explanatory theory and complex systems theory in consideration of contingent micro, meso, and macro level systems (Green & McDermott, 2010). Although carefully attuned and individualized clinical social work practice with individuals and groups is often a critical component of intervention, it is commonly overlooked in more encompassing conceptualizations.

In order to identify peer-reviewed journal articles meeting our criteria, we conducted searches using PsycInfo for the following keyword matches related to direct social work practice in response to traditional bullying: “counseling and bullying” (n=529), “social work and bullying” (n=358) “psychotherapy and bullying” (n=118), and “clinical social work and bullying,” (n=8), as well as several secondary searches to sort larger pools of results, for example adding the terms “group” and “adolescent.” For cyberbullying, we searched “counseling and

cyberbullying" (n=75), "social work and cyberbullying" (n=40), "psychotherapy and cyberbullying" (n=9), and "clinical social work and cyberbullying" (n=1).

We focused on peer-reviewed journal articles published between January 1990 and June 2018, pertaining to individual and group-based clinical practice with children (defined for these purposes as ages 0-11, or up to grade 5) and adolescents (ages 11-18, grades 6-12), involved in bullying and/or cyberbullying. We ultimately included the following: descriptions of intervention approaches (n=18), clinical case studies applying clinical theories and/or reporting observed and/or measured outcomes (n=13), and systematized studies of clinical interventions, including randomized controlled trials and other experimental designs (n=16). Although most reviews aiming to guide clinical practice focus exclusively on intervention studies with control groups, we have included unstudied descriptions of interventions and theoretical case studies in order to incorporate practice wisdom from clinicians in the field. We made the decision to exclude book chapters from this review. While books and book chapters sometimes detail clinical approaches and discuss cases, we excluded them as their aim is more often to educate rather than develop new knowledge. We also excluded articles guiding teacher interventions in classrooms, aiming to focus in this review on practice by clinicians. Finally, we excluded articles pertaining to whole-school intervention models, as these are well studied elsewhere and our interest for this article is clinical practice with individuals and groups. We ultimately identified 47 articles meeting our criteria, presented in Table 1.

[Insert Table 1]

After reading the articles, we classified each one in terms of how they conceptualized bullying problems (e.g., social skills deficits), their clinical objectives, and clinical method. We then compared, discussed, and consolidated the categories through an iterative process of consensus

building that resulted in identification of the four overarching guidelines presented in the next section. It is important to note that only four of the articles reviewed focus on cyberbullying, pointing to a particular need for theory and research related to clinical practice in the context of cyberbullying. It is possible that the guidelines we identified apply differently and to different degrees with regard to cyberbullying as opposed to traditional bullying. At this stage, given the dearth of relevant clinical scholarship, our review takes an expansive and integrative approach in order to highlight experience-near and pragmatic guidance from the field in conversation with relevant research. With each of the guidelines, we stress the need for contextually and case specific applications, attentive to complex systems in interaction, both in-person and online.

Guidelines for Clinical Practice Related to Bullying and Cyberbullying Involvement

Our review pointed to the following four guidelines for clinical social work practice related to bullying and cyberbullying: 1. Work across systems with the client, caregivers, and school; 2. Emphasize the client's subjective experience through mirroring and validating; 3. Prioritize sensitivity and responsiveness to trauma; and 4. Engage dynamically to support development of the client's social skills related to self-efficacy, empathy, and communication. In this section we discuss each of the guidelines in detail with reference to the literature.

1. Work across systems with the client, caregivers, and school

Most of the case discussions and studies explicitly provide a primary focus on interventions using one modality, such as individual treatment, family and parent-child treatment, or group-based treatment. Biggs, Simpson, and Gauss (2009), however, stress the need for multimodal and multidisciplinary team approaches, and Splett, Moras, and Brooks (2015) demonstrate the efficacy of a manualized multisystemic intervention for adolescent girls, their parents, and teachers to address relational aggression. Even if rarely stated or theorized

explicitly, it was evident in many of the articles reviewed that clinicians frequently work at multiple levels of engagement with clients involved in bullying and cyberbullying. They work to support, train, and advocate for and with caregivers, teachers, and school administrators, and work simultaneously with clients in individual, group, and family treatments (Butler & Platt, 2008; Greene, 2003; Gregory & Vessey, 2004; Healy & Sanders, 2014; Kvarme, Aabo, & Saeteren, 2016; Pikas, 2002; Sosin & Rockinson-Szapkiw, 2016; Young, 1998; Ziomek-Daigle & Land, 2016).

