Bullying: A Family and School System Treatment Model

JOHN L. BUTLER VI and RHI ANNA LYNN PLATT
Purdue University Calumet, Hammond, Indiana, USA

Because bullying is often conceptualized as a school problem, most interventions are school-based and exclude the family. However, joint family and school involvement must occur for long-term problem resolution. This article incorporates structural and narrative interventions within a family and school system treatment model comprised of the following stages: structuring change, changing the story, and solidifying change. The therapist helps to shift family structure, while also changing the dominant bullying story. This article also examines the appropriate implementation of the birth certificate for new identity formation, and death certificate for bullying cessation.

BULLYING: A FAMILY AND SCHOOL SYSTEM TREATMENT MODEL

School shootings, effects of bullying taken to the extreme, have recently been witnessed in the United States at Columbine High (Littleton, CO in 1999), at Santana High (Santee, CA in 2001), at Red Lake High (Ojibwe Reservation, MN in 2005), and at Virginia Tech (Blacksburg, VA in 2007). Possibly due to incidents like these, recent media and public attention has been directed at school bullying. Though interest in the topic appears to have increased dramatically, the field is still lacking in research, especially research related to family-based treatment.

Traditionally, school-based interventions have been the normative means to resolve bullying (Smith & Ananiadou, 2003), but the family must also be involved for the problem to fully abate. Interventions that include the family are desperately needed to confront bullying. The collaboration of family and school systems provides the most effective and lasting means of bullying intervention (Ahmed & Braithwaite, 2004). We propose a bullying...
treatment model that integrates the efforts of these systems at the family and individual level. We will discuss the definition of bullying and its prevalence. We will also discuss the characteristics of bullies and their families, the components and suitability of structural and narrative therapy as treatment modalities, and, finally, the three stages of the family and school system treatment model.

BULlying Definition and U.S. Prevalence

Bullying behavior is a form of aggression that can be “physical (e.g. hitting, pushing, kicking), verbal (e.g. calling names, provoking, making threats, spreading slander), or can include other behavior such as making faces or social exclusion” (Fekkes, Pijpers, & Verloove-Vanhorick, 2005, p. 81). Bullying is the recurrent exposure of abusive actions on one student by one or more students (Olweus, 1993), and is intended to disturb, harm, or incite fear (Nansel et al., 2001). Additionally, bullying can be characterized by an “imbalance of power” (Fekkes et al., 2005, p. 81), or by pretended or actual power differentials that emerge between students and their aggressors.

In the United States, researchers from the National Institute of Child Health and Human Development (NICHD) surveyed 15,686 public, parochial, and private school students, grades 6 through 10, to assess their experience with bullying (Nansel et al., 2001). Approximately 1.7 million students reported being bullied “about once a week” or “several times a week,” while approximately 1.6 million students reported being bullied by aggressors “once a week” or more. This represents 8.4% and 8.8% of the student populace, respectively, which is indicative of an advanced problem.

Characteristics of Bullies and Their Families

It has been cross-culturally substantiated that bullying is more prevalent among males, and that the frequency of bullying decreases as the age of school children increases (Nansel et al., 2001). Generally, bullying is more frequent among 10–14 year olds and decreases proportionately with age (Harris & Petrie, 2003; Olweus, 1993). Bullies are also four times more likely to be involved with criminal behavior by age 24 (Olweus, 1992). Additionally, school students who bully others are more likely to be involved in problematic behavior such as under-aged smoking and drinking and have poorer psychosocial adjustment (Nansel et al., 2001). They also tend to have substandard achievement scores, take longer to perceive school conditions as positive (Nansel et al., 2001), and have higher middle- and high-school dropout rates (Harris & Petrie, 2003).

There are also several family characteristics related to bullying. For example, bullies perceive their fathers as having more power than their mothers
(Bowers, Smith, & Binney, 1992). Children who bully tend to have more lenient mothers, and fathers who act hostile and violent when punishing (Oliveus, 1980). Bullies are also most likely to be raised in homes of authoritarian parents (Smith & Myron-Wilson, 1998), characterized as high in demandingness and low in responsiveness (Baumrind, 1971). Consequently, parents of bullies tend to be punitive, harsh, and “obedience-or-else”-oriented towards their children.

