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Bullying-All Things Connected
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Presenter:
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Connection: Bullying and Trauma

From a Community Mental Health perspective bullying is largely viewed as a form of inflicted trauma, just like emotional or physical abuse. The Bottom line: Emotional abuse from one's peers has turned out to be as detrimental as abuse from one's parents. *How Bullying Affects the Brain, Neuroscience News, Dec. 12, 2018. American Journal of Psychiatry, July 2010.* Kansas has a much more developed system for addressing abuse by parent.

This trauma label is important because we have had breakthroughs in research and our understanding about trauma. We know much more about the biological effects it has, not just the psychological; how it actually alters the brain structure and elevates Cortisol levels.

Trauma elevates Cortisol levels and is toxic to the brain and body. Have you learned about this already? Brain structure that is affected by high ACEs scores or Cortisol levels:

- Hippocampus-to properly store and process facts and memories
- Prefrontal cortex –decision making
- Amygdala is your fight or flight response (its job is to keep you safe at all costs) (Dr. Bruce Perry)

Specific to Bullying behavior, Erin Burke Quinlan revealed that chronic bullying among adolescents correlates to heightened mental health problems including anxiety, depression, and hyperactivity.

- Specifically, researchers found structural changes to the putamen and caudate part of the brain which make you more susceptible to mental illness, motivation, attention. *Neuroscience News.com December 2018*.
- In addition, there are observable abnormalities in the corpus callosum which is vital to processing and memory.

Mental Health is still in its infancy compared to physical health. We are still learning how to reverse these effects and we are gaining a better understanding every day, but

treatment takes time. Preventing it from happening is far more effective and much cheaper.

Connection: Education and Mental Health

CKMHC has therapists working on-site in 25 schools. We have a specialized partnership that looks different for each school to meet their needs and utilize/not duplicate resources that already exist.

We don't duplicate systems or things that are already funded. We just enhance relationships and supplement gaps. Very little funding can make a BIG difference in this model.

This way we cost effectively pool our resources to get the best outcomes.

We also deliver mental health treatment in a way that is tailored to meet the needs in each school building. CMHCs are able to do this because we have a large array of services and specialized consultation, depth of staff with expertise in many best practices, outcome based delivery system, 24/7 crisis support, year round service delivery (we don't stop because school isn't in session), family and community based services to transfer skills to the home, and we have ability to serve anyone regardless of ability to pay. We also individualize what we are doing to meet the needs of each school building. Insurance is used which keeps costs down substantially.

Outcomes Achieved: Better Access and Better Quality.

- Access: the majority of school based youth were new to services. We had a 27% increase in youth entering mental health treatment in the first year. Students clearly were not coming through our door due to family follow through or transportation, etc. but with the schools help we are getting them the help they need. A CMHC can't financially sustain an office in every single little town in Kansas so this allows for us to be in more locations in a cost effective way.
- Access and Quality: Because we work 12 months a year and 24/7 crisis, youth had consistent services during winter and spring break and summer. The school districts all saw the value in what we were doing and provided space for us to continue services in each district, preventing backsliding and building their toolbox so they will be more successful when school resumes. In addition, we work with the families to address family system issues, provide training and education to school staff, parent groups, etc. -Better Quality.
- Partnership between schools and mental health: We are addressing problems before they escalate or become chronic, we intensify services based on needs. Research shows if we deliver the care needed when it is identified (Right care, right time)-recovery is faster and outcomes better.
- For the schools who collected data on youth in our program, they provided us with data to tell us how we were doing: Academic performance improved by 70%,

attendance improved by 77%, behavior improved by 91% (for behavior a standardized tool was used called the SAEBRS). *https://www.fastbridge.org/saebrs/*

Schools are doing a great job of increasing supervision such as more teachers in hallways. They are also forming small student communities and implementing social emotional curriculum, all of which makes youth feel safer. This is a great foundation to build on.

Connection: early childhood intervention, MH, and education

KPREP Therapeutic Preschool Collaboration: USD 305, CKCIE special ed. coop, and the local Head Start program partnered with us based on kindergarten teacher feedback that kindergartners were the most aggressive or violent kids in the district and many were not ready for kindergarten: pulling out hair, biting, kicking, not able to self-regulate at an appropriate development level. We launched a therapeutic preschool in September 2018 just for 3-4 year olds who were kicked out of preschool or kicked out of multiple daycare centers but would have ended up in Kindergarten completely unprepared. To make it financially sustainable we spent hours learning from each other about our different systems' funding, rules, and we pooled resources to maximize sustainability. We all put staff into the program to efficiently use funding streams. The program focuses on social emotional self-regulation and academics is secondary so their brain can be in learning mode for longer parts of the day and so we minimize the effects of any trauma early on. In February, our first preschooler surprised us and was ready to transition back to regular preschool and was successful the rest of the year, ready for Kindergarten. The others are progressing in their preschool skills rapidly as well. This has a parent and family component so as to gain better outcomes. Measuring progress has been tricky for this age group but we are using the Galileo, CBCLs, PECFAS, etc.

Connection: Trauma/Bullying and Mental Health

We also partnered with the Saline County Jail. This is an adult program however the mentally ill in jail were found to have very high ACES scores (i.e. Lots of traumas from childhood) and we can now better predict those at risk for more negative outcomes in adulthood and implement proper intervention. This is corroborating data for the existing research. Our work with jail: reduced days in isolation due to suicidal behavior from an average of 17 days to 2 days. The Sheriff told us that if one of these inmates in our jail mental health program stays out of jail for more than 30 days, that is a huge success. Last year the jail reported 66% of inmates we worked with had not re-entered within 30 days or longer. We also did a cost analysis: the first year the jail estimated it saved them $33,000, by the third year it was $257,000 in savings.

