

Prevailing Interventions to Address Peer Victimization at School: A Study of California School Psychologists

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In an effort to understand how schools are coping with incidents of peer victimization, this study explored the types of related interventions currently being offered by public schools in Northern California. School psychologists' perceptions of the importance of the available interventions were also examined ($N = 96$). The interventions reported to be the most widely available were a) whole-school no tolerance policies and b) school to home communication. Generally, the endorsed availability of interventions decreased as the intensity level of intervention increased. Interventions endorsed as most important were a) the whole-school no tolerance policy; b) general school climate interventions; c) school to home communication; and d) education of school personnel about bullying. Analyses examining the relative use of primary, secondary, and tertiary interventions revealed that school psychologists report primary intervention as most important for reducing levels of bullying at their schools. Analyses also revealed that the differences between psychologists' ratings on each of the levels of the intervention hierarchy were significant. Implications for further scholarship and practice are discussed.

Contemporary evidence reveals that approximately 30% of American children experience bullying in their peer group, either as a victim, bully, or both, and most of this bullying occurs in schools (Kasen, Berensen, Cohen, & Johnson, 2004; Nansel et al., 2001). Moreover, chronic victimization (occurring two or more times per month), is estimated to occur at a rate of 15% to 20% (Sawyer, Bradshaw, & O'Brennan, 2008; Whitney & Smith, 1993). Students who experience bullying may avoid school, experience extreme psychological distress and even drop-out (Boivin, Hymel, & Bukowski, 1995; Fried & Fried, 1996). In the long-term, these same students may experience adult depression, suicidality, and criminality (Carney, 2000; Olweus, 1993; Olweus, Limber, & Mihalic, 1999; Rigby, 2000; Slee, 1994). Brock, Nickerson, O'Malley, & Chang (2006) offer a recent review of the peer victimization literature. Additionally, *The Handbook of Bullying in Schools: An International Perspective* (Jimerson, Swearer, & Espelage, 2009) provides a comprehensive overview of bullying and victimization at school.

Teachers who promote a positive caring environment, treat children fairly, and provide meaningful opportunities for learning significantly reduce bullying behavior in their classrooms (Barboza et al., 2009; Natvig, Albreksten, & Qvarnstrom, 2001). Unfortunately, evidence indicates that most teachers and other school staff are ill prepared to cope with bullying. In fact, nearly 25% of teachers see nothing wrong with bullying and intervene in less than 10% of bullying incidents (Cohn & Canter, 2002). The National Regional Education Laboratory (Brewster & Railsback, 2001) emphasizes that school psychologists are in an appropriate position to encourage and inform school staff about the adoption of anti-bullying policies and curricula. Despite this fact, research has not focused on school psychologists' knowledge and perceptions of bullying interventions. In the related discipline of school crisis management, however, Peters (2005) found that school psychologists do not feel adequately prepared to deal with incidents of school violence. Reasons for not being prepared included: training, time, workload, and the fact that it was not viewed as their responsibility.

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Comprehensive Support Plans

Given the prevalence and risk involved in peer victimization, it is essential that the education community be prepared to prevent and intervene with groups of affected students. Card and Hodges (2008) recommend comprehensive, system-wide interventions for peer victimization. Characteristics of such comprehensive interventions include: school-wide assessment and policy; education of school personnel, parents, and peer groups; systematic social skills training; individualized intervention; and consistent enforcement of rules (Smith, Schneider, Smith, & Ananiadou, 2004). One such comprehensive approach, School-wide Positive Behavior Support, focuses on prevention, multi-level support, and data-based decision making (Skiba & Sprague, 2008). School-wide Positive Behavior Support has been shown to be effective in improving students' ratings of school climate, and reducing aggression and risk-taking behaviors among youth (Metzler, Biglan, Rusby, & Sprague, 2001).

