

**Using Motivational Interviewing With School-Age Bullies:  
A New Use for a Proven, Evidence-Based Intervention**

Brenna A. Juhnke

Ronald Reagan High School, San Antonio, Texas

Gerald A. Juhnke

The University of Texas at San Antonio

Russell C. Curtis and E. Heather Thompson

Western Carolina University

Kenneth M. Coll

Boise State University

Fangzhou Yu, Michael S. Moyer, and Alison Mullett

The University of Texas at San Antonio

### **Abstract**

Motivational interviewing is a proven, evidence-based intervention. It has been successfully utilized as a potent intervention with students presenting a broad range of concerns from substance abuse to obesity. To date, however, no articles exist within the general counseling literature or the *Journal of School Counseling* specifically describing how to utilize motivational interviewing with school-aged bullying perpetrators. This article will describe how school counselors can effectively utilize motivational interviewing with bullying school-age youth.

*Keywords:* motivational interviewing, bullying, school bullying, physical abuse

## **Using Motivational Interviewing With School-Age Bullies: A New Use for a Proven, Evidence-Based Intervention**

Evidence-based practices have gained national attention (American Psychological Association Presidential Task Force on Evidence-Based Practices [APAPRFEBP], 2006; American School Counseling Association [ASCA] National Model, 2005; Barlow, 2000; Carey & Dimmitt, 2008; Carey, Carey, Hatch, Lapan, & Whiston, 2008; Cooper, Benton, Benton, Phillips, 2008; Gysbers & Henderson, 2006; Hazler, Hoover, & Oliver, 1991; Hoover & Hazler, 1990; Messer, 2004; Wampold & Bhati, 2004; Weisz, Jensen-Doss, & Hawley, 2006). In response, national counseling associations such as the ASCA and American Psychological Association, and national agencies such as the Substance Abuse and Mental Health Services Administration (SAMHA) now strongly encourage counselors to select and utilize evidence-based counseling theories, models, and practices (ASCA, 2005; SAMHA, 2012). One evidence-based practice encouraged by SAMHA is motivational interviewing (2012). Evidence-based practices contained within the NREPP have successfully demonstrated effective treatment outcomes. Such evidence-based practices have either been successfully utilized in multiple replicated randomized clinical trials or demonstrated effective via meta-analysis where repeated clinical and statistical significance were attained by different randomized clinical studies (APAPRFEBP, 2006; Chambless & Ollendick, 2001).

Additionally, the effectiveness and utility of motivational interviewing has been well documented via numerous individual studies (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001; Bernstein et al., 2005; Borrelli et al., 2005; Carroll et al., 2006; Dunn, Droesch, Johnston, & Rivara, 2004; Foley et al., 2005; Levensky, Forcehimes,

O'Donohue, & Beitz, 2007; Marlatt et al., 1998; Monti, Colby, Barnette, Spirito, & Rohsenow, 1999; Rubak, Sandbaek, Lauritzen, & Christensen., 2005; Senft, Polen, Freeborn, & Hollis, 1997; Vasilaki, Hosier, & Cox, 2006). Larrier, Bakerson, Linton, Walker and Woolford (2011) even reported motivational interviewing as a treatment of choice with obese students in their *Journal of School Counseling* article. However, it is Lundahl, Kunz, Brownell, Tollefson, and Burke's (2010) summary that truly demonstrates motivational interviewing's clinical value and efficacy. This was accomplished via a large meta-analysis. Their meta-analysis included findings from 119 different motivational interviewing randomized research studies. These motivational interviewing studies occurred over a 25-year period. The results clearly demonstrated motivational interviewing's broadly noted evidence-based utility. Specifically, Lundahl, Kunz, Brownell, Tollefson, and Burke's (2010) findings indicated that motivational interviewing demonstrated positive impact upon targeted substance use outcomes (e.g., alcohol abuse, cannabis use, cocaine dependence, tobacco use, etc.) and health-related behaviors (e.g., diet, exercise, obesity, safe sex). These researchers confirmed what many counseling professionals already knew. Motivational interviewing can be an effective and useful treatment practice and has utility even with challenging populations that perceive no or limited benefit for change (Juhnke & Hagedorn, 2006).

