

# Bullying and Chronic Health Conditions

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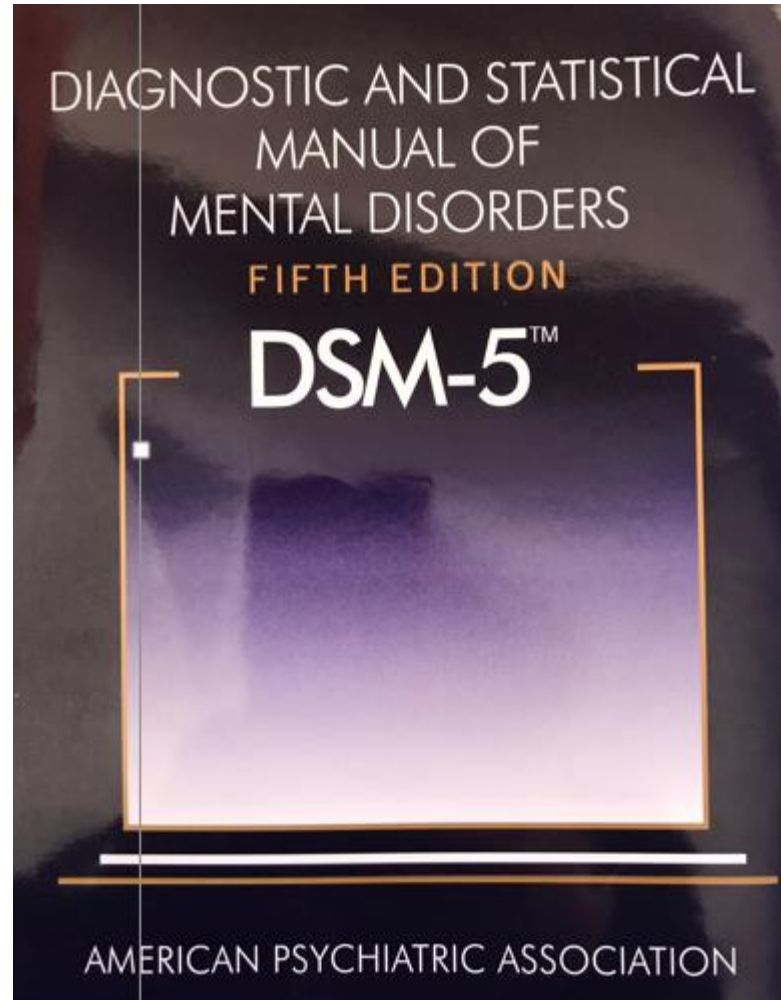
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# AIMS

- Gain a better understanding of bullying
- Learn what increases the risk of being a bully's target
- Learn how to minimize the risk of being targeted

# The Bully: Pathological



# Conduct Disorder

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## Diagnostic Criteria

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- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

### **Aggression to People and Animals**

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).

How Prevalent?

# How Prevalent?

**4%**

# What's the Cause?

- Temperament
- Low verbal IQ
- Environment
- Genetic and physiological

**Do Bullies Stop Bullying?**



# Do Bullies Stop Bullying?

Typically remits by adulthood

# Antisocial Personality Disorder

301.7 (F60.2)

## Diagnostic Criteria

- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
  2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
  3. Impulsivity or failure to plan ahead.
  4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
  5. Reckless disregard for safety of self or others.
  6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
  7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

How Prevalent?

# How Prevalent?

**0.2 - 3.3%**

Are Persons with Moebius Syndrome  
more likely to be Targeted?

# Are Persons with Moebius Syndrome more likely to be Targeted?

- Persons with chronic health conditions are more likely to be targets

*Pittet, Berchtold, Akre, Michaud, Suris, 2009*

- At what frequency? Twice as likely

*Dawkins, 1996; O'Moore & Hillery, 1989; Mukherjee, Lightfoot, & Sloper, 2000*

- At what age is bullying most prevalent?  
Middle school

# WHAT IS BULLYING?

One-sided -- A bully taunts a target.

Imbalance of power

Intentional, willful harm

Sinister motivation -- The bully gets satisfaction from bullying.

Oftentimes :

- Meant to diminish the target's sense of self-worth
- When the target is distressed/objects, the bully continues

# Bullying Takes Different Forms

- Single or repeated events
- One or more offenders
- Cyber based (cell phone, internet)
- Verbal –name calling, taunting, belittling, slurring, defaming, humiliating comments
- Physical –hitting, pushing, shoving
- Relational –socially excluding, shunning, gossiping (high status social bullies)
- Humor –laughing at the expense of others

*Garritty, Jens, Porter & Stoker, 2002; Crick & Grotpeter, 1995; Patchin & Hinduja, 2006; Dempsey, Sulkowski, Dempsey & Storch, 2011; Li, 2006*