Intervention Hierarchy

The interventions for peer victimization that are outlined in a systematic school-wide plan may be represented by a structure categorized by primary, secondary, and tertiary interventions. The use of this hierarchical approach, wherein the least intrusive intervention in the natural environment is tried first is advocated in the literature (Brown, Odom, & Conroy, 2001). The continuum of care should provide a match between the presenting problem of the student or group of students and the intensity of intervention chosen (Walker, Horner, & Sugai, 1996). Primary, or universal, supports are provided to the entire school or to classrooms and are broad in scope. In the case of peer victimization, primary supports may include: parent training on fundamental child management skills, general social skills and/or affective training, general teacher and staff education, general school climate interventions, and whole-school no tolerance policies (Nickerson, Brock, Chang, & O'Malley, 2006). Secondary supports are provided to small groups based on the need for intervention in order to prevent further damage after a student has been affected by peer victimization. Nickerson and colleagues (2006) suggest that secondary interventions may include: parent training specific to peer victimization awareness, problem-solving skills training specific to bullying prevention, social integration activities (i.e. pairing an at-risk child with socially competent children), incidental teaching of social behavior, counseling, and school to home communication regarding specific incidents. Finally, tertiary supports are reserved for affected individuals who require one-on-one, intensive intervention. Such tertiary interventions are typically provided through psychotherapeutic intervention with a trained professional, although peer support systems and friendship interventions are also possibilities (Nickerson et al., 2006).

Though school psychologists have been identified as appropriate school-based professionals to advocate for and provide intervention, and while types of interventions have been clearly delineated and hierarchically categorized in the literature, availability of these interventions and school psychologists' perceptions of the importance of these interventions have gone largely unexplored. The present study fills a gap in the literature by examining: (a) the types of interventions currently being offered by public schools in Northern California for peer victimization, and (b) school psychologists' perceptions of the importance of a variety of interventions for peer victimization.

METHOD

Participants

Three hundred school psychologists from the Northern California Region X of the California Association of School Psychologists were randomly surveyed through a mailer sent via the United States Postal Service. Of the 300 mailers sent, 96 responses were received, yielding a 32% return rate.

Survey development and description

The investigation followed a descriptive design employing a close-ended inventory entitled "Responding to Peer Victimization" which was designed by the investigator for the study. Based on ex-

perience working in the schools and a review of contemporary literature, the first half of the inventory identified 16 possible interventions and their descriptions in a checklist format. Respondents indicated whether the intervention was available at his or her school site. The second half of the inventory was designed to obtain information regarding school psychologists' perception of the importance of each of the 16 interventions, using a Likert-type scale from 1 to 5 (i.e., 1 = "Very Important" and 5 = "Very Unimportant").

Data Analysis Procedures

The data for all interventions described in the questionnaire were coded on three dimensions: (a) availability of specific interventions to the informant in his school, school district, or agency of work, (b) of those interventions marked as available, category of intervention(s) (primary, secondary, or tertiary), and (c) perceived level of importance.

Availability. The total number of respondents marking "yes" to the question of availability was summed for each intervention. The ratio of "yes" responses to "no" responses was calculated to provide the percent available for each of the 16 interventions described in the questionnaire.

Categorization according to level of prevention. Each intervention was coded as either primary, secondary, or tertiary. The total number of "yes" responses for each level of intervention were summed and divided by the total number of "yes" responses for all interventions providing a percentage available by level of intervention.

Perceived Importance. Respondent data were entered on a scale of 1 through 5, with 1 representing "very important" and 5 representing "very unimportant". Total numbers for each value were calculated. For each intervention, the percentage of each value was calculated providing a rating for perceived importance of each intervention. Using the PASW Statistics program (SPSS Inc., 2008) composite scores were also calculated for perceived importance of primary, secondary, and tertiary interventions. The items that constitute each of these categories are described in the previous sections. Finally, a one-way analysis of variance (ANOVA) was conducted to determine if the differences between the means of these composite scores were statistically significant.

Consistency of Availability and Endorsed Level of Importance. Data were filtered to show which interventions were rated as both available (rating: Yes) and very important (rating: 1). The number of respondents who rated an intervention as both very important and available was compared to the number of respondents who rated the intervention as very important, but not available in their school. This calculation provided percentages demonstrating the consistency between endorsed level of importance and availability of each intervention.

RESULTS

Availability

The three most available interventions endorsed in the overall sample were: (1) whole-school no tolerance policy (79%), (2) communication (70%), and (3) school climate interventions and small group social skills training designed to teach positive peer interaction skills (59% each). Table 1 depicts the reported availability of each intervention.