Despite motivational interviewing's wide recognition as an effective, evidence-based practice, no articles exist that describe how to utilize motivational interviewing with school-aged bullying perpetrators. Bullying is a major health threat that negatively impacts school students, classrooms, and schools (Dao et al., 2006; Due & Holstein, 2008; Espelage & Holt, 2007; Haynie et al., 2001; Marshall, Varjas, Meyers, Graybill, &

Skoczylas, 2009; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidet, 2001; Olweus, 1997; Olweus, 2003; Pozzoli, 2009; Reuter-Rice, 2008; Srabstein & Piazza, 2008; Sourander et al., 2009). Two somewhat recent surveys reflect bullying's widespread occurrence. In 2009, the Centers for Disease Control surveyed a nationally representative sample of 9th through 12th graders. These findings suggested nearly 20% of United States (U.S.) 9th through 12th graders experienced bullying on school property in the preceding 12-month period (Centers for Disease Control, 2010). In 2012, Schneider, O'Donnell, Stueve, and Coulter found over 25% of 20,406 9th through 12th graders in Massachusetts reported experiencing school bullying behaviors in the preceding 12-month period. Regretfully, the percentage of students reporting bullying behaviors in these latest studies appears to suggest that bullying behaviors are increasing. This seems especially true when comparing Schneider, O'Donnell, Stueve, and Coulter's 2012 findings where over 25% of surveyed students reported bullying vis-à-vis Nansel et al.'s 2001 study where 11% of the adolescents reported being bullying victims. The implications for school counselors are clear. School counselors need effective interventions that will truncate bullying behaviors and restore school safety.

The authors of this article who counsel or supervise those who counsel bullying perpetrators have found school-age perpetrators increasingly resistant to engage in more traditional counseling theories (e.g., Behavioral, Cognitive, or Cognitive-Behavioral, etc.). Many of these more resistant students do not identify bullying behaviors as problematic. Instead, they overwhelmingly report to the counseling authors' significant perceptions of personal gain resulting from their bullying behaviors

(e.g., dominance and control over peers, notoriety and respect within their schools, etc.). Thus, at least for some perpetrators, the identification of triggering events, and the use of typical contingency contracting and reinforcing rewards have at times produced less than optimal results.

This article offers a unique, evidence-based intervention that heretofore has gone undescribed within the counseling literature on bullying. Specifically, the article provides counselors a practical, step-by-step guide describing how to effectively utilize motivational interviewing with bullying school-age youth. Short clinical vignettes are incorporated into the article to demonstrate how motivational interviewing can be implemented within sessions.

## **Motivational Interviewing**

### **Basic Tenets**

In Rollnick and Miller's (1995) seminal book on motivational interviewing, the authors described how they developed motivational interviewing from Prochaska and DiClemente's Transtheoretical Change Model (1982). Four basic tenets govern the use of motivational interviewing and are used throughout the bullying counseling process. The first of these tenets is Expressing Empathy. Here, counselors establish a welcoming and positive environment, build rapport with bullying students, and seek to understand the individual bullying perpetrator's mindset. Given that most counselors are familiar with Person Centered Theory, expressing empathy for bullying students and accepting students without contempt comes rather expectedly. The authors who counsel or supervise have found that as bullying students experience empathy, their defenses lessen and they become more willing to engage in the motivational

interviewing process. When this happens, students begin to discuss their bullying behaviors without fear of condemnation, and counselors can better understand the underlying reasons why the student is bullying.

Rolling with Resistance is the second motivational interviewing tenet. The central theme to this tenet is continual communications with the bullying student without arguing or debating. Ineffective treatment providers often label students “resistant” when behaviors are perceived as defiant or rebellious. In their original motivational interviewing book, Rollnick and Miller (1995) take a different approach. They suggest clients become resistant when they believe counselors don’t understand the client’s situation. Thus, Rollnick and Miller encourage counselors to roll with their clients’ resistance by accepting what clients say and encouraging counselors to intervene via simple client statement reflections. Thus, if a student said, “I refuse to stop punching others”, the counselor would respond by reflecting, “You don’t intend to stop punching others right now.” According to Rollnick and Miller (1995), arguing with clients will only entrench the targeted behaviors.