# TEASING is not bullying

1. Allows the teaser & the teased to easily swap roles
2. Is not intended to hurt others
3. Maintains persons' basic dignity
4. Pokes fun in a lighthearted, benign way
5. Is meant to get laughs from both parties
6. Is only a small part of the activities shared by persons who have something in common
7. Is innocent in motive
8. Is discontinued when person teased becomes upset or objects to the teasing

Examples: Sibling rivalry

Conflict between 2 evenly matched persons

*Barbara Coloroso, 2009*

# Targets

Bullies Aim at Targets

# Who is an Easy Target?

## Persons with Social Problems

- Being alone
- Having less than 2 good friends
- Self-blame for being mistreated (low social self-esteem)
- Passivity (or the opposite – Highly reactive)
- Avoidance
- Attempting to hide a health condition
- Embarrassed to talk openly about a health condition

Do Persons with Moebius have Social Problems?

# Do Persons with Moebius have Social Problems?

**Development:** Autism spectrum disorder (Briegel, 0-3.7%; other prevalence rates from 22-30% versus) 1% in the general population

**IQ/Learning Disability (LD):** Intellectual disability (10%; Briegel et al, 2009 versus 1% in the general population)

**Emotional: Depression** (yes –Briegel 2007; no – Bogart & Matsumoto, 2010; 7% in the general population with young adults & females at greater risk)

**Emotional: Anxiety** (yes –Briegel 2007; no – Bogart & Matsumoto, 2010; social anxiety 7% in the general population; generalized anxiety 2.9%)

**Relationship: Social Problems** (yes, 3 times the risk of the general population, Briegel, 2012)

# SOCIAL PROBLEMS

A substantial minority report impaired social functioning *Strobel & Renner (2016)*

9 to 15 year olds with Moebius Syndrome are 3 times more likely to have a negative social experience (vs peers) *Goodman (1997)*

# How to Help?

- Caregivers
  - Monitor for warning signs & intervene
- Develop reaction strategies
  - Understanding bullying and what to do when confronted by a bully
- Minimize risk factors – remediating social problems

# Targets' Warning Signs

- Lack interest in or refuses to go to school (abruptly)
- Take an unusual route to school
- Lag academically
- Withdraw
- Stop eating at school
- Take parent's money
- Avoid school restroom
- Sad, scared, angry following social contact
- Act out of character
- Speak of peers in a derogatory, demeaning manner
- Stop talking about peers and activities
- Poor self-care – disheveled; torn or missing clothing
- Injuries inconsistent with explanation
- Somatic complaints (headache, stomachaches, panic, insomnia, excessive sleep, exhausted)
- Anxious, depressed
- Aggressive behavior

*Dempsey & Storch, 2008; Juvonen, Graham, & Schuster, 2003; Prinstein, Boergers, Vernberg, 2001*



# Advice: Assert & Defend Barbara Coloroso 2009

Act on what the bully is throwing

*I'm not up for this. I'm out of here.*

Call it for what it is

*That's mean.*

Set limits, boundaries -- Draw the line

*No. You're not getting away with that here.*

Stop, block it – stand strong

*I don't need this.*

Copy it before it is changed (cyber content)

