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[Bullying: What Parents, Teachers Can Do to Stop It](#)

Questions for bullying expert Susan Swearer, PhD

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Susan Swearer, PhD, is an associate professor of School Psychology at the University of Nebraska - Lincoln (UNL) in the Department of Educational Psychology. She is also the co-director of the Nebraska Internship Consortium in Professional Psychology; co-director of the [Bullying Research Network](#) and was recently a visiting associate professor of psychology in the Department of Psychiatry, Harvard Medical School. Dr. Swearer is a licensed psychologist in the Child and Adolescent Therapy Clinic at UNL, and is a consultant to National School Violence Prevention Initiative, The Center for Mental Health Services, the U.S. Department of Health and Human Services, and the Office of Juvenile Justice and Delinquency Prevention Technical Assistance Consultant Pool.

She has presented dozens of keynotes and workshops on bullying across the United States.

Dr. Swearer is co-editor of the recently published book, "Bullying in American Schools: A Social-Ecological Perspective on Prevention and Intervention" (2004; Lawrence Erlbaum Associates), one of the authors of "Bullying Prevention and Intervention: Realistic Strategies for Schools" (2009; Guilford Press), co-editor of the "Handbook of Bullying in Schools: An International Perspective" (2010; Routledge), co-editor of "Bullying in North American Schools" (in press, Routledge) and is on the editorial review boards for "School Psychology Review," "Journal of Anxiety Disorders," "Journal of School Psychology," and the "Journal of School Violence." She has written more than 50 professional publications on the topics of bullying and mental health issues.

APA. The news of late seems to be filled with terrible stories about youngsters being bullied, even to the point of suicide. Has bullying become more prevalent or more severe, or is this a case of over-reporting by the media?

Dr. Swearer. We don't know if bullying has become more prevalent or more severe in recent years. We don't have national, longitudinal data that can answer this question. What we do know is that bullying is a problem that reaches into the culture, community, school, peer groups and families. The extent of the problem will vary across different communities and schools. In some schools, physical bullying might be particularly prevalent, whereas in another school, cyber-bullying might be particularly prevalent. In some schools, there may be a lot of bullying and in other schools, there may be very little bullying. The media are reporting cases where students commit suicide as a result of being bullied because these cases are so tragic and in some cases, have resulted in lawsuits against the bullies and the schools. We should remember that Dr. Dan Olweus, the Norwegian researcher who started studying bullying in the early 1980s, did so partly as a result of three boys, ages 10 to 14, who committed suicide in 1982 as a result of being bullied. Sadly, this is not a "new" problem.

APA. If a parent or teacher suspects a child is being bullied, what are the most effective steps he/she should take to protect the victim?

Dr. Swearer. Parents and teachers **MUST** intervene when they see bullying take place. First, they must tell the student(s) who are doing the bullying to stop. They need to document what they saw and keep records of the bullying behaviors. Victims need to feel that they have a support network of kids and adults. Help the student who is being bullied feel connected to school and home. Students who are also being bullied might benefit from individual or group therapy in order to create a place where they can express their feelings openly.

APA. Who is more at risk for suicide if bullied? In other words, are there personality traits or markers that parents and teachers should look for when they know a child is being bullied?

Dr. Swearer. There really is no "profile" of a student who is more at risk for suicide as a result of bullying. In the book *Bullycide in America* (compiled by Brenda High, published by JBS Publishing Inc. in 2007), mothers of children who have committed suicide as a result of being bullied share their stories. Their stories are all different, yet the commonality is that the bullying their children endured resulted in suicide. We do know that there is a connection between being bullied and depression, and we know that depression is a risk factor for attempting suicide. Therefore, parents and educators should look for signs that a child is experiencing symptoms of depression.

APA. You have been conducting research on a program called "Target Bullying: Ecologically Based Prevention and Intervention for Schools" that looks at bullying and victimization in middle-school-aged youth. Your findings suggest there are certain psychological and social conditions that fuel bullying. What are they and what are the best interventions to stop the cycle?