The third tenet is Developing Discrepancy. Miller, Zweben, DiClemente, & Rychtarik (1992, p. 8) state, “Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.” Thus, instead of telling bullying perpetrators why they should stop their bullying behaviors, the authors of motivational interviewing encourage counselors to ask questions and make statements to help perpetrators identify their own reasons for change. Specifically, counselors are encouraged to actively listen to students, pay special attention for stated discrepancies between how they think, act, feel, and behave, and ask questions that highlight or

emphasize the discrepancies related to their bullying behaviors. For example, a counselor might ask, "So help me understand. You say you want to be a nurse. But, you say you will never stop pushing others around. Help me understand." Or, a counselor might say something like, "I keep hearing you say that you want to stop threatening your friends. However, you keep threatening them. How is that working for you?" In both situations, the counselor is addressing the incongruence between the student's bullying behaviors and his stated goals or desires. Thus, the student's own statements serve as fertile ground for self-examination between the stated discrepancies.

The final tenet identified by Rollnick and Miller (1995) is Supporting Self-efficacy. Rollnick and Miller believed clients are more likely to invest, follow through, and accomplish freely selected behaviors they believe are attainable. Stated differently, if clients believe new behaviors or unattainable behaviors are forced upon them, they have a diminished probability of engaging in the behaviors and likely will not successfully bring the behaviors to fruition. Thus, counselors must optimistically encourage students, remind students of their past successes, and affirm all attempts to stop student bullying behaviors.

### **The Model**

Motivational interviewing has six change stages. These include: (a) precontemplation, (b) contemplation, (c) determination, (d) action, (e) maintenance, and (f) relapse. Unlike more traditional theories where clients commonly seek counseling to eliminate or reduce perceived noxious symptoms (e.g., depression, anxiety, panic), Rollnick and Miller's motivational interviewing was designed to address drinking and drugging behaviors. Such behaviors were often experienced by clients as enjoyable,

and in the majority of cases, the binge drinking and substance abusing clients did not perceive their behaviors as problematic or bothersome (Rollnick & Miller, 1995). Thus, they did not wish to stop.

These perceptions are strikingly similar to the authors' and their supervisees' bullying students who report they enjoy bullying and do not perceive bullying as problematic or bothersome. These students qualify for Motivational interviewing's precontemplation stage. In other words, they do not perceive a need to change their bullying behaviors. Counselors who encounter bullying perpetrators in the precontemplation stage begin motivational interviewing by encouraging perpetrators to self-explore and explain the potential risks, costs, or sanctions associated with continued bullying. This is done without demanding the bullying to stop. For example, the counselor might say something like:

Counselor: Robbie, have you noticed when you punch and shove other students in the hall you get sent to the principal's office and lose your freedom and privileges?

Robbie: So...

Counselor: So, I'm wondering if Principal Lanford explained the school's No Bullying Policy to you.

Robbie: No. He just said I shouldn't punch or shove other kids in the hall.

Counselor: Did he explain what will happen if you punch or shove other students?

Robbie: No, he just told me not to do it.

Counselor: Punching, shoving, harming, threatening, or intimidating qualifies for bullying behaviors within the district's No Bullying Policy. The school district has established a "zero-tolerance" policy for bullying. That means any student who bullies other students by doing things like threatening, intimidating, yelling, pushing, shoving, or punching another student will be suspended from school for the second offense and possibly expelled from

school for a third or later offense. Do you understand your behaviors of punching and shoving other students in the hallway are defined as bullying by the district's No Bullying Policy and you may be suspended or expelled from school, because of your bullying behaviors?

The above vignette demonstrates how counselors describe bullying in simple yet clear words. Concomitantly, counselors clearly explain bullying sanctions. Thus, counselors provide a clear definition of bullying behaviors and inform students regarding the school or district bullying policies and sanctions. Here, students learn their behaviors fulfill the bullying definition. Often when students realize their behaviors match the described bullying definition, students move from the precontemplation to the contemplation stage. In other words, they move from ignorance of their behaviors as fulfilling bullying criteria to awareness of their bullying behaviors.

The second motivational interviewing stage is contemplation. This is an ambivalent stage. Here, students begin to more fully understand that their behaviors are defined as bullying. They have either not yet made a decision to change their bullying behaviors or they are undecided if they will continue to bully. Therefore, the intent of counselor questioning within the contemplation stage is to help students more thoroughly understand the good and bad parts of their bullying behaviors and to amplify and enlarge students' discussions of bullying's bad parts. This is continued until it is fully evident to students that the costs of bullying clearly outweigh possible benefits, and they understand that bullying behaviors are illogical to continue. The contemplation stage intervention is typically initiated by querying students about perceived positives resulting from the targeted bullying behaviors. Hence, the counselor might ask,

Counselor: You tell me that you've been 'beating kids up' your whole life. There must be some positive things experienced from beating up others. Tell me about some of those positive things.

