An Interpersonal Approach For Reducing Peer Victimization and Preventing Social Anxiety and Depression

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UTalk Consultants: Jami Young, Mitchell Prinstein, Antonio Polo

PEERS Research Team:

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Related Adolescent Studies

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Teens in the 60's, 70's, 80's, 90's, 2000's

Think back to High School……

- How many of you remember feeling left out or excluded by your friends on one or more occasion?
- How many of you had a friend who shared a secret of yours or said mean things about you behind your back?

Teenagers Today

OVERVIEW – Part I

- Background
  - Adolescent PV and associated social anxiety/depression
  - Preventive interventions for bullying, social anxiety, and depression
- Intervention Development (UTalk)
  - Why use an interpersonal approach?
  - UTalk development and content
  - Teaching and practicing communication skills
- Current Research on UTalk
  - Results of an Open Trial and Pilot RCT
- Where do we go from here?
  - Implementation and take-away issues

BACKGROUND

Interpersonal PV and Mental Health

Peer Victimization (PV) is a Risk Factor for Social Anxiety and Depression

- 20-30% of adolescents report PV experiences[1]
- PV is frequent and often hard to detect
- Peer victimization contributes to adolescent social anxiety and depression
  - concurrently[1]
  - prospectively[2]

[1]DeLosReyes & Prinstein, 2004; La Greca & Harrison, 2005; Siegel, La Greca, & Harrison, 2009.

[2]La Greca & Harrison, 2005; Landoll, La Greca et al., 2013, 2015; McLaughlin et al., 2009; Siegel et al., 2009; Storch et al., 2004, 2005; Vernberg et al. 1992

Youth who are bullied face higher risk of anxiety and depression later in life*

Childhood bullying takes a toll. Victims are more likely to suffer from anxiety and panic disorders as adults than those not victimized.[1]

British National Child Development Study (N=7,771) found youth who were bullied had higher rates of depression (OR=1.95), anxiety disorders (OR=1.65) and suicidality (OR=2.21) at ages 23 – 50 than their non-victimized peers.[2]

[1]Copeland et al., JAMA Psychiatry, 2013

[2]Takizawa et al., *American Journal of Psychiatry,* 2014

Types of Peer Victimization

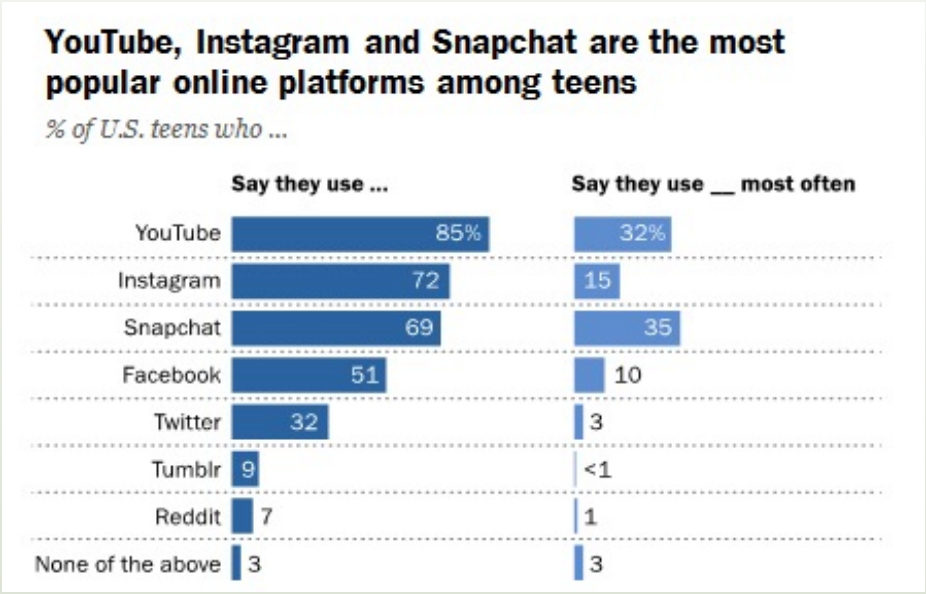
- *Overt* - also called *Physical* or *Direct*
  - Being hit, pushed, shoved, or kicked
  - Being threatened with physical harm
- *Relational* - also called *Interpersonal*, *Covert*
  - Being left out or excluded from a group or by friends
  - Being ignored deliberately/rejected by friends
- *Reputational* - also called *Interpersonal*, *Covert*
  - Others spreading lies, rumors, or saying mean things
  - Being publicly embarrassed or having reputation damaged

Frequency of PV in Community Sample of Adolescents (N = 1162)

	Sometimes[1] (more than 1-2 times)	Often[1] (weekly or more)
Type of PV		
Overt	13.8%	3.1%
Relational	23.3%	4.5%
Reputational	20.6%	5.0%
Cyber	15.4%	2.2%

[1] Frequency in the previous 2 months – **Total PEERS Sample**
La Greca: PEERS Project

Teenage Technology Use: Cyber Forms of PV are also Common



- 95% of teens have access to a smartphone[1]
- 45% say they are online "almost constantly"[1]
- YouTube, Instagram, and Snapchat most popular in 2018[1]
- Recent data (2020) suggests[2]
  - Instagram first with 84% engagement
  - Snapchat at 80%
  - TikTok at 69%

[1]Anderson & Jiang, Pew Research Center, 2018

[2]CNBC Report, Oct. 6, 2020

Who Do Adolescents Tell?

