



## Developing A Cognitive Behavioral Intervention Program to Reduce Bully Tendencies in Primary School Children and The Program Effectiveness \*

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### Abstract

The goal of this study was to develop a group therapy program involving Cognitive Behavioral techniques aiming to reduce the bullying among elementary school children and evaluate its efficacy. Fifty-four students from the 5<sup>th</sup> and 6<sup>th</sup> grades were assigned to experimental group which take cognitive behavioral therapy - CBEG (20 students), placebo control group-PCG (16 students) and non-intervention control group NICG (18 students) according to their scores based on Peer Bullying Scale child form - bully test. The group intervention was run for 13 weeks. The students filled at the Peer Bullying Scale child form -bully subscale (PBS-CF), Coopersmith Self Esteem Inventory short form (CSEI-sf) and Inventory of Cognitions Related to Bullying for Children (ICBC), and before and after the intervention and during 4 months follow up. All the scores were analyzed using repeated measures Anova. Results showed that, although there was no significant difference between group x-time interaction, the scores related to bullying had a significant relation with time. This significance was related to the difference between experimental and placebo group's scores in pre-test and post-tests. In both groups the bullying scores decreased significantly. The other findings suggested that the cognitions related to bullying had a significant relation with time. This significance was thought to be related with the difference between pre- and post-tests in experimental group. The decrease in the bullying scores was significant after the group intervention.

### Keywords

Peer bullying  
Intervention programs  
Cognitive behavioral therapy  
Therapy effectiveness  
Pretest- posttest  
Prevention

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## Introduction

Peer bullying is a type of violence that may seriously harm children in the school environment. The Norwegian researcher Olweus, who conducted the first studies on peer bullying in the 1970's defines bullying as "a student/students exposing another student/students multiple times and repeatedly to negative effects" (Olweus, 2004). "Negative effects" may range from discomfort to actual physical harm, and may also be performed through attempting to do harm and using verbal and physical methods with the intention to do harm. In order for the discomforting situation to be considered peer bullying, an "unequal power relationship" should be present between the sides, the situation should carry a "continuity" characteristic, and certain other characteristics such as being "deliberate" (Olweus, 1997).

Peer bullying is classified into physical (hitting, pushing, spitting), verbal (swearing, assigning nicknames, insulting), social ostracism (gossiping, ostracizing from the group of friends, ignoring and not playing with), sexual (lifting skirt, taking pictures from beneath the skirt), and cyber bullying (bringing discomfort to others through the use of cell phones and the internet, humiliation) (Doğan, 2010; Jacobs, 2008; Olweus, 2004; Topçu, 2008).

Olweus (1994) first classified the children involved in bullying events as bullies and victims, and named the problem of bullying as the bully/victim problem. Here, children who exhibited bullying behavior were dubbed "bullies" and those who didn't and were exposed to such behavior were dubbed "victims". However, when studies showed that some children were both exposed to bullying and prone to exhibit such behavior, a new category named "bully-victims" was added to the classification in the late 1990's (Solberg, Olweus, & Endresen, 2007). Peer bullying is evaluated not as a personal event but a group process. This is because of the fact that bullying usually emerges within a social group and children in the group are either affected by or affect the event directly or indirectly (Salmivalli, Lagerspetz, Björkqvist, Österman, & Kaukiainen, 1996; Sutton & Smith, 1999). For this reason, it is thought that children who are involved in bullying events may have roles other than bullies, victims, and bully-victims. For example, Salmivalli et al. (1996) classified the participants of bullying events in six concepts: bullies, victims, those who strengthen the bully, bully helpers, victim helpers, and outsiders. The concept of "outsiders" in Salimvalli et al.'s (1996) definition terms people who don't involve in peer bullying events and who neither bully nor become victims (Çayırdağ, 2006; Satan, 2006).

Studies show that nearly 15-20% of students are affected by bullying behavior at school (Batsche & Knoff, 1994; Espelage & Swearer, 2004; Pellegrini, 1999). In a study performed in our country with high school students, Genç (2007) found that, the rate of children who state that they were bullied to be 18.3%, the rate of those who state that they bullied peers at school to be 15.2%, and the rate of students who state that they had witnessed bullying to be 56.9%. Ayas and Pişkin (2011), who evaluated the results of studies performed on the subject in our country, reported that the rate of victim students changed between 9.3-41.3%, the rate of bully students changed between 3.3-33%, and that the rate of bully-victim students changed between 6.4-30.2%, reporting a very wide interval of study findings. Bullying behavior may present at every age. However, bullying events seen in the 2<sup>nd</sup>-4<sup>th</sup> grades of elementary school were reported to increase between the 5<sup>th</sup> and 10<sup>th</sup> years (middle and high school), and have an inclination for decrease in the 11<sup>th</sup> and 12<sup>th</sup> grades (last years of high school) (Solberg & Olweus, 2003; Olweus, 2004).