In the above vignette, the counselor acknowledges that the student would not bully without some perceived benefits. Failure to ask about potential positives from the targeted behaviors typically results in unrealistic change expectations and continued bullying. Thus, it is important to encourage students to honestly list perceived bullying benefits. In a later motivational interviewing stage the counselor will return to these student perceived benefits and help the student identify new behaviors designed to attain the same or similar benefits via more socially acceptable and healthy behaviors.

Once the perceived benefits have been thoroughly discussed, counselors ask students about the "not so good" things about bullying. Here, counselors might discuss the identified school sanctions that have occurred (e.g., school suspensions) as well as potential future sanctions (e.g., school expulsion). However, counselors also investigate the students' other negative perceptions or feelings about bullying. Therefore, the counselor might say,

Counselor: You've said that you sometimes like to bully other students, because it often scares them. When others are scared of you, you say they give you space. I am wondering. Are there some not so good things that you experience when you bully and scare other students?

Robbie: Like what?

Counselor: Well, do you ever find yourself feeling all by yourself, because other students are scared of you?

Robbie: Yeah. Sometimes after I beat up a kid and scare everybody, nobody wants to hang around with me. I don't like that. It's not like I'm going to beat everybody up.

Counselor: So, sometimes after you beat up others, you find nobody will hang around you. What's that like for you?

Robbie: I don't like it. I get lonesome and sometimes can't find anyone who will talk with me.

Counselor: What other not so good things do you find happen when you beat up on other kids?

Robbie: Well, when the school calls my mom and suspends me for fighting, she makes my life miserable.

Counselor: How does she do that?

Robbie: She makes me stay in my room, wash the car, clean the bathrooms, and make dinner and stuff like that. She also takes away my iPhone and won't let me use the computer to get on Facebook. I hate it.

Counselor: Sounds miserable. What other not so good things happen?

The goal is to help students understand the significance of the negative aspects of their behaviors and to begin to question whether the costs of bullying outweigh potential positives. Other questions utilized within the contemplation stage may include: (a) "What are the worst things you experience by bullying other students?" (b) "What will happen if you continue to bully others and get permanently expelled from school?" (c) "When you get older and punch people, what do you believe the police will do?" (d) "What kind of job will you get if you get expelled from school for bullying and have an arrest record for fighting?" and (e) "How would your life improve if you didn't have to bully other students?"

After students discuss the negative outcomes of their bullying behaviors and the potential benefits of changing their bullying behaviors, they move into a transitional stage between the contemplation and the action stages. This stage is the determination stage. The intent of this motivational interviewing stage is to help students prepare to

take action and obtain support from family and friends to move from bullying to non-bullying behaviors. Here, students might begin reducing the frequency of their bullying behaviors, they might ask friends or family advice about socially acceptable behaviors their friends and family use instead of bullying, or they might explore with the counselor perceived barriers to changing their bullying. One common process in the determination stage is having students explore and identify new anti-bullying behaviors that they might use. Following up on the previous vignette where the student indicated he bullied to attain his space from others the counselor might say,

Counselor: Last time we talked, you indicated when you needed more space you bullied others by threatening or scaring them. I wonder what you might be able to do instead.

Robbie: I don't know.

Counselor: Well, I have some students that when they need space they go to the librarian and ask to use the private reading room. I have other students who have told me that when they need space they go to the café, purchase a milk or water, and go sit alone. And, I have other students who come to my office and sit in the waiting room when they need space. I wonder if any of those things or something else might work for you.

Robbie: I think I would go to the librarian and ask to read in the private reading room.

Counselor: Do you think that would work?

Robbie: I think it would.

Counselor: What would happen if the private reading room was being used?

Robbie: I guess I could come to your office and talk with you.

Counselor: Are those things you would really do, or are you just saying those things?

Robbie: I would really do them. I think they would work.

In the above verbal exchange the counselor asks about non-bullying behaviors the student could implement. The student is stumped. Therefore, the counselor provides three options reportedly used by others. The student then indicates he would utilize option one. The counselor challenges him by asking what he would do if option one was unavailable. The student responds by indicating he would then utilize the third option. This exchange is most helpful. It provides options and encourages the student to exactly identify behaviors he can initiate to address his future bullying behaviors. In other words, the student is learning how to prepare to make important changes in the next motivational interviewing stage.