- 50% of adolescents do not tell anyone about PV
- Among those ***who do disclose PV***:
  - Friends are the most common informant
  - Parents/teachers are mostly told about Overt PV

Disclosure to . . .	Overt PV	Relational PV	Reputational PV
Friends	72%	79%	78%
Parents	52%	38%	44%
Teachers	42%	10%	25%

Interventions for Adolescent PV are Lacking

- School-based anti-bullying programs
  - Mainly address overt bullying/victimization[1]
  - Focus on children and early adolescents[2] (e.g., KIVA effective with children and youth < 16)
- Depression prevention programs[3]
  - Do not deal directly with PV experiences
  - None have targeted teens with "peer-risk factors"
- Social anxiety prevention[4]
  - No prevention programs for older adolescents

[1] http://www.violencepreventionworks.org/public/index.page

[2] Salmivalli & Poskiparta, 2012; http://www.kivaprogram.net/program

[3] Hetrick et al., 2016, *Cochrane Database Systematic Review;* Stice et al., 2009, *JCCP*

[4] Ahlen, Lenhard, & Ghaderi, 2015, *Jnl Primary Prevention*

NIMH R34 Intervention Development Grant # MH095959
Collaborators: Jill Ehrenreich-May, Laura Mufson

UTalk Preventive Intervention: Selective, Indicated Approach

- We targeted ***Interpersonal PV*** as a peer-risk factor for social anxiety and depression
  - *Selective*: Recruited adolescents with elevations in relational or reputational PV (but not aggressive)
- We used a "unified approach" that focused on both ***social anxiety and depression***
  - *Indicated*: Recruited youth with subclinical elevations in either social anxiety or depression.

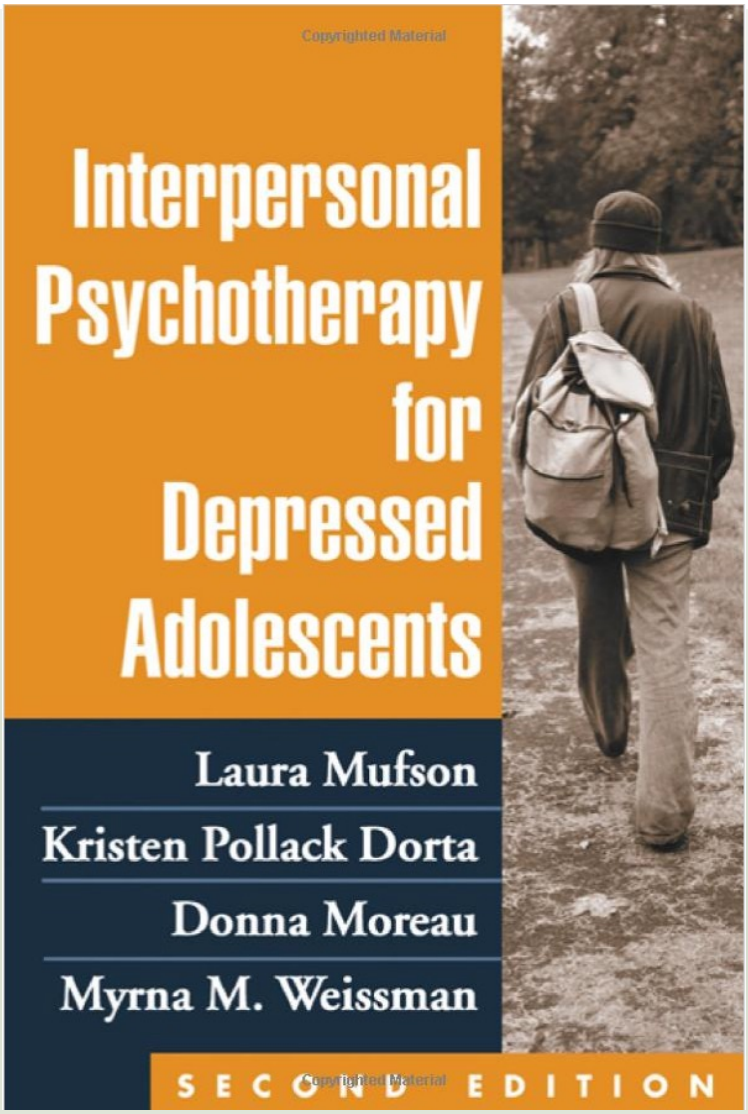
Why Use an Interpersonal Approach?