Availability of interventions was also classified according to levels of intervention. Generally, the endorsed availability of interventions decreased as the level of intervention increased, suggesting that primary interventions are more available in schools than secondary or tertiary interventions. Interestingly, although the trend suggests a decreasing availability as need for intervention becomes more extreme, the availability of one-on-one psychotherapeutic interventions was endorsed by 55% of the sample. The most frequently available interventions at each level – primary, secondary and tertiary – are analyzed below.

Primary interventions. Of the primary interventions sampled, whole-school, no-tolerance policies were the most available intervention, followed by general school-climate interventions and educating teachers, playground supervisors, and other school staff about bullying.

TABLE 1: Availability of Primary, Secondary and Tertiary Interventions

Intervention Type	% Available
Primary Interventions	
Parent training on fundamental child management skills	41
Whole-school no tolerance policy	79
Classroom social skills training designed to teach positive interaction skills	53
Educating teachers, playground supervisors, and other staff about bullying	55
Generalized affective interventions	49
Anti-bullying educational curriculum at the class-group level	26
School climate interventions	59
Secondary Interventions	
Parent training specific to peer victimization awareness	14
Small group social skills training designed to teach positive peer interaction skills	59
Problem solving skills training	43
Social integration activities	16
Incidental teaching of social behavior	46
School to home communication	70
Tertiary Interventions	
Peer support systems	44
Friendship Interventions	18
One-on-one psychotherapeutic intervention with a mental health professional	55

Secondary interventions. Of the secondary interventions sampled, school-to-home communication was the most available intervention followed by small group social skills training designed to teach positive peer interaction skills.

Tertiary interventions. Of the tertiary interventions, one-on-one therapeutic interventions were most available followed distantly by peer interventions.

Perceived Importance of Interventions

Respondents, on the whole, endorsed most items as “neutral,” “important” or “very important.” The rate of endorsements of “not important” or “very unimportant” was 3% of the overall number of responses. Therefore, although most respondents believed all interventions were of some importance, ratings of “very important” were used to determine which interventions, on the whole, were endorsed as most important.

Of the interventions surveyed, those endorsed as most important were: (1) whole-school no tolerance policy (79% marked “very important”), (2) general school climate interventions (63% marked “very important”), and (3) communication & educating teachers, playground supervisors, and other school staff about bullying (on each scale, 62% marked “very important”). Conversely, of the interventions surveyed, those endorsed as least important were: (1) social integration activities (18% marked “very important”), (2) friendship interventions (20% marked “very important”), and (3) peer support systems (26% marked “very important”). Like intervention availability, overall endorsed importance of intervention declined as the level of intervention rose from primary through tertiary.

Composite scores were calculated for primary, secondary, and tertiary interventions. Primary interventions were rated as most important ($M = 1.59$, $SD = .50$), followed by secondary ($M = 1.87$, $SD = .53$), and, finally, tertiary ($M = 2.09$, $SD = .69$) interventions. A one-way analysis of variance (ANOVA) revealed that the differences between groups was statistically significant ($F(2, 268) = 18.24$, $p < .05$). The

Tukey HSD post-hoc analysis revealed the following: Primary Composite $M >$ Secondary Composite M ($p = .004$); Primary Composite $M >$ Tertiary Composite M ($p = .000$); Secondary Composite $M >$ Tertiary Composite M ($p = .012$). Data on perceived importance of each intervention can be found in Table 2 .

TABLE 2: *Perceived Level of Importance*

Intervention	Type ^a	Frequencies ^b					M	SD
		1	2	3	4	5		
Whole-school No Tolerance Policies	P	79	13	5	1	1	1.31	.72
Educating teachers, playground supervisors, and other school staff about bullying	P	62	32	3	1	0	1.42	.61
School Climate Interventions	P	63	26	8	0	1	1.47	.74
School to Home Communication	S	62	25	9	1	1	1.52	.80
Parent training on fundamental child management skills	P	60	27	9	1	2	1.57	.87
Classroom social skills training designed to teach positive peer interaction skills	P	44	46	9	0	1	1.68	.73
Problem solving skills training	S	44	27	12	2	0	1.72	.77
Anti-bullying educational curriculum at the class-group level	P	41	42	15	2	0	1.78	.77
Small group social skills training designed to teach positive peer interaction skills	S	38	42	16	2	1	1.84	.84
Generalized affective interventions	P	35	44	15	3	1	1.89	.86
Parent training specific to peer victimization	S	32	42	22	2	0	1.94	.80
Incidental teaching of social behavior	S	30	45	19	3	0	1.95	.80
Peer support systems	T	26	55	15	2	1	1.96	.77
One-on-one psychotherapeutic intervention with a mental health professional	T	29	38	22	6	3	2.15	1.02
Friendship Interventions	T	20	46	28	5	0	2.19	.82
Social Integration Activities	S	18	47	29	2	2	2.22	.84

