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Bullying Intervention and Solution-Focused Brief Therapy: A Review of the Literature

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Abstract

This paper provides a review of the literature on bullying in school settings. The role of Solution-Focused Brief Therapy (SFBT) is explored as a possible intervention approach. Clear gaps in the literature indicate that further studies are recommended on the effectiveness of SFBT on bullying at schools.

Keywords: Bullying, Victim of Bullying, Bullying Intervention, Solution-Focused Brief Therapy

1. Introduction

1.1 The Problem

There has been considerable focus on anti-bullying programmes and bullying intervention in schools throughout the world. Bullying can be identified as a subtype of aggressive behaviour and described as being repetitive in nature and involving an imbalance of power (Salmivalli, 2010; Salmivalli, Poskiparta, Ahtolo, & Haataja, 2013). The victim of bullying may repeatedly be attacked, humiliated and excluded by an individual or group of people (Salmivalli, 2010). Within school settings, "A student is being bullied or victimised when he or she is exposed, repeatedly and over time to negative actions on the part of one or more other students" (Oleweus, 1993, p. 9).

Key questions to guide this literature review are:

1. What is the role of the school counsellor in the intervention of bullying in secondary schools?
2. What impact can the implementation of SFBT have on bullying intervention in schools?

School counsellors or therapists can find that counselling referrals may include the victims of bullying who are sometimes labelled as having the problem. The perpetrators of bullying, who may also have been subjected to bullying in the past themselves, can also benefit from counselling to address issues such as aggression.

Solution-Focused Brief Therapy by its very nature does not focus on the problem but rather on the desired future of the client and the behaviour that needs to occur to achieve the desired outcomes (Young & Holdorf, 2003).

Therefore, this paper reviews the literature on bullying in school settings and the role of solution-focused brief therapy (SFBT).

2. Method

This investigation began by seeking out scholarly articles via electronic databases which are relevant to the discipline of counselling. The literature search strategy included a search for research output between the periods of 1980 to present due to the introduction of SFBT in the 1980s. These searches included: Academic Search Premier, EBSCO host, Education source, PsycARTICLES, Psychology and Behavioural Sciences Collection and PsycINFO. Studies were identified that evaluated the use of SFBT in schools and as a bullying intervention, and in general for behavioural and educational issues.

2.1 Research on Bullying in Schools

2.1.1 Prevalence of Bullying
According to Rigby (2010), 15% of students in Australian schools indicate being victims of bullying on a weekly basis, and 5% report a daily occurrence of victimisation. Experiencing bullying on a regular basis may result in long-term psychological effects (Rigby, 2010). Likewise, half of bullying perpetrators surveyed indicate that they are also victims of bullying themselves and therefore, it is important to break the bullying cycle (De Winter et al., 2005).

2.1.2 The Effects of Bullying
Being a victim of bullying at school may result in the development of significant emotional and psychological issues (Rigby, 2010). A qualitative study on 8 victims of bullying in the United Kingdom aged between 13 and 15 years, found that the daily functioning of the life of the victims was affected (Johnson & Side, 2014). The victimised students reported being fearful of attending school and difficulty eating, sleeping or going to school at all (Johnson & Side, 2014). Thus, being a victim of bullying may result in significant effects on the daily lives and health of students, and this is due in part to a lack of sleep and poor nutrition (Johnson & Side, 2014). Likewise, the academic progress of victims of bullying may also be affected due to anxiety issues and school absence (Rigby, 2010). Therefore, intervention for students suffering as victims of bullying is imperative, and bullying prevention is fundamental to breaking the cycle.

There are also long-term psychological effects for victims of severe bullying in childhood. Testified effects of being a victim of bullying during school years include anxiety, depression, low self-esteem, suicidal thoughts, and suicide (Rigby, 2010). A study conducted in Finland investigated the effects of bullying in the long term on 2713, 8-year-old victims of repeated bullying (Rigby, 2013). The students were followed up 10 to 15 years after leaving school because of national service registration (Rigby, 2013). The men who had been victims of bullying in childhood were three times more likely than those who were not victims of bullying to be declined by the national service, due to depression, anxiety, and personality disorder (Rigby, 2013). Thus, bullying prevention and intervention programmes in schools are crucial for the future well being of victims.