Enlist the help of others

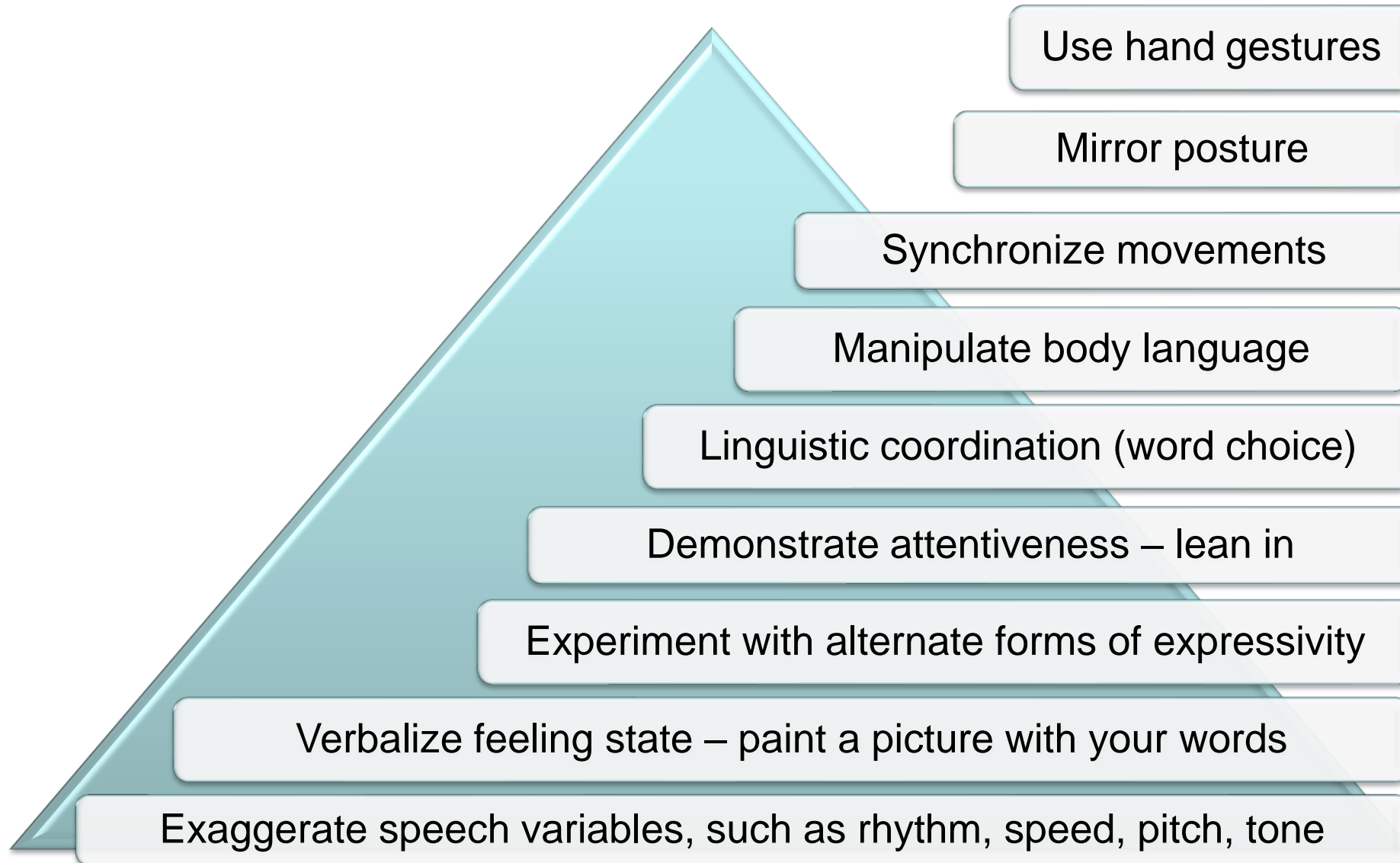
**Passivity invites further aggression. Avoidance (ignore) has a very limited application.**

## The Best Defense is a Good Offense – Remediate Social Problems

- Friendships (value, develop, nurture)
- Social activities (groups, organizational affiliations, team sports)
- Self-acceptance
- Assertiveness
- Social initiation skills
- Conversational skills
- Assertive communication strategies
- Acknowledging and educating others about Moebius (put others at ease, e.g., contagion, causality, pain, ability to engage)

# DEVELOP COMPENSATORY COMMUNICATION STRATEGIES

*Bogart, Tickle-Degnen, Joffe, 2012*



# Resources: Fostering Social Development

- Attending the conference – networking, building relationships, learning & developing
- Role modeling
- EXPOSURE – Optimize social opportunities; 20 minute rule
- Formal social skills training programs
- Self-help literature
- Mental health services

# Changing Faces' Social Skills Training Program



Developed by James Partridge

Researched by Nicola Rumsey

Feeling & Behaving SCARED?

. . . then. . . **REACH OUT!**

[www.changingfaces.org.uk](http://www.changingfaces.org.uk)

# Children and Teenagers

## Web Sites

[kidsareworthit.com](http://kidsareworthit.com) (Barbara Coloroso)

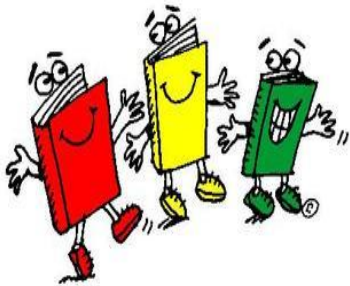
[pacerkidsagainstbullying.org](http://pacerkidsagainstbullying.org) (2<sup>nd</sup> through 6<sup>th</sup> graders)

[commonsense.org](http://commonsense.org)

[connectwithkids.com](http://connectwithkids.com)

Olweus Bullying Prevention Program:

[violencepreventionworks.org](http://violencepreventionworks.org)



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# Resource Books for Children & Caregivers

*Sticks and Stones: 7 Ways Your Child Can Deal with Teasing, Conflict, and Other Hard Times* – **Scott Cooper**

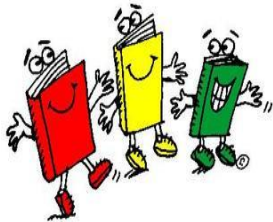
*How to Handle Bullies, Teasers and Other Meanies* – **Kate Cohen Posey**

*The Bully, The Bullied, and The Bystander* - **Barbara Coloroso**

*The Anti-Bullying Handbook* - **Keith Sullivan**

*Bully-proofing Your Child: A Parent's Guide* - **Garrity, Baris, and Porter**

*Stop Bullying Bobby! Helping Children Cope with Teasing and Bullying* - **Dana Smith-Mansell**



# Access Professional Mental Health Services

The majority of people with Moebius Syndrome live well & are well adjusted.

Strobel & Renner 2016

*Let's add to that Majority!*



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