A Randomized Controlled Study Evaluating a Brief, Bystander Bullying Intervention with Junior High School Students

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Abstract

A randomized controlled study evaluated a brief, bystander bullying intervention for junior high school students. Students in both groups reported an increase in knowledge and confidence to act as defenders and to utilize strategies to intervene on behalf of victims of bullying. Findings suggest possible carry-over effects from the intervention group to control group. Students in the intervention group, however, reported a significantly greater ability to identify of bullying and a decrease in anxiety (p = .06) relative to the control group. There were no differences in reported depression between the two groups. Implications for school counselors are discussed.

Keywords: bullying, bystander program, STAC, defenders, junior high

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Bullying is recognized as a significant problem faced by youth in the United States (Center for Disease Control and Prevention, 2016). Bullying is defined as often repeated, unwanted, intentional aggressive behavior that takes place within the context of a relationship with a perceived power imbalance (Brank, Hoetger, & Hazen, 2012; Olweus, 1993). According to recent national data, 21.5% of students between the ages of 12-18 report being bullied at school (U.S. Department of Education, 2016). However, research indicates that 64% of students who are bullied do not report it to school officials, suggesting the actual prevalence of bullying is likely higher than reflected in national statistics (Petrosino, Guckenburg, DeVoe, & Hanson, 2010). Additionally, bullying rates escalate as students transition from elementary school to junior high school (Pellegrini & Van Ryzin, 2011). Therefore, it is important to develop effective bullying prevention programs for students in this age group (Silberg et al., 2016; Ttofi, Farrington, Losel, Crago, & Theodorakis, 2016).

Implementing bullying prevention programs among junior high students is also imperative as there are multiple problems associated for students involved in bullying. Victims of bullying report mental health problems, including psychotic ideation and hallucinations (Catone et al., 2015), depression (Copeland, Wolke, Angold, & Costello, 2013), anxiety (Copeland et al., 2013), post-traumatic stress symptoms (Nielsen, Tangen, Idsoe, Matthiesen, & Mageroy, 2015), suicidal ideation, and suicide attempts (Copeland et al., 2013; Holt et al., 2015; Nielsen et al., 2015), as well as somatic issues (Ching et al., 2015; Van Geel, Goemans, & Vedder, 2016). Additionally, victims of

bullying report decreased school attendance (Feldman et al., 2014) and lower grades and academic achievement relative to non-victims (Feldmand et al., 2014; Juvonen, Wang, & Espinoza, 2011; Nakamoto & Schwartz, 2010; Rueger & Jenkins, 2014). Students who perpetrate bullying behaviors also report negative consequences such as being more likely to use addictive substances in adolescence (Kaltiala-Heino, Rimplela, Rantanen, & Rimpela, 2000) and problems later in life including antisocial behavior, criminal violence, and contact with the police (Renda, Vassalo, & Edwards, 2011).

Problems associated with bullying extend beyond victims and perpetrators, negatively impacting students who witness bullying. When students are exposed to bullying as bystanders they report a sense of confusion and isolation (Hutchinson, 2012). Witnessing bullying as a bystander is also associated with distress (Janson, Carney, Hazler, & Oh, 2009), elevated levels of cortisol related to anxiety (Carney, Haz, Oh, Hibel, & Granger, 2010), as well as phobic anxiety and paranoid ideation (Rivers, Poteat, Noret, & Ashurst, 2009). Additionally, in some instances, bystanders report greater problems related to bullying than the students directly involved. For example, bystanders are at a higher risk of substance abuse than victims, while being at greater risk of anxiety and depression than students who bully (Rivers et al., 2009).

Researchers, however, have also found that student bystanders benefit from intervening as *defenders* on behalf of peers who are victims of bullying (Cowie, Naylor, Talamelli, Chauhan, & Smith, 2002; Olenik-Shemesh, Heiman, & Eden, 2015). Although comprehensive programs are considered a best practice in school-based bullying intervention (Ttofi & Farrington, 2011), few of these programs include a peer bystander component (Polanin, Espelage, & Pigott, 2012). Further, comprehensive programs

place a high demand on schools in terms of resources required for adoption and implementation (KiVa Antibullying, 2014; Menard & Grotpeter, 2014; Salmivalli & Poskiparta, 2012). Therefore, there is a need for research investigating the impact of brief, bystander interventions that can be adopted and implemented by a wide-range of schools. Our purpose through this study is to address this gap by evaluating the effectiveness of a brief, bystander intervention at the junior high school level on increasing knowledge and confidence, skill acquisition related to identifying bullying and intervening in bullying situations, as well as emotional outcomes for student bystanders.

Bystander Roles

Researchers have categorized student bystander responses into four roles: (a) assistants who actively and directly help the bully victimize a target, (b) reinforcers who laugh at or simply witness the situation, (c) outsiders who often disengage or walk away from the group, and (d) defenders who intervene and/or console the target of bullying (Salmivalli, Lagerspetz, Björkqvist, Ősterman, & Kaukiainen, 1996, p.15). Often bystanders report not intervening on behalf of victims, acting as reinforcers or outsiders, because they do not know what to do to stop bullying (Forsberg, Samuelsson, & Thornberg, 2014; Hutchinson, 2012).

When bystanders who do not approve of a bullying situation respond passively, they can experience feelings of guilt (Hutchinson, 2012) and may cope through moral disengagement (Forsberg et al., 2014). In contrast, when bystanders act as defenders, they report increased confidence (Cowie et al., 2002), decreased loneliness, and increased social support (Olenik-Shemesh et al., 2015). Acting as a defender is also associated with an increased sense of responsibility toward victims (Pozzoli & Gini,

2010), commitment to intervene (Karna et al., 2011), and decreased anxiety (Williford et al., 2012). In addition, researchers have found that when bystanders intervene or defend victims, bullying behavior decreases (Hawkins, Pepler, & Craig, 2001; Salmivalli, Voeten, & Poskiparta, 2011). Therefore, it is it is important to teach bystanders prosocial behaviors they can use when they witness bullying. Acting as defenders may combat the problem of school bullying, as well as serve as a buffer for bystanders against negative emotions associated with responding passively.