^a Key: P=Primary; S=Secondary; T=Tertiary

^b Key: 1=Very Important; 2= Important; 3= Neutral; 4= Unimportant; 5= Very Unimportant

Consistency Between Reported Availability and Perception of Importance

With the exception of whole-school no tolerance policies, communication, and one-on-one psychotherapeutic interventions, several of the interventions psychologists believed to be very important were not consistently available in their school sites. For instance, those interventions that were perceived as very important, but were least available in the schools were: (1) social integration activities (23%); (2) parent training specific to peer victimization awareness (26%); and (3) friendship interventions (26%). Overall, interventions that were endorsed as “very important” were available in 50-70% of corresponding school sites. Table 3 displays the consistency between raters’ endorsement of an item as “very important” and ratings of intervention availability.

TABLE 3: *Consistency of Availability and Endorsed level of Importance*

	Percentage of those reporting that an intervention is available who also report it to be “very important”	Percentage of those reporting that an intervention is “very important” who also report it to be available
Primary Interventions		
Parent training on fundamental child management skills	72	48
Whole-School no tolerance policy	80	80
Classroom social skills training designed to teach positive interaction skills	57	69
Educating teachers, playground supervisors, and other school staff about bullying	72	63
Generalized affective interventions	40	56
Anti-bullying educational curriculum at the class-group level	64	41
School Climate interventions	72	67
Secondary Interventions		
Parent training specific to peer victimization awareness	62	26
Small group social skills training designed to teach positive peer interaction skills	44	68
Problem solving skills training	59	57
Social Integration activities	27	24
Incidental teaching of social behavior	48	72
School to home communication	75	83
Tertiary Interventions		
Peer support systems	36	60
Friendship interventions	29	26
One-on-one psychotherapeutic intervention with a mental health professional	42	79

DISCUSSION

Availability

The finding that whole-school no-tolerance policies are the most available interventions in the respondent sample has some significant implications. First, this finding suggests that most schools in Northern California are compliant with at least one aspect of the Bullying Prevention for School Safety and Crime Reduction Act (2003), which specifies that all schools shall develop a school safety plan aimed at the prevention of potential incidents involving crime and violence on the school campus. Sec-

ond, this finding reveals that schools have largely responded to the need for primary prevention measures for peer victimization. It is important to note, however, that emerging empirical evidence does not consistently support the whole-school no tolerance policy. Recent research reports that no tolerance policies tend to result in increased suspension rates and, unfortunately, schools with high school suspension rates tend to have weaker school climate and academic quality ratings (Skiba et al., 2006). Keeping these data in mind, the no-tolerance policy for bullying must be implemented in concert with a thorough continuum of services that should include more intensive interventions as need increases (Mayer & Sulzer-Azaroff, 2002).

School to home communication (70%) and school climate interventions and small group social skills training designed to teach positive peer interaction skills (59% each) were the next most available types of interventions. When considering the relatively high availability of small group social skills training, it is important to consider what curricula are being used, the fidelity of their implementation, and whether they are empirically validated for the specific target groups (McNamara, 2002). Measuring the quality and appropriateness of these interventions is outside the scope of the current study, but is nevertheless of keystone importance to understanding intervention efficacy.

The low reported availability of parent training at the primary (41%) and secondary (14%) intervention level is noteworthy. This finding is particularly disconcerting because parent training is consistently empirically supported as one of the most influential interventions for change in aggressive behavior patterns of young children (Baldry & Farrington, 2000; Barboza, et al., 2009; Dishion & Patterson, 1992). The evidence suggests that these behavior patterns begin and are maintained by parent management practices. One possible explanation for this finding is that schools do not consider parent training to be within their scope of responsibility. Particularly in this time of declining resources and increased need, the idea of intervening with parents may be overwhelming to school staff. In reality, however, intervening with parents may, be one of the most productive uses of schools' limited resources (Gimpel & Collett, 2002).