The action stage comes next. In previous motivational interviewing stages students have considered whether or not they wished to change, identified the costs and benefits of their bullying behaviors, made commitment to stop their bullying behaviors, and may have even begun to prepare to change based upon some small modifications in their previous behaviors. However, they have not sufficiently changed their bullying behaviors or attained non-bullying stability. In the action stage students now actively change their bullying behaviors and begin actively implementing new anti-bullying behaviors. Here, the counselor might encourage small change steps and focus on praising the student for his accomplishments.

Counselor: Instead of making gigantic changes, sometimes it is easier and more effective to identify smaller changes that lead to bigger ones. What small steps are you using to help you eliminate you're bullying?

Robbie: For one thing, when I start to get angry and think about punching people, I think what will happen if I do.

Counselor: What do you mean?

Robbie: Well, I don't want to get kicked out of school and lose any opportunity to go to college. So, when I start getting angry, I just walk away and say to myself, 'I'm not going to punch him out and lose my chance at getting into college.

Counselor: Does that help?

Robbie: Yes! If I punched another kid, I would be expelled from school and lose my 3.2 grade point. If I get kicked out of school and lose my 3.2 grade point, I might as well flush my dreams of being a doctor good bye, because no college will accept me.

Counselor: So in addition to walking away, what else do you do?

Robbie: I also call my mom and tell her that I almost punched a kid out, but didn't.

Counselor: How does that help?

Robbie: My mom is pretty cool. She tells me that I did the right thing and verbally praises me. That makes me feel like I did a good thing, and she is proud of me. So, I don't have the urge to punch anyone out. I feel good about myself.

The maintenance stage follows the action stage. The primary goal within this stage is to help the new, anti-bullying behaviors become ingrained, repetitive habit. The idea is to sustain these new anti-bullying behaviors while addressing the students' discouragement about how slow progress comes or reoccurring bullying thoughts. Here, the student – counselor interchange might go something like this,

Robbie: There are times when I get frustrated and think it would be easier to bully other kids rather than try to change.

Counselor: I bet. However, you have made very good progress. Don't give up now after you've done all this work. How many weeks has it been since you bullied someone?

Robbie: Three weeks.

Counselor: That is really good. I see lots of progress, Robbie. Tell me, how, even when you felt frustrated in the past, you stayed focused on your new anti-bullying behaviors and did not give up?

This is an important interchange. First, Robbie reports his frustration and his belief that sometimes it would be easier not change. The counselor acknowledges Robbie's statement, but immediately lauds Robbie for his progress. Then, the counselor asks a therapeutic question designed to remind Robbie of the length of his success. Again, the counselor lauds Robbie and reports progress. Next, the counselor asks how Robbie has stayed focused and not returned to his previous bullying behaviors. This question is meant to help Robbie understand how he has successfully eliminated his previous bullying behaviors and the things he did to continually focus on his goal. Once Robbie is reminded of these former helpful behaviors, he can remember how to use them in his current situation. Such affirmation, praise, and encouragement are often favorably received by students. They help remind students how successful they have become and encourage students to repeat and re-use previously helpful methods.

The final motivational interviewing stage is relapse. Interestingly, Rollnick and Miller depathologized this stage and made it part of the solution rather than the problem. In other words, Rollnick and Miller encouraged counselors and clients to understand that relapse is not to be feared. Instead, relapse is an intricate part of long-term anti-bullying process. Thus, when students relapse to previous bullying behaviors counselors do not chastise, threaten, or embarrass students. Instead, counselors report relapse as a normal part of the change process and address both the potential feelings of demoralization experienced by students and use the triggers leading to relapse as

learning opportunities for longer term bullying elimination. Here, the counselor might say:

Counselor: Lots of my students feel they failed when they relapse and chose to bully.

Robbie: You can say that again. My mom and little brother cried when I got suspended again for punching out Stevey Wisneski.

Counselor: I'm sure you felt that way. But relapsing is just a part of learning how to really eliminate those bullying behaviors.

Robbie: What do you mean?

Counselor: Well, lots of students think they've eliminated their previous bullying behaviors and feel like they don't have to continue to strive to eliminate bullying from their repertoire of actions. Once they let their guard down, they revert back to their previous bullying behaviors. So, what did you learn from this brief slip back into bullying?