Bystander Intervention Programs

Comprehensive school-based programs are considered a best practice in bullying intervention (Ttofi & Farrington, 2011); however, few of these programs include a bystander intervention component (Polanin et al., 2012). Comprehensive, school-wide programs include administrators, teachers, students, parents, and sometimes expert educational consultants engaging in a variety of roles to reduce bullying (KiVa Antibullying, 2014; Menard & Grotpeter, 2014). Although these programs are effective in reducing bullying (Ttofi & Farrington, 2011), comprehensive school-wide programs can require significant resources (KiVa Antibullying, 2014) and time commitment from schools (KiVa Antibullying, 2014; Menard & Grotpeter, 2014; Salmivalli & Poskiparta, 2012), making program adoption and implementation difficult. Although research suggests that training bystanders to act as defenders (as part of comprehensive school-wide programing) is associated with reductions in both anxiety and depression (Williford et al., 2012), many of these programs do not contain a bystander component.

Another barrier to program adoption is that most comprehensive school-wide programs rely on teachers to deliver bullying-related curriculum (Menard & Grotpeter,

2014). Developing brief programs that can be implemented by school counselors both reduces reliance on teachers as well as enhances the role of the school counselor as a leader in promoting school-wide initiatives that foster a safe learning environment (American School Counselor Association [ASCA], 2012). Thus, there is a need for brief, bystander bullying intervention programs that do not place high demands on schools, involve student bystanders in intervening, and shift implementation from teachers to school counselors.

STAC Program

STAC, which stands for *stealing the show, turning it over, accompanying others*, and *coaching compassion* is a brief, bystander bullying intervention that encourages students to act as defenders on behalf of victims (Midgett, Doumas, Sears, Lundquist, & Hausheer, 2015). In the STAC program, students are taught strategies they can utilize to defend victims when they witness bullying. Program implementation includes counselor education graduate students conducting a 90-minute training at the school, and the school counselor facilitating bi-weekly follow-ups with students (see for further details, Midgett et al., 2015). A unique feature of this program is that it is designed to establish school counselors as leaders in implementation instead of relying on classroom teachers for bullying-curriculum delivery.

Initial research on the STAC program with elementary schools students indicates the program is effective in increasing students' knowledge about bullying, knowledge of the STAC strategies, and confidence in acting as defenders when they witness bullying (Midgett & Doumas, 2017; Midgett, Doumas, & Trull, 2016). Additionally, students trained in the STAC program report when they act as defenders, they experience a

positive sense of self and strengthening of pre-existing altruistic values (Midgett, Moody, Reilly, & Lyter, 2017). Further, training in the STAC program is also associated with an increase in self-esteem among sixth grade students compared to students in a wait-list control group (Midgett et al., 2016).

There is also preliminary support for the STAC program as a promising bystander intervention for junior high school students (Midgett et al., 2015). Results of a pilot study suggest that similar to elementary school students, junior high school students trained in the STAC program report an increase in knowledge of bullying, knowledge of the STAC strategies, and general confidence intervening as a defenders. Although this is an important first step in learning about the appropriateness of the STAC program for junior high school students, this pilot study lacked a rigorous methodology, including a control group, measurement of actual use of the STAC strategies, increase in the ability to identify bullying, and examination of emotional outcomes for student bystanders.

Current Study

Previous studies provide support for the STAC program as a promising brief, bystander intervention program equipping elementary school students to act as defenders (Midgett & Doumas, in press; Midgett et al., 2016). Although preliminary research investigating the STAC program with junior high school students provides some evidence for the effectiveness of the program in increasing knowledge and confidence (Midgett et al., 2015), the authors are extending the literature by further evaluating the program at the junior high level utilizing a randomized controlled design, testing the efficacy of the program on skill acquisition, in addition to increases in

knowledge and confidence, and examining program impact on emotional outcomes. Specifically, our goal is to investigate the efficacy of the STAC program on increasing knowledge and confidence, post-training skill acquisition (e.g., ability to identify bullying and use of the STAC strategies), and improving emotional outcomes (e.g., anxiety and depression) among junior high school students who witness bullying.

To achieve these aims, students were randomly assigned to the STAC intervention or a wait-list control group. The following hypotheses were tested: (a) students in the intervention group would report larger changes in knowledge of bullying, knowledge of the STAC strategies, and confidence in intervening in bullying situations from baseline to the 30-day follow-up than students in the control group, (b) post-training ability to identify bullying and use of STAC strategies would be higher among students in the intervention group compared to students in the control group at the 30-day follow-up, and (c) students in the intervention group would report greater reductions in anxiety and depression from baseline to the 30-day follow-up than students in the control group.

Methods

Participants

Students recruited from a junior high school in the Northwest participated in this study. The school counselor selected students perceived by school personnel as having leadership qualities to participate in the program (N = 77). A total of 77 (100.0%) of parents provided written consent. Among students with parental consent, 64 (83.1%) provided assent to participate and 57 (74.0%) provided assent and were present during the baseline assessment. Random assignment of students resulted in 54.4% (n = 31) of

students assigned to the intervention group and 45.6% (n = 26) of students assigned to the wait-list control group. See Figure 1 for the participant flow diagram.

