Building Capacity to Reduce Bullying: Role of the Health Care Provider

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Faculty Disclosure

• In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.

• This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.
Faculty Disclosure

- American Academy of Pediatrics (AAP) representative to the Federal Partners on Bullying Prevention

- Immediate past chair of AAP Subcommittee on Violence Prevention, Committee on Injury, Violence and Poison Prevention
Bullying: A subset of intentional interpersonal injury

“No studies have examined the relationship of bullying and being bullied and the risk of more serious violence” - 2001

Prothrow-Stith D, Spivak H. Need to address bullying in violence prevention. *JAMA* 2001;285:2131
American Academy of Pediatrics Periodic Survey

• Injury due to violence is a substantial problem facing pediatricians

• Pediatricians feel they have an important role to play in prevention

• Parents also believe that pediatricians have a central role to play in prevention

Policy Statement—Role of the Pediatrician in Youth Violence Prevention

abstract

Youth violence continues to be a serious threat to the health of children and adolescents in the United States. It is crucial that pediatricians clearly define their role and develop the appropriate skills to address this threat effectively. From a clinical perspective, pediatricians should become familiar with Connected Kids: Safe, Strong, Secure, the American Academy of Pediatrics’ primary care violence prevention protocol. Using this material, practices can incorporate preventive education, screening for risk, and linkages to community-based counseling and treatment resources. As advocates, pediatricians may bring newly developed information regarding key risk factors such as exposure to firearms, teen dating violence, and bullying to the attention of local and national policy makers. This policy statement refines the developing role of pediatricians in youth violence prevention and emphasizes the importance of this issue in the strategic agenda of the American Academy of Pediatrics. Pediatrics 2009;124:393–402
Intervention: What’s A Pediatrician To Do?

• Community level - Awareness and Advocacy

• Clinical Practice level – Anticipatory Guidance
**Recommendations: Community-based Education**

**Pediatricians should advocate for:**
- Bullying awareness by teachers, educational administrators, parents and children.
- The role of health professionals as appropriate public health messengers through print, electronic, or on-line media.
States Requiring Anti-Bullying Professional Development

Federal Partners in Bullying Prevention, 2012
D.C.’s children deserve anti-bullying legislation

Published: October 18

In the Oct. 9 Local Opinions commentary “Our chance to stand up for bullied children,” Robert Friedman pointed out that the D.C. Council has not acted on the Bullying and Intimidation Prevention Act of 2011. This legislation was introduced in the D.C. Council Committee of the Whole in October 2010 and was last discussed at a public hearing of the Committee on Libraries, Parks, Recreation, and Planning in May. We, along with other local child advocacy organizations, testified in support of the bill before then-committee chair Muriel E. Bowser (D-Ward 4).

What Mr. Friedman’s commentary did not mention is that 49 of the 50 states already have some form of anti-bullying legislation on the books. The D.C. Council should take heed and provide the appropriate regulatory foundation to help protect our children from the physical, emotional and psychological consequences of bullying.

Joseph Wright, Washington

The writer is senior vice president of Children’s National Medical Center.
Intervention: What’s A Pediatrician To Do?

• Community level - Awareness and Advocacy

• Clinical Practice level – Anticipatory Guidance
Pediatricians should have:

- A working familiarity with “Connected Kids” the AAP primary care violence prevention protocol;

- Adherence to Connected Kids includes screening, counseling, appropriate and timely treatment and referral for violence-related problems, including bullying.
Anticipatory Guidance

- Child-Centered
- Parent-Centered
- Community Connections
- Physical Safety

- Asset/strength-based
- Resilience focused

Anticipatory Guidance: Middle Childhood

Have you been in any pushing or shoving fights?

What happens when you and your friends argue or disagree?

What do you do for fun?

School age children need to be active participants in learning how to avoid and react to conflict.

What do you like best about school?

If you see someone being bullied, what do you do?
Anticipatory Guidance: Middle Childhood
There’s Promise in Anticipatory Guidance

• Early Cognitive Stimulation, Emotional Support, and TV Watching as Predictors of Subsequent Bullying in School-Aged Children:

  ➢ Parental cognitive stimulation and emotional support are independently and significantly protective against bullying.

  ➢ Each hour of daily television viewing is significantly associated with development of subsequent bullying behavior (dose response)

Arch Pediatr Adolesc Med 2005;159:384
Research: What A Pediatrician Can Do

- Contribution of data to existing surveillance systems
- Participation in practice-based research networks
Thank You