Although different practice settings have distinctive norms and expectations regarding advocating for clients outside of the treatment space (e.g., schools, clinics, private practice), treatment related to bullying and cyberbullying typically requires work with other systems in a child or youth's life for education and advocacy (Mishna, 2003). At each stage, this renegotiation of the treatment frame must nevertheless be conscientious about power and the needs and experiences of victimized clients, especially when they attempt to include work with individuals who have been involved in bullying them. Pikas (2002) describes a method of "shuttle diplomacy" between the adolescent client engaged in bullying and the adolescent client who is victimized. One concern about this approach is that it can minimize power disparities in bullying and cyberbullying (Rigby, 2011). Clinicians aiming to "mediate" between clients in the context of bullying can inadvertently put victimized young people in greater danger.

Some authors express concern that a clinician's decision to precipitously act to intervene in a larger system can interrupt a client's freedom to share feelings and fantasies in the therapy or might convey to the client that the clinician does not believe the client capable. For example, Florou and colleagues (2016) describe a clinician's caution about intervening with a school to avoid repeating the intrusiveness of a mother of a 15-year-old client with cerebral palsy: They

reason that "what Dennis needed was not another overprotective mother, but support to become stronger internally, to accept his handicap, trust himself, and to be able to genuinely look at himself" (p. 123). A similar sentiment is sometimes suggested in interventions aiming to develop individual assertiveness among victimized adolescents, which is further discussed below. The clinician's systems-based interventions, however, do not necessarily undermine a client's own agency. Rather, with a young child, the clinician might explain why it is the clinician's responsibility to try to stop the bullying. With an adolescent, the clinician can often join with the client in thinking through the clinical dilemma, deciding together how to move forward. Ultimately, even from a psychodynamic perspective, treatment related to bullying and cyberbullying can be a joint effort by a client and clinician to address the immediate problems the client is facing, what Smaller (2013) describes as a "forward edge" perspective (p. 146).

Another distinctive area of modality-crossing intervention for bullying and cyberbullying is group treatments that weave together group therapy models with school-based advocacy, community organizing, and enlisting the group in research and problem solving (Hall, 2006; Paolini, 2018; Paul, Smith, & Blumberg, 2012; Pikas, 2002; Varjas et al., 2006; Williams & Winslade, 2008; Young, 1998). Young (1998) builds on a model originally developed by Maines and Robinston (1991), in which the child who has been bullied is asked to identify one or two peers who were engaged in the bullying, and others who were bystanders and friends. The group is then organized to collaboratively identify solutions to stop the bullying. Hall (2006) presents a case scenario involving bullying to the group, then guides the group in learning about the topic to identify hypotheses, research questions, and resources to support victimized peers. Williams and Winslade (2008) similarly organize "undercover teams" comprised of two young people who have bullied the client, and others who have not been directly involved, to work strategically to

support the client. These approaches attempt to engage the group in a shared goal, to transform the experience of a client being bullied, and potentially to help address broader bullying dynamics within a school.

Although only four of the reviewed articles pertain directly to cyberbullying, all four are in-person group-based interventions that stress responsiveness to school dynamics, and among these, Paul and colleagues (2012) engaged group members with cyberbullying involvement in a school-based group research project. These types of collective activities, which can serve as a component of group therapy as well as a data gathering resource for a school or community, may be particularly challenging yet impactful in the case of cyberbullying because cyber-aggression may be anonymous and can be even more hidden by the group from adults. Moving the intervention to in-person group activities, or to hybrid (online and in-person) approaches, may help young people to reflect upon and better integrate their experiences and to develop their ethical perspectives across online and in-person spaces.