Robbie: I learned that I've got to walk away from people when they start to get on my nerves, before I punch them out.

Counselor: So how will you do that?

Again, this is another important therapeutic interchange designed to promote the student's understanding that relapse isn't failure and he can learn from his relapse experience. Here, the counselor breaches the subject of potential student feelings of failure by saying other students who relapsed into former bullying behaviors often feel they have failed. This normalizes Robbie's feelings. The counselor also therapeutically reframes the bullying relapse as a "slip" and indicates slips are part of the long-term bullying elimination process. Specifically, the counselor asks what Robbie will do next time he considers reverting back to his previous bullying behaviors. This question is designed to engender insight. First, the question indicates Robbie had a choice whether

to bully or not. Second, the question is designed to help Robbie identify more helpful behaviors that will promote his long-term bullying recovery.

### **Directions for Future Research**

Although motivational interviewing is a broadly accepted, evidenced-based practice, there are no research articles demonstrating the efficacy of motivational interviewing with school-aged bullying perpetrators. This is an unacceptable disservice to both school-aged bullying victims and perpetrators. Counselor educators with school counseling expertise have both the qualitative and quantitative research skills and field knowledge to conduct such critical research. School counselors have the necessary access to this population. Based upon the authors' combined experiences, they believe many school counselors likely would welcome the opportunity to participate in such cutting-edge research if motivational interviewing interventions could be utilized with their perpetrating bullies. Phenomenological studies could describe the lived experiences of school-aged bullying perpetrators who participate in motivational interviewing interventions. Understanding the lived experiences of perpetrators participating in motivational interviewing interventions would help school counselors determine what parts of motivational interviewing, if any, are most helpful in reducing bullying behaviors (Creswell, 2007; Moustakas, 1994). Once this information was attained, larger scale data driven quantitative research could be implemented to determine broadly applied motivational interviewing efficacy with bullying perpetrators.

### **Conclusion**

This first of its kind article describes how to utilize motivational interviewing to address the widespread occurrence of bullying by school-age perpetrators. Motivational

interviewing was originally created to address harmful substance abusing and binge drinking behaviors that were enjoyed. In most cases, these drinking and drugging behaviors were not viewed as problematic. Like substance abusers and binge drinkers, many school-age bullying perpetrators view bullying behaviors in a favorable manner. Often they see little benefit to reduce or eliminate bullying behaviors. The article provides a general overview of the basic motivational interviewing tenets and a practical, step-by-step guide describing how to utilize motivational interviewing with school-age bullies. The authors' professional counseling and supervisory experiences have found that motivational interviewing is a viable treatment option for school-age perpetrators who originally were resistant to engage in more traditional counseling theories.

## References

- American Psychological Association Presidential Task Force on Evidence-Based Practices (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285. doi:10.1037/0003-066X.61.4.271
- American School Counselor Association. (2005). The ASCA national model: A framework for school counseling programs (2<sup>nd</sup> ed.). Alexandria, VA: Author.
- Baer, J. S., Kivlahan, D. R., Blume, A. W., McKnight, P., & Marlatt, G. A. (2001). Brief intervention for heavy-drinking college students: Four-year follow-up and natural history. *American Journal of Public Health*, 91(8), 1310-1316. doi:10.2105/AJPH.91.8.1310
- Barlow, D. H. (2000). Evidence-based practice: A world view. *Clinical Psychology: Science and Practice*, 7, 241-242. doi:10.1093/clipsy.7.3.241
- Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77, 49-59. doi:10.1016/j.drugalcdep.2004.07.006
- Borrelli, B., Novak, S., Hecht, J., Emmons, K., Papandonatos, G., & Abrams, D. (2005). Home health care nurses as a new channel for smoking cessation treatment: Outcomes from project CARES (Community-nurse Assisted Research and Education in Smoking). *Preventive Medicine*, 41(5/6), 815-821. doi:10.1016/j.yjmed.2005.08.004