**STRUCTURAL FAMILY THERAPY OVERVIEW**

Structural family therapy views families from an organizational perspective. A core tenet attests that families are inherently good and have the capacity to create and maintain change (Minuchin, 1974). Families possess the necessary structures to manage the changes of life. However, when structural shifts do not occur, or when they occur suddenly, maladaptive structures can be introduced into the system that can maintain pathology (Minuchin, 1974). The therapist enters the system to perturb it and shift the family to a more adaptive structure. As such, the therapist assumes the role of leader and the initial agent of change. We will address some components of structural family therapy that we will later apply to bullying, namely: joining, boundary marking, and unbalancing.

**COMPONENTS OF STRUCTURAL FAMILY THERAPY**

**Joining**

A vital technique of structural family therapy is for the therapist to understand the family’s perspective and empathize with their current situation. The therapist should treat each subsystem with respect by considering every vantage point without imposing his or her own values. The therapist must also accept the organization of the family and blend into their system so as not to be rejected (Minuchin, 1974). Once adequate joining has taken place with the family, the therapist can then use the techniques of boundary marking and unbalancing.

**Boundary Marking**

Boundary marking (Minuchin, 1974; Minuchin & Fishman, 1981) is a restructuring technique in which the therapist illuminates the boundaries that are adaptive. The therapist strengthens and protects appropriate boundaries while diminishing inappropriate boundaries. For example, the therapist will intervene when a child interrupts a spousal transaction by blocking the child’s attempted interference with the executive subsystem (Minuchin, 1974). This
new boundary is further strengthened when the therapist decides to see the couple alone.

**Unbalancing**

Unbalancing is another restructuring technique in which the therapist temporarily joins with a certain individual or subsystem in order to introduce a shift in power relations. An example of unbalancing could be when the therapist ignores a family member, which can have a quieting effect on that person. After shifting the power structure by siding with an individual or subsystem, the therapist must then rebalance the system by rejoining with the opposed member(s). This reparative attempt is necessary to restore feelings of support and trust with the other family members.

**Justification for Structural Family Therapy**

Structural family therapy has been integrated into the treatment to shift family structure because of the parental power imbalance which has been found in families of bullies. However, if a structural shift is to be introduced and take effect, joining must occur first so that the therapist gains the family's trust. Boundary marking was adopted because it highlights the adaptive and maladaptive boundaries of the family and bully. It also adds clarity to the necessary structural shift and can assure the family and parents that they do possess noteworthy qualities. Unbalancing was also chosen because it can be used specifically to address parental power imbalances.

**NARRATIVE THERAPY OVERVIEW**

Proponents of narrative therapy hold that ideas create life stories which constitute meaning in individuals' lives. White and Epston (1990) proposed that “dominant stories” (i.e., individuals' views that are thought to be reality) influence people's lives. According to White and Epston (1990), individuals have difficulties when their dominant stories do not accurately represent their lived experience. However, as individuals break free from these stories, they are capable of identifying “unique outcomes” or times when they were able to solve their problem. They were not previously able to recognize times when the problem did not exist (subjugated stories) because their reality was obscured by the dominant story. As individuals identify their subjugated stories, they are able to intervene in their own lives. Awarding written certificates of achievement solidifies their newly written stories (Freedman & Combs, 1996). We will address some components of narrative therapy that will be incorporated into the bullying treatment model, such as externalizing, landscape of action, and landscape of consciousness questions.
COMPONENTS OF NARRATIVE THERAPY

Externalizing Questions

When individuals view themselves or their relationship as the problem, it hinders their ability to solve the problem. Externalizing questions help clients separate the problem from themselves or their relationship that was recognized as the problem (White & Epston, 1990). The externalizing process enables the clients to bring about new ways to overpower the problem and regain control over their lives. An example of externalizing the problem could be “How has this problem taken control over your life?” The therapist also asks how the problem has influenced others, specifically the client’s relationship with others. These questions help clients disconnect from the dominant stories that have been obstructing their lives.

Landscape of Action Questions

After the problem has been externalized, the therapist asks landscape of action questions to help clients identify unique outcomes (White, 1995). Landscape of action questions help clients identify times when they have control over the problem they are experiencing. An example of identifying unique outcomes could be, “At what times in your life was the problem not present?” The therapist can then follow up with more detailed questions. Unique outcomes can also be identified by asking clients about how they are planning to overcome the influence of the problem. Creating those problem-resolving plans empowers clients to personally conquer the problem.

Landscape of Consciousness Questions

Once clients discover and integrate their solutions to the problem, the therapist then asks landscape of consciousness questions. These questions help clients reflect on their strengths that have contributed to their problem solving and to better solve their problems in the future. They also help clients see themselves in a positive new light as competent individuals. An example of a landscape of consciousness question could be, “How did you know this was the right way for you to solve your problem?” (Wetchler, 1999, p. 20). A question such as this empowers individuals, reinforcing their positive self-image.