2. Emphasize the client's subjective experience through mirroring and validating

Mirroring and validating the client's feelings and experiences related to bullying and cyberbullying involvement is generally a component in individual case discussions informed by psychodynamic theories, in particular trauma theory, attachment theory, and self psychology (Malove, 2012; Smaller, 2013; Werbart, 2014). The clinician's steady capacity to reflect on and hear the victimized client's feelings, which may include sadness, worry, embarrassment, shame, and rage, is an important means of validating to the youth that they matter. Clients who are victimized may experience a particular hunger to be seen and understood by a clinician, especially when ostracized by a peer group (Malove, 2012). For younger children, Gregory and Vessey (2004) demonstrate how reading books on bullying might present opportunities for

mirroring and validation. Others coming from cognitive and behavioral perspectives also tend to emphasize the importance of listening to clients and providing ongoing support, including mirroring of affect (Roberts & Coursol, 1996; Sosin & Rockinson-Szapkiw, 2016).

Mishna and Sawyer (2011) contend that clinicians who provide mirroring and validation of pain associated with bullying can help prevent the development of trauma symptoms. Although none of the peer-reviewed clinical literature reviewed here has examined this point, a reasonable extension of attachment and trauma theory is that mirroring and validating painful experiences is a way to mark and calibrate responses to victimization, and to prevent dissociative numbing, tolerance, and normalization of the phenomenon. This may be particularly challenging because young people often do not disclose that they are being bullied or cyberbullied, or may minimize the impacts (Mishna & Allagia, 2005; Mishna, Cook, Gadalla, Daciuk, & Solomon, 2010; O'Connell, Price, & Barrow, 2004). Byers (2016) added that in-person group modalities and other approaches to promote peer recognition of social pain may be particularly useful for older adolescents and emerging adults, who may seek and value this mirroring at these developmental stages, especially from peers.

Mirroring may also be an important strategy to use when working with clients that engage in bullying others, in particular when the aggression is defensive or reactive to perceived environmental stress—termed “reactive aggression” as opposed to “proactive aggression” (Folino et al, 2008; McAdams & Schmidt, 2007). Recognizing feelings of being alone, anxious, fearful, or ashamed, for example, may be important in treatment with clients who have bullied others. Moreover, in a small subset of youth with particular vulnerability, children and adolescents who bully others are also victimized themselves (Haynie et al, 2001; Smokowski & Holland Kopasz, 2005). Cyberbullying is sometimes a way for individuals and groups to retaliate

against others for offline experiences of feeling marginalized or victimized (Baldasare, Bauman, Goldman, & Robie, 2012; Mishna, Khoury-Kassabri, Gadalla, & Daciuk, 2012). These experiences, too, would be important to mirror and validate in order for the clinician and client to begin to identify alternative strategies for responding to experiences of social threat.

Mirroring and validating feelings does not imply condoning behaviors. For example, a client may feel anger and rage about being bullied, as with Werbart's (2014) client, who fantasizes in therapy about getting revenge. It is often important for clients to be able to express these fantasies with a clinician with an understanding that they are separate from actions, a distinction which clinicians must always carefully assess over time with the client. Providing careful mirroring should not imply support for victimizing others to ward off or gain a sense of mastery over uncomfortable or objectionable feelings. Rather, from a psychodynamic and attachment-oriented perspective, mirroring of feelings may help the client to develop affect tolerance, to experience different relational responses, and to enable the client and clinician to identify other means of addressing the affect.

Young and Holdorf (2003), from a solution-focused perspective, specifically discourage talking about presenting problems and even feelings, seeking to regularly redirect clients to awareness of their strengths. They suggest, for example, a technique of affirmative gentle assumptions in the assessment (e.g., asking "what are you good at?") (p. 273) and offering clients compliments to bolster self-esteem. While this approach may help to develop the client's sense that the clinician sees them as capable, it is important to recognize a wider range of potential feelings, including anger, pain, and despair. Clients may require support and validation of these affects, too, along with strategies for dealing with them.

