

Bullying Prevention Research Symposium

Proceedings Paper



Executive Summary

On April 26, 2018, the Center for Safe Schools, through the support and initiative of the Highmark Foundation, convened a Bullying Prevention Research Symposium to engage Pennsylvania stakeholders in reflecting on the progress made in bullying prevention since 2007 and identify needs that persist. This event recognized the Foundation's decade-long investment in bullying prevention in Pennsylvania and nationally, and provided an opportunity for Pennsylvania stakeholders to engage with experts in bullying prevention and each other to reflect on recent developments in bullying prevention and to identify priorities for the future. Representatives from the education, health care and justice sectors, policy-makers, researchers, prevention program providers and grant-makers attended the event and contributed to this report, which summarizes the presentations and workgroup discussions.

The report concludes with a list of themes that emerged across the groups and seven recommendations for advancing bullying prevention in the commonwealth.

1. Expand existing efforts to coordinate violence prevention strategies in the commonwealth.
2. Improve data collection and reporting of bullying issues, as well as statewide and local use of data to inform responsive programming.
3. Advocate for legislation/policy changes to ensure bullying is more accurately reported; that there are clear expectations guiding training, intervention and follow-up in schools; and explicit pathways connecting the medical and educational communities to facilitate effective communication and intervention.
4. Address the needs of medical practitioners by advocating for the inclusion of bullying awareness in medical training and providing easily accessible tools, informational handouts and local referral sources for use by practitioners.
5. Leverage champions in bullying prevention from the health care, education, and media sectors to improve public awareness of the importance of continuing to address bullying.
6. Leverage work in school climate, resiliency, violence prevention, PBIS and trauma informed schools to support/expand bullying prevention efforts.
7. Provide educators, parents and others access to the latest training and resources on bullying prevention/intervention, as well as concrete ways to become more involved in advancing solutions to bullying issues.

The report concludes by noting that a collaborative public health approach to bullying prevention is warranted; and invites the engagement of key stakeholders in violence prevention to discuss, inform and advance these recommendations.

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Event Proceedings

The day began with a welcome and introductions from Yvonne Cook, President of the Highmark Foundation and Shileste Overton-Morris, Director of the Center for Safe Schools. They provided an overview of the agenda and purpose of the day, which was to learn about recent developments in bullying prevention, reflect on the progress Pennsylvania has made in decreasing bullying, and identify goals to inform the next decade of bullying prevention in the commonwealth.

The introduction was followed by presentations from researchers and bullying prevention experts who provided context for smaller group deliberations that occurred in the afternoon. Sue Limber summarized the history of bullying prevention work in Pennsylvania and the outcomes associated with the Highmark Foundation's investment. Matt Masiello, along with Diana Schroeder presented on recent efforts to support pediatricians' involvement in the issue. Sameer Hinduja and Catherine Bradshaw summarized recent research on cyberbullying and bullying and reviewed strategies that have shown promise in reducing the prevalence of peer victimization. A key theme of the morning was that, although many of the elements of evidence-based bullying prevention practice remain unchanged from a decade ago, there is a need to rethink how we apply these strategies in different contexts to ensure that our policies and practices are informed by the latest research on multi-tiered interventions and supports, trauma and technology.

During the afternoon, participants were organized into five distinct workgroups focused on:

- Collecting and reporting bullying-related data
- Involving the health community
- Parent engagement
- Program implementation
- Bullying prevention training

Following these 90-minute work sessions, the whole group reconvened and a representative of each workgroup briefly summarized their discussions. This report provides a succinct summary of the morning presentations and findings of the afternoon workgroups. The final section of this report highlights the major themes that emerged across workgroups and provides recommendations to guide future bullying prevention efforts in the Commonwealth of Pennsylvania. These conclusions were reviewed and vetted by participants in the convening as a way of ensuring the accuracy of the report.