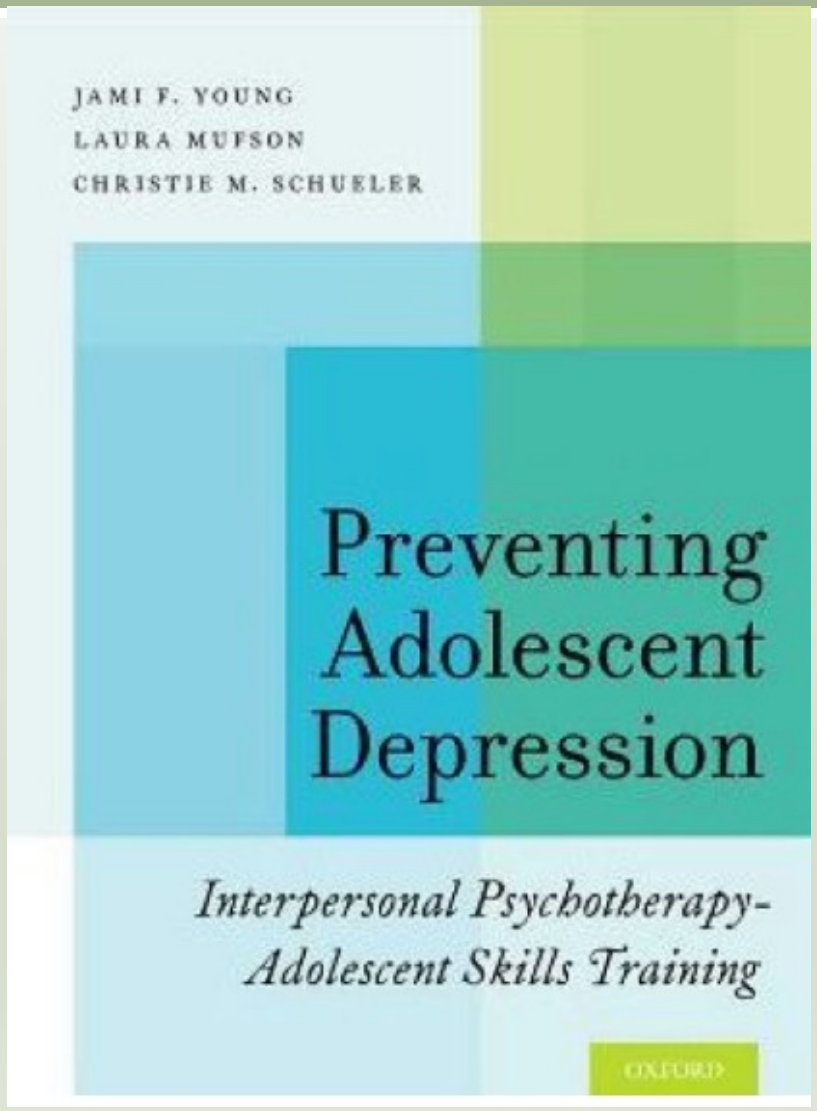
- SA and depression both have strong interpersonal components
- Interpersonal stressors play a role in development or maintenance of both SA and depression
  - Peer victimization is one of these stressors
- Evidence supports Interpersonal Psychotherapy for treating & preventing depression[1,2]
  - Our model was based on Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) a school-based preventive intervention[2]

[1]Horowitz, Garber…Mufson, 2007

[2]Young, Mufson, & Davies, 2006; Young, Mufson, & Gallup, 2010

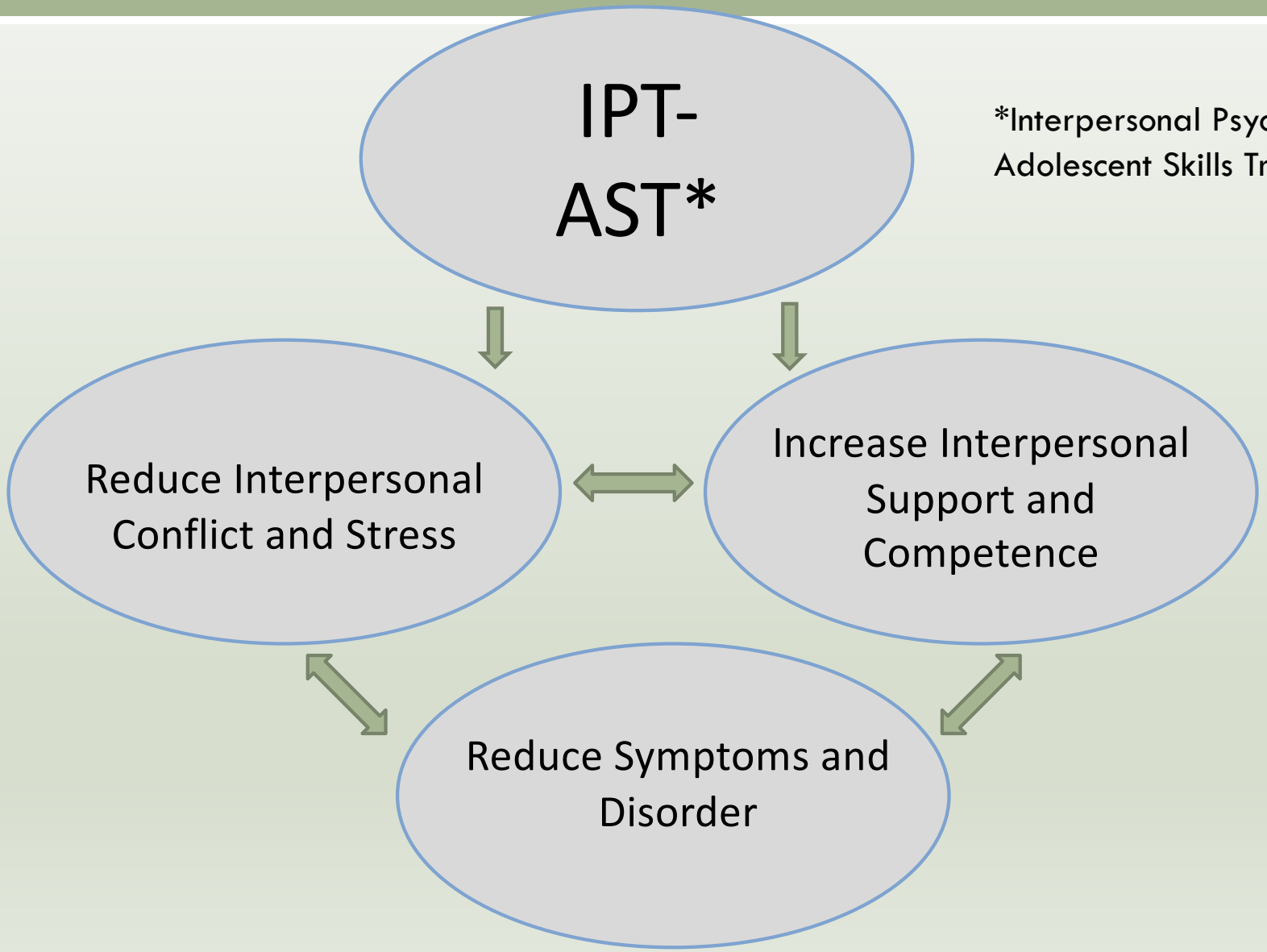
UTalk Modeled on IPT-AST (Adolescent Skills Training)