- Carey, J., & Dimmitt, C. (2008). A model for evidence-based elementary school counseling: Using school data, research, and evaluation to enhance practice. *The Elementary School Journal, 108*, 422-430. doi:10.1086/589471
- Carey, J. C., Dimmitt, C., Hatch, T. A., Lapan, R. T., & Whiston, S. C. (2008). Report of the national panel for evidence-based school counseling: Outcome research coding protocol and evaluation of student success skills and second step. *Professional School Counseling, 11*, 197-206. doi:10.5330/PSC.n.2010-11.197
- Carroll, K. M., Ball, S. A., Nich., C., Martino, S., Frankforter, T. L., & Farentinos, C. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and Alcohol Dependence, 81*, 301-312. doi:10.1016/j.drugalcdep.2005.08.002
- Centers for Disease Control and Prevention (June 4, 2010). Youth Risk Behavior Surveillance – United States 2009. Surveillance Summaries MMWR2010; 59(No. S-5).
- Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685-716. doi:10.1146/annurev.psych.52.1.685
- Cooper, S. E., Benton, S. A., Benton, S. L., & Phillips, J. C. (2008) Evidence-Based practice in psychology among college counseling center clinicians, *Journal of College Student Psychotherapy, 22*(4), 28-50. doi:10.1080/87568220801952214
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

- Dao, T. K., Kerbs, J. J., Rollin, S. A., Potts, I., Gutierrez, R., Choi, K., Creason, A. H., Wolf, A., & Prevatt, F. (2006). The association between bullying dynamics and psychological distress. *Journal of Adolescence Health, 39*, 277-282. doi:10.1016/j.jadohealth.2005.11.001
- Due, P., & Holstein, B. E. (2008). Bullying victimization among 13 to 15-year-old school children: Results from two comparative studies in 66 countries and regions. *International Journal of Adolescent Medicine and Health, 20*, 209-221. doi:10.1515/IJAMH.2008.20.2.209
- Dunn, C., Droesch, R. M., Johnston, B. D., & Rivara, R. P. (2004). Motivational interviewing with injured adolescents in the emergency department: In-session predictors of change. *Behavioral and Cognitive Psychotherapy, 32*, 113-116. doi:10.1017/S1352465804001110
- Espelage, D. L., & Holt, M. K. (2007). Dating violence & sexual harassment across the bully-victim continuum among middle and high school students. *Journal of Youth and Adolescence, 36*, 799-811. doi:10.1007/s10964-006-9109-7
- Foley, K., Duran, B., Borris, P., Lucero, J., Jiang, Y., Baxter, B., Harrison, M., Shurley, M., Shorty, E., Joe, D., Iralu, J., Davidson-Stroh, L; Foster, L.; Begay, M., & Sonleiter, N. (2005). Using motivational interviewing to promote HIV testing at an American Indian substance abuse treatment facility. *Journal of Psychoactive Drugs, 37*, 321-329. doi:10.1080/02791072.2005.10400526
- Gysbers, N. C., & Henderson, P. (2006). Developing and managing your school guidance and counseling program (4<sup>th</sup> ed.) Alexandria, VA: American Counseling Association.

- Haynie, D. L., Nansel, T., Eitel, P., Crump, A. D., Saylor, K., Yu, K., & Simons-Morton, B. (2001). Bullies, victims, and bully/victims: Distinct groups of at-risk youth. *Journal of Early Adolescence, 21*, 21-29. doi:10.1177/0272431601021001002
- Hazler, R. J., Hoover, J. H., & Oliver, R. L. (1991). Student perceptions of victimization by bullies in schools. *The Journal of Humanistic Education and Development, 29*, 143-150. doi:10.1002/j.2164-4683.1991.tb00018.x
- Hoover, J., & Hazler, R. J. (1990). Bullies and victims. *Elementary School Guidance and Counseling Journal, 25*, 212-219.
- Juhnke, G. A., & Hagedorn, W. B. (2006). *Counseling addicted families: An integrated assessment and treatment model*. New York, NY: Brunner-Routledge.
- Larrier, Y. I., Bakerson, M. A., Linton, J. M., Walker, L. R., & Woolford, S. J. (2011). The role of school counselors in the childhood obesity epidemic: *Journal of School Counseling 9*(3). Retrieved from <http://www.jsc.montana.edu/articles/v9n3.pdf>
- Levensky, E. R., Forcehimes, A., O'Donohue, W. T., & Beitz, K. (2007). Motivational interviewing: An evidence-based approach to counseling helps patients follow treatment recommendation. *American Journal of Nursing, 107*(10), 50-58. doi:10.1097/01.NAJ.0000292202.06571.24
- Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20*(2), 137-160. doi:10.1177/1049731509347850
- Marlatt, G. A., Baer, J. S., Kivahan, D. R., Dimeff, L. A., Larimer, M. E., Quigley, L. A., Somers, J. M., & Williams, E. (1998). Screening and brief intervention for high-