Plenary Session

Conveners

Shileste Overton-Morris welcomed participants and recognized the Highmark Foundation's role in advancing bullying prevention in the Commonwealth of Pennsylvania over the past decade. She noted that the Highmark Foundation's Healthy High 5 initiative was the first statewide implementation of an evidence-based bullying prevention program in the U.S. It impacted more than 210,000 students and 193 of Pennsylvania's 500 school districts. Yvonne Cook recalled the history of Highmark Healthy High 5 and acknowledged the Foundation's signature partners: Windber Research Center's Center for Health Promotion Disease Prevention, now an independent center; the Center for Safe Schools; Clemson University's Institute for Family and Neighborhood Life and Dr. Dan Olweus, bullying prevention researcher. She charged the group to continue to refine their efforts toward bullying prevention, recognized key partners, then invited participants to share in her sense of urgency about the issue of bullying to "make sure that our children are safe in schools."

Presentations

Sue Limber, Author and Associate Director, Institute on Family and Neighborhood Life, Clemson University

Dr. Limber provided an overview of research on bullying prevention, with a focus on Pennsylvania's large-scale implementation of the Olweus Bullying Prevention Program (OBPP) from 2008-2012. Limber first became involved in Pennsylvania 17 years ago when Pennsylvania hosted the first U.S. training of trainers for the OBPP, a universal school-wide bullying prevention program. The OBPP includes strategies at the school, classroom, community and individual levels designed to prevent bullying by improving the climate of the school and by improving adult and peer responses. Limber then reviewed several evaluation studies of bullying prevention programs that support the effectiveness of OBPP and its core strategies.

Evaluation of the Highmark Foundation's OBPP implementation effort in Pennsylvania found significant reductions in students' reports of bullying, improved teacher responsiveness to bullying and improved empathy among elementary and middle school students among other findings. According to Limber, the Highmark Foundation offered several supports or enhancements to OBPP that contributed to its success, including:

- Efforts to raise public awareness about the problem of bullying
- Strategies to increase school and district readiness for bullying prevention
- Development of local expertise in bullying (i.e., the Pennsylvania Bullying Prevention Network)
- Opportunities for networking and learning among schools and trainers
- Strategies to address fidelity of implementation

Dr. Limber concluded by reminding the audience that bullying is both a public health issue and a human rights issue. She noted the importance of systematic research on bullying prevention efforts, including her own recent research, which documented a three to four percent decrease in bullying as a result of comprehensive bullying prevention programs. While "an absolute reduction in bullying by three to four percentage points may not look to be very impressive," she said, "in practice [it means] a considerable number of children have escaped bullying, have experienced improved school climate and; I think, in many cases have been provided a platform for a turning point in their lives."

Sameer Hinduja, Author and Co-Director, Cyberbullying Research Center

Dr. Hinduja's presentation focused on the prevalence of cyberbullying among youth and strategies for deterring student involvement, creating prosocial school climates and building resiliency in children. Hinduja noted that many common approaches to bullying prevention and

response are not supported by research. Specifically, he warned against demonizing technology and relying on sanction-based, zero tolerance approaches. These do not work, according to research. In addition, he discouraged the use of public shaming, fear-based messaging and linking suicide to bullying.

The most effective approaches for preventing bullying and cyberbullying, according to Hinduja, focus on educating and empowering students, improving the school climate and building resilience.

If schools elect to utilize experts or host assemblies, they should carefully vet the speakers and their messages and follow up any assembly experience with a plan for implementing concrete bullying prevention efforts. Appropriate follow-up activities may involve efforts to raise awareness, promote conformity to anti-bullying norms and the use of scenarios to teach how to respond to bullying. In addition, Hinduja recommends the following strategies to improve school climate and promote resiliency:

- Kindness movements
- Positive social norming/PSAs
- Digital citizenship efforts
- Purposeful pairings
- Student advisory boards
- Open lines of communication
- Parent meetings and events
- Anonymous reporting systems
- Tying efforts to identity
- Youth involvement in the community
- Literature and media
- Showcasing heroes
- Promoting social bonding/attachment
- Improvisation/thinking on your feet

Before closing his session, Dr. Hinduja conducted a live online poll. He asked attendees, “What do you believe should be the top priority as we all move forward to combat bullying?” Participants in the summit rated “social and emotional learning” as their highest priority, followed by “building positive school climate” and “resilience.” He concluded by encouraging participants in the summit to remain passionate and engaged in the issue of bullying prevention, and invited them to reach out to him with questions and for support.