Books are available at Amazon.com or Bookdepository.com

Proposed Mechanism of Action



*Interpersonal Psychotherapy Adolescent Skills Training (IPT-AST)

INTERVENTION DEVELOPMENT$_1$

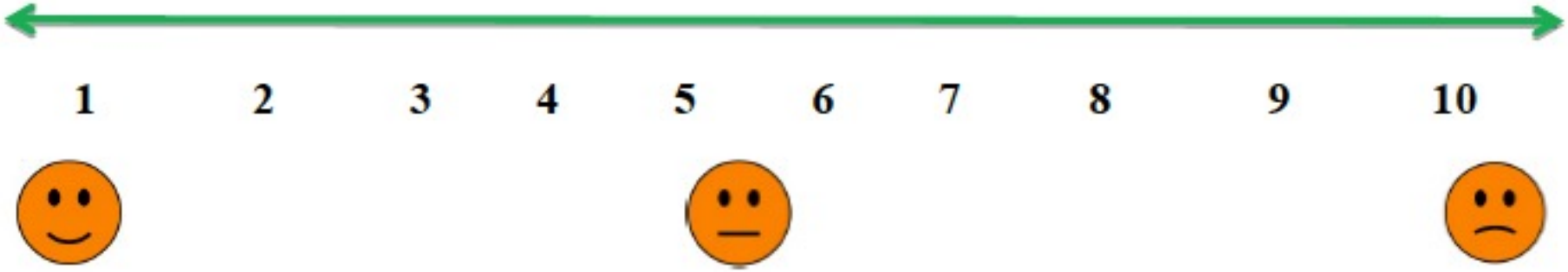
- UTalk Version of IPT-AST
  - 2 Individual Sessions (+ brief midpoint check-in)
  - 10 Group Sessions (2 new sessions added)
- Intervention focused on
  - Interpersonal role disputes (conflict)
  - Interpersonal role transitions (change)
  - Interpersonal skills (communication)
  - Interpersonal insecurity (fitting in) – New!
- Content focused on friendship development and ways to manage challenging peer situations

INTERVENTION DEVELOPMENT$_2$

- Added Strategies for Reducing Social Anxiety
  - Paralleled strategies for depressive symptoms
    - Psychoeducation
    - Weekly ratings of social anxiety (& depressive symptoms)
    - Made connections between interpersonal events and adolescents' feelings
  - Social approach exposures (inside and outside group) – e.g., inviting others; joining others

Sample Rating Scales: Depression

USE THE FOLLOWING SCALE OF 1-10 TOANSWER THE QUESTIONS BELOW.
1 IS THE BEST YOU'VE EVER FELT AND 10 IS THE MOST DEPRESSED YOU'VE EVER FELT.



RATE YOUR CURRENT MOOD: _____

RATE YOUR BEST (across the past week): _____ WHY WAS IT YOUR BEST MOOD?_____

WHAT INTERPERSONAL EVENT WAS RELATED TO YOUR BEST MOOD:_____

_____

RATE YOUR WORST (across the past week):_____ WHY WAS IT YOUR WORST MOOD?_____

WHAT INTERPERSONAL EVENT WAS RELATED TO YOUR WORST MOOD:_____

_____

INTERVENTION DEVELOPMENT$_3$

- Added Strategies For Enhancing Friendships And Dealing With PV
  - Psychoeducation on friendships and on how to handle PV
  - Focused on peers through role-plays and discussion
    - What to do if a friend leaves you out of an activity?
    - How to approach a peer you'd like to get to know better?
    - How to handle conflict with friends?
    - What to do if someone tries to embarrass you?

Recruitment Flyer: Positive Emphasis

Want to join?

Wish you could ask?

Bored of videogames?

Need to talk it out?

University of Miami's

U Talk

Put a positive spin on your social life!

What: Research program!
Where: Your school
When: Group meetings once a week during the Spring Semester

This research is designed to create a group program in your school that will help improve social skills and communication. Students who sometimes feel worried, sad or unsure about their social relationships will qualify.

What *else*:
Receive up to $75 for participation!

Reminder:

Return parent consent form to see if you're eligible!