Studies that investigate the psychological and social difficulties of children who were exposed to bullying have shown that these victimized children feel negative emotions such as anxiety, anger directed to person himself, desperation, and solitude intensely (Slee, 1995a; Atik & Kemer, 2008), and that they encountered problems such as depression and anxiety disorder (Slee, 1995b; Due et al., 2005), low self-esteem (Fleming & Jacobsen, 2009; Kapıcı, 2004; Rigby, 2003; Roland, 2002; Ttofi & Farrington,

2008), not wanting to go to school, and low academic success (Atik, 2006; Gökler, 2009; Olweus, 2004; Porter, 2007). Alongside this, studies have exhibited that those who practice bullying also experience certain problems. These usually take the shape of running from school, anger and rule violations, and aggressive acts against others (Camodeca, Goossens, Meerum Terwogt, & Schuengel, 2002; Jacobs, 2008; Menesini et al., 2003. Additionally, children and adolescents who bully during school years were shown to carry more risk in their adult life regarding getting mixed up in acts of violence and crime, impulsive and risky behavior (Forero, McLellan, Rissel, & Bauman, 1999; Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000), being unsuccessful in their professional life, and substance use (Farrington & Ttofi, 2010; Olweus, 2004; Bender & Lösel, 2011; Kim, Catalano, Haggerty, & Abbott, 2011).

In conclusion, studies have shown that bullying has many negative results for both bullies and victims. The struggle against school bullying is performed through various intervention programs. Some of these encompass all of the students, teachers, and even parents at a school, and these are called whole school intervention programs. This type of programs are applied in many countries (Australia, Finland, England, Ireland, Sweden, Italy, Norway) in a widespread manner, and with government support in some (Rigby, Smith, & Pepler, 2004; Smith & Brain, 2000). These programs consist of interventions such as conferences and trainings focused on forming a positive school environment, the arrangement of school playgrounds, the formation of classroom rules against bullying, regular class meetings, and providing information on bullying awareness. Some of the intervention programs towards preventing peer bullying that are not whole school programs consist of similar trainings given only to school staff (Ross & Horner, 2009), only to parents (Burkhart, Knox, & Brokmyer, 2013), or only to students. Since these are applications that target all groups whether they are related to bullying or not, they can be evaluated as primary prevention programs. Efforts made with students may encompass all class (Baldry & Farrington, 2004), only victimized children (Fung, 2012) only bullying children (Eweniyi, Adeoye, Ayodele, & Raheem, 2013; Meyer & Lesch, 2000; Nickel et al., 2005; Nickel et al., 2006), both bully and victim children (Kõiva, 2012; Mikheev, 2006), or children in observer status (Mc Laughlin, 2010). These can be evaluated as secondary prevention efforts performed with groups under risk of becoming bullies, victims, bully-victims, or observers.

Intervention efforts to decrease or prevent bullying can be seen to be limited in our country. Nevertheless, when the literature was examined, it was seen that interventions based on whole school approach were seen to be used, despite their limited number (Ayas, 2008; Takış, 2006). Additionally, there were studies based on student-teacher training (Bozkurt, Akbıyık, Yüzük, Beşer Gördeles, & Sağkal, 2011; Kartal & Bilgin, 2007; Uysal, 2006). However, secondary prevention type intervention studies aimed at children and adolescents displaying bullying tendency or behavior were seen to be very few, and contain methods such as empathy training (Şahin, 2007) or group counseling (Sargin & Çetinkaya, 2010).

Since the difficulties experienced by victims are more visible, the necessity of psychological interventions can be understood. However, bullying children are usually popular and don't seem to have anxiety or low self-esteem (Olweus, 1994). For this reason, it can be thought at first that putting in place rules that prevent bullying and raise awareness (primary prevention – whole school approach) as well as providing psychological support to victims. However, when the long-term problems experienced by bullies are considered, it can be seen that psychological interventions targeting only them are necessary.

Cognitive Behavioral Therapies (CBT) are short interventions with proven effectiveness that can be used in the treatment of many problems. For this reason, they are often preferred in the treatment of any psychological and behavioral difficulties in children and adolescents (Mennuti, Christner, & Freeman, 2006). The aim of cognitive behavioral therapy is to replace distorted and non-functional

cognitions with more realistic ones and to help the individual overcome emotional and behavioral problems through the strengthening of the coping skills of the individual. The cognitive behavioral theory is based on the idea that all disorders have specific cognitive characteristics (Friedberg & McClure, 2002). A limited number of studies on the cognitive characteristics of children that exhibit bullying behavior have shown that children see violence as a solution (Ünalımsı, 2010), have high physical power perception (Atik & Kemer, 2008) and the idea that retaliation/revenge is necessary (Bradshaw, Sawyer, & O'Brennan, 2009), and develop positive references to aggressive behavior (Doll & Swearer, 2006; Jacobs, 2008). According to the moral disengagement approach within the social cognitive theory of Bandura (1999, 2002) people who practice bullying use cognitive strategies such as making their harmful behavior socially acceptable, decreasing and hiding their roles in causing harm, not considering/distorting the harm caused by them, and blaming or dehumanizing the victim to get rid of the guilt of their own actions. These studies exhibit which cognitive characteristics should be worked on to decrease bullying behavior.