Matt Masiello, Clinical Professor of Pediatrics at the University of Massachusetts Memorial Children’s Medical Center, Worcester, Massachusetts; Chief, Pediatric Hospital Medicine and Interim Chair of Pediatrics at Health Alliance Hospital , Leominster, Massachusetts

Dr. Masiello addressed the relevance of the public health model to bullying prevention. He defined public health as “what we as a society do collectively to assure the conditions in which people can be healthy”.ⁱ Masiello then described Highmark Healthy High 5 as an example of the public health model in action. He recognized the Highmark Foundation’s role in supporting the National Academies of Science and Engineering workgroup and the report Preventing Bullying Through Science, Policy and Practice.ⁱⁱ He then reviewed five key recommendations of the report:

- Consistent and comprehensive definition of bullying
- More longitudinal studies about its prevalence
- Evaluating anti-bullying policies
- Developing and implementing evidence-based programs
- Training and partnering with social media companies on policies to identify and respond to cyberbullying

Dr. Masiello closed by describing the potential for pediatric providers to play a more significant role in bullying prevention and intervention, as well as barriers to their involvement.

Diana Schroeder, Director of Bullying Prevention Initiatives, Center for Health Promotion and Disease Prevention (CHPDP)

Dr. Schroeder described a strategy supported and piloted by the Highmark Foundation that engaged pediatric providers in learning and using a screening tool and decision tree to guide their intervention with bullying-involved patients and their families. The pilot included a 90-minute BP101 staff training and introduction of the BEST (Bullying Experiences Screening Tool) survey.

BEST and a decision-tree were developed by the CHPDP, based upon existing tools and resources.

Results were promising: participating health care providers demonstrated improved knowledge and skills related to bullying; felt more capable of providing bullying exposure guidance and agreed that the tool was effective. Families also reported positive experiences with the tool. The researchers identified insurance reimbursement as a significant barrier to broad adoption of a bullying screening tool by providers. Further research is planned to identify presenting symptoms associated with bullying.

Catherine Bradshaw, Professor, Curry School of Education, University of Virginia

Dr. Bradshaw's presentation addressed the current state of research on bullying prevention and future directions. She emphasized the ecological nature of bullying and noted the importance of using multiple lenses for understanding the issue. She introduced the concept of "implementation landscape" as a way of framing the many factors that influence bullying.

Composition of peer groups, shifting demographics, changing societal norms and modern technology are factors that must be considered to understand and effectively react to bullying in the U.S.

Physiological dimensions of bullying were explored in detail, including connections between bullying and early trauma, attachment and children's support systems,

and chronically activated stress systems. The length of exposure to bullying is also significant, as chronic or severe bullying can contribute to neurological changes in the targeted child. Stigmatized youth are particularly vulnerable to these effects. "Stigma is a characteristic or social identity that is devalued in the eyes of others." Research suggests that stigma may play a role in bullying for the following groups: lesbian, gay, bisexual and transgender youth, low socioeconomic status youth, youth with asthma or sleep problems, black youth and obese children. Bradshaw noted that a public health model can inform efforts to reducing stigma and its consequences.

In looking ahead to promising interventions, Bradshaw highlighted the value of trauma-informed approaches and tiered interventions, as well as school-based models that:

- Teach social-emotional skills directly in real contexts
- Foster respectful and supportive relations among students, school staff and parents
- Support and reinforce positive academic and social behavior through comprehensive systems
- Invest in multiyear and multi-component programs
- Combine classroom, community and school-wide efforts
- Involve universal prevention programs proven to prevent violence and disruptive behaviors
- Involve all staff in school and are implemented across the school setting

Bradshaw addressed the elements of effective bullying prevention, the potential role of health care providers in the work, and topics for increased focus moving forward. She concluded by demonstrating a new approach to staff training that uses an online simulator to help teachers learn to identify classroom bullying and respond effectively.

Workgroup Summaries

Participants in the summit were assigned to workgroups based upon their institutional role and background in bullying prevention in order to ensure the groups had diverse representation and included people with expertise in the topic area. The workgroups met for 90 minutes and **deliberated on the current state of bullying prevention, challenges to prevention and intervention strategies, and needs.** The workgroups were facilitated by people familiar with issues in bullying prevention and respondents' ideas were recorded. The summaries emphasize the major themes discussed in the workgroups. Transcripts of the meetings are available.