- risk college student drinkers: Results from a 2-year follow-up assessment. *Journal of Consulting Clinical Psychology*, 66(4), 604-615. doi:10.1037/0022-006X.66.4.604
- Marshall, M. L., Varjas, K., Meyers, J., Graybill, E. C., & Skoczylas, R. B., (2009). Teacher responses to bullying: Self-reports from the front line. *Journal of School Violence*, 8, 136-158. doi:10.1080/15388220802074124
- Messer, S. B. (2004). Evidence-based practice: Beyond empirically supported treatments. *Professional Psychology: Research and Practice*. 35, 580-588. doi:10.1037/0735-7028.35.6.580
- Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Monti, P. M., Colby, S. M., Barnette, N. P., Spirito, A., & Rohsenow, D. J. (1999). Brief intervention for harm reduction with alcohol-positive older adolescents in a hospital emergency department. *Journal of Consulting and Clinical Psychology*, 67, 989-994. doi:10.1037/0022-006X.67.6.989
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE.
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatric and Adolescent Medicine*, 158, 730-736. doi:10.1001/archpedi.158.8.730

- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of American Medical Association, 285*, 2094-2100. doi:10.1001/jama.285.16.2094
- Olweus, D. (1997). Bully/victim problems in school: Facts and interventions. *European Journal of Psychology of Education, 12*, 495-510. doi:10.1007/BF03172807
- Olweus, D. (2003). A profile of bullying at school. *Educational Leadership, 60*(6), 12-17.
- Pozzoli, G. G. (2009) Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics, 123*, 1059-1065. doi:10.1542/peds.2008-1215
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative mode of change. *Psychotherapy: Theory, Research, and Practice, 19*, 276-288. doi:10.1037/h0088437
- Reuter-Rice, K. (2008). Male adolescent bullying and the school shooter. *Journal of School Nursing, 24*(6), 350-359. doi:10.1177/1059840508324577
- Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy, 23*, 325-334. doi:10.1017/S135246580001643X
- Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice, 55*(513), 305-312.
- Schneider, S. K., O'Donnell, L., Stueve, A., & Coulter, R. (2012). Cyberbullying, school bullying, and psychological distress: A regional census of high school students. *American Journal of Public Health, 102*, 171-177. doi:10.2105/AJPH.2011.300308

- Senft, R. A., Polen, M. R., Freeborn, D. K., & Hollis, J. F. (1997). Brief intervention in primary care setting for hazardous drinkers. *American Journal of Preventive Medicine, 13*(6), 464-470.
- Sourander, A., Klomek, A. B., Niemela, S., Haavisto, A., Gyllenber, D., Helenius, H., Sillanmaki, L., Piha, J., Kumpulainen, K., Tamminen, T., Moilanen, I., Piha, J., Almqvist, F., & Gould, M. S. (2009). Childhood predictors of completed and severe suicide attempts: Findings from the Finnish 1981 Birth Cohort Study. *Archives of General Psychiatry, 66*, 398-406. doi:10.1001/archgenpsychiatry.2009.21
- Srabstein, J., & Piazza, T. (2008). Public health, safety, and educational risks associated with bullying behaviors in American adolescents. *International Journal of Medicine and Health, 20*, 223-233.
- Substance Abuse and Mental Health Services Administration (SAMHA) (April 5, 2012). *SAMHSA's National Registry of Evidence-based Programs and Practices*. Retrieved from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=130>
- Vasilaki, E. I., Hosier, S. G., & Cox, W. M. (2006). The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review. *Alcohol & Alcoholism, 41*, 328-335. doi:10.1093/alcalc/agl016
- Wampold, B. E., & Bhati, K. S. (2004). Attending to the omissions: A historical examination of evidence-based practice movements. *Professional Psychology: Research and Practice, 35*, 563-570. doi:10.1037/0735-7028.35.6.563
- Weisz, J. R., Jensen-Doss, A., & Hawley, K. M. (2006). Evidence-based youth psychotherapies versus usual clinical care: A meta-analysis of direct

comparisons. *American Psychologist*, 61, 671-689. doi:10.1037/0003-066X.61.7.671