When studies in literature were examined, it can be seen that, as expected, cognitive behavioral methods are used widely in decreasing peer bullying (Olweus, 2004; Doll & Swearer, 2006; Meyer & Lesch, 2000; Eweniyi et al., 2013). Alongside this, many of these studies including CBT rationale or methods are school wide education programs and not therapy or counseling style interventions (Olweus, 2004; Bell, Raczynski, & Horne, 2010; Newman Carlson & Horne, 2004). Despite this, in essence, the beliefs of students, teachers, school staff, and families regarding peer bullying are being tried to change. Among these beliefs are the beliefs that bullying is a normal situation experienced among children, that bullying can't be stopped, and that bullying is educational for the victim (Doll & Swearer, 2006). Alongside this, few studies on therapy or counseling style interventions including CBT techniques in children with high bullying predilection can be seen (Eweniyi et al., 2013; Meyer & Lesch, 2000).

In the light of this information, the aim of this study is to form a group therapy program including Cognitive Behavioral techniques and research its effectiveness. In this main objective, the hypotheses of this experiment are listed below:

1. Post-test bullying scores of the experimental group which took cognitive behavioral intervention program will be decrease and this will be higher than the placebo control and non-intervention control group.
2. The change in the post test on bullying score of the experimental group will also not be changed in follow-up scores.
3. Bullying related cognition scores of the experimental group will be decrease and this decrease will be more effective that the placebo control and non-intervention control group.
4. Changes in post-test bullying related cognition scores of the experimental group will also be stable in follow up score.
5. In self-esteem scores of the students in experimental group who were in cognitive behavioral intervention program will be an increase and this increase will be more effective than the non-intervention group and placebo control group.
6. The changes in post-test on self-esteem scores after the cognitive behavioral intervention program will also be seen in follow up scores.

## Method

Before the study, ethical board permission and the necessary permissions from the İzmir Provincial Directorate of National Education were taken. Then, a group therapy program handbook containing cognitive behavioral techniques and aiming to decrease peer bullying for bullying children was prepared.

While preparing the program, the principles of cognitive behavioral therapy with children were upheld, and the approaches and interventions of Dölek (2002), Olweus (2004), Şahin (2007), and Tekinsav Sütcü (2006) were benefited from. Later, in order to evaluate the function and malfunctions of the program and give its final form, the program was tested with a pilot study. In the light of the experiences and findings acquired from the pilot study, the handbook was given its final form. The final program was applied in 4 separate groups which was formed experimental group. The findings obtained from the experimental groups were compared to the placebo control groups (support group application) and the findings of the nonintervention control group, and the effectiveness of the program was evaluated. Additionally, 4 months after the main study, measurements from all the participants were taken and the long-term effectiveness of the program was evaluated.

### *Pilot Study*

The aim of the pilot study is to apply the Cognitive Behavioral intervention program prepared to decrease peer bullying and give the last form to the program by evaluating the functional and non-functional aspects of the program. Before pilot application, a 12-session program draft was prepared according to the principles of Cognitive Behavioral Therapy. The aim, goal, and functioning of each session in this draft was predetermined.

The pilot study was performed with 6<sup>th</sup> graders in an elementary school in Izmir where middle school students were also enrolled. All of the 6<sup>th</sup> grade students were applied the Peer Bullying Scale Child Form, the mean score from the scale was calculated, and 10 students who took 2 standard deviations above (3 female and 7 male) the mean value in the bully section of the scale were informed on the study and asked for consent to participate. However, 2 students couldn't participate in the study for various reasons, and 3 students left the group while the pilot study was continuing. Thus, the pilot study was completed with 5 students (1 female and 4 male).

The group was given the test battery consisting of the Personal Information Form, Bullying Related Cognitions Scale for Children, and the Coopersmith Self Esteem Inventory Short Form (The scales were introduced in the section describing the main study). At the end of the program, the same battery and the PBS-CF bully test. The application took 12 weeks with weekly sessions with a single leader. The real life examples and original peer bullying related terms used by the children during the pilot study were recorded by taking permission for use in the main study.

In order to determine the effectiveness of the intervention program, all scale scores were analyzed using the non-parametric hypothesis test "the Wilcoxon signed rank test for repeating values". Analyses have shown that there was a statistically significant difference at the  $p < 0.05$  level between the pretest and posttest total scores of the PBS-CF bully test ( $z = -2.023$ ,  $p = .043$ ). Even though not statistically significant, (pre test:  $X = 48.00$ ,  $SS = 9.48$  and post test:  $X = 39.20$ ,  $SS = 15.84$ ) a 9 point decrease between the pretest and posttest scores of the Bullying Related Cognitions Scale for Child Form was also seen.

### *Results*

Analyses have shown that there was a statistically significant difference between the pretest and posttest total scores of the PBS-CF bully test ( $p < 0.05$ ). Even though not statistically significant, a decrease (9 score) between the pretest and posttest scores of the Bullying Related Cognitions Scale for Children was also seen. For this reason, it was decided that the program was applicable with its rough shape, and that the effectiveness of the program could be increased by readjusting the program according to the knowledge and experiences gained from this first study.



In this context, certain changes were made to the intervention program and the program took its final form. The changes are as follows:

1) The duration of the program was arranged to be 12 sessions. However, since the agenda couldn't sufficiently be discussed in 12 sessions in the pilot study, the duration of the program was increased to 13 sessions.

2) In the pilot application, the group application started with eight people and was completed with five. Students with bullying tendencies were seen to act in a bullying manner towards each other during the group from time to time. For this reason, it was decided that group sizes shouldn't exceed five students.