Collecting and Reporting Bullying Data

The Collecting and Reporting Data group discussed how bullying-related data is currently reported and collected in Pennsylvania and what could be done to improve the quality and utility of it. While most of their conversation focused on data collection, reporting and use of data, the group also discussed the connection between bullying and trauma.

Data on the prevalence of bullying is important for raising awareness about the issue, identifying specific needs and guiding prevention and intervention practices. There are several ways bullying data is currently collected and reported in Pennsylvania:

- The Pennsylvania School code (24 P.S. §13-1303.1-A) requires school districts to report bullying and other safety-related statistics to the Office for Safe Schools on a yearly basis.
- State supported surveys, like the Pennsylvania School Climate Survey and Pennsylvania Youth Survey (PAYS), are administered to students in participating communities.
- National surveys, like the Youth Behavioral Risk Survey, are administered to selected communities on a voluntary basis.
- Some schools administer targeted bullying/harassment surveys (e.g., Olweus Bullying Questionnaire (OBQ), Teaching Tolerance Survey) to inform local programming.

There was consensus among members of the workgroup that **data collection and reporting was too inconsistent across communities in the commonwealth to allow for valid conclusions to be drawn about the prevalence of bullying in Pennsylvania** or to support statewide or targeted responses. Safe Schools Report data, in particular, only provides documentation of bullying incidents reported by school administrators; and while the PAYS provides important information about *students' perceptions* of bullying, it is not used by all Pennsylvania communities. The existence and use of varied surveys, administered by different state and federal entities contributes to “siloing” of information and strategies, and may lead to confusion about the nature and extent of the bullying problem.

In discussing the annual **Safe Schools Report (SSR)** data, members of the group noted that these district-level reports **significantly underrepresent the problem.** Underreporting is confirmed when SSR data is compared to prevalence data on national surveys or when bullying surveys (like the OBQ or PAYS) are administered to students in schools.

The group agreed that communities benefit from access to multiple source of data on bullying; however, data can be difficult to access across disparate sites and entities and without guidance. Several ways to improve the collection and reporting of bullying data were identified or discussed.

1. Expand existing efforts to coordinate violence prevention strategies in the commonwealth.

Although multiple agencies (e.g., justice, education and health) are involved in tracking and addressing bullying, a coherent strategy to guide data collection, communication and prevention that focuses on the “whole-child” and “whole-commonwealth” is needed.

2. Promote the use of consistent surveys of stakeholders' and students' perceptions of bullying

so trends can be tracked over time. Using a survey that taps into student voice is important because research suggests that adults fail to recognize many instances of bullying.

3. Train school administrators how to identify bullying and accurately report bullying on the Safe Schools Report completed by districts annually as required by the Pennsylvania Department of Education.

4. Create online systems that allow bullying data to be viewed in the context of other community data. This could support the identification of communitywide strategies and promote complementary action among stakeholders.

5. Examine current state and federal laws to determine how they might be strengthened to improve the availability of bullying-related data and community access to training, programs and resources. The Pennsylvania suicide-prevention legislation was referenced as a possible model.

Health Community

The session focused on exploring the role of health care providers in preventing and responding to bullying.

In reflecting on the plenary session, participants noted that awareness of bullying and its effects has increased in recent years; however, there remain many barriers to engaging the health care community in this issue. Among the challenges are: limitations in some practitioners' knowledge about bullying and skills in supporting students and families with the issue; limited time allocated for diagnostic interviews; insurance reimbursement codes that do not recognize bullying as a health care issue; and challenges related to providing effective follow-up support.

If you look at successes in public health campaigns over the last couple of decades, they're black-and-white finite issues: 'Don't smoke.' 'Wear your seat belt.' If obesity is the issue, then you can say, 'Don't eat fatty foods.' You can't tell your patient who has been bullied, 'Don't bully' because you're talking about an issue that involves other individuals in that person's life, not choices that they're intrinsically making.

– workgroup participant

Participants discussed the changing landscape of health care delivery. Today, there are many differentiated roles in health care, including technicians, nurses, nurse practitioners and physician's assistants. Large medical practices with many providers are also common and insurance coverage often dictates where children receive care. As a result, the group felt it was important that any strategy aimed at engaging the health community in responding to bullying extend beyond doctors to include office, urgent care and emergency room staff. The group identified several promising strategies for expanding training for medical personnel and staff, including:

- 1. Work with individual chapters of American Academy of Pediatrics (AAP)** to ensure pediatricians have access to bullying training and information, including information about local resources.
- 2. Advocate for the inclusion of bullying in medical training.** Ideally, this would occur in preservice training or residency programs.
- 3. Explore legislation/policy changes** to ensure bullying is more accurately reported, that there are clear expectations guiding responses and explicit pathways

connecting the medical and educational communities to facilitate effective intervention (HIPPA and FERPA laws currently inhibit school/physician collaboration).