The general finding that available interventions decline as the level of intensity increases is concerning. This trend suggests that as students' need for intervention increases, availability of intervention declines. One explanation for this phenomenon would suggest that because primary interventions are the least resource-intensive, they are also the easiest to implement in a school environment characterized by severe budget cuts. As intervention level increases, a smaller pupil to personnel ratio is necessary, thus making it more difficult to implement without appropriate resources. However, this hypothesis is confounded by the finding that one-on-one psychotherapy, a tertiary intensive intervention with mixed empirical support, is also among the most available interventions endorsed in the sample (55%). One hypothesis for the higher availability of one-on-one psychotherapeutic interventions than other, less resource-intensive, primary and secondary interventions is that schools are managing their resources poorly. Perhaps having a school psychologist perform tertiary intervention requires less pre-intervention planning than adopting a comprehensive school-wide positive behavior support structure requires. Further research is warranted to better understand these phenomena.

Endorsed Level of Importance

Information from respondents' ratings of intervention importance was particularly illuminating. Composites of primary, secondary, and tertiary interventions were significantly different from one another, with the primary intervention composite being most important, followed by secondary, and then tertiary. Interestingly, 79% of the sample responded that whole-school no tolerance policies, a primary intervention, are very important, the highest among all interventions included. While this evidence suggests that school psychologists recognize the value of school policies for dealing with incidents of victimization, it also suggests that the preponderance of evidence against these policies may go unrecognized. Also important to respondents were generalized school climate interventions (63%) and communication (62%). These data suggest that psychologists recognize the value of (a) establishing a school climate characterized by positive interpersonal and organizational supports for all students and (b) involving families in the school community to the greatest degree possible.

Three of the four interventions rated as most important were primary level interventions (whole-school no tolerance policies, school climate interventions, and educating school staff about bullying). Communication was the only intervention rated in the most important range that was not a primary intervention. In the case of this sample, because communication to home would follow an incident of victimization, it is considered a secondary intervention. Nevertheless, in the scope of intervention intensity, communication is low. These findings suggest that psychologists are aware of the high value of prevention. Generalized interventions that support a warm and accepting environment for all students, where adults are aware of the peer victimization issue, and where incidents of peer victimization are not tolerated, is the ideal foundation for the prevention of escalating intervention need (Larson, Smith, & Furlong, 2002).

The interventions marked as least important (fewest “very important” responses) are also notable. Two of the three least important interventions rated were tertiary interventions: friendship interventions (20% marked “very important”), and peer support systems (26% marked “very important”). All of the interventions rated in the least important range were those involving an intensive intervention using the peer group as the mechanism for rehabilitation. This information suggests that respondents have little optimism about the usefulness of peers in the response to peer victimization, specifically when the intervention is intensive in nature. It is possible that respondent ratings may have been biased by the logistics of these types of interventions, as they require the voluntary participation of a peer or group of peers as well as the use of a high number of personnel hours to train and guide these volunteers. Because the empirical evidence is mixed, the cost-benefit of such resource-intensive interventions remains unclear (Cunningham et al., 1998; Naylor & Cowie, 1999).

The data from the endorsement of importance section of the questionnaire suggest that school psychologists’ conceptualization of the efficacy of interventions are generally consistent with empirical support. On the whole, they endorse primary interventions as most important and those interventions that are resource-intensive and of questionable benefit as least important.

Consistency

The consistency data addresses two important questions. The first analysis demonstrates the endorsed ratings of importance for those respondents who have had experience with an intervention, thus answering the question, “Of the people who have the intervention, what percentage think it’s very important?” Higher percentages suggest greater levels of satisfaction with an intervention. The interventions with the highest ratings of consistency under these conditions were: (a) whole-school no tolerance policies (80% consistency); (b) communication (75% consistency); and (c) educating teachers, playground supervisors, and other school staff about bullying and parent training on fundamental child management skills (72% consistency each). These data indicate that respondents are particularly satisfied with the use of whole-school no tolerance policies, staff education and parent training as primary methods for intervention. They are also satisfied with the use of communication between school and home and parent training at the secondary level. Again, these data are skewed toward primary interventions, suggesting that, as far as school psychologists are concerned, primary intervention works.