3) The use of study papers for the agenda of each session was seen to be useful. In order to increase comprehensibility, written study papers were rearranged by benefiting from the statements of the students in the pilot study.

4) It was concluded that the students benefited greatly from the handbook prepared. For this reason, it was decided that a handbook including material on the agenda of each session as well as psycho education information, group rules, and documents such as a contract should be given to all members.

5) During application, especially efforts to find and change cognitions were found to cause difficulty for the students. In order to work on less understandable skills such as understanding the relationships between thoughts, emotions, and behavior regarding bullying and changing thoughts, it was decided to use more games. Since the games attracted attention during the pilot study and since those games were seen to be more informative for the participants, various card games were prepared and card games to find the emotion and the related thought and emotion-thought matching were added. Thus, the training materials used in every group was standardized.

### *Main Study*

#### *Participants*

The scale scores of 1051 students who attended 5<sup>th</sup> or 6<sup>th</sup> grade in one of 4 middle schools in Izmir and who completed the PBS-CF bully test were evaluated. Among these students, 65 students who took two standard deviations above the average from the bullying section of the PBS-CF bully test and volunteered were included in the study. Because of the changes in the (4+4) education system during the period when the study was conducted, random assignment was not possible. Since the 5<sup>th</sup> grade students studied in the morning, group studies with 5<sup>th</sup> graders were performed in the morning and studies with 6<sup>th</sup> graders were performed in the afternoon. However, an effort was made to keep the class levels and gender variables of the groups similar.

The study was completed with 54 students. 20 students (10 female, 10 male) formed the experimental group, 16 (9 female, 7 male) students formed the placebo control group, and 18 (6 female, 12 male) students formed the nonintervention control group.

#### *Process*

In order to determine the participants of the main study, the Personal Information Form and the PBS-CF were applied during classroom hours, information was given on the study to be conducted at the school, and the children were asked if they volunteered. Students who took two standard deviations above the average from the bullying section of the PBS-CF and volunteered were called for an interview with the help of their classroom teacher and information on the function and dates and times of the groups were given in those interviews. Additionally, a meeting with the parents of those students was arranged, information on the study was given, and consent for the participation of their children was taken. Group studies were planned outside school hours and students who were available during those hours were assigned to one of the groups while students who volunteered but had other activities during those hours (sports, theatre, etc.) were assigned to the nonintervention control group. The scale battery was applied before, after, and 4 months after the group studies to the participants.

Both the study and the placebo group was led by the first author of the study, who had a PhD in clinical psychology and took CBT lessons and supervision during her training, with the second author providing supervision.

The groups convened for 13 sessions once a week and each session lasted approximately for 2 hours. In both types of groups, the first 10 minutes of each session was left aside for the discussion of the agendas of the previous weeks. The main study approximately 1 hour 15 minutes that came later was assigned for studying the agenda item in experimental group and the daily topic in the placebo control group. In both groups, usually before group games, the last 15-20 minutes of the session was reserved for fun activities. In an appropriate time during the studies, a 10-15 minutes' break was given.

### *The Context of the Intervention Programs*

In the cognitive behavioral group intervention program, the 1<sup>st</sup> session was reserved for meeting each other, the explanation of study form, determining group rules and the discussion of the aim of the program. The 2<sup>st</sup> to 3<sup>rd</sup> sessions included **psychoeducation** performed in order to understand the characteristics of bullying behavior, the differences between joking and conflict, and how bullying hurts people in the short and long terms as well as providing motivation for change. The 4<sup>th</sup> and 5<sup>th</sup> sessions included **emotional training** performed in order to understand emotion recognition, understanding the emotions of another by evaluating body cues, and emotions experienced during bullying behavior (of those students who were prone to bullying). The 6<sup>th</sup> to 9<sup>th</sup> sessions included the **cognitive restructuring technique** taught in order to understand what the concept of thought is, the connections between thoughts, emotions, and behavior, bullying related thought recognition, connections between the thoughts and emotions during bullying behavior, and replacing thoughts that cause bullying with other thoughts. The 9<sup>th</sup> and 10<sup>th</sup> sessions included **self-instructional training** that aimed to help group members recognize their positive aspects, and present positive internal speeches through slogans that would stop bullying when exhibiting. The 11<sup>th</sup> session included **coping techniques** that included stopping bullying behavior and replacing it and **self-rewarding** when bullying behavior was successfully stopped. In the 12<sup>th</sup> session, all of the techniques that were taught to eliminate bullying behavior were reviewed and **role playing techniques** were used in hypothetical situations to reinforce what was learned. The 13<sup>th</sup> session was put aside for conclusion, feedback, and the posttest measurements. Additionally, a systematical reward system was used (**token economy**) in all sessions to reinforce positive behavior.

The placebo control group was designed as a "support group" and the agenda was problems encountered among friends. The general aim of the study was students talking to each other within group rules about problems they had with their friends in school or other various activities or situations, taking suggestions from each other, and being able to listen to one another. The group leader only made interventions when the group rules were violated, and made no suggestions and gave no information. The group members sat in a circle and each student had approximately 10-15 minutes to talk according to group sizes. The students were told they could use this duration at once or in parts as long as they didn't exceed the duration. The group leader kept track of time so that the students could use the time in an appropriate manner. The turn to talk continued clockwise from the first student to talk. A student who didn't want to talk at the moment talked in repeating turns.