4. **Address the needs of doctors in the field**, by providing easily accessible tools, informational handouts and local referral sources. In addition, training opportunities are needed to ensure all physicians have access to the information needed to intervene effectively.
5. **Identify easy-to-use screening tools** that can be integrated into medical intake interviews or the screening surveys completed by patients in waiting rooms. The results of these surveys may connect to guidance tools and documents that help medical staff identify potential bullying and make decisions regarding local resources, reporting and next steps.
6. **Work with medical insurance companies** to incentivize the use of bullying screenings and/or connect bullying intervention to a reimbursement code.
7. **Leverage a “champion” in health care**, someone with celebrity status, who could appeal to the health care audience and beyond. This champion could spearhead public service announcements and advocate for the use of “in office” screening tools and best practices in follow-up.

The group discussed how medical practitioners can best support children and families once bullying behavior has been identified. They noted it was important for providers to acknowledge bullied students’ experiences, ask questions and listen, make specific recommendations and schedule follow-up contacts to ensure the bullying issue is improving. Medical staff should be prepared to work with parents to help them support their child and they should know when and how to involve the school and law enforcement.

Parent Engagement and Community Support

The Parent Engagement and Community Support group focused on issues related to engaging parents and communities in bullying prevention efforts. It addressed the role of media in these efforts, potential partners in bullying prevention work, promising strategies for increasing awareness and engaging parents and community partners. The group noted that community interest in bullying prevention tends to peak when there are bullying-related events or tragedies that gain media attention. Public concern about these events leads to very reactive strategies like zero tolerance — the types of actions that tend to have limited impact. **A broader community-based strategy is needed to address the underlying ecological issues that enable bullying and peer abuse to occur in and out of school.**

“We tend to be too reactive and only focus on bullying prevention when there is another school catastrophe — a school shooting or suicide linked to bullying in the media. You can’t change (the underlying) culture that way.”

– workgroup participant

Although the group ran out of time before addressing all the prepared questions, a robust conversation focused on the challenges of developing a comprehensive approach to bullying prevention and intervention at the community level. Challenges could be grouped into four broad categories related to: effective messaging; commitment and resources to install comprehensive strategies at the community level; the ability of institutions to work effectively with different populations of students; involving and working with parents meaningfully; and ensuring efforts are sustained over time.

“Students are the key holders here. They’re going through the experiences. And we need to hear their voices and empower them.”

– *workgroup participant*

The group noted that comprehensive bullying prevention and intervention strategies require stakeholder buy-in and should target parents and students as well as school personnel, the faith-based community, community organizations, out-of-school-time programs, sporting organizations and coaches, parent associations and health care professionals. Colleges and higher education institutions may also serve as important partners in violence prevention efforts.

Stakeholder engagement should involve building relationships with other stakeholder groups, including youth. School leaders may not have the vision of what the ‘big picture’ should look like or may not be convinced of the importance of focusing on non-academic issues like school climate and students’ psychological well-being. It may be helpful to frame bullying prevention efforts as a component of a larger ecological issue — such as community climate, safety, resiliency or youth

development — that already has community support. Bullying data can be used to educate people about the problem or provide a focus to outreach efforts, but it is not enough.

Strategies to promote parent engagement were identified. Participants recommended involving existing parent groups; using incentives (e.g., parent honor roll) to encourage parents’ participation in bullying prevention education; linking parent education about bullying to other social support strategies; and implementing strategies to address language and cultural barriers to family engagement. The group discussed the importance of establishing a plan, building relationships and ensuring that consistent messages are part of any outreach strategy to parents. As one participant noted, “You have to move people to awareness before you can ask them to participate.”