Justification for Narrative Therapy

Narrative therapy was incorporated into the treatment model because bullying has likely become the dominant story for the child at home and at school. Externalizing the bullying can help change the child from being seen as “the problem-child,” and as a result the family can work together to overcome the bullying. It will also help the child become less defensive and resistant
during treatment because instead of being the problem that needs to be fixed, he or she has a problem that the family is trying to overcome together. No longer being the bully will allow the family to view the child in a new light and to rewrite their dominant story. Landscape of action questions will help the child recognize times at school when they did not bully other students. Recognizing these times will help the child recognize how and when he or she had control over the bullying, which ultimately empowers the child.

**FAMILY AND SCHOOL TREATMENT MODEL**

Family and school cooperation leads to the most effective treatment method for bullying (Ahmed & Braithwaite, 2004). Our model calls for the collaboration of the school counselor and teacher in the process of family therapy. The school becomes more involved with the treatment by having the family and therapist communicate directly with the school on a regular basis throughout the treatment intervention. This will ensure that the child is not relaying messages between the school and his or her parent(s) (Wetchler, 1986). It will also show the child that the family and school are working as a team to overcome the bullying.

Our model is comprised of the following three stages: Stage 1: Structuring Change; Stage 2: Changing the Story; and Stage 3: Solidifying Change. Stage 1 will utilize structural components for several reasons. First, research has shown that families of bullies have power differentials in the executive subsystem (Bowers et al., 1992) which maintain the bullying behavior. This calls for re-structuring at the beginning stage of therapy. Structural family therapy also calls for the parent(s) to collaborate regarding the bullying child. This provides an “initial kick” (Maruyama, 1963) that can elicit an alternate pattern of interaction starting at the parental head, which establishes a standard for lasting change. Finally, it highlights family boundaries which may prepare and buffer against children challenging the boundaries later.

Although the effects of structural interventions will continue throughout therapy, Stage 2 will focus on various narrative therapy components. Families of bullies enter therapy inundated with the dominant bully story. This can become a self-fulfilling prophecy that is difficult to reverse, unless the story is changed starting with the parent(s) and nuclear family. Narrative therapy helps the family change this story and draw out the subjugated stories largely absent in common discourse among school and legal systems. It will continue to build on the new family stories of altered power structure, parental collaboration, and sibling unity. Moreover, during Stage 3, narrative therapy helps the family to continue to look at the child differently and allow the story to gradually spread to the macrosystem. Narrative techniques such as landscape of action questions help the family to be future-focused, which is fitting for families near termination of therapy. They also strengthen the
newly authored story, re-author the parents’ sense of self as parents, and increase family unity as they help others see their child or sibling differently. Regarding session structure, it is recommended that the whole family attend for Stages 1 and 3 even if the parents are divorced. If the family desires, a contact from the school may also attend. We recommend that only the parent(s) and the bullying child attend during Stage 2.

Stage 1: Structuring Change

Because of the aforementioned family characteristics associated with bullies, it is crucial that the family be integrated into the treatment model. For example, power imbalances among the parents call for a desperate need of family restructuring. During Stage 1, the therapist will meet with the entire family and use structural techniques of joining, boundary marking, and unbalancing. These techniques will begin to perturb the system and shift the family to a structure that is more adaptive for dealing with bullying. Stage 1 will end when the family has initiated several structural changes (e.g., when the mother of the family is more assertive in her parenting role).

Joining is the first step of the structural intervention. While meeting with the entire family, the therapist initiates by joining with the parent(s) as they might wonder why they are in therapy and may question their continuing presence. The therapist will first get to know the parent(s) and express interest in what they enjoy. Then, the therapist will listen to the parents’ perspective about what has been happening and what needs to happen. This will create an initial connection only between the therapist and the parent(s), and will highlight the parent(s) as the executive subsystem. This sets the precedent, in front of the whole family, for the hierarchy that will be called upon later in therapy. Next, the therapist will join with the bully. This emphasizes the therapist’s concern for the bully, and sends a message to the family that the therapist is concerned about what has been happening. The therapist will then join with the rest of the family, which emphasizes the importance of family involvement and collaboration. Joining with all family members is a prerequisite to boundary marking and unbalancing; insufficient or ineffective joining would likely result in the family or certain family members discontinuing therapy.