For more information call 305-284-6986 or email PEERS@miami.edu

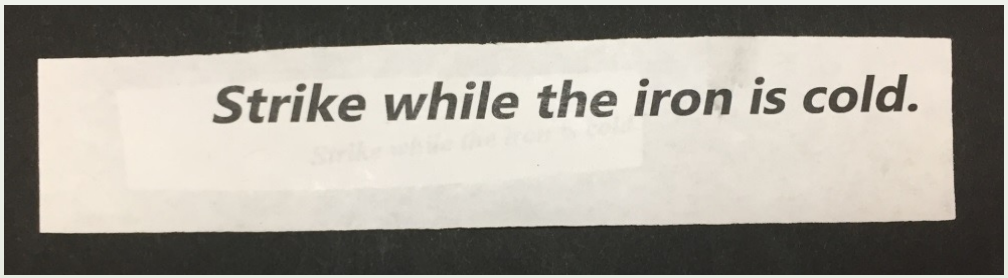
Format and Structure
(could be adapted for individual needs)

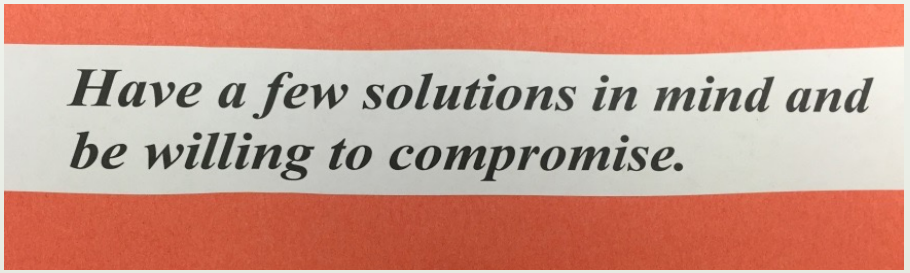
- Length of Sessions
  - 45 minutes for individual; 90 minute for group
- Timing of sessions
  - During or after school
  - Group leaders - Typically 2 per group
  - Some training in mental health (e.g., MS level grad student)
- Size of groups
  - 5 to 8 is ideal
- Other
  - Food/snacks and positive atmosphere

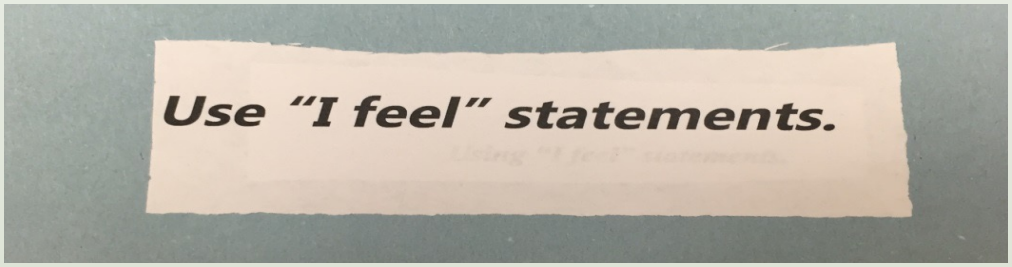
UTalk: Session by Session

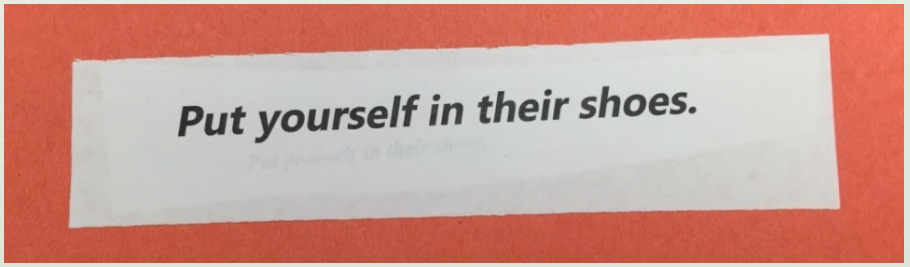
Individual: 1 – 2	*Getting to Know You!* Concept of prevention; learn about interpersonal relationships
Group: 1	*Getting to Know Each Other!* Rapport building; psychoeducation on anxiety, depression, friendships; review group rules
2	*How You Say It Matters* How tone and behavior influences what you communicate
3	*Ways to Communicate!* Introduce Communication Skills and how to use them
4 - 6	*Practice Makes Perfect* Using the communication skills in typical scenarios and real life!
7	*I Get By With a Little Help From My Friends* Psychoeducation on friendships; discussion
8	*Tweet This! No Bullying Allowed!!* Psychoeducation on peer and cyber-victimization
9 - 10	*Keep Calm and Carry On!* Review and skill maintenance; graduation
Individual: 3	"Touch base" session mid-group to see how teen is doing