### *Measurement Tools*

#### *Personal Information Form*

The Personal Information form is a form that includes various socio demographic characteristics pertaining to the students such as school studied at, age, gender, grade, parental education status, and number of siblings

### *The Peer Bullying Scale- Child form*

PBS-CF was developed by Pişkin and Ayas (2007) The scale consists of 37 items and 5 factors (physical bullying, verbal bullying, isolation, spreading rumors, harming objects), and has 2 parallel forms developed in order to determine students who “exercise bullying” (bully) and those who are “exposed to bullying” (victim). In the bully scale the students are expected to mark how often they perform the mentioned acts and in the victim scale, the students are expected to mark how often they are exposed to such acts. Identification as bully or victim increases with increasing scores. In this study, only the part of the scale aiming to determine bullies was used.

The cronbach alpha internal consistency coefficient of the Bully scale is 0.87 for the whole scale, .71 for the “physical bullying” sub scale, .68 for the “verbal bullying” sub scale, .60 for the “isolation” sub scale, .64 for the “spreading rumors” sub scale and .70 for the “harming objects” sub scale. The results of the confirmatory factor analysis show a very good compliance value for the scale. First order consistency index in DFA result  $\chi^2= 1422.14$  (sd=616, p=.00),  $\chi^2/sd= 2.30$  RMSEA= 0.056, GFI= 0.85, AGFI= 0.82, CFI=0.92, NFI=0.87 ve NNFI= 0.91, second order consistency index in DFA result  $\chi^2= 1471.43$  (sd=621, p=.0000),  $\chi^2/sd= 2.36$ , RMSEA= 0.057, GFI= 0.84, AGFI= 0.82, CFI=0.96, NFI=0.87 ve NNFI= 0.91 was founded.

### *Inventory of Cognitions Related to Bullying for Children (ICBC)*

The scale, which was developed by Gökkaya and Sütçü (2015) aims to evaluate cognitive characteristics in children associated with peer bullying. The twenty two item scale was scored in a 4 way likert type scoring with answers being “completely true”, “very true”, “somewhat true”, and “not true at all”. The scale is applied to children between eleven and fifteen years of age, and has an internal consistency coefficient of 0.91. The test retest reliability of the scale is pretty high ( $r=0.79$ ,  $p<0.05$ ). The component validity of the scale, which is based on its correlations with the bully test of PBS-CF and the Bullying Behavior Inclination Scale ( $r=0.40$  and  $r=0.52$ ,  $p<0.001$ ) was found to be statistically significant.,

### *Coopersmith Self Esteem Inventory (Short form) (CSEI)*

The scale, which aims to evaluate the self esteem of individuals, was developed in 1959 by Coopersmith and adapted to Turkish by Özoğul (1998) (as cited in Pişkin, 1997). The long form of the scale consists of 58 items and the short form consists of 25 items. Özoğul (1998), in a study with 120 students studying at the 4<sup>th</sup> and 5<sup>th</sup> grades, found the internal consistency coefficient of the scale to be 0.77. The correlation between the scale and the Rosenberg Self Esteem Scale was found to be positive and significant ( $r=.71$ ,  $p<0.001$ ), Güçray (1989) found the test retest reliability of the scale to be 0.70. The same author, later in a study conducted with 583 elementary school students between the ages of 9-11, found the internal consistency coefficient of the scale to be 0.86. Pişkin (1997) found the reliability of the scale to be 0.81 for the long form and 0.76 for the short form. The first-last half reliability of the scale was found to be 0.82 for the long form and 0.76 for the short form. When the scale was separated into odd and even items, these values were 0.86 for the long form and 0.81 for the short form.

In this study, the 25 item short form of the scale was used.

### *Statistical Analysis*

First, in order to determine whether the three groups differed with regard to socio demographic variables, chi squared analyses were performed. Then, in order to determine whether the pretest measurements evaluating peer bullying differed, a one way variance analysis was performed. In order to determine the changes in the pretest, posttest, and 4 month follow up measurements of the three groups, a repeated measure ANOVA analysis and a paired samples t test was performed. In the evaluation of the analyses, the statistical level of significance was accepted as  $p<0.05$ .



## Results

According to the chi squared analyses performed in order to determine whether the three groups differed with regard to socio demographic variables, there was no statistically significant difference between the groups with regard to gender ( $\chi^2(2)=1.964$ ,  $p>0.05$ ), grade ( $\chi^2(2)= 3.310$ ,  $p>0.05$ ), maternal education level ( $\chi^2(10)=10.993$ ,  $p>0.05$ ) and paternal education level ( $\chi^2(8)=14.209$ ,  $p>0.05$ ). Accordingly, it can be stated that the groups showed similar distribution with regard to certain socio demographic variables.

Whether the students that were assigned to the experimental, placebo and no intervention control groups differed according to scale scores before the group studies started was evaluated using one way variance analysis. According to the results, no statistically significant difference between the initial PBS-CF, BRCSC, and CSEI scores of the groups was found ( $p>0.05$ ; respectively:  $F=.044$ ,  $p=.957$ ;  $F=.384$ ,  $p=.681$ ;  $F=.267$ ,  $p=.766$ ). In other words, the groups can be said to be similar regarding scale scores in the beginning. For this reason, the groups were compared using variance analyses for repeating measurements and tested for homogeneity. Since the assumption of equal variances was met, the Wilks lambda values were used.