Connection: Social Media and Bullying/Trauma

Adolescents these days tend to see their social media as a reflection of their "real life" which is where the "compare and despair" effects come into play.

Add a little chronic bullying to that and you get fight or flight responses that are emotionally dysregulated and the learning part of the brain cannot be accessed.

Youth see how common bullying is and see it from multiple sites like You-Tube, Instagram, and Snapchat. This method of bullying especially devastates young lives on apps where people can message anonymously.

Exposure to abuse is one of the ACEs such as being a target of bullying. In addition, witnesses/bystanders to chronic cyberbullying can also be classified as an ACE and with social media greatly widens the victim pool. Teenagers have a sense that they can't escape social media, which can be a chronic stressor. In reality, escape could be as simple as deleting accounts. But they don't want to do that either, for fear of missing out on something. Bullying creates an additional anxiety increasing the level of Cortisol released.

The effects of social media on our brains is fascinating. Research is indicating that the same receptors that are triggered during drug use such as cocaine are also triggered when someone 'likes" a post we put on social media.
https://www.addictioncenter.com/drugs/social-media-addiction/, July 17, 2019

We have known for years to teach youth that self-worth comes from within. But now there is significant risk that our youths' validation of self-worth is being more directly tied to the way others interact with us over social media. This can compromise our next generations' ability to self-regulate.

On one level, teens know not everything said on social media is true. On another level, they also know that "everyone" sees this information and so whether it is true or not becomes less relevant. It is still being perceived as "real life".

Statistics say that 57% of the time bullying stops in 10 seconds when a bystander intervenes. How often is someone intervening? How do we intervene when it happens anonymously on social media? We need to develop more tools to intervene.
https://www.stopbullying.gov/media/facts/index.html#stats

Connection: Bullying and Suicide are not so different

We need the community to be more informed about mental health on issues such as suicide and bullying because 70% of youth suicides have not reached out to a trusted adult or mental health professional until after their first attempt. See how connected it all is?

But they are reaching out to each other, their peers are talking about how they want to die. Our community and youth feel very uncomfortable saying something, knowing how

to approach someone, and, honestly, people would rather avoid it. Especially with suicide, we are afraid of saying the wrong thing.

ASIST is a proven best practice that is a two day class for suicide prevention that helps anyone in the community not only recognize the signs but to learn to have the difficult conversation and to develop confidence in having a conversation. A training on bullying intervention similar to the ASIST model would be an example of a community response that effectively instills confidence to intervene and stop bullying. We know this model can reduce the behavior.

Recommendations:

1. <u>Prevention</u>: Hands down most cost effective and keeps the brain structure intact. This has widespread benefits to better health and happiness. Treatment is beneficial and can slowly reverse the affects by building resilience and protective factors. Prevention also minimize all the trauma to people we don't yet consider victims (bystanders, witnesses). Our youth who are not a direct target of bullying still see it weekly, witness it, live in fear of being next, and may be chronically distressed by seeing it happen to others. Would it be worth exploring the blocking or taking down of social media that allows anonymous posts-often used specifically for things one doesn't want to be accountable for-illegal activity, shameful behaviors or views.

2. It's a Community Problem so it Needs a Community Solution. A community problem requires a community response. Professionals don't know about bullying until after damage is done. But peers know, some community members know.

According to eSchool News research, more than 80% of boys and girls reported that no action was taken by educators when students took the risk of telling someone they were being bullied. They need tools to effectively intervene and address it. An intervention can be as easy as just asking "why are you laughing at her, what is so funny?" One model would be **Approach and Coach**, how to have a conversation, actions that can be taken, feel confident in what to say or do. If each youth intervened in one case, think about the difference it would make. Then when these equipped youth become parents think about how it would multiple. We know that 70.4% of school staff have seen bullying. 62% witnessed bullying two or more times in the last month and 41% witness bullying once a week or more. When bystanders intervene, bullying stops within 10 seconds 57% of the time. [16]*https://www.stopbullying.gov/media/facts/index.html#stats*

3. **Don't Duplicate what already exists and don't create another system**. It is NOT cost effective use of taxpayer dollars to duplicate. It silos, it is short-lived as soon as funding gets cut, and it doesn't get good outcomes. Solutions need to take into consideration the resources and systems and funding streams, and expertise that already exist. If systems work together it will get you better outcomes at less cost. Then all you have to do is fill in the gaps with a little supplemental funding (like training on an evidenced based practice or a community that is lacking a necessary resource. That means leaving flexibility for communities to work together and design solutions that

work for them. That also gets you "buy in" and "passion" needed to implement and get outcomes. Equip people to intervene at all ages and for all environments: school, home, community, social media, etc. They need a tool box of interventions for all situations and environments.

Other resources:

https://www.addictioncenter.com/drugs/social-media-addiction/ ,July 17, 2019

https://www.anxiety.org/social-media-causes-anxiety

https://neurosciencenews.com/brain-bullying-10331/

https://www.stopbullying.gov/media/facts/index.html#stats

https://www.acesconnection.com/blog/handouts

Conscious Discipline

Dr. Bruce Perry publications

Zones of Regulation

National Center for Education Statistics and Bureau of Justice

https://www.stopbullying.gov/media/facts/index.html#stats

The 2017 School Crime Supplement⬀ (National Center for Education Statistics and Bureau of Justice)

The 2017 Youth Risk Behavior Surveillance System⬀

Justsayyes.org

Eschool news research

https://www.cdc.gov/violenceprevention/childabuseand neglect/acestudy/index.html