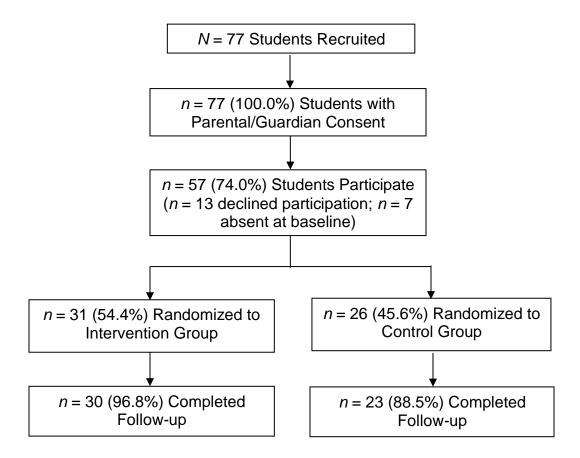


Figure 1. Participation Flow Diagram

The final sample of 57 students included 53.7% females and 46.3% males. Participants ranged in age from 12-15 years old (M = 13.61 and SD = 0.96), with reported racial backgrounds 75.5% White, 13.2% Hispanic, 3.8% Asian-American, 1.9% Native American, 1.9% African-American, and 3.7% other. Overall, 93.0% (n = 53) of the 57 participants completed the 30-day follow-up assessment. Chi square analyses revealed no differences in the rate of attrition across the two groups, $\chi^2(1)$ = 1.50, p = .22.

Procedure

Data were collected in Spring 2016. Along with input from administrators, teachers, and the other school counselors at the school, the school counselor working with the research team developed a list of potential students to participate in the program. School personnel suggested participants based on their experiences with and/or perceptions of the students' personal characteristics and potential to be a positive influence on their peers. The school counselor then consulted with her colleagues to rate each selected student on a rubric developed by the team evaluating (a) leadership qualities, (b) maturity, (c) responsibility, (d) caring toward others, (e) influence, and (f) a desire to be a positive influence on peers. Students with scores indicating they appeared to demonstrate or had the potential to demonstrate positive leadership qualities were selected to participate in the study. After students were selected, the school counselor met briefly with each student to discuss the program and provided an informed consent form to the student to be signed by a parent or guardian and returned to the school counselor. The school counselor followed up with the student and a phone call to a parent or guardian when necessary. The school counselor then met with each of the students who had parental/guardian consent to explain the research in more detail and obtain student assent prior to baseline data collection. Researchers used a table of random numbers to assign eligible students to the intervention or wait-list control group.

Participants were given the research questionnaires at baseline (the first week of April) and at a 30-day follow-up (the first week of May). Data collection took place in the junior high school library. Research assistants read a script with directions for

completing the research packet prior to students filling out surveys. After completing the questionnaires at baseline, the intervention group remained at the library and completed a 90-minute training program during classroom time. Graduate students in a Masters in Counseling program conducted the training. Following the training, students in the intervention group participated in 2, 20-minute small group follow-up meetings by grade level with the school counselor. After completing the questionnaires at the 30-day follow-up, participants in the wait-list control group completed the 90-minute training program. The University's Institutional Review Board and the school district approved all study procedures.

Instruments

Knowledge and Confidence to act as a Defender. The Student-Advocates Pre- and Post-Scale (Midgett et al., 2015) was used to measure knowledge of bullying, knowlege of the STAC strategies, and confidence to act as a defender. The questionnaire is comprised of 11 items that measure student knowledgge of bullying behaviors, knowledge of the STAC strategies, and confidence intervening in bullying situations. Examples of items include: "I know what verbal bullying looks like," "I know how to use humor to get attention away from the student being bullied," and "I feel confident in my ability to do something helpful to decrease bullying at my school." Items are rated on a 4-point Likert Scale ranging from 1 (*I totally disagree*) to 4 (*I totally agree*). Items are summed to create a total scale score. The questionnaire has established content validity and adequate internal consistency for the total scale for elementary and middle school samples, α = .77 - .81, respectively (Midgett & Doumas,

in press; Midgett et al., 2015; Midgett et al., 2016). For this sample, Chronbach's alpha was $\alpha = .75$.

Ability to Identify Bullying. Ability to identify bullying was assessed using one item. Students were asked to respond *Yes* or *No* to the following question: "Have you seen bullying at school in the past month?"

Use of STAC Strategies. The use of each STAC strategy was measured by a single item. Students were asked "How often would you say that you used these strategies to stop bullying in the past month? (a) Stealing the Show – using humor to get the attention away from the bullying situation, (b) Turning it Over – telling an adult about what you saw, (c) Accompanying Others – reaching out to the student who was the target of bullying, and (d) Coaching Compassion – helping the student who bullied develop empathy for the target." Items were rated on a 5-point Likert Scale ranging from 1 (Never/Almost Never) to 5 (Always/Almost Always).

Anxiety. Anxiety was measured using the Anxiety Scale of the Behavior Assessment System for Children, Third Edition, Self-Report form for Adolescents (BASC-3 SRP-A; Reynolds & Kamphaus, 2015). The scale is comprised of 13 items assessing generalized fears, nervousness, and worries that typically are irrational and poorly defined (Reynolds & Kamphaus, 2015). Three items are rated on a dichotomous scale of 1 (*True*) or 2 (*False*). Example items include: "I can never seem to relax," "I often worry about something bad happening to me," and "I worry a lot of the time." Ten items are rated on a 4-point Likert Scale ranging from 1 (*Never*) to 4 (*Almost Always*). Examples include: "I feel anxious," and "I get so nervous I can't breathe," and "I worry when I go to bed at night." The total scale score was obtained through the BASC-3

SRP-A hand-scoring worksheet (Reynolds & Kamphaus, 2015). The BASC-3 SRP-A Anxiety scale has reliability coefficient alphas ranging in the .80s for males and females and evidence of validity with correlations ranging from .50 - .97 between the Anxiety scale and other established measures including the SRP-A BASC-2, Achenbach System of Empirically Based Assessment Youth Self-Report Form (ASEBA), and the Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A) (Reynolds & Kamphaus, 2015). Chronbach's alpha for the sample in the current study was α = .91.

