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Child Planning: A Treatment Planning Overview for Children with Bullying Problems.

A Treatment Overview for Children with Bullying Problems

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 14 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Bullying is a form of abuse. It involves repeated acts over time attempting to create or enforce one person’s (or group's) power over another person (or group), thus an imbalance of power. The imbalance of power may be social power and/or physical power. The victim of bullying is sometimes referred to as a target. Bullying types of behavior are often rooted in a would-be bully's inability to empathize with those whom he or she would target.

Bullying consists of three basic types of abuse emotional, verbal and physical. It typically involves subtle methods of coercion such as psychological manipulation. Bullying can be defined in many different ways.

Bullying ranges from simple one on one bullying to more complex bullying in which the bully may have one or more 'lieutenants' who may seem to be willing to assist the primary bully in his bullying activities. Bullying in school and the workplace is also referred to as peer abuse.

Bullying can occur in any context in which human beings interact with each other. This includes school, church, family, the workplace, home and neighborhoods. It is even a common push factor in migration. Bullying can exist between social groups, social classes and even between countries (see Jingoism). In fact on an international scale, perceived or real imbalances of power between nations, in both economic systems and in treaty systems, are often cited as some of the primary causes of both World War I and World War II. Put simply, historically and from this perspective, certain international 'bullying' between nations is seen as having resulted in at least two very major and costly international wars.

The effects of bullying can be serious and even fatal. Unfortunately, it is still a heavily un-researched area.

The link between bullying and school violence has attracted increasing attention since the 1999 rampage at Colorado's Columbine High School. That year, two shotgun-wielding students, both of whom had been identified as gifted and who had been bullied for years, killed 13 people, wounded 24 and then committed suicide. A year later an analysis by officials at the U.S. Secret Service of 37 premeditated school shootings found that bullying, which some of the shooters described in terms that approached torment, played a major role
in more than two-thirds of the attacks. It is estimated that about 60-80% of children are bullied at school.

Since bullying is mostly ignored; it may provide an important clue in crowd behavior and passer-by behavior. Numerous psychologists have been puzzled by the inactivity of crowds in urban centers when crimes occur in crowded places. Many have suggested bullying as one of the reason of this decline in emotional sensitivity and acceptance of violence as normal. When someone is bullied, it is not only the bully and bullied who are becoming less sensitive to violence. In most cases, the friends and classmates of the bully and the bullied accept violence normal. It is certainly the most scaring and far-reaching effect of bullying, especially as about 60-80% of children are bullied at some point of life!

In a landmark study, 432 gifted students in 11 states of USA were studied for bullying. More than two-thirds of academically talented eighth-graders say they have been bullied at school and nearly one-third harbored violent thoughts as a result. Sadly, the majority of these gifted children

Research is still limited but it is estimated that bullying does form a chain reaction and the bullied often becomes the bully. Numerous dictators and invaders throughout history have tried to justify their bullying behavior by claiming they themselves were bullied. Although it is no justification for bullying; many of the worst humans in history have been bullies and victims of bullying. It is the vast untouched and uncared cases of bullying which are a great source of concern. Most of the bullies, their victims and the standbys gradually accept bullying and violence as a normal part of life. In this sense, bullying affects not only the bullied but his friends and classmates and the whole society. It is claimed that Hitler himself was bullied as a child.

Causes:

The Root Causes of Bullying

What causes bullying? It’s a question with many different correct answers. Bullying is a complex social problem with no single root cause. A multitude of factors contribute to the bullying epidemic, which is also what makes it so resistant towards quick fixes. A school can implement an anti-bully education program or conduct a bully awareness seminar, but because bullying behavior is driven by many different motivations that are deeply ingrained in our social psychology, such skin-deep programs are doomed to fail. Throwing a topical solution on top of a problem that is years, even decades in the making will seldom offer much help.

What causes bullying?