Likewise, perpetrators of bullying are at risk of long-term effects due to exhibiting bullying behaviour. If there is no intervention to assist school perpetrators of bullying with aggression issues, they are at an increased risk of delinquency, crime and alcohol abuse (Rigby, 2010; De Winter et al., 2005). Students who exhibit bullying behaviour can become a danger to society after school years, and therefore, school bullying prevention initiatives are not only imperative for the victims of bullying but also for the perpetrators.

2.1.3 The Characteristics of Victims and Perpetrators of Bullying
When examining why some youth become victims or perpetrators of bullying, it is important to note the features, which are common to victims and bullies. The characteristics of a victim or perpetrator of bullying can enable a profile of a bully or a victim to be established, which could assist in the identification of students at risk. Research indicates that students who present as bullies tend to be impulsive, antisocial and exhibit aggressive behaviours (De Winter et al., 2005). Victims of bullying may suffer from mental health issues such as anxiety,

low self-esteem, and depression, and often exhibit physical traits such as being small in size (Carey & Dowling, 2013; De Winter et al., 2005).

When investigating the prevention of bullying in schools, pupils who exhibit characteristics consistent with the profile of a bully or victim could be identified by school personnel and referred to the school counsellor. The counsellor could assist students who present as exhibiting characteristics of a victim of bullying by working on social skills, anxiety issues, and self-esteem issues. Therapeutic intervention for depression could also be the role of the school counsellor. Similarly, students who could potentially become perpetrators of bullying could benefit from counselling to deal with aggression issues and to develop social skills. Therefore, counsellor intervention may be a preventative means of ensuring the decrease in bullying acts.

Likewise, there is a link between parenting styles and aspects of family life to the likelihood of a child becoming a victim of bullying. Research indicates that there is an association between parents who are overprotective and their child being a victim of bullying (De Winter et al., 2005). In particular, parents who do not give children the opportunity to socialise with others outside the family may be putting children at risk of becoming victims of bullying (De Winter et al., 2005). Therefore, parenting programmes, which educate parents on effective parenting styles and forms of discipline, could be beneficial in the prevention of children becoming victims of bullying.

Students, who bully, according to research, come from homes where physical punishment is the favoured means of discipline and aggressive behaviour by children is not discouraged (De Winter et al., 2005). In addition, there is an association between childhood exposure to authoritarian or highly permissive styles of parenting, and being a perpetrator of bullying (Rigby, 2013). Parental support and education programs on parenting styles and forms of discipline are an important consideration in the prevention of children becoming involved in the perpetration of bullying behaviour. School counsellors could implement parenting programmes in schools, or they could refer parents to services in the wider community.

2.1.4 **Bullying and Gender Differences**
There are gender differences in the roles that students play in the bullying relationship and these are important considerations when investigating the prevention of bullying in schools. A study conducted by Mele-Taylor, and Nickerson (2014) on students aged between 10 and 15 years, found that males were more likely to be defenders of the victims of bullying than females. Conversely, Correia and Dalbert (2008) found that girls exhibit more empathy than boys, and thus, were involved in defending victims of bullying more often than males. The study included 187 Portuguese school students aged between 12 and 18 years of age (Correia & Dalbert, 2008).

De Winter et al. (2005) concludes that boys are more likely to bully others and to be victimised by bullies. The study comprised a large population of pre-adolescent boys and girls. Therefore, the findings raise the question about differences in bullying patterns between pre and post-adolescent populations (De Winter et al., 2005). Thus, there is a need for further research on pre-adolescent versus adolescent populations regarding gender differences and bullying and defending behaviours. Comparative research on adolescent samples is necessary to assess the impact of puberty on bullying behaviours.