Depression. Depression was measured using the Depression Scale of the BASC-3 SRP-A (Reynolds & Kamphaus, 2015). The scale is comprised of 12 items measuring symptoms of depression, including feelings of loneliness, sadness, and an inability to enjoy life (Reynolds & Kamphaus, 2015). Five items are rated on a dichotomous scale, 1 (True) or 2 (False). Example items include: "I don't seem to do anything right," "I just don't care anymore," and "I used to be happier." Seven items are rated on a 4-point Likert Scale ranging from 1 (Never) to 4 (Almost Always). Examples include: "I feel depressed," "I feel life isn't worth living," and "I feel like I have no friends." The total scale score was obtained through the BASC-3 SRP-A hand-scoring worksheet (Reynolds & Kamphaus, 2015). The BASC-3 SRP-A Depression scale has reliability coefficient alphas ranging in the .80s for males and females and evidence of validity with correlations ranging from .51 - .93 between the Depression scale and other established measures including the SRP-A BASC-2, ASEBA, and the Beck Youth Inventories II (BYI) (Reynolds & Kamphaus, 2015). Chronbach's alpha for the sample in the current study was $\alpha = .88$.

STAC Intervention

The STAC intervention is designed to train students to act as defenders on behalf of victims of bullying. The program was adapted from "CARES," which is the bystander component of the comprehensive school-based bullying program Bully-Proofing (Garrity, Jens, Porter, Sager, & Short-Camilli, 2004). The program was modified to focus specifically on bystanders, reduce implementation time, and shift implementation from teachers to school counselors (for details, see Midgett et al., 2015). Counseling graduate students and the school counselor delivered the STAC program. The intervention is a 90-minute training session that includes a didactic and an experiential role-play component (for details, see Midgett et al., 2015), which are used to train the students in the four STAC Strategies. Following the training, students participate in two 20-minute group meetings over the next 30 days.

STAC Training. The 90-minute STAC training includes an audiovisual presentation with information about bullying and the STAC strategies followed by small group exercises to engage students. Students are divided into groups by grade level where they practice the STAC strategies through role-plays. At the end of the program, each student shares a favorite STAC strategy, signs a *bullying stops with me* petition, and receives a certificate of participation. The following STAC strategies are taught during the 90-minute training.

Stealing the show. Students learn to use humor to turn their peers' attention away from a bullying situation. Trainers encourage "defenders" to act funny when they witness bullying, in a manner that is congruent with their personality. For example, a student trained in the STAC program observes a peer make fun of another student's

appearance in front of a large group of students. The "defender" can intervene by acting silly and pretending to trip or by telling a funny joke. The "defender" can turn his or her peers' attention away from the target and the student perpetrating the bullying behavior. As everyone's attention turns to the "defender," students may laugh and the situation is defused (Midgett, 2016; Midgett et al., 2017). This strategy is a good fit for "defenders" who are outgoing and enjoy being the center of attention

Turning it over. During the training, students identify safe adults at school they are comfortable speaking with when they witness bullying. Trainers teach students to turn situations over to adults every time they observe physical bullying or cyberbullying. Additionally, trainers encourage "defenders" to use turning it over when they do not feel safe or are unsure how to handle a bullying situation. A student trained in the STAC program can use turning it over when they see an online post where a peer intentionally humiliates another student by posting embarrassing photos of the student. Trainers teach "defenders" to print out the post immediately and turn it in to a safe adult at school such as the person they identified during the training (Midgett, 2016; Midgett et al., 2017). Trainers discuss with students that it can take time to build sufficient evidence of cyberbullying; therefore, "defenders" are taught to document every incident they observe.

Accompanying others. Trainers teach "defenders" they can use accompanying others after they witness a bullying incident by reaching out to the student who was targeted. Trainers encourage "defenders" to approach victims of bullying communicating either verbally or non-verbally that they are not alone and that they have peer support at school. Trainers teach "defenders" they can use accompanying others overtly by talking

about the bullying incident with the student who was targeted or covertly by spending time with the student. For example, "defenders" can utilize *accompanying others* when they witness a peer sitting alone on a bench after he or she was intentionally excluded from playing basketball during break. A "defender" can approach the student and say that what happened was not okay and invite the student to join in an activity (Midgett, 2016; Midgett et al., 2017).

Coaching compassion. Defenders can utilize this strategy by gently confronting perpetrators either during or after a bullying incident. Trainers emphasize that "defenders" should only use this strategy with younger students, or if they have an established friendship with the perpetrator and expect the perpetrator will respect them. For example, a student trained in the STAC program who witnesses a close friend intentionally trip another student in the cafeteria can utilize coaching compassion by gently confronting his friend. The "defender' can say to the perpetrator that his or her behavior was not funny or acceptable. Further, the "defender" can share a story about how something similar happened to him or her and how the event negatively impacted the "defender" (Midgett, 2016; Midgett et al., 2017).

Post-Training Groups. Students who participated in the STAC training met with the school counselor for two 20-minute group meetings per grade level after the training was conducted. During these meetings, the school counselor discussed with students whether they utilized the strategies, which strategies seemed to effective, and which strategies they had difficulties implementing. The school counselor also asked about what types of bullying incidents students observed and helped students brainstorm effective ways to use the strategies on behalf of victims. The school counselor also

provided a safe space for students to share any feedback about the process and acting as a defender.