The average scores and standard deviations the students in the three groups took from the Peer Bullying Scale child form –bully test was given in Table 1.

**Table 1.** Group and Time by Implementing the Peer Bullying Scale Child Form-bully subscale, the Average Scores and Standard Deviations

	Group	Time		
		PreTest (X±SS)	PostTest (X±SS)	Follow-up (X±SS)
PBS-CF	CBEG (N=20)	78.70±20,12	56.70±19.45	50.50±13.37
	PCG (N=16)	81.18±36,33	60.37±23.12	58.00±18.19
	NICG (N=18)	80.16±17.67	75.50±29.53	62.66±16.64

According to the results of the repeated measure ANOVA analysis performed in order to determine the changes in the pretest, posttest, and 4 month follow up PBS-CF-bully test measurements of the three groups, the main effect of time on the bullying score was found to be statistically significant (Wilks  $\lambda=.642$ ,  $F(2,50)=13.917$ ;  $p=.000$ ). However, the group x time interaction was found not to be statistically significant (Wilks  $\lambda=.925$ ,  $F(4, 100)= .994$ ;  $p=.415$ ).

Although there was no statistically significant difference between bullying score averages with regard to group time interaction, a paired sample t test was performed in order to understand where the significant difference with regard to main effect stemmed from. According to the results of the t test, it was found that a statistically significant difference on the level of  $p<0.05$  occurred between the pretest and posttest bullying scores of the experimental group, with bullying scores decreasing in posttest ( $t=3.183$ ,  $p=.005$ ). Similarly, it was found that a statistically significant difference on the level of  $p<0.05$  occurred between the pretest and posttest bullying scores of the placebo control group, with bullying scores decreasing in posttest ( $t=2.342$ ,  $p=.033$ ). On the other hand, no statistically significant difference between the pretest and posttest bullying scores of the nonintervention control group was found ( $p>0.05$ ). Analyses comparing posttest and follow up measurements showed no statistically significant difference between experimental and placebo groups with regard to bullying scores ( $p>0.05$ ).

The average scores and standard deviations the students in the three groups took from Inventory of Cognitions Related to Bullying for Children was given in Table 2.

**Table 2.** Group and Time by Implementing Inventory of Cognitions Related to Bullying for Children, the Average Scores and Standard Deviations

	Group	Time		
		PreTest (X±SS)	PostTest (X±SS)	Follow-up (X±SS)
ICBC	CBEG (N=20)	47.45± 17.83	35.95±10.25	36.35±14.27
	PCG (N=16)	44.81±12.42	38.25±9.28	37.87±6.38
	NICG (N=20)	43.44±10.99	38.83±11.90	42.22±11.05

According to the results of the repeated measure ANOVA analysis performed In order to determine the changes in the pretest, posttest, and 4 month follow up Inventory of Cognitions Related to Bullying for Children measurements of the three groups, the main effect of time on the bullying related cognition score was found to be statistically significant (Wilks  $\lambda$ =.805,  $F(2, 50)$ =6.040;  $p$ =.004). However, the group x time interaction was found not to be statistically significant (Wilks  $\lambda$ =.937,  $F(4,100)$ = .822,  $p$ =.514).

Although there was no statistically significant difference between bullying related cognitions score averages with regard to group time interaction, a paired sample t test was performed in order to understand where the significant difference with regard to main effect stemmed from. According to the results of the t test, it was found that a statistically significant difference on the level of  $p < 0.05$  occurred between the pretest and posttest bullying related cognitions scores of the experimental group, with bullying scores decreasing in posttest ( $t=2.688$ ,  $p=.015$ ). On the other hand, no statistically significant difference between the pretest and posttest bullying related cognitions scores of the nonintervention control group or the placebo control group was found ( $p > 0.05$ ). Analyses comparing posttest and follow up measurements showed no statistically significant difference between the three groups with regard to bullying related cognitions scores ( $p > 0.05$ ).

The average scores and standard deviations the students in the three groups took from Coopersmith Self Esteem Inventory was given in Table 3.

**Table 3.** Group and Time by Implementing Coopersmith Self Esteem Inventory the Average Scores and Standard Deviations

	Group	Time		
		PreTest (X±SS)	PostTest (X±SS)	Follow-up (X±SS)
CSEI-SF	CBEG (N=20)	12.50±5.09	13.40±4.82	14.25±4.92
	PCG (N=16)	14.37±4.31	13.43±4.58	15.18±6.48
	NICG (N=20)	14.16±4.93	12.44±4.36	15.50±4.01

According to the results of the repeated measure ANOVA analysis performed in order to determine the changes in the pretest, posttest, and 4 month follow up Coopersmith Self esteem Scale measurements of the three groups, the main effect of time on the self esteem score was found to be statistically significant (Wilks  $\lambda$ =.843,  $F(2, 50)$ =4656;  $p$ =.014). However, the group x time interaction was found not to be statistically significant (Wilks  $\lambda$ =.927,  $F(4,100)$ =.968;  $p$ =.429).