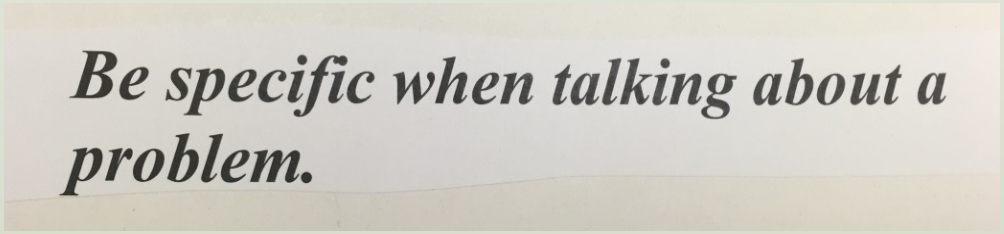
Communication Skills in UTalk

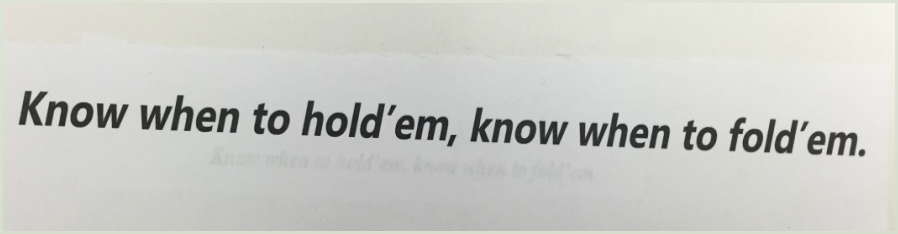


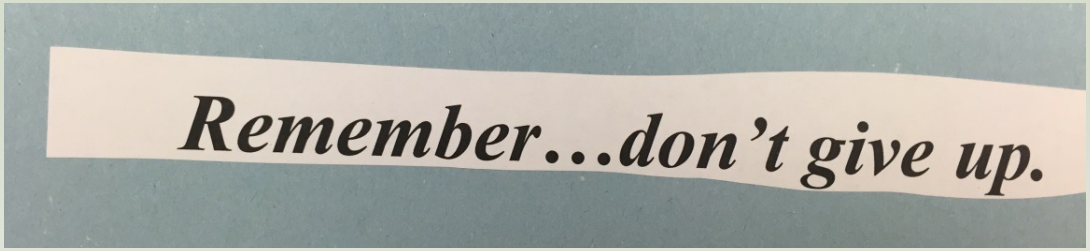












Sample Scenarios

You are upset with your friends because they went to the movies and didn't ask you to go with them. Role-play talking to two of your friends about this. Pick two people to play your friends.

You are upset with two of your friends because they posted a really awful picture of you on their Facebook page. Role-play talking to two of your friends about this. Pick two people to play your friends.

Communication Analysis

- Adolescents role-play scenarios from the manual (and eventually "real life" scenarios)
- Leaders ask the following questions:
  - What did you say?
  - What did he/she say?
  - How did you feel?
  - How do you think it made him/her feel?
  - Was that the message you wanted to convey?
  - How could you have said it differently?

INTERVENTION OUTCOMES: OPEN TRIAL AND PILOT-RCT

NIMH R34 Intervention Development Grant # MH095959
Collaborators: Jill Ehrenreich-May, Laura Mufson

OPEN TRIAL

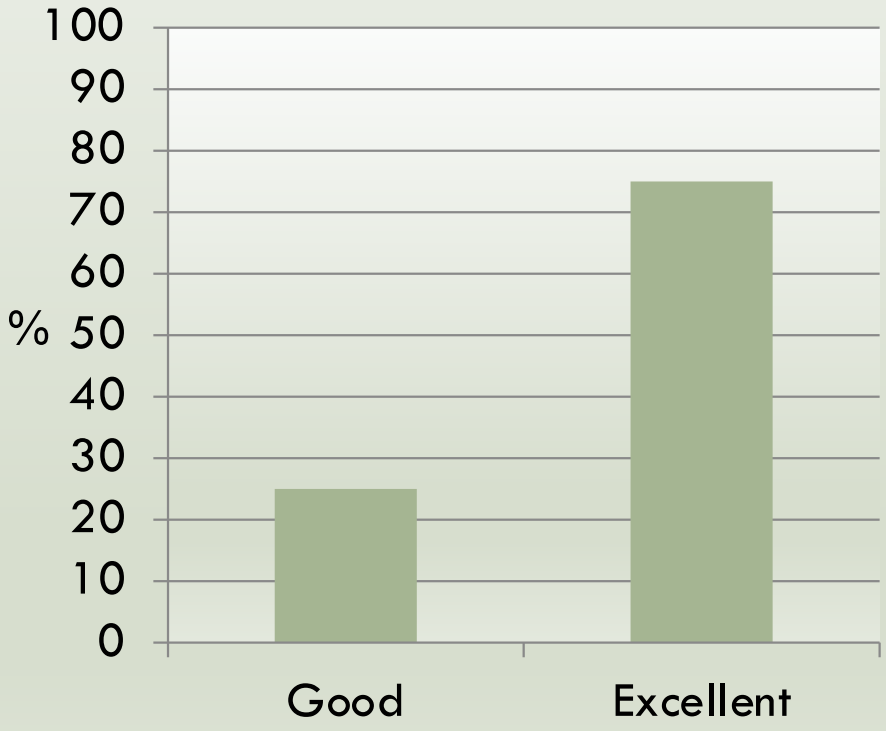
(La Greca, Ehrenreich May, Mufson, & Chan, 2016*)

- SCREENING PARTICIPANTS
  - 108 adolescents, 14-18 years
  - 69% girls; 91% Hispanic
  - 41 met eligibility criteria; 31 evaluated with interview
- OPEN TRIAL
  - 14 enrolled (2 groups of 7; one group per school)
  - 79% girls; 86% Hispanic
- Evaluated
  - Feasibility, Acceptability, Preliminary Benefit

*_Child Youth Care Forum_, DOI 10.1007/s10566-016-9363-0

Treatment Satisfaction was High

How would you rate the quality of the group you participated in?