2.1.5 **Empathy and Bullying**
Empathy can be described as: "the combined ability to interpret the emotional states of others and experience resultant, related emotions" (Coan et al., 2009, p. 1210). Mele-Taylor and Nickerson (2014) researched 262 students from 6 different middle schools in the United States and found that students who were involved in the defending of victims of bullying displayed more empathy than the students who took part in outsider or bullying roles, as these students exhibited lower levels of empathy. Mele-Taylor and Nickerson (2014) conclude that empathic awareness has a significant connection with defending behaviour and empathy training may be an effective bullying prevention or intervention strategy in schools. The increase of defending behaviours of bystanders of bullying may occur through the implementation of whole school empathy training programmes. Thus, by undergoing empathy training provided by school counsellors, bystanders could decrease bullying in schools by defending victims.

When examining the prevention of bullying in schools, empathy training would be a significant endeavour to improve defending behaviour. According to Gerdes, Segal, Jackson, and Mullins, (2011) "Lack of empathy underlies the worst things human beings can do to one another; high empathy underlies the best " (p.109). Therefore, the behaviour of bullies and how children treat each other emphasises the importance of empathy development to prevent the victimisation of others. Hence, the ability for empathy to be developed or improved is important, as there is an association between low levels of empathy and bullies. Research indicates that a person observing the emotions of another, experiences activation of the brain in similar areas to the individual who is experiencing the feelings (Gerdes et al., 2011). The brain activation in the observer's brain is the same brain activation as a person who is going through the emotions (Gerdes et al., 2011). Therefore, the research indicates that empathy training may enhance low levels of empathy.

Furthermore, neurologists have witnessed the phenomenon of subjects who have been able to repair damage to brain function (Gerdes et al., 2011). Neuroplasticity or the repairing of the brain is a positive result for those people who have an impaired synaptic function. Some techniques can be used in therapy to teach empathy to those who have had impairment in the development of the brain synapses (Gerdes et al., 2011). Approaches such as; "Gestalt therapy, psychodrama, art therapy, imitative play, and mindfulness." have been identified as effective in the development of empathy (Gerdes et al., 2011, p. 119).

2.1.6 The Social Construct of Bullying

In the bullying peer-group relationship, there are differing roles that students can play. Salmivalli (2010) outlines the role of the assistant, reinforcer, outsider and defender in the bullying social group. "Assistants are those who join the bully; reinforcers provide feedback to bullies by laughing, for example, or cheering. Outsiders withdraw from bullying situations, and defenders take sides with the victims, comforting and supporting them" (p. 114). Due to the dynamic of the social group, it can be difficult for peers to intervene in bullying because the perpetrator is viewed as being popular and powerful (Salmivalli, 2010). Consequently, the potential defenders are fearful of being associated with the victim, who can be seen as being unpopular (Salmivalli, 2010). Nevertheless, an increase in empathy in students within the whole school population may result in a diminishment of fear and an increase in defending behaviour may take place. Additional research into the role of the bystander in bullying

intervention is an area for further development. If inactive bystanders can be encouraged to become active defenders of victims of bullies, then bullying incidences may be decreased. The role of the bystander in bullying intervention is, therefore, an area for further development.

2.1.7 School Bullying Intervention Programmes

A bullying intervention is defined as: "An act or series of acts designed to deal with a case of bullying behaviour and to prevent its continuation. Intervention can take place with the assistance of a counsellor or teacher which act as single practitioners or a team of practitioners" (Rigby, 2010, p. 25). Multiple school bullying intervention programmes have been implemented worldwide to combat bullying. Two well-documented and evaluated whole school bullying interventions include the 'Olewus Bullying Prevention Programme' developed in Norway and the 'Kiusaamista Vastaan' (KiVA) programme' from Finland (Finger, Craven, Marsh, & Parada, 2005).

The Olewus Bullying Prevention Programme (OBPP) was implemented nation-wide in Norwegian schools in 1983 because of the suicide deaths of three adolescent boys due to what was believed to be severe peer bullying (Oleweus, 1993). The OBPP is a whole school intervention that aims to not only reduce bullying in schools but also has a bullying preventative focus (Oleweus et al., 2007). The OBPP focuses on reorganising the school environment to improve the sense of community amongst students and staff and to limit the opportunities for bullying incidences. The OBPP has four essential principles that have remained consistent with small changes made over a number of years to accommodate different cultural school environments. The four core principles include: - "1) Show warmth and positive interest in students; 2) Set firm limits to unacceptable behaviour; 3)

Use consistent non-physical, non-hostile negative consequences when rules are broken; and 4) function as authorities and positive role models" (Oleweus, 1993, p. 126; Oleweus et al., 2007).