Although there was no statistically significant difference between self esteem score averages with regard to group time interaction, a paired sample t test was performed in order to understand where the significant difference with regard to main effect stemmed from. According to the results of the t test no statistically significant difference between the pretest and posttest self esteem measurements for the three groups was found ( $p > 0.05$ ). Similarly, no statistically significant difference between the pretest and posttest self esteem measurements for the experimental and placebo control groups was found ( $p > 0.05$ ). A statistically significant difference on the level of  $p < 0.05$  between posttest and follow up self esteem measurements was found only in the nonintervention control group, with self esteem scores increasing in follow up ( $t=-3.596$ ,  $p=.002$ ).

Summarily, when the results were evaluated with regard to hypotheses 1, and 2, they showed significant decreases in the bullying scores of both the experimental and placebo groups. The bullying score of the nonintervention control group didn't decrease. In other words, the intervention program decreased bullying behavior as expected, but a similar decrease also occurred in the placebo control group. Additionally, when the results were evaluated with regard to hypotheses 3, and 4 the cognitive behavioral intervention was seen to be successful in decreasing bullying related cognitions in the study group, with no meaningful decreases in the placebo and nonintervention control groups. Last, when the results were evaluated with regard to hypotheses 5, and 6, it was seen that the hypotheses formed on self esteem weren't supported. No group exhibited significant decreases with regard to self esteem, and there was no difference between the 3 groups in this regard. Only the self esteem scores of the nonintervention control group was determined to increase in monitoring.

### **Conclusion, Discussion and Suggestions**

The findings obtained from the study have shown that after the intervention, significant decreases in the bullying scores of both the group receiving experimental group which took cognitive behavioral therapy and the placebo control group occurred. There was no significant decrease in the bullying scores of the control group that didn't receive any intervention. In other words, as expected, the Cognitive Behavioral Therapy intervention program decreased bullying behavior. This result of the study is similar to studies on decreasing bullying that incorporate cognitive behavioral techniques (Arslan & Akin, 2106; Akcan, Akcan, & Sarvan, 2016; Eweniyi et al., 2013; Bell et al., 2010).

Although a similar decrease was seen in the placebo control group. A decrease in bullying behavior in the placebo control group after intervention beside the decrease caused by the cognitive behavioral intervention was not an expected result. The placebo control group in the study was conducted as a support group. This group study has similar session numbers and durations as experimental group. In order to ensure the presence of the members and form an appropriate group atmosphere, members were asked to adhere to group rules such as listening to others respectfully, not interrupting others, not criticizing others, and not mocking others, and they were rewarded for their appropriate behavior. These rewarded behaviors can in fact be evaluated as anti bullying behavior. In an important percentage of the intervention programs aiming to prevent peer bullying in the literature, techniques based on determining group (classroom) rules, rewarding positive behavior, and creating a positive climate just like in the support group in this study, were found to be effective in decreasing bullying behavior (Eweniyi et al., 2013; Herbert & Heike, 2010; Ross & Horner, 2009). Additionally, even though the therapist didn't direct the group studies towards bullying behavior and overcoming it, the members usually carried the agenda to this subject through the scales applied before the application and the information they gained from their friends who were included in the therapy group. The consequences of bullying and the inappropriateness of such behavior etc. were thus discussed. When examined from this aspect, the group planned to be a placebo group can be said to have similar characteristics to the interventions that aimed to decrease bullying and the decrease in the bullying levels of the control group participants can be stated to be based on this characteristic of the group.

Study results have shown that Cognitive Behavioral Therapy was successful in decreasing cognitions related to bullying and that there were no significant decreases in the bullying related cognitions of the placebo control group and the nonintervention control group. This is a very important finding. According to cognitive theory, negative behavior is caused by non functional cognition, and non functional behavior is expected to change alongside this cognition. In this context, bullying behavior can be stated to be caused by non functional beliefs such as believing that the victim deserved this behavior, thinking that the result of the bullying behavior does not harm the victim ("we were just having fun"), and believing that the other person should act as desired ("he should learn not to snitch on me") (Doll & Swearer, 2006; Gökkaya & Sütçü, 2015). For this reason, the cognitive restructuring technique, which is based on decreasing non functional beliefs and replacing them with functional beliefs, is considered one of the most basic strategies for decreasing bullying (Doll & Swearer, 2006). In the cognitive behavioral therapy performed in this study, the cognitive restructuring technique was

used and therapy was seen to decrease bullying related cognitions. Under these circumstances, a higher or more lasting decrease in the bullying behavior of the intervention group compared to the placebo control group would be expected. However, as stated above, there were statistically significant decreases in both groups with regard to bullying behavior.

In this study, in order to evaluate the long term effect of therapy, monitoring measurements were taken 4 months after the interventions. Monitoring results have shown that the decrease in bullying related cognitions in the experimental group was protected after 4 months. Alongside this, the changes that emerged in the bullying levels in both the experimental and placebo group were protected as well. However, the group with the lowest bullying level was found to be experimental group in the 4 month follow up.

Lastly, there was no significant change with regard to self esteem in any of the groups after the interventions. Since efforts supporting a positive self perception were performed in the cognitive behavioral intervention group to help cope with anger, self esteem measurements were also made. However, since the primary goal of this group was not to increase self esteem, these efforts were not explained in detail. For this reason, no significant changes occurring in this score is not a surprising finding.