Intervention Fidelity. The reserachers created a STAC training video to train all graduates student involved in the project to conduct the STAC program. All students watched the training video prior to conducting the STAC intervention. The first author was also present at the 90-minute training to ensure the training was accurately delivered by the graduate student trainers. The first author and the school counselor rated the training on a dichotomous scale, Yes or No, to evalute whether presenters accurately taught the definition and types of bullying, the STAC strategies, and whether they deviated from training materials. Furthermore, the researchers evaluated if student trainers conducted all role-plays included in the training and students had an opportunity to practice the four STAC strategies. Additionally, in collaboration with the school counselor, the researchers develped a standard set of scripted questions used for the 2, 20-minute follow-up meetings.

Data Analysis

All analyses were conducted using SPSS version 21.0. Prior to analysis, we examined variables for skew, kurtosis, and outliers at baseline and follow-up assessments. Successful randomization was assessed with t-tests and chi-square tests examining baseline measures. We conducted GLM repeated measures analyses of variance (ANOVAs) to examine differences from baseline to follow-up assessments between the intervention and control groups in knowledge and confidence and emotional outcomes (e.g., anxiety and depression). The two independent variables were Time (baseline; follow-up) and Group (intervention; control). Chi square analyses

were used to determine differences in post-training skills (e.g., ability to identify bullying and use of STAC strategies) between the intervention and control groups at the 30-day follow-up. Due to power considerations, we dichotomized items for use of STAC strategies resulting in a 2 x 2 chi square analyses. We used an alpha level of p < .05 to determine statistical significance and used partial eta squared ($\eta^2 p$) and Phi (φ) as measures of effect size. Power calculations indicated the current sample size should yield power of ≥ 0.95 to detect a medium effect size for the 2-way interaction effect of Time x Group and power of ≥ 0.80 to detect a medium effect size and power of ≥ 0.95 to detect a large effect size for a 2 x 2 chi square analysis.

Results

The authors examined data for extreme cases and for normality and did not identify any outliers. We also examined differences on demographic and baseline variables between the two study conditions and found no significant differences between the two groups. Means and standard deviations by group for knowledge and confidence, anxiety, and depression are presented in Table 1.

Table 1

Means and Standard Deviations for Baseline and Follow-Up

		Control (<i>n</i> = 22)	Intervention $(n=30)$	Total (<i>n</i> = 52)
Outcomes		M (SD)	M (SD)	M (SD)
Confidence	Baseline	35.52 (3.75)	36.18 (3.95)	35.93 (3.82)
	Follow-up	37.52 (4.90)	37.33 (4.77)	37.42 (4.33)
Anxiety	Baseline	9.52 (5.38)	15.25 (8.79)	12.77 (7.75)

	Follow-up	11.08 (6.65)	14.85 (9.40)	13.25 (8.49)
Depression	Baseline	3.36 (3.95)	6.62 (6.19)	5.21 (5.36)
	Follow-up	3.17 (3.63)	7.02 (6.31)	5.39 (5.63)

Knowledge and Confidence

Results of the GLM repeated measures ANOVA indicated a significant main effect for Time, Wilks' Lambda = .76, F(1, 51) = 16.34, p < .001, $\eta^2_p = .24$. Examination of the η^2_p indicates the effect size was large. The interaction effect for Time x Group, however, was not significant, Wilks' Lambda = .98, F(1, 51) = 1.19, p = .28, $\eta^2_p = .02$. Contrary to our hypothesis, students in both the intervention group and the control group reported an increase in knowledge of bullying, knowledge of the STAC strategies, and confidence to intervene in bullying situations.

Ability to Identify Bullying

Consistent with our hypothesis, results of the chi square analysis indicated a significant difference between the intervention and control group in the ability to identify bullying at the 30-day follow-up, $\chi^2(1) = 5.05$, p < .05, $\varphi = .32$. Examination of the φ coefficient indicates the effect size was medium. A significantly higher percentage of students in the intervention group indicated they had seen bullying in the past month (70%) relative to students in the control group (39%).

Using STAC Strategies

Contrary to our hypothesis, results of the chi square analyses did not indicate significant differences between the intervention and control groups for frequency of using the STAC strategies at the 30-day follow-up. Among students who indicated they witnessed bullying, 76% in the intervention group reported using *stealing the show*,

relative to 89% in the control group, $\chi^2(1) = 0.63$, p = .43, $\varphi = .11$; 91% in the intervention group reported using *turning it over*, relative to 78% in the control group, $\chi^2(1) = 0.88$, p = .35, $\varphi = .13$; 95% in the intervention group reported using *accompanying others*, relative to 89% in the control group, $\chi^2(1) = 0.41$, p = .52, $\varphi = .09$; and 57% in the intervention group reported using *coaching compassion*, relative to 56% in the control group, $\chi^2(1) = 0.01$, p = .94, $\varphi = .01$.

Anxiety and Depression

Consistent with our hypothesis, results of the GLM repeated measures ANOVA indicated a trend toward significance for the interaction effect Time x Group for anxiety, Wilks' Lambda = .39, F(1, 51) = 3.62, p = .06, $\eta^2_p = .07$. Examination of the η^2_p indicates the effect size approached the medium range. As seen in Table 1, students in the intervention group reported a decrease in anxiety, whereas students in the control group reported an increase in anxiety. Contrary to our hypothesis, results indicated the interaction effect Time x Group was not significant for depression, Wilks' Lambda = .99, F(1, 51) = 0.34, p = .56, $\eta^2_p = .01$.