The therapist may also use boundary marking during Stage 1. According to Smith, Schneider, Smith, and Ananiadou (2004), “children can be protected against serious problems associated with bullying by authoritative parents who communicate love and warmth, set appropriate limits, and use non-physical punishment to correct misbehavior” (p. 548). A structural approach that models authoritative parenting could be the parent(s) setting appropriate limits. For example, the parent(s) could negotiate house rules, consequences, and rewards. These boundaries give the bullying child a sense of security and could help him or her feel less of a need to take frustrations out on others.
Also, as part of marking boundaries, if the bullying child acted out during therapy or interrupted one of the parents, the parent(s) will in turn interrupt the bully. As a case example, the two teenage boys of the “C” family had school-based aggression problems and frequently interrupted the parents. The therapist encouraged the parents to not let this happen, but to allow the parents to interrupt the children so as to demarcate the executive subsystem. The therapist could also ask to see the parent(s) alone, thus removing the bullying child and other children out of the executive subsystem and creating or highlighting a clear boundary between the parent(s) and children.

As bullies perceive their fathers as having more power than their mothers (Bowers et al., 1992), the therapist will form a temporary coalition with the mother as an unbalancing technique. The therapist could form this temporary coalition with the mother by specifically asking her questions regarding the bullying child or blocking questions or interactions from others regarding the bully. The therapist could also meet with the mother individually. This will alter existing power differentials and empower the mother in the eyes of the father, the family, and most importantly, the bully. The therapist would eventually have to re-join with the opposed partner to restore feelings of support and trust and re-establish the executive subsystem. If the caregiver is a single parent or if one of the parents could not be involved with therapy, the therapist will still form a temporary coalition with the present parent; however, in this case, it would be against the bully. This will empower the single parent against the behavioral assertions that the bullying child makes. In this case, a total rebalance with the bullying child in the presence of the parent is unnecessary because the therapist does not want to deemphasize the established boundary between parent and child. However, as the therapist does not want to alienate the parent and the bullying child, the therapist must later express some form of support to the child (Minuchin, 1974).

Stage 2: Changing the Story

During Stage 2, the therapist will see the parent(s) and the bullying child separately. He or she will use the narrative techniques of landscape of action and landscape of consciousness questions with the parent(s). Generally, the parent(s) will talk about the bullying child as the “problem child;” thus, questions that externalize bullying will not be used with the parent(s) so that they feel understood and willing to return to therapy. As noted previously, when individuals view themselves as the problem, they become disempowered and have difficulty effectively resolving problems. Thus, externalizing the problem becomes especially important with the child, as the bullying child typically gets labeled by the parent(s) and school system as “the problem.” Externalizing questions, as well as questions that deconstruct the dominant bad-kid story and amplify the subjugated good-kid story, will be used during individual meetings with the bullying child. As a case example, the oldest
teenage son Nathaniel from the “C” family wielded a knife at school and was quickly labeled as the school problem. The therapist ensured the language used separated Nathaniel from the aggression, and this precipitated a notable positive effect in the child and family.

During our individual sessions with the parent(s), the therapist will ask landscape of action and landscape of consciousness questions to rewrite their story of self. As the parent(s) of bullies are more likely to be authoritarian and not have a confident sense of self (Baumrind, 1971), landscape of action questions must be asked to identify times when they parent confidently. For example, the therapist could ask the parent(s), “Has there ever been a time when the bullying problem tried to get the upper hand, but you were able to resist it through your confident parenting?” Landscape of action questions like these allow the parent(s) to note the times when they are in control, while also helping them see the positive aspects of having a confident sense of self.

Likely the dominant story told by the school and others is that the parents are not doing a good job with the child. A landscape of action question like, “When were you able to parent in a way that caused your child to act differently?” accentuates the subjugated story of being a good parent. The therapist could also help the parent(s) to identify unique outcomes with their child and think in terms of being in control of their child. Once the parent starts to identify and implement authoritative parenting solutions to the problem, the therapist then asks landscape of consciousness questions such as, “How did you know this was the right way for you to parent?” (Wetchler, 1999). This helps parents to self-reflect on their parenting skills and gives them some necessary authoritative parenting and problem resolution skills.

Children labeled as the bullies often get blamed by students and teachers for starting altercations. Thus, during our individual sessions with the bullying child, the therapist will first externalize the problem from the child. For example, he or she will begin by labeling bullying as “the problem” and have the child name the problem. For instance, suppose the child named the problem “the rebel.” A question such as, “How has the rebel sometimes taken control over your life?” is effective at externalizing the problem.