3. Prioritize sensitivity and responsiveness to trauma

Bullying involvement can be traumatic and may suggest traumatic exposure in other contexts (Carney, 2008; Crosby, Oehler, & Capaccioli, 2010; Idsoe, Dyregrov, Idsoe, 2012; Litman et al., 2015; Newman, Holden, & Delville, 2005). Treatment in the context of bullying and cyberbullying should therefore be sensitive to common trauma dynamics (Blitz & Lee, 2015; Mishna & Sawyer, 2011; Plumb, Bush, & Kersevich, 2016; Weaver, 2000). Several of the articles reviewed focused on using nonverbal exercises and media to express potentially traumatic experiences related to bullying involvement, including music (Shafer & Silverman, 2013), art (Barrett, 2012; Nicoli, 2016; Sosin & Rockinson-Szapkiw, 2016; Ziomek-Daigle & Land, 2016), and play (Barrett, 2012; Ziomek-Daigle & Land, 2016). More didactic approaches, such as therapeutic board games with children, are sometimes used to facilitate disclosure and communication about bullying (Streng, 2009). Varjas and colleagues (2006) engaged early adolescent participants in a school in developing a "culture-specific" social skills group to address the traumatic effects of bullying victimization. Others, coming from a psychodynamic perspective, contend that relational trauma treatment relevant to bullying should not depend on the child's verbal disclosure, but rather can be addressed solely in the displacement, especially through the child's play and creative work (Barrett, 2012; Nicoli, 2016).

Still others underscore the importance of relational theory and treatment techniques in practice with clients traumatized by bullying. Malove (2014) aims to establish trust with a fifteen-year-old client by demonstrating through her empathic attention that the therapeutic relationship could be different from other relationships. She finds that her client's past relational experiences leave her hesitant to connect, and Malove "could feel the invisible wall she had erected" (p. 6) when she came for treatment. Both Malove (2014) and Kerzner (2013) discuss relational trauma treatment dynamics in which the client experiences the self and the clinician

through traumatic projective identifications, and through which the bullying is often re-enacted and must be carefully attended to and worked through.

Traumatic experiences often entail self-fragmentation, including multiple complex identifications related to victimization, bullying, and standing by in the midst of aggression (Basham, 2004, Herman, 1992/2015). The tendency for victimized people to identify with the aggressor, and the aggression, makes it critical to avoid demonizing or scapegoating individuals or groups involved in bullying or cyberbullying others, and to engage instead with the aggression as relational phenomena (Maines & Robinston, 1991; Pikas, 2002; Young, 1998). Scapegoating young people involved in bullying temporarily extracts the problem from the environment, but leaves the group vulnerable to perpetuating dynamics of unreflective aggression (Byers, 2013, 2016). It removes responsibility from the peer group and school community to recognize all young people's needs and hold each other accountable.

4. Engage dynamically to support development of the client's social skills related to self-efficacy, empathy, and communication

Across theoretical orientations, many treatment approaches share goals of developing self-efficacy, problem-solving skills, assertiveness, and coping among clients who are bullied (Chu, Hoffman, Johns, Reyes-Portillo, & Hansford, 2015; Newgent, Behrend, Lounsbery, Higgins, & Lo, 2010; Panzer & Dhuper, 2014; Paolini, 2018; Smaller, 2013; Ziomek-Daigle & Land, 2016), and empathy and communication skills among clients who bully others (Horton, 2014; Kimonis & Armstrong, 2012; McAdams & Schmidt, 2007; Sahin, 2012; Splett, Maras, & Brooks, 2015). Feather (2016) introduces an integrative social skills group model using gestalt principles for clients with disabilities who have been bullied, expressly aiming to incorporate skills such as assertiveness with mirroring and meaning making. Chu and colleagues (2015)

introduce a psychoeducational curriculum for adolescent clients (ages 12-13) who have been bullied, aiming in one module to facilitate experiential learning of assertiveness by having participants actively respond in the group to various bullying scenarios. In work with a seven-year-old client, Smaller (2013) coaches the client to confront someone who is bullying him, explaining,

> He was to go up to the boy and ask quite loudly, "I don't understand why you are being mean to me. I have never done anything to you. I have only wanted to be friends with you. Please tell me why you want to be mean to me." (p. 148)

This was a calculated risk for Smaller and, more importantly, for his client. It reflects a common sentiment in clinical interventions with clients who are bullied that individuals can assert themselves conscientiously to renegotiate power dynamics within the peer group. Such renegotiations of power may be particularly difficult for victimized youth, however. Peer groups often do not accept a victimized child, even if that child changes their behaviors, as the group can tend to maintain the view of the child as rejected (Coie & Cillessen, 1993; Pepler, Craig, & O'Connell, 2009).