Discussion

The researchers' purpose was to extend the literature by evaluating the efficacy of a brief, bystander bullying program in a junior high school setting. Specifically, we were interested in the impact of the STAC program on increasing knowledge and confidence, skill acquisition related to identifying bullying and intervening in bullying situations, as well as emotional outcomes for student bystanders. Overall, results provided support for the STAC program as a promising approach for junior high school students.

Consistent with prior research with junior high students (Midgett et al., 2015), students in the intervention group reported an increase in knowledge and confidence from baseline to the 30-day follow-up. However, contrary to our hypothesis, there were no differences between the intervention and wait-list control groups; instead students in both groups reported a significant increase in knowledge and confidence. One explanation for these results is that there was a carry-over effect from the intervention group to the wait-list control group. That is, it is possible that students in the intervention group shared what they learned with students in the wait-list control group. Thus, findings suggest that junior high school students may have "disseminated" the training to students outside of the intervention group.

Findings also indicate an increase in skill acquisition post-training. As predicted, students in the intervention group reported a greater ability to identify bullying than students in the wait-list control group. Thus, training students in the program increased students' ability to identify bullying, thereby increasing students' opportunities to intervene on behalf of victims. In contrast, students in both the intervention and control groups reported using the STAC strategies post-training. These findings also suggest an intervention carry-over effect in which students in the intervention group may have shared the STAC strategies with student in the wait-list control group.

It is interesting to note, that among the STAC strategies, students used "coaching compassion" the least frequently. One possible explanation is that this strategy involves greater risk-taking than *stealing the show, turning it over*, and *accompanying others*. To *coach compassion*, bystanders need to engage directly with the student who bullies,

which may be more difficult due to fear of becoming a target (Midgett et al., 2017). Thus implementing *coaching compassion* may require additional practice and instruction.

Finally, results partially supported our hypothesis regarding emotional outcomes. Specifically, students in the intervention group reported a decrease in anxiety from baseline to the 30-day follow-up relative to students in the wait-list control group. Although the results only approached statistical significance (p = .06), the effect size was medium and the effect may have been dampened by carry-over effects. Results are consistent with previous studies that have found a decrease in anxiety among students who act as defenders when witnessing bullying (Williford et al., 2012). In contrast, findings did not indicate a difference between students in the intervention and wait-list control group on depression. This is similar to previous research investigating the effects of training students to intervene on behalf of victims of bullying, which indicated a decrease in depression for students in the intervention group, but the difference between the intervention and control groups did not reach statistical significance (Williford et al., 2012).

Limitations and Directions for Future Research

While the researchers were able to extend the literature investigating brief, bystander intervention programs, certain limitations should be considered. First, a relatively small sample size and largely White sample from the Northwest limit the generalizability of the results. Future research with larger, more diverse samples is needed to replicate these results. Additionally, participants were not randomly selected; instead, students were invited to participate based on potential leadership qualities. Thus, selection procedures also limit the generalizability of the study results. Another

limitation is related to the measures used in this study. Specifically, both ability to identify bullying and use of each STAC strategy were measured by a single item, which can result in decreased reliability. Further, all data was obtained through self-report questionnaires, potentially leading to biased or distorted reporting. Although self-report is a common practice in bullying intervention research (Menard & Grotpeter, 2014; Salmivalli et al., 2011; Williford et al., 2012), findings would be strengthened by the use of objective measures including observational data on actual use of STAC strategies by students.

Finally, another interpretational consideration involves the potential of carry-over effects between the intervention and wait-list control group. Although we found group differences in the ability to identify bullying, there were no differences between students in the intervention group and wait-list control group on increases in knowledge and confidence or post-training use of the STAC strategies. These findings suggest that researchers should randomize schools to study conditions to avoid carry-over which can dampen observed intervention effects.

Implications for School Counselors

This study has practical implications for junior school counselors. Although comprehensive, school-wide intervention programs are considered a best practice for bullying intervention, these programs can be difficult to implement due to required resources and time allocation. Further, comprehensive programs often rely on teachers for implementation and do not include bystanders in the intervention. This study provides preliminary evidence suggesting the STAC program can provide a brief and cost-effective alternative to comprehensive programs, thereby increasing accessibility to

a broader range of schools. Further, the STAC program shifts implementation from teachers to school counselors, placing school counselors in a leadership position for being a systemic change agent promoting a safe school climate.

Results from this study suggest training junior high students in the STAC program equips them with knowledge, confidence, and skills to intervene on behalf of victims. These findings indicate the training is meaningful and appropriate for the junior high school level. Although potential carry-over effects may have dampened significance of the findings, they also suggest that students trained in the program may have shared what they learned with their peers. Therefore, training students in the STAC program can help shift school culture by promoting prosocial behaviors, with carry-over effects helping expedite social change.

School counselors can build on these findings by setting up a formal structure where students trained in the program can teach their peers how to stop bullying by utilizing the STAC strategies. Student leaders from different social groups can facilitate small group meetings throughout the academic year to teach their peers the STAC strategies. During these meetings, students can discuss the process and outcome of situations where they used the strategies and brainstorm how to become more effective defenders. For example, students can discuss linking strategies together or working as a team to address specific situations. In addition to helping students develop their skills as defenders in the STAC program, leaders can create an environment of accountability where students are motivated to continue utilizing the strategies long-term. Additionally, school counselors can utilize the information from the STAC training when working with students individually or in small groups who are experiencing anxiety associated with

witnessing bullying at school. School counselors can help these students by teaching them how to engage with peers who are victims and/or perpetrators in a manner that is empowering and can shift school climate in a positive direction. For example, school counselors can teach bystanders to utilize *accompanying others* when they witness a student intentionally trip a peer in the cafeteria. School counselors can teach bystanders to act as defenders by eating lunch with the student who was targeted communicating either verbally or non-verbally that the student is not alone and is supported at school. In addressing this situation, school counselors can also work with bystanders individually or in small groups to help them develop the skills and confidence to utilize *coaching compassion*. School counselors can encourage students who have a relationship with the individual who perpetrated the bullying behavior to gently confront the student's behavior by stating the behavior was not appropriate or funny and can be hurtful to others.