Society will never make progress towards slowing the bullying epidemic until we accurately understand what elements cause it. Unfortunately, many of these causes are deeply rooted within the very fabric of society:

1. Labeling people as "others": We have a tendency to segregate ourselves into like-minded groups while labeling others who share different interests or beliefs as either strange, evil, or less moral/less human than we are. This is the foundation of bullying, and the more we do this in society as a whole, the more our kids follow suit.

2. The biological causes of bullying: Tendencies towards bigotry and prejudice are wired into our nature, although these tendencies can be readily overcome if children are nurtured
in the proper environment. Sadly, this isn't happening to the degree it needs to be.

3. Parents contribute to bullying: Even good parents do many things that make their children more likely to bully others while sending the message that such behavior is OK.

4. Bullying & the media: Our current media culture is a primary cause of bullying, and a major contributor to the bullying epidemic. You can see bully behavior and bully mentality modeled in one form or another throughout most television programs.

5. Cultural causes of bullying: Our culture as a whole could be described as a bully culture. We maintain cultural values which idolize power and domination, celebrate acts of violence and aggression, and which tolerates stomping on others for personal gain . . . even rewarding those who use cutthroat tactics. Even as a nation we've earned a worldwide reputation as the big bully of planet Earth for the way we try to impose our will through force against other nations. The examples could go on and on. Not only do many cultural values serve as a negative role model for kids, but it's a sign that bully mentality is well established within our social psychology.

Other causes of bullying:

1. Some experts believe that the early onset of puberty may be leading to more bullying, since it's creating a wider range developmental differences between kids. (Week, 11-12-2010)

2. Some believe that more focus on academics in early childhood is setting the stage for future bullying. By taking away play time and free time in preschool and kindergarten in favor of more structured learning activities, we limit the opportunities for young children to socialize and gain competence in interacting with others.

3. Electronic communication may be contributing to bullying, but not just because it makes it easier to bully. Electronic communication is more informal and less empathetic, and our reliance on these tools may be impeding the development of important person-to-person social skills.

4. Shame is known to be a primary cause of bullying, and there are many ways in which shame has increased throughout society.

5. Narcissism rates among youth have seen a steady rise over the past decade or two, and narcissistic youth are more likely to engage in bullying behaviors.

Symptoms:

There are many warning signs that may indicate that someone is affected by bullying—either being bullied or bullying others. Recognizing the warning signs is an important first step in taking action against bullying. Not all children who are bullied or are bullying others ask for help.

It is important to talk with children who show signs of being bullied or bullying others. These warning signs can also point to other issues or problems, such as depression or substance abuse. Talking to the child can help identify the root of the problem.

Signs a Child Is Being Bullied

Look for changes in the child. However, be aware that not all children who are bullied exhibit
warning signs.
Some signs that may point to a bullying problem are:

Unexplainable injuries
Lost or destroyed clothing, books, electronics, or jewelry
Frequent headaches or stomach aches, feeling sick or faking illness
Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
Difficulty sleeping or frequent nightmares
Declining grades, loss of interest in schoolwork, or not wanting to go to school
Sudden loss of friends or avoidance of social situations
Feelings of helplessness or decreased self esteem
Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide

If you know someone in serious distress or danger, don’t ignore the problem. Get help right away.

Signs a Child is Bullying Others
Kids may be bullying others if they:

Get into physical or verbal fights
Have friends who bully others
Are increasingly aggressive
Get sent to the principal’s office or to detention frequently
Have unexplained extra money or new belongings
Blame others for their problems
Don’t accept responsibility for their actions
Are competitive and worry about their reputation or popularity

Also check for:
History of threatening behavior
History of aggressive behavior
No consideration of the feelings of others
Uses others for Scapegoat behaviors
Verbally intimidates others
Participates in intimidating behavior alone
Participates in intimidating behavior in groups
Has tantrums of rage in front of others
History of name-calling
Excessive fighting- intimidation of others
Uses physically aggressive behavior
Observed hitting- kicking others
Demonstrates Intense anger
Frequently lose temper or have blow-ups
Extreme irritability
Extreme impulsiveness
Becomes easily frustrated
Value being seen as tough and one to be feared
Not demonstrate guilt- remorse
Blaming things on others