Dr. Swearer. I have been conducting research on bullying since 1998 and during this time, I have become increasingly convinced that bullying is a social-ecological problem that has to be understood from the perspective that individual, family, peer group, school, community, and societal factors all influence whether or not bullying occurs. The question that I ask students, parents and educators is: "What are the conditions in your school (family, community) that allow bullying to occur?" The answers to that question are then the areas to address for intervention. We write about how to do this in our book *Bullying Prevention and Intervention: Realistic Strategies for*

Schools (by Susan Swearer, Dorothy Espelage and Scott Napolitano, published in 2009 by Guilford Press). Interventions should be based on evidence. Since bullying will vary across schools and communities, each school in this country ought to be collecting comprehensive data on bullying experiences. Then, schools can use their own data to design effective interventions in order to change the conditions that are fueling the bullying in their own school and community.

APA. From your research, what can you tell us about who becomes a bully? Are there different types of bullies? And if someone is a bully as a child, how likely is it that he or she will continue to bully into adulthood?

Dr. Swearer. If we conceptualize bullying from a social-ecological perspective, there is no way to "profile" a bully. If the conditions in the environment are supportive of bullying, then almost anyone can bully. In fact, the mother of a daughter who committed suicide after being bullied once told me that the girls who bullied her daughter were just "regular kids." The conditions in their small town and small school were breeding grounds for bullying. My research has also looked at the dynamic between bullying and victimization. In one study, we found that kids who were bullied at home by siblings and/or relatives were more likely to bully at school. So, you can see that the dynamic is complex and crosses all areas in which we all function - in our community, family and schools. We do know that if left untreated, children who learn that bullying is an effective way to get what they want are likely to continue bullying behavior into adulthood. Thus, it is critical to intervene and stop the bullying during the school-age years.

APA. How is the growth of social media, such as Facebook and mySpace, affecting bullying?

Dr. Swearer. Technology has definitely impacted bullying. What used to be a face-to-face encounter that occurred in specific locations is now able to occur 24 hours a day, seven days a week. Technology—computers, cell phones and social networking sites -- are all conditions that allow bullying to occur. One way to protect our children is to limit and/or monitor their use of this technology. I ask parents, "Would you let your 12-year-old daughter walk alone down a dark alley?" Obviously, the answer is "no." The follow-up question is, "Then why would you let your 12-year-old daughter be on the computer or be texting unmonitored?" Parents and kids don't realize the negative side to technology and social networking sites.

APA. Are there any other trends you're seeing through your research that you'd like the public to know about?

Dr. Swearer. I really want the public to be aware of the link between mental health issues and bullying. As a licensed psychologist in the Child and Adolescent Therapy Clinic at the University of Nebraska - Lincoln, I and my colleagues have seen an increase in referrals for bullying-related behaviors. Whether students are involved as bullies, victims, bully-victims (someone who is bullied and who also bullies others) or bystanders, we know that in many cases, depression and anxiety may be co-occurring problems. I always assess for depression and anxiety when I'm working with youth who are involved in bullying. Bullying is a mental health problem.

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[What it Takes to be an Olympic Athlete](#)

Questions for Sport Psychologist Shane Murphy

Reporters/editors/producers note: The following feature was produced by the American Psychological Association. Feel free to use it in its entirety or in part; we only request that you credit APA as the source. We also have a photograph of the researcher available to reprint, as well as other experts on this topic.



Shane Murphy, PhD, is a licensed psychologist and associate professor of Psychology at Western Connecticut State University. He is the founder of *Gold Medal Psychological Consultants*, which teaches business and sport organizations the competitive skills that lead to success. Dr. Murphy was head of the U. S. Olympic Committee's Sport Psychology Department from 1987 to 1994 and associate director of the USOC Sport Science Division from 1992 to 1994. He was sport psychologist for the U.S. Olympic Teams at the 1988 Summer Games in Seoul and the 1992 Winter Games in Albertville, a consultant to the U.S. Olympic Committee on mental preparation for the 2000 Summer Games in Sydney, and sport psychologist for the USA snowboard program leading up to the 2002 Winter Games in Salt Lake City. He has contributed to numerous books and scientific journals on sport psychology and human performance and is the author or co-author of five books, including "The Cheers and the Tears: Positive Alternative to the Dark Side of Youth Sports Today" (1999) and "The Sport Psych Handbook: A Complete Guide to Today's Best Mental Training Techniques" (2005).

APA. Because the Olympics only come once every four years, how do athletes prepare themselves mentally for a one-shot deal? What are the levels of pressure and anxiety they feel during training?