Practice with clients who bully others often focuses on development of empathy and communication skills. Folino and colleagues (2008) identify a pattern in their eight-year-old client of misperceiving social situations and reacting defensively with aggressive outbursts; they intervene by priming the client in advance of anticipated provocations. Horton (2014) similarly aims to interrupt hostile attribution bias through individual and group activities to increase perspective taking among aggressive children. These approaches may allow for development of greater empathy toward peers who are no longer perceived of as threats. Kimonis and Armstrong (2012) add a more intensive focus on rewards (a token system) in work with children with

features of callousness—lacking in empathy, guilt, and caring behaviors—using a modified Parent Child Interaction Therapy. They find that rewards are more useful than disciplinary consequences in their work with a five-year-old client who has victimized others with aggression, and that the intervention seems to increase his capacity for empathy.

The common emphases on enhancing assertiveness for bullied clients on the one hand, and empathy for clients engaged in bullying on the other, reflects a narrow conceptualization of bullying as stemming from specific traits of individuals involved with bullying and being victimized. More recently, however, some models have begun to incorporate more dynamic and interactive models that take into account environmental factors (Beebe & Robey, 2011; Cannon, Hammer, Reicherzer, & Gillian, 2012; DeRosier, 2004; Healy & Sanders, 2014; Gregorino, 2016; Sandu & Kaur, 2016). Healy and Sanders (2014) report reductions in both victimization and bullying through a group model focusing on developing friendship quality among victimized children, as well as skills to help their caregivers to communicate with schools and support friendships. Cannon, Hammer, Reicherzer, and Gilliam (2012) describe a group-based intervention aiming to enhance empathy through greater mutual vulnerability in peer relationships for clients who have both engaged in cyberbullying and been victimized. DeRosier (2004) reports encouraging outcomes of a manualized cognitive-behavioral and skills-based group intervention with children in third grade. Children who have been bullied are grouped with children who have bullied others, and all follow the same curriculum. Framing individual and group treatments around broad objectives and relevant activities can make room for relationship building (between clinician and client, and between clients in the case of small groups) to allow for active and dynamic social skill development in therapeutic interaction.

Limitations

There are several important limitations to our review, many of which relate to how little has been published to date about clinical practice with regard to bullying and cyberbullying. Due to the small and varied number of peer-reviewed publications, and our decision to fully integrate peer-reviewed articles reporting on new intervention models—even those without outcomes measures and randomized controls—we chose not to conduct a quantitative analysis of any of the findings we reviewed. We instead took an iterative, consensus building approach as a group toward identifying relevant categories and guidelines. Another group of researchers might glean different guidelines from the same articles. Finally, because there were only four articles pertaining to practice related to cyberbullying, we are unable to consider in this review how and when clinical approaches to cyberbullying might be different than for traditional bullying.

Conclusion

Given significant advances in descriptive and phenomenological research on bullying and cyberbullying over the past three decades, the lack of peer-reviewed scholarship on the role of clinical interventions is striking. This neglect is pervasive with regard to treatment related to bullying and cyberbullying. There is a clear need for clinical literature, including case studies, related to bullying and cyberbullying with rigorous theoretical and research-based conceptualizations and discussion of treatment, as well as translational research studies focused on efficacy of treatment models in schools and community settings. While important, the general focus on “whole-school” intervention has tended to obscure and minimize the vital role of individual and group clinical practice with children and youth involved in bullying and cyberbullying.

The guidelines we identify are consistent with ecological systems and person-in-environment frameworks for understanding bullying and cyberbullying, and clinical social

workers are ideally situated to implement and build on them in schools, colleges and universities, and community clinics. In all of these settings, where clinicians routinely meet with young clients experiencing bullying and cyberbullying, clinical social workers can take the lead in administration and direct practice in defending their time and personalized attention with their clients. A core emphasis across each of the four guidelines—and an implicit premise in many of the articles we reviewed—is a steady and reliable relationship with a caring, credible, and responsive adult. This clinical relationship, both one-on-one and in small groups, is an integral component to complex systems interventions as well. Remaining clinically attuned to the needs and strengths of individuals and small groups, while also working in partnership with clients within complex systems for change, is both fundamental to clinical social work and vital in clinical responses to bullying and cyberbullying.

Given the relative paucity of literature on this topic between 1990 and June 2018, the four guidelines we have identified are just a start. Each reflects an area that clinicians and researchers with close proximity to the field have thus far placed value on in their writing about practice. As such, each guideline is an area for more intensive clinical research.