Diagnosis and Treatment:

Children who have been repeatedly bullied with suffer from physical as well as emotional problems. Stomachaches and headaches are real physical problems that occur when a child is under a great deal of stress and is struggling with anxiety. Children who once loved going to school may now dread it. Bullying can have a negative effect on a child's sense of self. They may begin to blame themselves for the bullying and have negative conversations in their minds about their self-worth. Children who are victims of bullying may become depressed, have low self-esteem, are lonely, and have a higher rate of absenteeism from
school (Reid, 1983).

How to Treat the Bully:

When treating the bully it is important to help minor identify what type of bullying is carried, and how this affects victims. The use play therapy games to increase sensitivity to bullying is a very effective tool. During therapy identify family conflicts or issues that contribute to bullying, and identify any past neglect or abuse, abandonment that may contribute to bullying. Help minor understand the real goal or purpose of bullying or intimidating behavior, as a way to cover emotional needs or low self esteem. Teach minor how to resolve problems, and encourage engagement in pro-social assertiveness to attain social interaction goals. An assessment of family dynamics to assess how family members use of intimidation in family interactions, and steps to replace those intimidating interactions with positive responses during family interactions. Teach family members how to demonstrate respect for others rights and feelings during a conflict, by using role playing in family counseling. Gather information to help minor identify behaviors or interactions used against peer, and how this reflects a strong need to feel in control, due to his or her own insecurities. Help minor describe all methods of bullying or intimidation he or she uses against his/her peers, or even how he uses this same intimidation when relating to adults. Teach minor how to full accept how he or she uses bullying as a way to relate to others, and how that impacts his or her own emotional makeup and the victims of bullying. Help the bully develop an understanding and empathy for the feelings of the victim of intimidating behavior or bullying, and help him or her acknowledge and pinpoint how this behaviors impact his own feelings toward self. Strongly recommend parents or school authorities to refer the minor to attend a social skills training or counseling aim at developing proper coping and social skills. In therapy maintain constant display of socially appropriate behavior with peers and siblings.

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
present and past coping skills,
present and past physical health,
self-esteem,
interpersonal conflicts
financial issues
cultural issues

There are different sources of data that may be obtained from a:

clinical interview,
Gathering of social history,
physical exam,
psychological testing,
contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and
It is important to be clear with the client or patient and include the client's or patient's own prioritization of the problems presented. The client's or patient's cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client's or patient's needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

Behavioral Terms for Children with Bullying Problems:

- Family of origin has history of threatening, intimidating, aggressive behavior.
- Has no consideration of the feelings of others.
- Likes to use others for Scapegoat behaviors.
- Verbally intimidates younger or vulnerable peers.
- Participates in intimidating behavior only when encouraged by friends.
- Participates in intimidating behavior even when alone and not encouraged by friends.
- Has tantrums of rage in front of peers which include screaming, shouting, threatening, or name-calling.
- Excessive fighting, intimidation of others.
- Along with verbal intimidation, uses mild, physically aggressive behavior to intensify the verbal intimidation (such as, pushing, grabbing and holding, throwing things at the victim).
- Takes away objects or destroy objects that belong to the victim.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.
Long Term Goals for Bullying Problems:

End intimidating behavior and treat others with respect and kindness.

Develop understanding and consideration for others.

Parents/caregivers engage in positive parenting and end the use of aggression to achieve control.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient's or client's input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client's or patient's input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal "13. Increase positive self-descriptive statements." Can be restated as; "By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem". Remember, that it must be stated in a way one can measure effectiveness.
It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

Examples of Short Term Goals for Bullying Problems:

A Use play therapy games to increase sensitivity to bullying.
A Identify family conflicts or issues that contribute to bullying.
A Identify any past neglect or abuse, abandonment that may contribute to bullying.
A Recognize the goal or purpose of bullying or intimidating behavior.
A To resolve problems, engagement in pro-social assertiveness to attain social interaction goals.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.