Dr. Murphy. It's true that the fact of the Olympics coming only every four years places special pressures on all Olympic athletes, but these athletes are used to dealing with pressure. The World Cup circuit, the X Games - elite athletes constantly have to confront the demons of anxiety, fear of failure, and worry about injury. For the modern athlete, consistent mental training is as much a key to success as is great physical preparation. Throughout practice and training, part of their preparation is how to deal with big-event nerves. That's why most Olympic sports have sport

psychologists working with their coaches and athletes to help prepare for peak performance.

But it's fair to say that the Olympics places special pressure on most athletes. Of all sporting events, the Olympics come with the greatest pressure - nothing else matches it for gut-wrenching anxiety, not the Super Bowl, not the World Series, not Wimbledon or the Masters. It's a combination of the once-every-four years pressure but also the intense nationalism of the Olympics. For athletes in many sports, it is only at the Olympics that they face the media blitz of worldwide attention. They toil in obscurity otherwise. Some athletes revel in the attention and perform their best under the pressure. Others come up far short of expectations when placed under this intense spotlight. That's why you often see athletes perform much better at their second Olympics, once they have had a chance to experience the pressure and learn how to handle it.

APA. What does it take psychologically to be an elite athlete? Is it all about training and natural gifts or is personality key?

Dr. Murphy. That's a great question, and if we knew the real answer, we'd be able to develop more Olympic champions. Definitely, talent is key. You need to have physical abilities to excel in a sport and speed, strength, endurance and coordination are vital. But determination is also a huge component of success. You have to love what you do in order to put in the roughly 10,000 hours of deliberate practice that Anders Ericsson's famous research indicates is needed to become an expert. But I think many different types of personalities can become successful Olympians. Certainly we see a wide variety of personality types on the USA Olympic team.

APA. People are mesmerized by the aerial tricks of the snowboarders and skiers and wonder how and why they do what they do. Does danger make these athletes more resilient to the rest of life's challenges because they risk so much when competing? Or are they more vulnerable to life's ups and downs because they get injured more?

Dr. Murphy. One of my clients who was preparing to climb Mount Everest without oxygen summed it up best. He said, "I make all these careful preparations because despite the dangers, I want to take the risk out of it." Most elite athletes I work with don't think of what they do as especially dangerous, because they work so hard at becoming excellent at it. Of course they know the risks, and every now and then they are dramatically reminded

of the dangers, as with Nodar Kumaritashvili [the Georgian luger who was killed in Vancouver] and Kevin Pearce [the U.S. snowboarder who suffered a brain injury], but their focus is on doing what they have trained themselves to do. It's only when they make mistakes that the risks appear. Allowing big-event nerves and the pressure of the Olympics to hurt that laser-like focus they have can have disastrous consequences. So they work very hard on understanding how anxiety and nerves develop and what they can do about them, using the energy of the Olympics pressure in a positive way to help them. They learn how to replace negative thinking, doubts and worry with complete attention to the task at hand.

I think that's a very interesting question as to whether they are more resilient to the rest of life's challenges because they risk so much when competing. I'm not sure we know the answer. I think if they remember what they learned about themselves in Olympic competition, it's possible to apply it to the rest of life. But it takes effort and practice to transfer the lessons gained from sport to the rest of your life; it doesn't happen accidentally.

APA. You take the position that sports psychologists should be concerned with the total well-being of athletes. This is especially true for elite athletes who under enormous press and public scrutiny. How do they do it? Do you see differences between male and female athletes?

Dr. Murphy. As we've unfortunately seen so often, it doesn't help to have a very successful sports or Olympic career if the young person ends up with terrible problems such as alcoholism, drug addiction, steroid abuse or relationship failures that destroy their happiness and future. So of course the total well-being of the athlete is my primary focus, as it is with all sport psychologists. Staying well-balanced under the intense pressure and scrutiny of the Olympics is a big challenge, but it is usually achieved with the help of a large support network, including family, friends and sport personnel such as coaches and administrators. There's a huge support network behind every individual success story at these Olympics.

The good news is that most elite athletes have very happy and productive lives after sport. They do it by taking the skills they have learned in sport - being self-motivated, accepting and learning from criticism, setting effective goals, being a team player and so on - and applying them to the rest of their lives. Those skills are incredibly helpful at work, in family relationships, for life in general. We developed a program at the USOC, the

Career Assistance Program for Athletes, that helped athletes make successful transitions between high-level sport and life after sport. We learned that most athletes do need something to replace that incredibly high-energy, demanding aspect of their lives that sport provided, but we found that they can forge new goals in other areas, such as work, volunteer and charity activities, and relationships with friends and family. It's a lifestyle change that they must navigate. I think often women use their excellent social skills to help navigate that change, while men often rely on individual effort and hard work to make the transition, but there are more similarities than differences for men and women.