Conclusion

This study evaluated the efficacy of a brief, school-based bystander bullying intervention for junior school students. Results indicated the STAC intervention was effective in increasing students' ability to identify different types of bullying behavior, knowledge of the STAC strategies, general confidence in intervening in bullying situations, and skills to identify bullying and act as a defender on behalf of victims of bullying. Additionally, findings show partial support for improving emotional outcomes, including a decrease in anxiety (p = .06). Overall, results suggest the STAC intervention is a promising bystander intervention for junior high school students.

References

- American School Counselor Association. (2012). *ASCA National Model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author.
- Brank, E., Hoetger, L. A., & Hazen, K. P. (2012). Bullying. *Annual Review of Law and Social Science*, 8, 213-230. doi:10.1146/annurev-lawsocsci-102811-173820
- Carney, J-L., Hazler, R. J., Oh, I., Hibel, L. C., & Granger, D. A. (2010). The relationships between bullying exposures in middle childhood, anxiety, and adrenocortical activity. *Journal of School Violence*, *9*, 194-199.
- Catone, G., Marwaha, S., Kuipers, E., Lennox, B., Freeman, D., Bebbington, P., & Broome, M. (2015). Bullying victimization and risk of psychotic phenomena: Analyses of British national survey data. *The Lancet Psychiatry*, 2, 618-624. http://dx.doi.org/10.1016/S2215-0366(15)00055-3
- Center for Disease Control and Prevention. (2016). *Understanding bullying: Fact sheet*.

 Retrieved from http://www.cdc.gov/violenceprevention/pdf /bullying_factsheet.pdf
- Ching, C. B., Lee, H., Mason, M. D., Clayton, D. B., Thomas, J. C., Pope, J. C.,...Tanaka, S. T. (2015). Bullying and lower urinary tract symptoms: Why the pediatric urologist should care about school bullying. *Journal of Urology, 193*, 650-654. doi:10.1016/j.juro.2014.08.103
- Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult psychiatric and suicide outcomes of bullying being bullied by peers in childhood and adolescence. *JAMA Psychiatry*, 70, 419-426. doi:10.1001/jamapsychiatry.2013.504
- Cowie, H., Naylor, P., Talamelli, L., Chauhan, P., & Smith, P. K. (2002). Knowledge, use of and attitudes towards peer support. *Journal of Adolescence*, *25*, 453-467.

- Feldman, M. A., Ojanen, T., Gesten, E. L., Smith-Schrandt, H., Brannick, M., Wienke Totura, C. M., ... Brown, K. (2014). The effects of middle school bullying and victimization on adjustment through high school: Growth modeling of achievement, school attendance, and disciplinary. *Psychology in the Schools*, *51*, 1046-1062. doi:10.1002/pits.21799
- Forsberg, C., Samuelsson, M., & Thornberg, R. (2014). Bystanders to bullying: Fourth- to seventh-grade students' perspectives on their reactions. *Research Papers in Education*, 29, 557-576. doi:10.1080/02671522.2013.878375
- Garrity, C., Jens, K., Porter, W., Sager, N., & Short-Camilli, C. (2004). *Bully-proofing* your school: Working with victims and bullies in elementary schools (3rd ed.).

 Longmont, CO: Sopris West.
- Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001). Naturalistic observations of peer interventions in bullying. *Social Development*, 10, 512–527. doi:10.1111/1467-9507.00178
- Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., ...

 Reid, G. (2015). Bullying and suicide ideation and behaviors: A meta-analysis.

 Pediatrics, 135, 1-14. doi:10.1542/peds.2014-1864
- Hutchinson, M. (2012). Exploring the impact of bullying on young bystanders. *Educational Psychology in Practice*, *28*, 425-442. doi:10.1080/02667363.2012.727785
- Janson, G. R., Carney, J. V., Hazler, R. J., & Oh, I. (2009). Bystander's reactions to witnessing repetitive abuse experiences. *Journal of Counseling & Development*, 87, 319-326. doi:10.1002/j.1556-6678.2009.tb00113.x

- Juvonen, J., Wang, Y., & Espinoza, G. (2011). Bullying experiences and compromised academic performance across middle school grades. *Journal of Early Adolescence*, 31, 152-173. doi:10.1177/0272431610379415
- Kaltiala-Heino, R., Rimpelä, M., Rantanen P., & Rimpelä, A. (2000). Bullying at school: An indicator of adolescences at risk for mental disorders. *Journal of Adolescence*, 23, 661-674. doi:10.1006/jado.2000.0351
- Karna, A., Voeten, M., Little, T. D., Poskiparta, E., Alanen, E., Salmivalli, C. & Ka, A. (2011). Going to scale: A non-randomised nationwide trial of the KiVa anti-bullying program for grades 1–9. *Journal of Consulting and Clinical Psychology*, 79, 796-805.
- KiVa Antibullying, (2014). *Frequently asked questions*. Retrieved from http://www.kiva program.net/faq
- Menard, S., & Grotpeter, J. K. (2014). Evaluation of bully-proofing your school as an elementary school antibullying intervention. *Journal of School Violence*, *13*, 188-209. doi:10.1080/15388220.2013.840641
- Midgett, A. (2016). Bullying: How counselors can intervene. Counseling Today, 58, 39-43.
- Midgett, A., & Doumas, D. M. (in press). Training elementary school students to intervene as peer advocates to stop bullying at school: A pilot-study. *Journal of Creativity and Mental Health*, 11, 353-365.
- Midgett, A., Doumas, D. M., Sears, D., Lundquist, A., & Hausheer, R. (2015). A bystander bullying psychoeducation program with middle school students: A preliminary report.

