ELSEVIER

Randomized Controlled Trial of a Family Intervention for Children Bullied by Peers

Karyn L. Healy
Matthew R. Sanders

Parenting and Family Support Centre, The University of Queensland

This study examined the effects of a family intervention on victimization and emotional distress of children bullied by peers. The intervention, Resilience Triple P, combined facilitative parenting and teaching children social and emotional skills relevant to developing strong peer relationships and addressing problems with peers. Facilitative parenting is parenting that supports the development of children's peer relationship skills. A randomized controlled trial was conducted with 111 families who reported chronic bullying of children aged 6 to 12 years. Families were randomly allocated to either an immediate start to Resilience Triple P (RTP) or an assessment control (AC) condition. Assessments involving children, parents, teachers, and observational measures were conducted at 0 (pre), 3 (post) and 9 months follow-up. RTP families had significantly greater improvements than AC families on measures of victimization, child distress, child peer and family relationships, including teacher reports of overt victimization ($d = 0.56$), child internalizing feelings ($d = 0.59$), depressive symptoms ($d = 0.56$), child overt aggression towards peers ($d = 0.51$), acceptance by same sex and opposite sex peers ($d = 0.46/ 0.60$), and child liking school ($d = 0.65$). Families in both conditions showed significant improvements on most variables over time including child reports of bullying in the last week reducing to a near zero and indistinguishable from the normative sample. The intervention combining facilitative parenting and social and emotional skills training for children produced better results than the comparison assessment control condition. This study demonstrated that family interventions can reduce victimization and distress and strengthen school efforts to address bullying.

Keywords: school bullying; facilitative parenting; family intervention; controlled trial; victim

BULLYING IS HURTFUL BEHAVIOR WHICH IS TYPICALLY REPEATED (Olweus, 1993). It can take physical, verbal, and relational forms (e.g., deliberate exclusion) and can be carried out in person or through technology. Children who bully do not distribute their aggressive behavior evenly across all available peers; they selectively target a minority of 10% of children (Perry, Kusel & Perry, 1988). For this targeted minority, victimization tends to be quite stable throughout primary school (Boulton & Smith, 1994), and across the transition into middle or high school (Paul & Cillessen, 2003), resulting in the same children being victimized over many years. Bullying in primary school has serious mental health consequences for victims, including higher rates of internalizing problems 2 years later (Arseneault et al., 2008), higher rates of self-harm and psychotic problems by 12 years of age (Fisher et al., 2012; Schreier et al., 2009), and increased incidence of depression and psychiatric problems in early adulthood and up to 32 years later (Farrington, Loeber, Stallings, & Ttofi, 2011; Sourander et al. 2007), after controlling for early adjustment and family factors.

There is evidence that children who are bullied demonstrate social behavior that can attract more bullying over time. Poor social competence is one of the strongest predictors for being bullied (Cook, Williams, Guerra, Kim, & Sadek, 2010). Children who are bullied have fewer friends than other students, which places them at greater risk of ongoing victimization (Fox & Boulton, 2006). Being emotionally reactive is also a risk factor for victimization. The majority of bullied children act as "passive victims" who demonstrate "internalizing" behaviors of submissiveness, depression, and anxiety, which act as both risk factors and consequences of bullying, resulting in a recursive downward spiral of internalizing and victimization over time (Hodges & Perry, 1999; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). The remaining third of bullied children, described as "provocative victims" (Olweus, 1993), lash out angrily with unskilled aggression when provoked (Perry, Perry, & Kennedy, 1992), which also results in worsening victimization over time (Spence, De Young, Toon, & Bond, 2009). Hence, for both passive and provocative victims of bullying, strong emotional reactions can inadvertently reinforce a chronic pattern of victimization over time. Lack of friends further exacerbates this problem, since having close friends can mediate the emotional consequences of bullying (Hodges, Boivin, Vitaro, & Bukowski, 1999).

Most current programs to address bullying are school-based interventions that include various combinations of whole-school curricula, improved discipline and supervision, social skills training, teacher education, peer assistance programs (e.g., peer mediators), counseling, use of mentors, with some including parent meetings (Vreeman & Carroll, 2007; Merrell, Gueldner, Ross & Isava, 2008). Two recent meta-analyses investigating the effectiveness of these programs reported no meaningful changes on the majority of outcomes and a small average reduction in students' reports of victimization (Merrell et al., 2008; Ttofi & Farrington, 2011). Clearly, more work is needed to increase the impact of school bullying interventions. Two recent systematic reviews identified inclusion of parent meetings was a feature associated with more effective interventions (Barbero, Hernandez, Estaban & Garcia, 2012; Ttofi & Farrington). Might greater involvement of parents strengthen interventions further?

A recent systematic review found that warm, responsive parenting produced small to moderate protective effects on children's resilience to victimization, and recommended that bullying interventions should extend their focus to families of victims (Lereya, Samara, & Wolker, 2013). Previous literature has linked parenting with peer victimization, children's social skills and peer relationships, and ability to regulate emotions. Warm, responsive parenting is associated with lower levels of children's victimization by peers (e.g., Ladd & Ladd, 1998), predicts lower ongoing risk of chronic victimization after controlling for preexisting genetic and environmental factors (Bowes et al., 2013), and protects children against the emotional consequences of being bullied (Bowes, Maughan, Caspi, Moffitt, & Arseneault, 2010). On the other hand, high levels of intrusive, overdemanding, overprotective parenting are associated with higher levels of peer victimization (e.g., Ladd & Ladd, 1998) and predict lower capacity of children to regulate emotions over time (Graziano, Keane, & Calkins, 2010). Parenting that is high in warmth and low in control predicts greater social competence in children over time (McDowell, Parke, & Wang, 2003). McDowell and Parke (2009) found three distinct paths by which parents influence children's peer competence and acceptance over time: through warm parent–child interactions, direct instruction, and provision of opportunities. Sibling relationships provide an important context for children to learn and practice peer skills, with sibling relationship quality, including bullying and aggression, predictive of peer relationships several years later (Stauffacher & DeHart, 2006; Wolke & Samara, 2004). Parents may therefore also be able to assist children's development of peer social skills through coaching them to manage sibling conflict.

Healy, Sanders, and Iyer (2013) described *facilitative parenting* as a set of parenting behaviors that supports children's peer relationships. Facilitative parenting combines warm relating; not being overcontrolling, coaching peer social skills, providing friendship opportunities, plus effective communication with the school. In combination with children's social and emotional behavior, facilitative parenting discriminated children reported by teachers to be bullied from those who were not (Healy et al., 2013). Given the opportunities available for parents to influence children's development of peer skills, relationships, and emotional regulation, the families of children bullied by peers may be a viable system for intervening in peer victimization. The program we trialled, Resilience Triple P, is a cognitive behavioral family intervention combining facilitative parenting training with social and emotional skills training for children. To our knowledge, this is the first controlled trial of a family intervention for children bullied by peers.

The current study was a randomized controlled trial of Resilience Triple P for families of children bullied by peers. We targeted elementary school children from 6 years, the earliest age at which chronic victimization can be established (Alsaker &