Note: None answered "Poor" or "Fair"

How satisfied are you with the amount of help you have received?

Note: None answered "Quite dissatisfied" or "Indifferent or mildly dissatisfied"

OPEN TRIAL (ITT): Change for Primary Outcomes

	Baseline	Post-Intervention	
Peer Victimization			**PEERS**
Relational	2.17 (.61)	1.76 (.68)*	**1.63**
Reputational	1.81 (.68)	1.31 (.36)**	**1.51**
Cyber	1.45 (.35)	1.17 (.22)**	**1.34**
Clinician Ratings			
CSR (ADIS-C)	2.50 (1.29)	1.50 (1.16)**	
CGI-Severity	2.57 (.85)	1.71 (.91)***	
Social Anxiety (SAS-A)			
Screening	52.86 (8.48)		
Baseline	44.64 (10.08)	36.00 (13.18)**	**37.68**
Depression (CES-D)			
Screening	20.75 (7.76)		
Baseline	16.71 (7.75)	11.42 (10.80)*	**13.77**

*p<.05, **p<.01, ***p<.001

La Greca et al., 2016, *Child Youth Care Forum*

RCT: Adolescent Participants

- 4 high schools (grades 9 – 11)
- 49 students randomly assigned to **UTalk** versus ES
  - 2 groups at each school
  - 14-18 years (M = 15.02); 71% Girls; 84% Hispanic
- Adolescents enrolled reported more distress and PV than adolescents in a community sample
- Used an active control (ES = Education/Support)
  - E/S = Client Centered Therapy with Emotional Education
  - No differences between UTALK vs. ES at Baseline

UTALK (IPT) vs. ES: What's the Difference?

U Talk (IPT) Skills-based Group
• Education about social anxiety and depression
• Emphasis on learning and implementing communication skills
• Emphasis on discussing peer relations and strategies to improve these relationships

Treatment Satisfaction was High

How would you rate the quality of the group you participated in?

None answered "Poor" or "Fair"

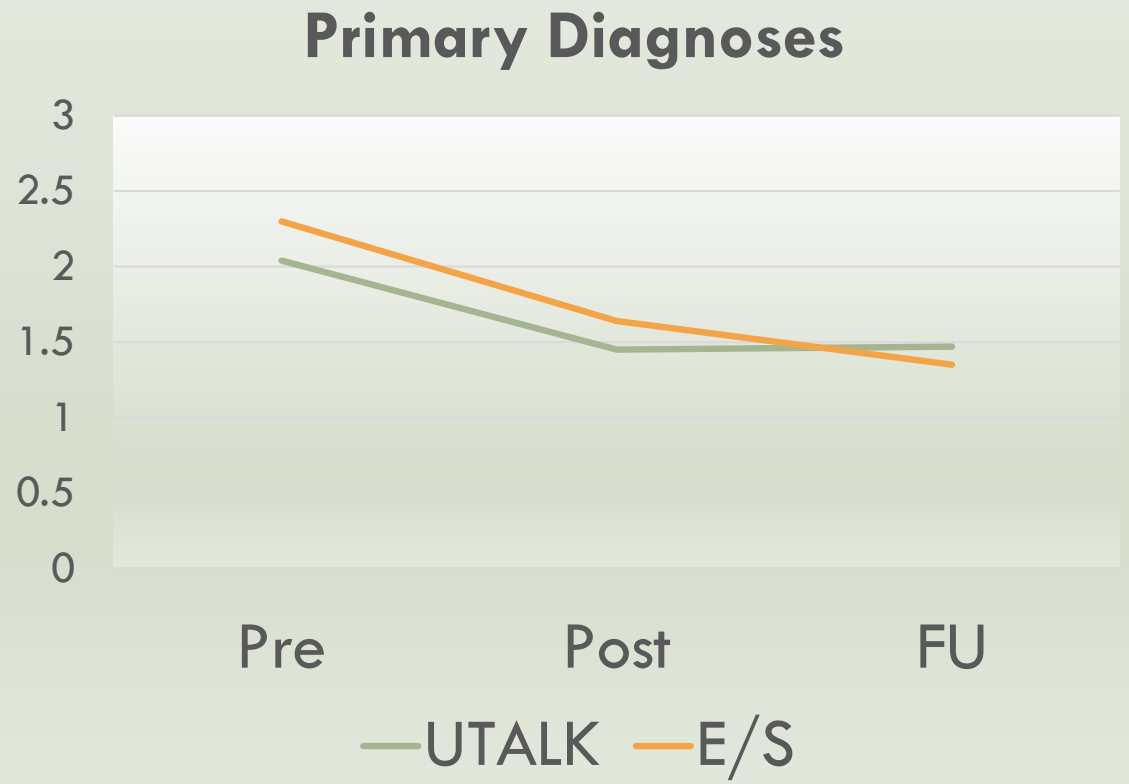
How satisfied are you with the amount of help you have received?

