

# IDENTIFYING AND ADDRESSING CYBERBULLYING IN EVERYDAY PRACTICE USING A STRUCTURED TOOL

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Case: A 15-year-old female adolescent was brought to the emergency room by paramedics after a suicide attempt by overdose. Per the paramedic's report, a friend had seen a concerning Facebook post and called 911. The patient reports that she took the pills in an attempt to die and states she now feels like a failure for surviving. She admits she posted a "goodbye" message to her Facebook status after she had ingested 20-30 pills and "a cup or so" of bleach. She later reveals that she learned from Facebook that her boyfriend posted nude pictures on Instagram, and she describes extensive online ridicule. Her parents realized her time on social media was excessive, and there has been an ongoing battle over online access. However, they were unaware of the extent of cyberbullying and their daughter's developing depression. The family looks to the team for guidance.

We are living in a time when the landscape of adolescent bullying has changed significantly over the last generation. A majority of adolescents have their own cell phone and personal computer, which provide for the creation and maintenance of peer-to-peer relationships online. When such interactions become maladaptive, there exists the potential for negative consequences. The purpose of this article is to describe the potential impact of cyberbullying, online abuse, and social media use on patients seen in mental health settings. We will also present a helpful list of items and recommendations for tracking adolescents' experiences using social media (Table 1).

Though adolescents often build and support relationships online, the digital nature of these relationships does not guarantee protection from the tangible consequences of bullying and abuse. Cyberbullying confers a significantly increased risk of morbidity<sup>1,2</sup> and mortality<sup>3</sup> to affected individuals. For example, patients admitted to the inpatient unit for harming themselves often do so impulsively, for example, after a recent breakup, insult, or fight. The fact that rejections or fights take place online does not seem to dull the emotional sting.

It is common to hear about reports of youth who experienced abuse from peers or partners via the Internet and over text/instant messages. Among school-aged youth in middle school and senior high, roughly 10% report perpetuating cyber-dating abuse,<sup>4</sup> while roughly 41% of all individuals aged 14 to 19 are the victims of cyber-dating abuse or neglect.<sup>5</sup> Despite its digital form, online abuse between romantically involved youth is associated with intimate partner violence, psychological abuse, and sexual coercion. Thus, when screening for intimate partner abuse and coercion, it is important to include relationships and encounters online or via text messages. This helps to ensure a more thorough screening that recognizes and addresses newer forms of relationships and inti-

mate partner abuse that have arisen in the digital era.

As clinicians, it is important to assess which websites adolescent patients are visiting, how patients digitally interact with peers, and the frequency and duration of time spent online participating in social media and online communities. We must also investigate individuals' exposure to online sexual and intimate partner coercion by asking about inappropriate sharing of sexual content to peers or webpages. Individuals must be surveyed regarding supportive and pro-social friendships created and maintained online, as well as the sources, frequency, and severity of cyberbullying in their lives.

In the adolescent psychiatry inpatient and outpatient settings, family involvement is a crucial component of treatment. To facilitate family-wide changes, it is important to educate patients and their families about the dangerous impact of cyberbullying on mental health and wellness. It is important to identify the electronic devices adolescent patients use to access the Internet, ownership of these de-

## **Table 1: Recommendations**

- Implement consistent social media surveys in numerous practice settings to screen for maladaptive online and inperson behaviors that place youth at risk of morbidity and mortality.
- Utilize the results of such assessments to guide patients and their families toward safer use of social media and electronic devices. Encourage families to set limits on when household members can access the Internet, where personal electronics are stored at night, and total daily screen time.
- Apply the results of these assessment tools to recruit parents and children into an open, objective discussion about the child's experiences with bullying to reduce associated morbidity and mortality.<sup>6</sup>
- Combine a discussion of social media bullying with screen time and social media use to improve patient wellness.





vices, where these devices are stored, and what rules exist at home regarding their use. The answers to these questions are then used to encourage personal reflection by the family and consider home-based changes designed to keep adolescent patients safe after discharge. Parents play a particularly large role in reducing and preventing ongoing cyberbullying and maladaptive uses of social media. Amid increasing forms of digital interactions and relationships, family interventions still have an important role when countering or preventing the negative effects of bullying. Therefore, families play an important role in assessing adolescents' exposure to social media and Internet use for the purposes of preventing or stopping cyberbullying after the patient is discharged home.