In order to be effective, clinical approaches with individuals and groups must be conducted simultaneously or sequentially with the work conducted in other systems (Greene, 2003). Yet it is essential at this stage to increase our focus and research on direct practice and psychotherapy related to bullying and cyberbullying. Clinical practice is indeed often a foundation, and a first line, in anti-bullying work.

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Table 1.

Articles on clinical practice with clients involved in bullying and cyberbullying, January 1, 1990 to June 1, 2018

Publications Reviewed	Intervention Type	Intended Client and Identified Presenting Problem	Method of Analysis	Findings
Banks, 1999	Group, solution-focused	Adolescents bullying others Type: traditional bullying	Description of intervention	Collaborative group model associated with decreased bullying behavior for small group
Barrett, 2012	Individual, psychodynamic	Child who has been bullied Type: traditional bullying	Case study	Play with action figures and drawing allow for meaning making about bullying and other stressors through displacement
Beebe & Robey, 2011	Individual, reality therapy	Adolescents Bullying others Type: traditional bullying	Description of intervention	Behavioral contracting and helping client to understand how bullying others gratifies personal needs may help to lessen bullying
Biggs, Simpson, & Gauss, 2009	Individual and group, individualized team-based approach	Children who have been bullied Type: traditional bullying	Case study	Multidisciplinary team can be used to create multi-tiered plan to address bullying, with impacted client in the lead
Butler & Platt, 2008	Structural family therapy, narrative therapy	Children who have been bullied and their families Type: traditional bullying	Description of intervention	Use of structural and narrative interventions within a family and school system may help to shift meanings children attribute to being bullied
Camelford & Ebrahim, 2016	Group, psychoeducational intervention	Adolescent girls with potential cyberbullying involvement Type: cyberbullying	Pilot test of intervention	Psychoeducational model associated with increases in empathy, awareness, and discussion about cyberbullying in small group
Cannon, Hammer, Reicherzer, & Gilliam, 2012	Group, relational-cultural theory	Adolescent girls who have both participated in and been targets of cyberbullying	Description of intervention	Group aims to develop awareness of social stratification and mutual empathy within and across peer groups

		Type: cyberbullying		
Chu, Hoffman, Johns, Reyes-Portillo, & Hansford, 2015	Group, cognitive-behavioral approach: Group Behavior Activation Therapy for Bullying (GBAT)	Children who have been bullied Type: traditional bullying	Pilot test of intervention	GBAT may help to reduce socio-emotional effects of being bullied, in particular anxiety and mood symptoms
DeRosier, 2004	Group, psychoeducational: Social Skills Group Intervention: (S.S.GRIN)	Third graders who have been bullied or bullied others Type: traditional bullying	Randomized control trial	The intervention showed increases in peer liking, self-esteem, and self-efficacy, and decreased social anxiety for children who had been bullied, as well as declines in aggression / bullying behavior for children who had targeted others.
Feather, 2016	Group, social skills and Gestalt therapy group	Students with disabilities who have been bullied Type: traditional bullying	Description of intervention	This experiential group model aims to promote self-efficacy, self-determination, and social skills for children with disabilities who have been bullied
Florou et al., 2016	Individual, psychodynamic	Adolescent with disability who has been bullied Type: traditional bullying	Case study	Living with disability can contribute to narcissistic vulnerability exacerbated by bullying, and may be addressed in treatment
Folino, Ducharme, & Conn, 2008	Individual, success-focused intervention	Child who bullied others Type: traditional bullying	Case study	A priming technique was effective in this case to reduce aggression and increase distress tolerance
Gregorino, 2016	Individual, didactic game, choice theory	Children and adolescents bullying others Type: traditional bullying	Description of intervention	Intervention aims to reduce bullying by supporting client's sense of choice through individuality and autonomy
Gregory & Vessey, 2004	Individual and group, bibiotherapy	Children and adolescents who have been bullied Type: traditional bullying	Description of intervention	Reading and discussing an age-appropriate book about bullying may help children to share their own experiences of being bullied more readily