There has been a large-scale evaluation of the Oleweus Bullying Prevention Programme over a period of twenty years. The initial longitudinal study of the OBPP in 1983 to 1985 examined 2,500 school students over a period of 2.5 years (Oleweus & Limber, 2010). Since the initial study, there has been an evaluation of more than 150 Norwegian schools involving over 20,000 students. Based on the longitudinal studies in Norway, more than 2,000 Norwegian students escaped regular bullying due to the OBPP (Oleweus & Limber, 2010). There have also been several studies conducted on the implementation of OBPP in the United States in diverse settings. The result of the research from the United States is inconsistent; however, the conclusions indicate that OBPP has had a positive effect on the self-reporting of bullying behaviour and bullying acts (Oleweus & Limber, 2010).

Similarly, the KiVa programme in Finland is a large scale bullying intervention programme. KiVa involves the intervention by teachers on a whole school level and by counsellors on an individual basis, through the counselling of bullies and victims. "KiVa is an acronym for 'Kiusaamista Vastaan,' which means against bullying. KiVa places concerted emphasis on enhancing the empathy, self-efficacy, and anti bullying attitudes of onlookers, who are neither bullies nor victims." (Kaljonen et al., 2011, p. 313). The KiVa programme includes peer bystanders having a critical part in preventing bullying and involves approximately 20 hours of lessons, which are taught by classroom teachers to the whole school community (Kaljonen et al., 2011). KiVa is implemented in primary and secondary schools commencing from age 7 to the age of 15. The KiVa lessons aim to firstly, draw the students attention to the roles that exist in the bullying social group and to gain an understanding of how these roles can promote bullying. Secondly, the lessons aim to increase empathy toward victims and lastly, the programme seeks to give students who are bystanders of bullying practical examples of how to assist victims in the bullying situation. Included in the KiVa programme classroom lessons are role-play exercises, discussion questions, group work activities, short films about bullying, and computer games (Kaljonen et al., 2011, p. 313).

The KiVa programme involves an additional component to the lessons taught to all students in classes. In all schools, there is a team of 3 staff who may be teachers, counsellors or other staff members who along with the classroom teacher, deal with each case of disclosed bullying. The bullying cases are resolved through the implementation of discussions with the victims and bullies both individually and in small groups (Kaljonen et al., 2011). Lastly, classmates who are considered to be 'prosocial' and 'high status' members of the class support the victims of bullying. The class teacher works with these identified students and assists them with helping the victim (Kaljonen et al., 2011).

Findings indicate that the KiVa programme reduces bullying, and results in increased levels of empathy for the victims of bullying. The bystanders of bullying not only develop empathy towards the victims, but they also gain skills that enable the engagement in defending behaviour (Salmivalli et al., 2013). There was a nationwide implementation of the KiVa programme in Finland in 2013, involving approximately 2,500 schools. Evaluation of the programme took place after 9 months of implementation and involved the questioning of 150,000 students via an online survey (Salmivalli et al., 2013). Reported decline in bullying and victimisation was about 20% during the trial and 15% during the full rollout (Salmivalli et al., 2013). The sample size was significant, as it was a national roll out, and thus, validating the findings of the investigation on the KiVa model. Significantly, this method uses both a whole-school approach and then intervention with the bully, victim, and support of the victim by peers. It is also important to note that the KiVa programme has been shown to be more effective in primary schools than in secondary grades (Salmivalli et al., 2013). There is therefore a need to investigate the effectiveness of bullying interventions in secondary education.

A whole-school approach to date is considered the most efficient way of decreasing bullying within schools; however, Finger et al. (2005), argue that only marginal to moderate reductions in bullying have been experienced using a whole-school approach. The identified reasons for the limited effectiveness of whole school interventions include the fact that whole school approaches have not effectively involved the entire community (Finger et al., 2005). Similarly, there are other issues that schools aim to fix at the same time as the bullying,

such as behavioural problems and motivating students to study. Finger et al. (2005) also acknowledge the importance of working with the individual in the intervention of bullying.