Examples of Interventions or Strategies for Bullying Problems:

A Refer parents to take minor to a social skills training group that emphasizes demonstrating respect and compassion to others.
A Use psychoanalytic play-therapy approach to gain understanding of unconscious conflicts, fixations, or arrests; interpret the use of resistance, transference, or core anxieties, to help the minor better resolve conflicts.
A Assess the minor's feelings expressed in play therapy, and probe how they relate to anger and aggressive behaviors toward peers.
A Conduct family therapy to identify family dynamics, modeling of aggressive behaviors, and any verbal or physical abuse.
A Assign the minor to be alert to and keep a record of instances of bullying perpetrated by
Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client's assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V CODE Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Possible Diagnostic Suggestions for Children WITH BULLYING BEHAVIORS:

Attention-Deficit/Hyperactivity Disorder

Specify whether:

314.01 (F90.2) Combined presentation
314.00 (F90.0) Predominantly inattentive presentation
314.01 (F90.1) Predominantly hyperactive/impulsive presentation

Specify if: In partial remission

Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder
314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Specific Learning Disorder - Specify if:
315.00 (F81.0) With impairment in reading (specify if with word reading accuracy, reading rate or fluency, reading comprehension)

315.2 (F81.81) With impairment in written expression
(specify if with spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression)

315.1 (F81.2) With impairment in mathematics
(specify if with Number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning)

Specify current severity: Mild, Moderate, Severe

313.81 (F91.3) Oppositional Defiant Disorder
Specify current severity: Mild, Moderate, Severe

312.34 (F6381) Intermittent Explosive Disorder

Conduct Disorder - Specify whether:
312.81 (F91.1) Childhood-onset type
312.32 (F91.2) Adolescent-onset type
312.89 (F91.9) Unspecified onset
Specify if: With limited prosocial emotions
Specify current severity: Mild, Moderate, Severe

Problems Related to Family Upbringing
V611.20 (Z62.820) Parent-Child Relational Problem
V61.8 (Z62.891) Sibling Relational Problem

Sample Treatment Plan:

Present Behavioral Descriptors of Problem:
Family of origin has history of threatening, intimidating, aggressive behavior.

Has no consideration of the feelings of others.

Participates in intimidating behavior even when alone and not encouraged by friends.

Excessive fighting, intimidation of others.

Long Term Goals:

End intimidating behavior and treat others with respect and kindness.

Parents/caregivers engage in positive parenting and end the use of aggression to achieve control.

Develop empathy and consideration for others.

Short Term Goals Objectives:

A Identify any past neglect or abuse, abandonment that may contribute to bullying.

A Have minor consider and describe the behavior interactions used against peers when the goal is to have control.

Strategy or Intervention for Goal 1:

Use play-therapy approach to gain understanding of unconscious conflicts, fixations, or arrests; interpret the use of resistance, transference, or core anxieties, to help the minor better resolve conflicts.

Assess the minor's feelings expressed in play therapy, and probe how they relate to anger and aggressive behaviors toward peers.
Assess minor's capacity for empathy; probe for any history of cruelty toward animals or other indicators of conduct disorder are present.

Ask the minor to identify words that are self-descriptive of himself or herself and assess self perception traits such as low self-esteem, aggressive, isolated, unloved

Strategy or Intervention for Goal 2:

Conduct family therapy to identify family dynamics, modeling of aggressive behaviors, and any verbal or physical abuse.

Discuss with family members if during times of conflict, aggression, intimidation, and threats are part of family interaction.

DSM V Diagnosis:

313.81 (F91.3) Oppositional Defiant Disorder - Severe

312.34 (F6381) Intermittent Explosive Disorder

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