Hall, 2006a	Group, problem-based learning	Children (grades 5-7) who have been bullied Type: traditional bullying	A-B single subject design	Possible increases in assertiveness among participants
Hall, 2006b	Group, Solving Problems Together (SPT) model	7th graders who have been bullied Type: traditional bullying	Case study	Students in SPT group may develop knowledge and skills to deal more effectively with bullying
Healy & Sanders, 2014	Family, facilitative parenting, Resilience Triple P (RTP) model	Families of children ages 6-12 who have been bullied Type: traditional bullying	Randomized control trial	Intervention can reduce victimization and distress, improve family relationships, and strengthen school efforts to address bullying
Horton, 2014	Individual and group, Social Information Processing Theory	Children and adolescents who bully others Type: traditional bullying	Description of intervention	Intervention aims to reduce aggressive behavior with group and individual exercises designed to interrupt hostile attribution bias and increase perspective taking.
Jong-Un, 2006	Group, reality therapy and choice theory: Bullying Prevention Program (BPP)	Children in grades 5-6 who were bullied Type: traditional bullying	Quasi-experimental pre-test-posttest control group design	Intervention was associated with reduced victimization and greater measures of responsibility, a measure associated with children's assertive and effective responses to being bullied
Kerzner, 2013	Individual, psychodynamic	Adolescent who has been bullied Type: traditional bullying	Case study	Relational psychodynamic approach in this case helped to disrupt projective trauma dynamics to facilitate recovery
Kimonis & Armstrong, 2012	Family, Parent-Child Interaction Therapy	Child who has bullied others Type: traditional bullying	Case study	This modification of parent-child interaction therapy, incorporating a token incentive system, is effective in this case of a 5-year old client with callous-unemotional traits and bullying others
Kvarme, Aabo, & Saeteren, 2016	Group, support group model	Children who have been bullied Type: traditional bullying	Qualitative intervention study	Exploration of the assessment suggests that the collaborative support group design helps to improve members feeling valued and reduces experiences of being bullied

Malove, 2012	Individual, psychodynamic	Adolescent who has been bullied Type: traditional bullying	Case study	Relational psychodynamic approach in this case helped to disrupt projective trauma dynamics to facilitate recovery
McAdams & Schmidt, 2007	Individual, integrative behavioral approaches	Children and adolescents who have bullied others Type: traditional bullying	Description of intervention	Intervention aims to address proactive aggression in clients with both individualized and responsive behavioral treatment and attention to feelings
McElearney, Adamson, Shevlin, & Bunting, 2013	Individual, cognitive-behavioral therapy	Adolescents who have been bullied Type: traditional bullying	A-B single subject design	Reports reductions in difficulties associated with being bullied using an individual counseling intervention intended to developing coping skills
Murphy & Heyman, 2007	Group, psychoeducational and goal directed approaches	Adolescents (ages 11-14) with Tourette's Syndrome who have been bullied Type: traditional bullying	Case study	Group-based approaches helped participants to feel supported and to manage challenges, including bullying
Newgent, Behrend, Lounsbery, Higgins, & Lo, 2010	Group, social skills development and psychoeducational: Psychosocial Educational Groups for Students (PEGS)	Children who have been bullied Type: traditional bullying	A-B single subject design	Intervention is associated with improvements in self- esteem, assertiveness, and reductions in victimization for children who have been bullied
Nickel et al., 2006	Family, Brief strategic family therapy (BSFT)	Adolescent girls who have bullied others Type: traditional bullying	Randomized controlled trial	Bullying behavior and risk-taking were reduced in the BSFT group
Nicoli, 2016	Individual, play/art therapies and psychodynamic theory	Adolescent who has been bullied Type: traditional bullying	Case study	Use of play and art therapy techniques helped in this case for the client to express and process traumatic experiences, including bullying
Panzer & Dhuper, 2014	Group, coping skills and cognitive-behavioral therapy	Children (ages 10-12 year) who have been bullied about obesity	A-B single subject design	Children and parents showed proficiency in describing and demonstrating the coping strategies in the curriculum,