Local media can be a partner in bullying prevention efforts,

as the media is believed to have played a role in increasing public awareness of the seriousness of bullying during the past decade. A shift is needed away from sensationalized, oversimplified portrayals of bullying to coverage that presents its complexities and its consequences, connections to development and behavioral health issues, and its manifestations across the lifespan. Communities benefit from consistent messaging about bullying and bullying prevention.

Program Implementation

In reflecting on the morning plenary, participants in the Program Implementation group noted that medical and whole-child perspectives were important to emphasize in future bullying prevention and intervention efforts; as are the connections to suicide prevention, trauma and the manifestations of bullying across the life cycle. In addition, the group noted a need for more information about the K-2 population and the value of beginning violence prevention efforts at an earlier age.

The group discussion continued with a focus on challenges to program implementation in schools, including: structural issues, limited time, budgets and constraints imposed by teacher contracts; strategic challenges related to how to select the best programs, how to integrate bullying prevention with other efforts, how to maintain a focus on bullying prevention throughout the school year, how best to sustain staff training from year to year, and how to maintain fidelity to effective practices; cultural issues related to community/school values, staff buy-in, and issues of race, ethnicity and gender; and enduring misconceptions about bullying and how to prevent and respond to it.

Addressing these challenges should involve **linking bullying prevention to existing system-wide violence prevention efforts, such as school climate and Positive Behavioral Interventions and Supports (PBIS) frameworks**. School climate and PBIS have statewide support, training networks and funding opportunities through the Pennsylvania Department of Education's Office for Safe Schools and Pennsylvania Training and Technical Assistance Network (PaTTAN); however, neither initiative focuses on bullying explicitly. The workgroup felt that additional work would need to be done to ensure bullying prevention was adequately addressed within each model.

In addition, participants recommended that **schools and community stakeholders direct more effort at addressing the underlying causes of bullying** acknowledged in Dr. Bradshaw's presentation and in advancing the research-based practices identified in the Academy of Sciences report. The single county authorities that fund and coordinate the Student Assistance Program may be resources in this regard, as well as individuals in the community who have expertise in bullying and issues related to bullying (e.g., youth development, trauma, community violence).

To further support program implementation, participants recommended the following actions:

- **Build off past successes.** Current efforts to address bullying issues should be informed by past efforts, including the commonwealth's experience with the OBPP. New efforts are needed to bring the latest research on bullying prevention to schools, while honoring existing strategies and reinforcing fidelity to a comprehensive bullying prevention model.
- **Address gaps in the commonwealth's current bullying prevention legislation** by clarifying the definition of bullying and requiring schools to conduct regular staff training on how to prevent, identify and respond to bullying and bias in schools. Provide funding and resources (tools, guidelines or templates) that schools can use to support policy implementation as well as investigating and tracking of bullying. Act 71 (suicide prevention) and Chapter 4 (comprehensive planning) were identified as potential models for improving existing legislation because under these laws schools are accountable for training and long-range planning. Policy makers should be encouraged to look to other states for examples of comprehensive legislation, as well.
- **Improve data collection and reporting** to increase access to reliable and valid data on bullying. Currently, there are multiple surveys being used by schools; however, schools need additional guidance and support on how to integrate these data sources to inform programming. In addition, the bullying data in the annual Safe Schools Report reported by districts is not accurate in most cases. Strategies are needed to address barriers to effective data collection and reporting by schools, as well as improve the use of bullying-related data by other youth-serving organizations or settings.

- **Link bullying prevention to the commonwealth mandated comprehensive planning process.** This would ensure that bullying prevention remains a long-term priority for school administrators and is included in staff development plans. This would also require decision-makers to be well versed in bullying prevention data and best practices.
- **Define and disseminate “best practices” and “standards” for bullying prevention.** Specifically, a guidance document is needed on how to integrate bullying prevention activities into related efforts, such as PBIS and school climate improvement.

Staff Training

The Staff Training group began by reflecting on the morning presentations. Participants appreciated learning about the outcomes of the Highmark Foundation’s bullying prevention effort in Pennsylvania. They noted the importance of understanding bullying as a complex phenomenon that is related to other developmental factors and experiences, like early childhood trauma. Because bullying occurs in and outside of schools and has been linked to other issues, the plenary sessions led some to conclude that bullying prevention and intervention should reach out into the community, link to other programs, and utilize language that is understood by all stakeholders.