Hence, the need to work with the individual in bullying intervention validates the role of the school counsellor in the intervention of bullying. Lund, Blake, Ewing and Banks, (2011) surveyed 560 school psychologists and counsellors to determine the bullying interventions utilised. The study found that a majority of counsellors, responded to bullying, by talking to the child experiencing bullying, followed by conducting individual therapy with the bully or victim. Respondents also stated that they were less likely to conduct group therapy with victims or perpetrators, which is often the approach in whole school interventions (Lund et al., 2011). The study, however, did not ask respondents to specify the modality of counselling intervention and therefore, the study lacks detail on the effectiveness of different therapeutic interventions.

3. Research on Solution-Focused Brief Therapy

3.1 Overview of Solution Focused Brief Therapy

The introduction of Solution-Focused Brief Therapy (SFBT) was in the early 1980's at the Family Therapy Centre in Milwaukee, USA by Steve de Shazer and Insoo Kim Berg (Kim & Franklin, 2009). Steve de Shazer and Insoo Kim Berg were two social workers that were interested in studying the techniques to help clients change. The premise of SFBT as described by De Shazer and Berg is that it is more efficient to deliberately and skillfully focus attention on solutions rather than focus on the problem (Young & Holdorf, 2003). Likewise, the solution is not always related to the problem (Young & Holdorf, 2003). Solution-Focused Brief Therapy focuses on 3 main areas, firstly, past successes and exceptions to the problem, secondly, existing skills and positive personal qualities and lastly, the preferred future (Young & Holdorf, 2003).

A SFBT session begins with a therapist determining the 'best hopes' of the client or how the client will know that the session has been helpful or the client's hopes for the difference in their lives as a result of the counselling relationship (Durrant, 2016). Solution-Focused Brief Therapy clinicians often employ the miracle question, which is a technique used to determine where the client would like to be or what is their preferred outcome (Lethem, 2002). The miracle question asks clients to imagine that while they are sleeping a miracle occurs and the problem that has brought them to counselling is gone (Lethem, 2002). The SFBT therapist then elicits the changes in the clients' life that arise when the miracle occurs, and the clients desired future is established (Lethem, 2002). Examining the past successes of the client and exceptions to the problems assists the client to determine the skills that they have that indicate that they have been able to achieve parts of the miracle or the preferred future (Durrant, 2016). Likewise, scaling questions are another SFBT strategy used to move the client from the miracle to a specific goal. Scaling questions involve the therapist proposing to the client from a scale of 0 to 10 where are you today concerning the desired outcome (Lethem, 2002).

3.2 Solution-Focused Brief Therapy in Schools

Within school settings, the aim of using SFBT is to assist the student in changing future behaviour through the awareness of present solutions, and the change can be achieved by moving the student's focus from "one of despair and deficiency to one of hope and potential" (Newsome, 2005, p. 84). A study by Young and Holdorf (2003), investigated the effectiveness of interventions using SFBT at a Special Education Needs Support service with an Anti-Bullying Project in the United Kingdom. This U.K. study examined 134 referrals in the year 2000 to 2001 (Young & Holdorf, 2003). Before trialing the Solution-Focused approach, the anti-bullying project implemented the 'support group' approach (Young & Holdorf, 2003). The support group approach was the most utilised approach to combatting bullying and was an essential technique recommended in the U.K. government's anti-bullying pack (Young & Holdorf, 2003).

The support group approach involves the victims of bullying identifying bullies, bystanders and friends and a subsequent support group formed that focuses on ways to help the victim (Young & Holdorf, 2003). The support group bullying intervention has shown more success with primary school intervention than with

secondary school intervention. One of the main reasons for the lack of success of the support group approach to bullying intervention in secondary school is the opposition of victims towards involving the wider peer group (Young & Holdorf, 2003). Consequently, individual SFBT was used as a technique in the anti-bullying project in particular with secondary school victims. The 96 subjects were secondary school-aged students and 38 were primary school pupils. The study comprised 57 girls and 77 boys undertaking an average of 2.8 sessions of SFBT (Young & Holdorf, 2003).