		Type: traditional bullying		with lower levels of bullying reported after two years
Paul, Smith, & Blumberg, 2012	Group, psychoeducational using Quality Circles (QC) approach	Adolescents (ages 11-13) who may have involvement in cyberbullying in various ways Type: cyberbullying	Description of Intervention	Intervention aims to empower students and support efficacy by engaging participants in research about cyberbullying in their own classes and generates localized solutions
Pikas, 2002	Individual and group: Shared Concern method (SCm)	Adolescents who have bullied others and adolescents who have been bullied Type: traditional bullying	Description of intervention	A model with reported efficacy for mediation between the client engaged in bullying and client being bullied
Roberts & Coursol, 1996	Individual, supportive counseling strategies	Children who have been bullied Type: traditional bullying	Description of intervention	Short and longer-term strategies (e.g. listening, developing assertiveness skills, demonstrating clinician's commitment) that help targeted children feel supported, and to resolve bullying problems
Sahin, 2012	Group, psychoeducational structured empathy training	Adolescents (grade 6) who have bullied others Type: traditional bullying	Randomized control trial	Bullying behaviors in treatment group decreased as empathy increased
Sandhu & Kaur, 2016	Group: Parental Group Therapy (PGT)	Adolescents who have cyberbullied others, and who have been cyberbullied, and their parents Type: cyberbullying	Quasi-experimental design	The intervention may reduce behavioral problems and cyberbullying among participants
Shafer & Silverman, 2013	Group, social learning theory, music therapy	Adolescents who have been bullied and adolescents who have bullied others Type: traditional bullying	Description of intervention	Music therapy related strategies may be useful for addressing problems associated with bullying

Smaller, 2013	Individual, psychodynamic	Child, adolescent and adult clients who have been bullied Type: traditional bullying	Case study	Self-psychology illuminates narcissistic vulnerability of clients who are bullied and target others, and suggests that psychotherapy approaches have been useful for addressing these needs in cases discussed
Sosin & Rockinson-Szapkiw, 2016	Individual, cognitive-behavioral therapy, mindfulness techniques, and art therapy: Creative Exposure (CE) model	Adolescents who have been bullied Type: traditional bullying	Description of intervention	The model for integrating CBT, mindfulness, and art therapy may help to address symptoms of PTSD associated with being bullied.
Splett, Maras, & Brooks, 2015	Group, psychoeducational: Growing Interpersonal Relationships through Learning and Systemic Supports (GIRLSS)	Adolescent girls who have engaged in relational aggression, including bullying, and their caregivers Type: traditional bullying	Randomized pilot study	Intervention group demonstrated reductions in relational aggression
Streng, 2009	Group, psychoeducational	Children who have been bullied Type: traditional bullying	Description of intervention	Use of board games in groups is a practical and useful way to help children manage a variety of challenges, including bullying
Varjas et al, 2006	Group, participatory and culture-specific intervention model: Peer Victimization Intervention (PVI)	Adolescents (grades 6-8) who have been bullied Type: traditional bullying	Pilot study, mixed methods	A group intervention developed with participants, who demonstrated lower rates of post-traumatic stress related to being bullied.
Vessey & O'Neill, 2011	Group, psychoeducational: Take a Stand, Lend a Hand, Stop Bullying Now	Children and adolescents (ages 8-14) with disabilities who have been bullied Type: traditional bullying	Mixed method design	Participants reported being less bothered by being bullied and improved self-concept and resilience
Werbart, 2014	Individual, psychodynamic	Adolescent who has been bullied Type: traditional bullying	Case study	Client experiences difficulties with relatedness, with himself and others, and developing related capacities may have been useful in this case
			Case study	

Williams & Winslade, 2008	Individual and group, solution-focused	Adolescents with varied bullying involvement Type: traditional bullying		Individual intervention to identify solutions may be useful for interrupting bullying dynamics among adolescent clients
Young, 1998	Individual and group, applied brief therapy	Children and adolescents who have been bullied, bullied others, or been bystanders Type: traditional bullying	Description of intervention	Empowering the group, including children bullying others and others who are bystanders, to identify solutions to the specific bullying problem may help to develop empathy for a targeted peer and reduce bullying
Young & Holdorf, 2003	Individual, solution-focused brief therapy (SFBT)	Adolescents who have been bullied Type: traditional bullying	Description of intervention	Structured individual sessions following SFBT principles may be useful in brief individual practice with clients who have been bullied
Ziomek-Daigle & Land, 2016	Individual and group, Adlerian psychology (AP)/interpersonal psychology (IP)	Adolescents who have been bullied or who have been bystanders Type: traditional bullying	Description of intervention	Groups to develop social interest and a focus on collective wellbeing and individual sessions focusing on encouragement may help to address bullying and related problems