APA. What does it take to do your very best when the pressure is on? You talk about being in "the zone." Is that how athletes master the psychological skills that allow them to deliver their best in competition?

Dr. Murphy. Yes, athletes need to be in that "zone" whenever they are performing. It's interesting that our research has shown that anyone in a very stressful or demanding occupation or role has to learn those same skills to stay in the zone - successful surgeons, great musicians, ballet dancers, emergency responders such as firemen - it's a combination of years of practice to develop the skills to perform at a high level, plus the laser-like focus on the job at hand. What's fascinating is that we find that athletes often don't need to be perfect to succeed. Being in the "zone" isn't about perfection as much as it is about staying in the moment, not worrying about failure, and not worrying about what the result might be. I find every athlete to be unique in their approach to that "zone," but they use some combination of psychological skills such as visualization, goal-setting, concentration, relaxation or mindfulness, psyching up, positive self-talk and developing a consistent routine in order to get there. Once they're ready, they focus and let it happen. Their bodies are prepared to succeed - usually it's the mind that can get in the way - if you let it.

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associations, APA works to advance psychology as a science, as a profession and as a means of promoting human welfare.

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Communicating About Health Risks: The Important Role of Preparatory Communications in Large-Scale Health Risks - What the Risk-Communications Science Tells Us

The possibility of a catastrophic incident, such as a health pandemic, severe weather or a terrorist attack, creates unease for many people. Psychologists who study risk perception and people's potential reactions to unpredictable threats say that people can prepare themselves psychologically and therefore feel more in control if such an event were to occur.

What the Public Needs to Know

Q. What scares people the most about an environmental threat, from a natural disaster, contagious disease or terrorist attack? Are fear and anxiety a normal response?

A. Experts on public health and risk perception say that fear about catastrophic incidents often originates from a feeling of lack of control and a perceived inability to prevent the problem or threat. Some level of anxiety is constructive in that it motivates people to take appropriate action (assuming such actions are available and recommended). But, without any recommended course of action, anxiety around these threats has the potential to become debilitating.

Psychologists who study people's reactions to health, safety and environmental risks say fear is a normal response to an unpredictable threat. Anxiety is also a normal response to ambiguous situations over which one has little or no control. Anxiety about the future and fears of terrorism were quite normal after 9/11, and some people continue to feel anxious about the future.

Q. What can people do to lessen their anxiety about a health risk or environmental threat?

A. People can be sure to keep the actual degree of risk they are facing in its proper perspective and create a plan just-in-case. Psychologists who specialize in managing stress and anxiety say that people who feel some

sense of control while dealing with a fearful, unknown situation handle the unexpected better.

Q. How can parents communicate serious health threats to children?

A. According to developmental psychologists, parents should explain clearly what is known about the situation. They should present strategies for eliminating or preventing the feared situation. This should include education and discussion that increase a sense of feeling of control and knowing that actions will lead to certain results.

Child and adolescent experts also say that older children can help their younger siblings and peers feel less anxiety by reassuring them that they are not alone in the situation.

Psychologists who researched responses after 9/11 found that if parents were distressed about terrorism, they conveyed that information directly and indirectly to their children, which in turn raised the distress levels of their offspring. Adolescents' distress following 9/11 was also associated with perceived parental unavailability to discuss the attacks; suggesting that a key to understanding parents' influences on adolescents' adjustment may lie in parents' ability to manage their own distress and voice their concerns appropriately. Psychologists and other mental health professionals can play a role in helping parents manage their own distress and providing guidance on how best to respond to their children.

Q. When does a person's fear over this kind of threat become a problem that may need treatment?

A. If a person is having trouble with daily functioning and regular routines, then a visit to a credentialed mental health care provider is advisable. A clinician will assess the duration of the problem and the array and severity of symptoms, etc. Anxiety about an ambiguous future is a natural and normal emotion, and mental health experts say that it is important not to pathologize normal responses to potentially traumatic experiences. But when such anxiety interferes with a person's normal day-to-day functioning, that person should seek help from a qualified mental health professional.