 The Professional Counselor, 5, 486-500. doi:10.15241/am.5.4.486

- Midgett, A., Doumas, D. M., & Trull, R. (2016). *A randomized control study of a bystander bullying intervention program*. Manuscript submitted for publication.
- Midgett, A., Moody, S., Reilly, B., & Lyter, S. (2017). The phenomenological lived experience of student-advocates acting as "defenders" to stop bullying. *Journal of Humanistic Counseling*, *56*, 53-71. doi:10.1002/johc.12044
- Nakamoto, J., & Schwart, D. (2010). Is peer victimization associated with academic achievement? A meta-analytic review. *Social Development*, *19*, 221-242. doi:10.1111/j.1467-9607.2009.00539.x
- Olenik-Shemesh, D., Heiman, T., & Eden, S. (2015). Bystanders' behavior in cyberbullying episodes: Active and passive patterns in the context of personal-socio-emotional factors. *Journal of Interpersonal Violence*, 1-26. doi:10.1177/0886260515585531
- Olweus, D. (1993). Bullying at school: What we know and what we can do. *Psychology in the Schools*, *40*, 699-700. doi:10.1002/pits.10114
- Pellegrini, A. D., & Van Ryzin, M. J. (2011). Part of the problem and part of the solution: The role of peers in bullying, dominance, and victimization during the transition from primary to secondary school. In D. L. Espelage & S. M. Swearer (Eds.), *Bullying in North American schools* (pp. 91-99). New York, NY: Rutledge.
- Petrosino, A., Guckenburg, S., DeVoe, J., and Hanson, T. (2010). What characteristics of bullying, bullying victims, and schools are associated with increased reporting of bullying to school officials? (Issues & Answers Report, REL 2010–No. 092).

 Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional

- Educational Laboratory Northeast and Islands. Retrieved from http://ies.ed.gov/ncee/edlabs
- Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2012). A meta-analysis of school-based bullying prevention programs' effects on bystander intervention behavior. *School Psychology Review*, *41*, 47-65.
- Pozzoli, T., & Gini, G. (2010). Active defending and passive bystanding behavior in bullying:

 The role of personal characteristics and perceived peer pressure. *Journal of Abnormal Child Psychology*, 38, 815-827. doi:10.1007/s10802-010-9399-9
- Renda, J., Vassallo, S., & Edwards, B. (2011). Bullying in early adolescence and its association with anti-social behavior, criminality and violence 6 and 10 years later.

 Criminal Behaviour & Mental Health, 21, 117-127. doi:10.1002/cbm.805
- Reynolds, C. R., & Kamphaus, R. W. (2015). *BASC-3: Behavior assessment system for children manual* (3rd ed.). Bloomington, MN: PsychCorp.
- Rivers, I., Poteat, V. P., Noret, N., & Ashurst, N. (2009). Observing bullying at school:

 The mental health implications of witness status. *School Psychology Quarterly*,

 24, 211-223. doi:10.1037/a0018164
- Rueger, S. Y., & Jenkins, L. N. (2014). Effects of peer victimization on psychological and academic adjustment in early adolescence. *School Psychology Quarterly*, *29*, 77-88. doi:10.1037/spq000036
- Salmivalli, C., & Poskiparta, E. (2012). Making bullying prevention a priority in Finnish schools: the KiVa antibullying program. *New Directions for Youth Development*, 133, 41-53.

- Salmivalli, C., Lagerspet, K., Björkqvist, K., Österman, K., & Kaukiainen, A. (1996). Bullying as a group process: Participant roles and their relations to social status within the group. *Aggressive Behavior*, 22, 1-15. doi:10.1002/(SICI)1098-2337(1996) 22:13.0.CO;2-T
- Salmivalli, C., Voeten, M., & Poskiparta, E. (2011). Bystanders matter: Associations between reinforcing, defending, and the frequency of bullying behavior in classrooms. *Journal of Clinical Child & Adolescent Psychology*, *40*, 668–676. doi:10.1080/15374416.
- Silberg, J. L., York, T. P., Silberg, J. L., Moore, A. A., Roberson-Nay, R., York, T. P., ... Moore, A. A. (2016). Psychiatric outcomes of bullying victimization: A study of discordant monozygotic twins. *Psychological Medicine*, *46*, 1875-1883.
- Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology*, 7, 27-56. doi:10.1007/s11292-010-9109-1
- Ttofi, M. M., Farrington, D. P., Lösel, F., Crago, R. V., & Theodorakis, N. (2016). School bullying and drug use later in life: A meta-analytic investigation. *School Psychology Quarterly*, *31*, 8-27. http://dx.doi.org/10.1037/spq0000120
- U.S. Department of Education: National Center for Educational Statistics. (2016).
 Student reports of bullying: Results from the 2015 school crime supplement to
 the national crime victimization survey (NCES 2017-015). Retrieved from
 https://nces.ed.gov/pubs2017/2017015.pdf

- Van Geel, M., Goemans, A., & Vedder, P. H. (2016). The relations between peer victimization and sleeping problems: A meta-analysis. *Sleep Medicine Review*, 27, 89-95. http://dx.doi.org/10.1016/j.smrv.2015.05.004
- Williford, A., Boulton, A., Noland, B., Little, T. D., Karna, A. & Salmivalli, C. (2012).

 Effects of the KiVa anti-bullying program on adolescents' depression, anxiety and perception of peers. *Journal of Abnormal Child Psychology*, *40*, 289-300.

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