Sigma's 30th International Nursing Research Congress

Assessing and Intervening in Childhood Bullying: What Do Current Pediatric Primary Care Providers Do?

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Purpose: Bullying in childhood has been found to severely affect short and long-term physical and emotional health (Bottino, Bottino, Regina, Correia, & Ribeiro, 2015; Holt et al., 2015; Moore et al., 2017). Much has been done to drive public awareness of the negative effects of bullying, but more work should be done in developing standardized and universally approved tools for screening and treating these youth. For instance, current recommendations state that youth victims of bullying who subsequently develop physical and emotional health problems should visit a healthcare provider to obtain effective treatment (Lamb, Pepler, & Craig, 2009; stopbullying.gov, 2017). Moreover, multiple national and international pediatric organizations include policy statements or reports on bullying, such as the National Association of School Nurses (NASN), American Academy of Pediatrics (AAP), American Medical Association (AMA), World Health Organization (WHO) and Society for Adolescent Health and Medicine (SAHM), however these statements do not discuss specific screening tools to identify youth who have been involved with bullying and in general, their recommendations for interventions are vague (Committee on Injury, 2009; DeSisto & Smith, 2014; Eisenberg & Aalsma, 2005; World Health Organization, 2015; Wright, 2002). Additionally, no surveys have been done to see if pediatric primary care providers (PCPs) are actually screening and intervening with patients who have been involved in bullying. The purpose of this study is to identify current practices of healthcare providers regarding bullying among their patients.

Methods: To address this gap in the literature, a survey, an adapted version of the Hensley's Healthcare Provider's Practices, Attitudes, Self-Confidence, & Knowledge Regarding Bullying Questionnaire (HCP-PACK) was sent out to pediatric PCPs in the state of Ohio in the United States in 2017. This survey assessed the Pediatric PCPs (1) screening practices related to bullying among their patients, (2) associated symptomology of their patients who have been involved with bullying and (3) interventions used when they discover their patients have been involved with bullying, among other factors.

Results: About 1 in 2 Pediatric PCPs screened their patients for bullying (52.9%). When these PCPs discovered their patients experienced bullying, they observed physical symptoms such as stomachaches (80%), difficulty sleeping (79%), headaches (75%), and fatigue (49%). Emotional symptoms noted in victims of bullying included depressed mood (84%), anxiety (80%), irritability/anger (69%), poor concentration (59%), isolation (54%), aggressive behavior (48%), and suicidal ideation (47%). When these PCPs suspected bullying to be a problem, about 2/3 implemented interventions. The most frequent interventions included counseling (91.3%), referral to a mental health professional (95%), and making documentation in the patient's chart (97%); followed by contacting the child's school guidance counselor (30%) and providing reading materials to the patient and family regarding bullying (35%). Qualitative data showed that pediatric PCPs implemented other interventions such as advising the family to look up bullying laws, instructing the parent to contact the school/school board, active listening, and screening for depression and suicidality.

Conclusion: The results of this survey need to be interpreted within a geographic lens, however the results point to a need to address youth bullying victimization in primary care as pediatric PCPs reported seeing and treating the mental and physical consequences of bullying. The results of this survey also supported that there is a gap between current literature on interventions and the actual interventions that PCPs are using in practice. Knowledge of the interventions currently used should be utilized to tailor interventions in primary care that are feasible and scalable for pediatric PCPs. Ultimately, treating

pediatric patients who have been involved with bullying could decrease the adverse short and long-term physical and emotional health outcomes that are associated with bullying.

Title:
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Keywords:
Bullying, Pediatrics and Primary Care Provider

References:
Bottino, S. M., Bottino, C. M., Regina, C. G., Correia, A. V., & Ribeiro, W. S. (2015). Cyberbullying and adolescent mental health: systematic review. *Cadernos de saúde pública, 31*(3), 463-475.

Committee on Injury, V., and Poison Prevention. (2009). Policy statement--Role of the pediatrician in youth violence prevention. *Pediatrics, 124*(1), 393-402.