To begin considering a more structured approach for addressing the rise in cyberbullying, maladaptive social media usage, and online sexual coercion, our team at an inpatient child and adolescent unit in Colorado developed a list of items that may be clinically useful when screening for usage patterns and risks associated with the digital era (Table 2). We developed the item list based on our clinical experiences with youth, the anecdotes that they provided during office visits, and the research and observations of other practitioners. For example, in the case presented above, the items can also be used as a screening tool as

well as a springboard for discussion, treatment planning, and tracking issues involving concerning online interactions.

#### **Conclusion**

Screening youth for exposure to maladaptive social media encounters is an important aspect of mental health care. Although additional research is needed to determine psychometric validity of the social media practice tool presented here, we have found the tool to be useful for screening, educating, treatment planning, tracking, and monitoring of cyber activity within psychiatric and pediatric practices. The social media practice tool may also help educate practitioners about current digital issues that they are likely to encounter in their practice.

## **Take Home Summary**

Bullying and cyberbullying are forms of abuse. As such, bullying and cyberbullying, unchecked, carry the potential for significant morbidity, both short-term and long-term. The special needs population is at particularly increased risk. It is important to screen for the possibility of bullying, in all its possible forms, as part of the pediatric assessment, and to advocate for the victims vigorously.

Table 2: Social Media Practice Tool							
A) Which social media tools do you use? (Please check all that apply)							
☐ Facebook	☐ Instagram	☐ YouTube	☐ Google+	☐ Tagged	☐ Online dating sites		
☐ Twitter	☐ Flickr	☐ MySpace	☐ Tumblr	☐ Grindr	Other:		
☐ Snapchat	☐ LinkedIn	☐ Pinterest	□ VK	☐ Tinder	☐ Other:		
B) During which time(s) of day do you typically access social media?							
☐ Midnight to 3am	☐ 9am to noon	☐ 6pm to 9pm					
☐ 3am to 6am	□ Noon to 3pm	☐ 9pm to midnight					
☐ 6am to 9am	☐ 3pm to 6pm						
C) Circle how many text messages you send per day:							
<5	5-10	10-20	20-30	30-40	>40		

Table 2: Social Media Practice Tool (continued)							
Circle how many hours per day you use a computer, tablet, or tv:							
<2 hours	>2 hours						
D) Do you know anyone who sends pictures of themselves to other people online or by phone? Yes/No							
Have you ever received a photo or video of a naked person? Yes/No							
Have you ever sent a naked photo or video of yourself to someone else? Yes/No							
E) Roughly how many friends do you have online?							
How many of those friends have you met in person?							
□ None	□ Some	☐ Half	□ Most	□ AII			
F) Do you threaten or bully others?							
☐ Yes, online	☐ Yes, in person ☐ No, I never bully others						
How often do others threaten or bully you online?							
☐ Monthly	□ Weekly	□ Daily	□ Never				
How often do others threaten or bully you in person?							
☐ Monthly	☐ Weekly	□ Daily	□ Never				
Does an adult at home or school know about the bullying? Yes/No							
What have others done to bully you? What words have they used to hurt you?							
G) Do you feel safe interacting with others when you are online? Yes/No							
If no, what is not safe about interacting with others online?							
Is there a community online in which you feel more comfortable than at home or offline?							
H) Do your parents have the passwords to your social media accounts? Yes/No							





Table 2: Social Media Practice Tool (continued)							
Do your parents have the passwords to your electronic devices? Yes/No							
What are the privacy							
☐ Public	☐ Friends of friends	☐ Friends only	☐ I am not sure				
I) Which devices do you use to access social media?							
☐ Phone	□ iPod	☐ Tablet	<ul><li>Personal computer</li></ul>	☐ Home computer	☐ Other:		
Where are your devices charged at night?							
☐ Your room	☐ Your parents' room	□ Somewhere else					
What are the rules about social media at home?							
J) What is the best part of using social media? What is the worst part of using social media?							

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