Also important are the lowest consistency scores, which indicate lower levels of satisfaction with particular interventions. Those interventions with the lowest consistency scores in this analysis were: social integration activities (27%), friendship interventions (29%), and peer support systems (36%). These data suggest that respondents who have experience with peer-based interventions are not particularly satisfied with them. Again, they are skewed toward the tertiary intervention level indicating declining satisfaction with interventions as level of intervention increases. Further research is necessary to understand the strengths and weaknesses of each of these interventions and to understand what improvements are necessary to increase perceived and real efficacy.

The second consistency analysis demonstrates the consistency between respondents’ reports that an intervention is important and its availability, answering the question, “Of the people who report that an intervention is very important, what percentage also say it’s available?” Lower scores suggest a mis-

match between endorsed importance and availability. Those interventions with the lowest scores were: (a) social integration activities (24%), and (b) parent training specific to peer victimization and friendship interventions (26% consistency each). It is particularly interesting that those interventions with low levels of overall endorsed importance are also those interventions that have low consistency in this analysis. This evidence suggests that, although most respondents do not believe these interventions to be of the greatest consequence overall, of the minority of respondents who do believe it to be important, very few have it available to them.

RESPONDENT COMMENTS

Many respondents offered insights regarding the problem of peer victimization in the comments sections of their surveys. They shared conjectures about the dynamics of peer victimization, explanations for why interventions are not being implemented, and what changes to the system must occur before interventions can be implemented with greater frequency and fidelity.

A number of respondents shared the following sentiment: “Bullying is an incredible problem – very apparent and overt in elementary and middle schools, much more covert in high school.” In concert with the data on perception of importance, this sentiment speaks to the fact that school psychologists largely understand the complex dynamics of bullying. Beyond identifying the problem, respondents reflected on the barriers to psychologists’ provision of intervention in the school setting. One such barrier suggested was that the focus on academic achievement, specifically state standardized test scores, makes it difficult to sell “nonacademic” interventions to administrators. Reflecting this sentiment, one respondent wrote, “The district in which I work is focused on improving academics – increasing test scores. Social-emotional learning and bullying prevention are viewed as taking away critical academic instructional time with activities that do not increase test scores.”

Respondents also argued against the existing model of separate special education versus general education systems. For instance, one respondent said, “If we weren’t slaves to special education issues, we could involve ourselves more in facilitating these interventions. We have to continually expand our influence into regular education in order to build a structure for these services.” Finally, many respondents remarked that the involvement of parents and community members is the keystone in the prevention and intervention of peer victimization. These comments are particularly encouraging because they reflect not only school psychologists’ dissatisfaction with the status quo, but also their insight into system-level reform needs.

LIMITATIONS AND FUTURE DIRECTION

This study yielded a 32% response rate from school psychologists in Northern California schools thus, future research with a greater number of school psychologists from more diverse geographic locations would further advance understanding of the interventions currently being offered by public schools to prevent victimization. While this initial effort provided exploratory data, further evaluation of the psychometrics (e.g., reliability and validity) of the perception of importance portion of the Responding to Peer Victimization survey would be valuable as modifications may enhance future data collection. Finally, it should be noted that an exhaustive review of all possible interventions for peer victimization was beyond the scope of this study (for further information see for instance *The Handbook of School Violence and School Safety*, Jimerson & Furlong, 2006). Therefore, further research is warranted to better understand the continuum of school-based interventions meant to address the problem of peer victimization.

CONCLUSION

The current investigation has shed light on the availability and endorsement of importance of interventions for peer victims by school psychologists in Northern California schools. The respondents in this sample demonstrated a high level of awareness of the problem of peer victimization, the importance of primary intervention, and of the barriers that stand in the way of appropriate allocation of resources in the school setting. It is anticipated that, as we advance toward a response to intervention model, wherein

the lines between general and special education are blurred, the school psychologist's time may be freed from the assessment of children for special education services, and reallocated to provide direct psychosocial services to classrooms, small groups, and individuals. These data contribute to a growing body of evidence suggesting that the expertise of the school psychologists, as mental health experts in the school setting, should be embraced in an effort to address the psychosocial barriers to learning which are consistently demonstrated to impact children's short- and long-term life outcomes.

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