The group then discussed ways of improving the training school staff receive on bullying prevention and intervention. Some of the discussion was informed by participants’ prior work with the Olweus Bullying Prevention Program; however, the recommendations and the strategies the group discussed were more broadly informed by their experiences and best practices. The group recommended the following actions:

1. **Advocate for legislative and other policy changes to ensure school personnel receive ongoing training on bullying prevention and intervention.** Revised bullying prevention legislation should be patterned on the comprehensive and required components of Act 71,

the law that requires staff and teacher training, school policy and procedures, and records of all actions related to suicide prevention. In addition, it could be beneficial to pursue a Pennsylvania Department of Education credential endorsement that includes knowledge and skill development in bullying prevention.

2. **Provide educators and others access to the latest information on bullying prevention and intervention.**

The group recommended using technology to better facilitate adult learning and information sharing. The classroom simulator that Dr. Bradshaw referenced during the plenary session may be an effective way to improve teachers’ intervention skills. Credited online trainings may be effective, as well. Pennsylvania Department of Education’s Standards Aligned System portal and other resource sharing platforms, such as Google team drives, could be used to house bullying prevention information and distribute the latest research and best practices to educators.

3. **Expand training for all school staff** by encouraging schools to have an expert bullying prevention trainer on staff. The group recommended integrating bullying prevention and intervention training into teacher induction programs and other school improvement initiatives, like Learning Focused Schools and school improvement planning.

4. **Offer advanced training in bullying prevention.**

There was a general concern that the highly polarized political climate in the U.S. may be discouraging some teachers from addressing information, skills and issues related to bullying in their classrooms. It was recommended that targeted trainings be provided to prepare teachers to lead difficult conversations in classrooms and implement strategies to foster safer classroom communities. Advanced training opportunities should address:

- **The role of school climate and culture in bullying** and specific strategies for preventing bullying through school-level and classroom-level practices.

- **How bullying impacts vulnerable students** (e.g., LGBTQ, under represented ethnicities, religions, cultures, social and emotionally challenged students, students who have health issues, traumatized students, students with disabilities that show and disabilities that do not show), **how to prevent the targeting of vulnerable populations, and how to build responsive classrooms.** Training should sensitize educators to stigma and bias and how these manifest among children, as well as ways to prevent and respond to issues of stigma and bias in daily classroom practice.
- **The role of media** in creating subcultures of incivility (online and off) and how this relates to bullying and cyberbullying among youth. Training should highlight specific practices that can be used at the school-level and classroom-level to sensitize students to these issues, counter bullying experiences in the media and prepare students to be informed and skillful media consumers, producers and participants.

The group conceded that there are many challenges to ensuring staff receive adequate training, including limited time and resources, an overemphasis on high stakes testing and other competing priorities. They identified several strategies that may be helpful in advancing the recommendations of this report, including: partnering with the Center for Education Equity; developing a cadre of student/youth trainers to lead professional development programs for school staff; linking bullying prevention to citizenship education; providing grants for bullying prevention training; offering program expos at gatherings of educators; and linking bullying prevention to other initiatives, like restorative practices and social emotional learning.

Themes and Recommendations

Following the summit, a report of the proceedings was prepared and presented to a subgroup of participants that included the workgroup facilitators, agency representatives and policy makers. The purpose of sharing the report was to invite participants to review a list of themes and recommendations that emerged from across summit workgroups to ensure their accuracy. The goal of this report is to support future bullying prevention in Pennsylvania by providing a consensus list of recommendations that, if implemented, could significantly improve the state's success in addressing the developmental and health consequences of bullying. Upon review of the workgroups summaries, six themes were identified.

- The continued need for attention to the issue of bullying, which has not received as much media attention in recent years but remains a significant public health concern.
 - The need for differentiated support for schools, recognizing that some schools already have elements of evidence-based bullying prevention in place while others may not be implementing any specific bullying prevention strategies at this time.
 - Recognition that there are many existing groups and resources available to support bullying prevention efforts in the Commonwealth of Pennsylvania.
 - The need to update “best practice” guidance to include multi-tiered strategies, the latest technology, and research on trauma and development.
 - The limitations of current data and reporting practices used in Pennsylvania for monitoring needs and impact.
 - Concerns about the current bullying legislation and the role that improved legislation could play in coordinated prevention and intervention strategies.
- The importance of emphasizing and supporting the involvement of a range of different stakeholders in bullying prevention and intervention – youth, parents, educators, medical practitioners, insurance providers and youth workers.