The anti-bullying coordinator utilised SFBT techniques including, non-problem talk, scaling questions, exceptions, miracle questions, and compliments (Young & Holdorf, 2003).

The study by Young and Holdorf (2003) concludes that; "SFBT for individuals can be trusted as effective strategies that work quickly when a pupil needs help in a bullying situation. What is more these strategies work quickly because they do not take sides" (p. 281). Therefore, Young and Holdorf's (2003) study emphasises the effectiveness of SFBT as a bullying intervention due to the impartiality of the solution-focused counsellor in regards to the perpetrator of bullying. Young and Holdorf's (2003) study also validates the use of individual interventions with secondary school students as opposed to the whole school approach to bullying intervention. However, the study did not specify the number of subjects who were victims of bullying as opposed to perpetrators and therefore, it is difficult to establish a comparison of the effectiveness of SFBT with offenders versus victims.

A scan of the literature indicates limited studies on the effectiveness of SFBT with perpetrators of bullying. There are, however, studies on the effectiveness of SFBT with behavioural issues with students in schools. Therefore, investigating if SFBT is effective with behavioural issues in schools may assist in determining the effectiveness of SFBT for perpetrators of bullying as bullying is a behavioural issue. Research by Franklin, Moore, and Hopson (2008) evaluated the effectiveness of SFBT with 10 to 12-year-old children who have classroom-related behavior problems. The researchers identified 67 students in schools in Texas in the United States who had more than one referral from a class teacher (Franklin et al., 2008). Thirty students undertook five to seven SFBT counselling sessions. Twenty-nine students were in the comparison group. Students in both the experimental and comparison groups completed a pre-test, post-test and follow-up testing (Franklin et al., 2008). Each student in the SFBT experimental group participated in five to seven, weekly SFBT individual sessions of 30 to 45 minutes each.

Franklin et al. (2008) found that the 30 students who participated in the SFBT experimental group showed significant improvement in behavioural issues over the 29 students in the comparison group. However, the age range of the subjects in the study was between 10 and 12 years, and therefore, the results cannot determine effectiveness of the SFBT counselling intervention for secondary school students.

Likewise, Gingerich & Wabeke, (2001) reviewed studies on SFBT in schools and found SFBT has been used effectively for behavioural problems such as Attention Deficit Hyperactivity Disorder and Oppositional Defiance Disorder for students in year 1 to year 5. Gingerich and Wabeke's, (2001) research also indicated that SFBT has been useful in the intervention of anxiety and depression. However, Gingerich & Wabeke, (2001) conclude that more rigorous studies are needed to determine specific conditions and age groups as the study only focused on primary school students.

Similarly, Kim & Franklin (2009) conducted a review of published studies to determine the effectiveness of SFBT in a school setting and found mixed results that prevent exact deductions to be established. The findings of the study, however, did conclude that: "Positive outcomes suggested that solution-focused therapy can be beneficial in helping students reduce the intensity of their negative feelings, manage their conduct problems, improve academic outcomes like credits earned, and positively impact externalizing behavioral problems and substance use" (Kim & Franklin, 2008, p 468). It was recommended that further research on the effectiveness of SFBT with school students is needed but conclude that it can be useful for a variety of academic and behavioural issues in schools (Kim & Franklin, 2008).

4. Conclusion and future directions

A review of the literature emphasizes the importance the examination of the issues around bullying intervention approaches. The research shows that whole school bullying interventions have been found to be more effective with primary school populations than with secondary school students. Therefore, there has been a shift to individual counselling intervention with victims and perpetrators of bullying from a whole school or support group approach to bullying intervention. Hence, reports indicates that Solution-Focused Brief Therapy (SFBT) is a useful intervention for individual counselling and bullying interventions; however, there is limited research on the effectiveness of SFBT with bullying perpetrators. SFBT has been evaluated as an intervention with some behavioural issues in schools, but the findings have been limited to mainly primary school populations. Thus future directions may include assessing whether this therapeutic approach is suitable within this context.

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