There will not be one universal reaction to a catastrophic event. But, it is important to recognize that an individual's degree of emotional response will not necessarily be proportional to the degree of exposure, amount of loss, or proximity to an illness. As noted above, mental health professionals can help individuals manage their own distress and provide guidance on how best to respond to their children.

How Government and Health Officials Can Prepare

Misinformation can create unnecessary fear. Some experts say that misinformation (in large part disseminated via the media and from uninformed "experts") is likely to be responsible for unjustified fear. It is critical that a trusted communicator (with appropriate credentials) provide clear, easy-to-understand messages that clarify what we know, what we don't know, and what is still being studied.

Q. What is the best way public health officials can communicate warnings about a health threat without starting mass panic?

A. The evidence shows that panic is an unlikely response and only occurs when people lose connection with their entire social network. A summary of research on collective behavior by Kathleen Tierney, PhD, (Department of Sociology and Natural Hazards Research and Applications Information Center - University of Colorado at Boulder) shows that even during conditions of severe threat, "panic only occurs when individuals feel completely isolated and when pre-existing social bonds break down to such a degree that those who are in danger feel totally on their own in seeking safety." Other research on social behavior shows that panic is more likely when those entrusted with managing disasters fail to provide accurate information about what to do and where to go during impending threats.

Credible expert spokespersons are needed

Experts on trauma reactions also say that panic is a rare and preventable response with credible communication of accurate information. According to experts who study crisis communications, it is important that the message be clear, concise and truthful (including ambiguous elements if they are present), and delivered repeatedly. It is critical that coordination of services and agencies be conducted prior to any health emergency in the United States. The agency responsible for communicating with the public and the agency's lead spokesperson should be clearly identified in advance, and a clear chain of command should be established. Health communications research further points to the need for identifying evidence-based strategies for the communication message, and identifying an organizational entity that is responsible for mental health response and recovery. In addition, public health officials need to provide clear information on possible

preparation and safety actions and provide concrete recommendations about what to do. Public health officials must avoid multiple authorities with differing political and policy agendas who provide inconsistent or conflicting messages. Finally, it is important to recognize that with repeated false alarms, many will acclimate to the threat and may fail to notice genuine danger.

Those communicating an emergency situation need to understand that fear and other emotions may interfere with people's decision making and judgment. In addition, because people in crisis management usually have not had to communicate about health threats of this magnitude before, it is important that they evaluate and test the messages before releasing them to the public. Lastly, it is recommended that social scientists be part of emergency planning teams to assist in formulating messages and communications strategies that will achieve the desired outcomes. Warnings are best administered in the context of concrete advice for what people can actually do to protect themselves. Information in the absence of concrete action is far less effective.

Experts on risk and decision making can identify what is critical to convey to the different audiences. Young people have different information needs than do older people. Those with children or those taking care of elderly parents, those with health problems, and those who are away from home at the time of the emergency, all have different information needs. Psychologists and other social scientists can identify these different groups' belief systems and aid in designing comprehensible messages and also evaluate their success.

Furthermore, research shows that people listen to messages more often when they come from professional experts rather than when they come from politicians, particularly when the messages are emergency messages and the audiences are racial/ethnic minority groups. Also, the "public" is not a monolithic entity; some individuals are more vulnerable than others (e.g., individuals with prior mental health difficulties, the infirm, refugees, etc.), and therefore it is important to target services to those who need them the most.

Researchers who have studied communication find that certain ways of presenting information increase the perception of risk and thus fear. Specifically, people are more fearful when they see individuals or case studies similar to themselves, rather than statistics. And, the greater the lack of perceived control associated with the fear message, the greater the fear and discomfort. Thus, it is important to communicate a reason for concern, but it is also important to clearly explain how to prevent what is feared by including tactics or strategies for controlling the feared situation. Also important is reminding people of the degree of risk presented by the situation, e.g. the odds of the event's occurrence based on their life circumstances.

Psychologists who specialize on how the design of warnings affects human behavior have learned that people want easy-to-comprehend information and be able to find more information if they want it. The news media will play a critical role if a health emergency were to occur. Information flow to the public about very bad news should not be controlled in the name of trying to avoid an outbreak of mass panic. The public should be armed with information.

The information from this advisory was compiled from the following experts:

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