After externalizing the problem, the therapist will then deconstruct dominant bullying stories and amplify subjugated stories through landscape of action and consciousness questions. Landscape of action questions like, “When were you able to take control of the rebel and not allow it to hurt others?” accentuate the subjugated story of being a good child. The therapist could also say something like, “Tell me about times when you talk the rebel into acting differently,” which encourages the child to identify unique outcomes and think in terms of being in control.

Once the child starts to identify and implement solutions to the problem, the therapist then asks landscape of consciousness questions. A question such as, “What does this say about you, that you were able to defeat the rebel?” (Wetchler, 1999) forms a stronger self-concept by helping the child to
realize that he or she has the expertise to solve bullying and other problems. These questions also help the child to see himself or herself as a competent individual, to capitalize on inner strengths, and to better prepare for future problem resolution.

Stage 3: Solidifying Change

Continuing with narrative techniques, during Stage 3 the therapist would help the child and the family identify their unique outcomes. For example, the therapist could ask the parent(s) in the presence of the family, “How were you able to help your child overcome bullying?” Note that the therapist avoids usage of the word “bully” in order to avoid labeling the child and re-circulating the previously dominant bully story. The therapist would seal the therapeutic change by asking landscape of action questions like, “How were you able to overcome bullying and come so far?” Other questions like, “How will your ability to pull together as a family shape your future?” serve to strengthen the rewritten family story for future reference. Finally the therapist would provide compliments for their new family story. The therapist would compliment each family member as an important author in this reworked story.

At the final session of therapy the entire family would return to receive a certificate for their collaborated efforts and progress. A family certificate would be handed to the parent(s) for the family’s unity and strength at tackling this problem. The child who previously bullied would also specifically be awarded a certificate for defeating bullying. This would continue to reaffirm the new story authored by the child and serve to empower his or her positive behavior. As a case example, Nathaniel who had previously acted as a school bully, started respecting his parents more and started managing his anger even at school. The therapist awarded Nathaniel with a congratulatory certificate of achievement which caused him to be notably emotional and proud of his new identity.

Furthermore, the therapist might award either a “birth certificate” for the child’s new-found identity or a “death certificate” for the previous bullying. Once explained, these certificates could be shared with school personnel. The birth certificate celebrates and strengthens the child’s identity of having positive interactions in the academic setting. It also provides a new beginning for the family by inviting positive interactions with their child’s/sibling’s new life. At the discretion of the child, the child and others may participate in identifying the new-formed aspects of his or her positive identity. Additionally, the therapist might consider the awarding of a death certificate, which celebrates the “death” of the previous bullying behavior. This intervention puts the bullying to rest and provides an ending point for social stereotypes of expected bullying behavior. As a cautionary note, the therapist should not conceptualize the certificate as the death of the child, but as the cessation and interment of the bullying behavior.
Both concepts of birth and death certificates incorporate boundary marking and externalizing the problem. For instance, the birth certificate marks a major life event, creating a new child identity which is incompatible with the previous bullying behavior. Additionally, the death certificate separates the child from the problem by “burying” the bullying and encouraging the survivor to live separate from it. These certificates help solidify change by being a constant physical reminder of their newly re-written stories.

CONCLUSION

Ahmed and Braithwaite (2004) posited that, “interventions solely on a family level will not be sufficient to impact on bullying at school” (p. 51). Thus it is essential that the therapist and family collaborate their efforts with the school system throughout all stages of therapy. Our family and school system treatment model focuses on family intervention with school involvement and consists of three stages: structuring change, changing the story, and solidifying change. During the first stage, the therapist will meet with the entire family and use the structural techniques in order to shift the family to a structure that is more adaptive for bullying. During the second stage, the parent(s) and the child identified as the bullying child meet individually. Narrative techniques are employed, to rewrite the dominant story for the parent(s) and externalize the bullying for the child. During the last stage, the therapist continues working with the family from a narrative perspective. The therapist helps the child and the family to continue to identify their unique outcomes, and awards the clients with certificates for their progress. The therapist may also introduce a birth certificate to celebrate the child’s new-formed identity and a death certificates to demarcate the separation of the child from the bullying.

Our model advances the Marriage and Family Therapy field by approaching bullying from a systemic perspective. Not only does it include the family, but it also involves the school. As it is implemented, this model can help families and schools from the community collaborate their efforts in overcoming bullying. Consequently, positive results of treatment may materialize quicker and last longer than conventional methods. Further research is still warranted, however, on school bullying and its treatment. Large scale research on family treatment models are needed, especially longitudinal studies done at the state or community level. Most importantly, more research is needed on treatment models that combine the efforts of schools and families.

REFERENCES


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