Based upon these themes and the nature of the workgroup discussions, the following recommendations are:

- 1. Expand existing efforts to coordinate violence prevention strategies in the commonwealth.**
Although multiple agencies (e.g., justice, education and health) are involved in tracking and addressing bullying, there is not a coherent strategy to guide data collection, communication, prevention and funding. A “whole-child” and “whole-commonwealth” focus is needed that emphasizes “best practices” and “standards” for bullying prevention that are accepted across commonwealth agencies and can be promoted across developmental, program and services contexts.
- 2. Improve data collection and reporting** to increase access to reliable and valid data on bullying. Currently, there are multiple surveys being used by schools; however, schools need additional guidance and support on how to integrate these data sources to inform programming. In addition, a common standard for reporting bullying would be useful for districts entering data for the Safe Schools Report. Strategies are needed to address barriers to effective and consistent data collection and reporting by schools, as well as improve the use of bullying-related data by state agencies, educators and other youth-serving organizations/settings.

3. Advocate for legislation/policy changes to ensure bullying is more accurately reported, that there are clear expectations guiding training, intervention and follow-up in schools, and explicit pathways connecting the medical and educational communities to facilitate effective communication and intervention. Act 71 (suicide prevention) and the Chapter 4 (comprehensive planning) were identified as potential models for improving existing legislation; however, legislative work of other states (e.g., N.J., Mass.) should also be consulted.

4. Address the needs of medical practitioners by advocating for the inclusion of bullying awareness in medical training and providing easily accessible tools, informational handouts and local referral sources for use by practitioners. Work with medical insurance companies to incentivize the use of bullying screenings and publicize ways of connecting bullying-related services to an insurance reimbursement code.

5. Leverage champions in bullying prevention from the health care, education and media sectors. In addition to engaging professional organizations and local media partners, it is recommended that individuals with celebrity status be recruited to provide public service announcements and advocate for bullying prevention in the commonwealth.

6. Leverage work in school climate, resiliency, violence prevention, PBIS and trauma informed schools to support bullying prevention. Research and provide examples of best practices across these domains and how they can be adapted and/or implemented to address a school's bullying prevention goals.

7. Provide educators, parents and others access to the latest training and resources on bullying prevention/intervention, as well as concrete ways to become more involved in advancing solutions to bullying issues. Base new training models on the latest research, including the National Academy of Sciences report. Consider issues of culture, context and experience when planning education and outreach efforts to ensure that efforts reach a broad audience and are responsive to each groups' specific needs.

The public health model recognizes the importance of engaging coalitions in advancing public health strategies. Currently, there are existing coalitions in Pennsylvania that are working on issues of bullying prevention/intervention and youth violence prevention, including: the Pennsylvania Bullying Prevention Partnership; Pennsylvania's Community of Practice on School-Based Behavioral Health; and the Communities That Care in Pennsylvania. Efforts should be made to link these recommendations to the goals and efforts of existing groups, as well as support inter-coalition collaboration. The Highmark Foundation welcomes the contributions of diverse sectors in these efforts on behalf of Pennsylvania children.

Resources

ⁱ Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academies Press; 1988.

ⁱⁱ National Academies of Sciences, Engineering, and Medicine. *Preventing Bullying through Science, Policy, and Practice*. Washington, DC: National Academies Press; 2016.



The Highmark Foundation is a 501(c)(3) private, charitable organization dedicated to improving the health, well-being, and quality of life for individuals and communities throughout the areas served by Highmark Inc. and its subsidiaries and affiliates. We fulfill our mission by awarding high-impact grants to charitable organizations that implement evidence-based programs aimed at improving community health. Central to the Foundation's mission is identifying and continuously re-evaluating our region's prevailing health care needs. By doing so, the Foundation remains at the forefront of those needs, well equipped to pinpoint issues that most urgently need support.



For more than two decades, Center for Safe Schools has been committed to providing training and consulting to help schools identify and implement effective programs and practices and maintain safe, productive learning environments. It serves as a statewide clearinghouse for educators, parents, law enforcement and others on school safety and youth violence prevention. For more information, visit: www.SafeSchools.info.