It is very hard to compare the findings of this study with studies in the literature. This is because there are very few studies in the literature that use cognitive behavioral therapy techniques to decrease the bullying behavior of children exhibiting bullying behavior and prepared only for the student group who showed bullying behavior. The intervention program prepared in this study is not exactly similar to any of the programs in literature, although similarities do exist (Arslan & Akın, 2016; Karataş, 2011; Ewnwniyi et al., 2013; Kõiva, 2012; Sargın & Çetinkaya, 2010; Kutlu, 2005). When the context of the programs in the literature are examined, methods such as psycho educations on bullying behavior, the emotions of those who are bullies, and recognizing the results of bullying; social skill trainings on assertiveness, recognizing faults, and saying no; and positive behavior reinforcement can be seen to be used. In some studies where cognitive and/or behavioral methods were used, the intervention programs were found to be not effective in decreasing bullying (Dölek, 2002; Kutlu, 2005; Mc Laughlin 2010; Meyer & Lesch 2000). These results were connected to the programs being short term or efforts regarding parents or school staff not being included in them.

Alongside this, in programs with proven effectiveness that use cognitive behavioral techniques, cognitive self instruction training and contingency management (e. g. Eweniyi et al., 2013) and replacing negative thoughts that cause bullying with positive thoughts (e. g. Sargın & Çetinkaya, 2010; Bell et al., 2010) were found to be effective CBT methods. Which techniques the children who participated in the Cognitive Behavioral Therapy Program benefited more from was also examined. This examination was performed through a feedback form containing each technique and where how much each technique was benefited from was evaluated in a 5 way likert type evaluation. Results showed that the two techniques most benefited from by the members was cognitive restructuring (learning that emotions and behavior can be changed by changing thoughts) and learning coping strategies (learning new behavior that may be used instead of bullying). These show that beside techniques focusing on changing cognitions, finding alternate behavior, applying and rewarding them can also be important in decreasing bullying.

In summary, the Cognitive Behavioral Therapy intervention program prepared for this study was found to be effective in decreasing bullying and bullying related cognitions. However for bullying, a similar result is in placebo group. Although the feedback taken from members in the Cognitive Behavioral Therapy group shows that they use certain techniques to decrease bullying, group life and certain healing factors defined by Yalom (2002) regarding group life can be said to come into effect alongside the cognitive and behavioral techniques used, and those effects can also be thought to be valid for the placebo group.

Although the results inspire hope regarding the function of the program, the study has certain limitations. One of these limitations is about the applications in placebo control group. The rewarding system used during the study in the placebo control group is a behavioral technique used in many Cognitive Behavioral Therapy interventions. In placebo control group obeying the group rules were rewarded (token economy). In this way, the students who complied with group rules actually didn't have the chance to exhibit bullying behavior. The positive behavior gained during these efforts may have been generalized to school life. For this reason, when examining the effectiveness of cognitive behavioral techniques, it is suggested that the applications in the control groups should not include cognitive or behavioral techniques.

Another limitations is since the application was performed in the school environment with children attending the same school, many of the children assigned to the control, placebo and the experimental groups were friends. Thus, they couldn't be kept from influencing each other, and could not be kept from teaching what they learn to their friends.

Another limitation of the study is that only self-report based measurements were taken to evaluate the effectiveness of the intervention program and measurements from others observing the children such as parents and teachers weren't taken. In fact, teachers were considered for inclusion in the context, but since information regarding all of the children included in the study couldn't be obtained from each teacher, this was later discarded. Some of the bullying behavior exhibited by children have relational characteristics such as gossiping and ostracism, and are not cases that can be observed from outside by teachers.

### *Suggestions*

Considering the limitations of the study, some suggestions have been made in this section in order to shed light on similar work to be done in the future. First of all, the experimental studies which evaluates the effectiveness of cognitive and behavioral techniques, it should be considered not to include any cognitive or behavioral techniques in placebo control group applications. Especially, placebo control group applications/practices should be organized considering the fact that rewarding the attendance to the group and obeying the group rules is a behavioral technique.

Moreover, it is suggested that in further studies, it should be considered that students in different groups may affect each other so that the students selecting to the experimental and control groups should be taken from different schools.

In this study while working with the students who have high tendencies on bullying, only self-report scales was used in order to obtain data. It is thought that this type of assessment is not sufficient in order to identify the student who show bullying tendencies. For this reason, groups should be form according to the teachers, peers and parents' evaluations or with the help of the observations of the researcher/ opinions of neutral observations within ethical rules.

Whole school programs that include all groups whether bully, victim, or bystanders and make interventions to the school system as a whole are known to be effective in the prevention of peer bullying. These programs generally entail training efforts in large groups. However, when the adult life risks of children who exercise bullying are considered, it was thought that these children should have separate interventions with techniques that have greater context, and this therapy program was prepared. This program is not considered to be an alternative for primary prevention programs applied to the school system as a whole, and it is thought that this program being applied in addition to such efforts could lead to more effective results in the elimination of bullying. For this reason, it is recommended that programs that implement the whole school approach should be prepared in the future studies, and these programs should be conducted/carried out with Cognitive Behavioral Therapy techniques while working with the children who have high bullying tendencies.



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