DeSisto, M. C., & Smith, S. (2014). *Bullying Prevention in Schools: Position Statment*. Retrieved from https://higherlogicdownload.s3.amazonaws.com/NASN/UploadedImages/04a7992c-d12a-4648-8fee-8a48cca734fc/Position_Statements/2014psbullying.pdf

Eisenberg, M. E., & Aalsma, M. C. (2005). Bullying and peer victimization: position paper of the Society for Adolescent Medicine. *Journal of adolescent health, 36*(1), 88-91.

Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., . . . Reid, G. (2015). Bullying and suicidal ideation and behaviors: a meta-analysis. *Pediatrics, 135*(2), 496-509.

Lamb, J., Pepler, D. J., & Craig, W. (2009). Approach to bullying and victimization. *Canadian family physician, 55*(4), 356-360.

Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World journal of psychiatry, 7*(1), 60-76.

stopbullying.gov. (2017). *Support the Kids Involved*. Retrieved from https://www.stopbullying.gov/respond/support-kids-involved/index.html

World Health Organization. (2015). *Preventing youth violence: an overview of the evidence*. Retrieved from http://www.who.int/iris/handle/10665/181008

Wright, J. (2002). Bullying among children and youth: a pediatrician's perspective. In M. Fleming, K. J. Towey, & S. P. Limber (Eds.), *Educational Forum on Adolescent Health: Youth Bullying.* (pp. 22-25). Chicago, IL: American Medical Association.

Abstract Summary:
The results of a survey completed by Pediatric Primary Care Providers regarding their assessment and intervention in bullying situations among their patients will be discussed. Implications for clinical interventions based on the survey will be highlighted.

Content Outline:

1. Introduction
    1. Background on bullying in childhood
        1. Definition and differences in the definition from an international perspective
        2. Prevalence internationally
        3. Roles of each type of participant
    2. Summary of adverse physical and mental health effects of bullying victimization
    3. Summary of policy statements from international and national pediatric organizations
        1. National Association of School Nurses (NASN), American Academy of Pediatrics (AAP), American Medical Association (AMA), World Health Organization (WHO), and Society for Adolescent Health and Medicine (SAHM)
            1. Overall recommendations for screening and intervening
2. Purpose
    1. The purpose of this study is to identify current practices of healthcare providers regarding bullying among their patients.
        1. Screening practices related to bullying among their patients
        2. Associated symptomology of their patients who have been involved with bullying
        3. Interventions used when they discover their patients have been involved with bullying
3. Methods
    1. Adapted version of the Hensley's Healthcare Provider's Practices, Attitudes, Self-Confidence, & Knowledge Regarding Bullying Questionnaire (HCP-PACK)
    2. Sent to Pediatric Primary Care Physicians in the state of Ohio in the United States in 2017.
        1. Description of the organization used to send out the survey (National Association of Pediatric Nurse Practitioners and American Academy of Pediatrics) and other recruiting strategies
4. Results
    1. Demographics of the Pediatric PCP participants (N=102, profession, gender, age, years of practice)
    2. Screening: percentage of Pediatric PCPs who screen for bullying (overall 52.9%), what else they screen for (depression, anxiety, cyberbullying), if they do not screen why they do not screen
    3. Associated symptomology and frequency at which they see the symptoms: physical symptoms of stomachaches (80%), difficulty sleeping (79%), headaches (75%), and fatigue (49%) and emotional symptoms of depressed mood (84%), anxiety (80%), irritability/anger (69%), poor concentration (59%), isolation (54%), aggressive behavior (48%), and suicidal ideation (47%)
    4. Interventions used: specific interventions reported very frequently or frequently by over half of the Pediatric PCPs in this survey included counseling (91.3%), referral to a mental health professional (95%) and making documentation in the patient's chart (97%). Less frequently reported interventions included contacting the child's school guidance counselor (30%) and providing reading materials to the patient and family regarding bullying (35%).
        1. Write in data on interventions: advising the family to look up bullying laws, instructing the parent to contact the school/school board, active listening, and screening for depression and suicidality
5. Conclusion
    1. There is a need to address youth bullying victimization in primary care as pediatric PCPs reported seeing and treating the mental and physical consequences of bullying
    2. There is a gap in the literature on actual screening and intervening done by Pediatric PCPs
    3. Comparison of how the actual interventions used compare to current recommendations in policy statements from international and national societies
    4. Knowledge of the interventions currently used should be utilized to tailor interventions in primary care that are feasible and scalable for pediatric PCPs

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