None answered "Quite dissatisfied"

RCT Clinician Ratings (ITT): CSR for Primary Diagnosis (ADIS-C)

	Pre	Post	6 Month FU
UTALK (n = 26)	2.04	1.45	1.47
E/S (n = 23)	2.30	1.64	1.35

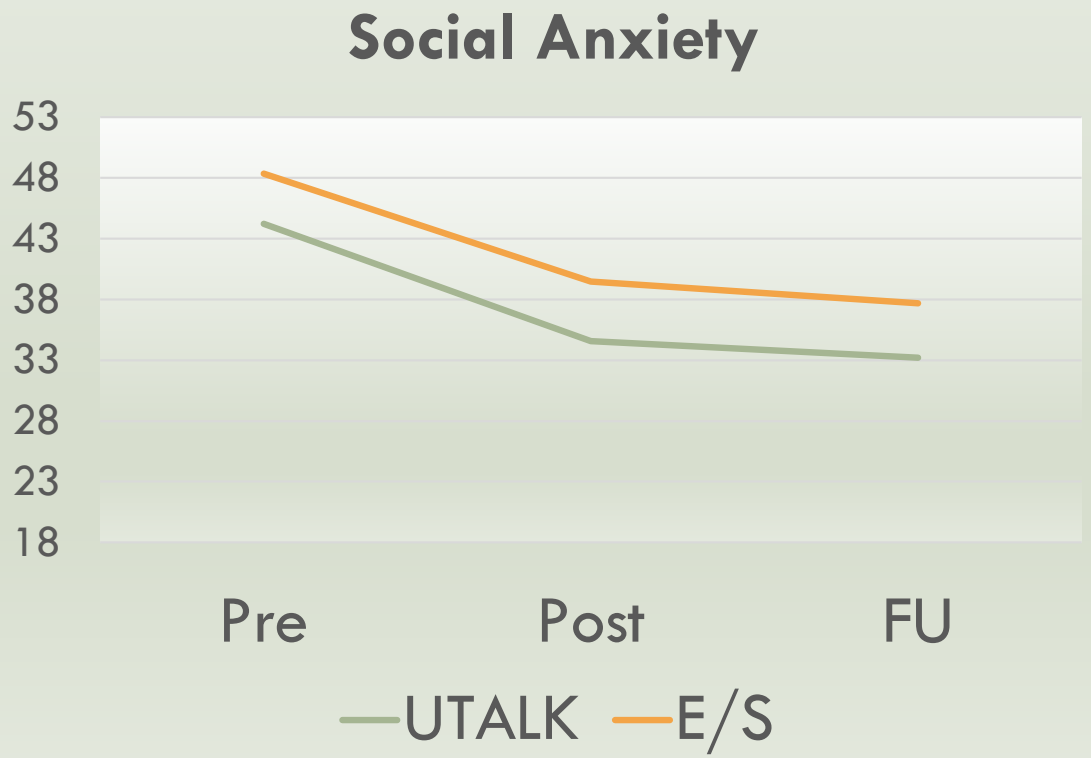
- CSR decreased over time (p's<0.01)
- Change did not differ by group



RCT (ITT): Adolescent Ratings of Social Anxiety (SAS-A)

	Pre	Post	6 Month FU
UTALK	44.22	34.58	33.20
E/S	48.35	39.46	37.68

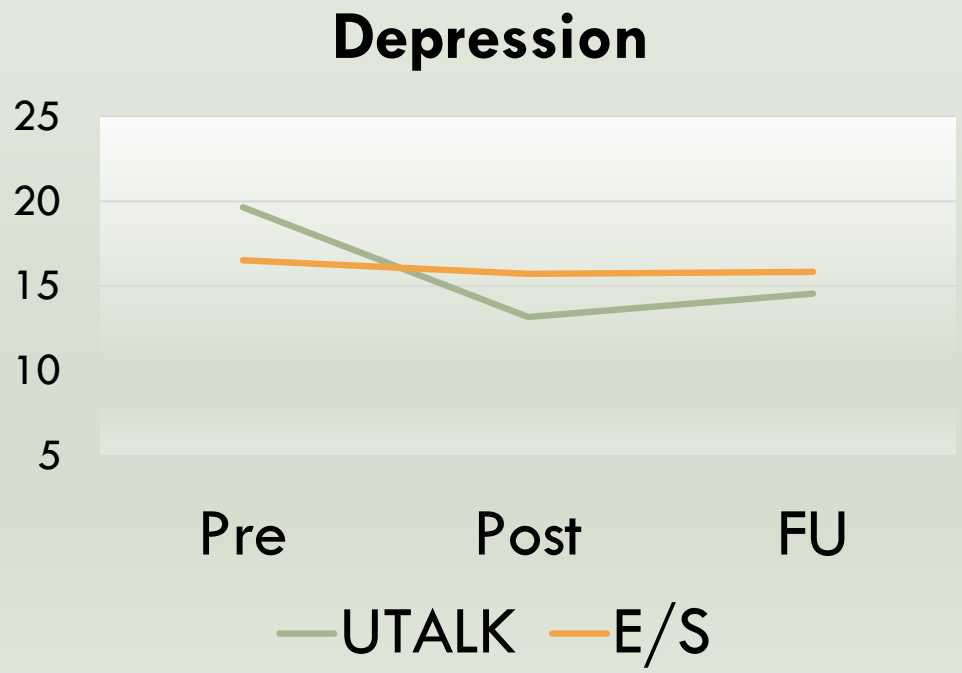
- Social Anxiety decreased over time (p's <0.001)
- Change did not differ by group



RCT: Adolescent Ratings of Depression (CES-D)

	Pre	Post	6 Month FU
UTALK	19.64	13.18	14.56
ES	16.52	15.72	15.82

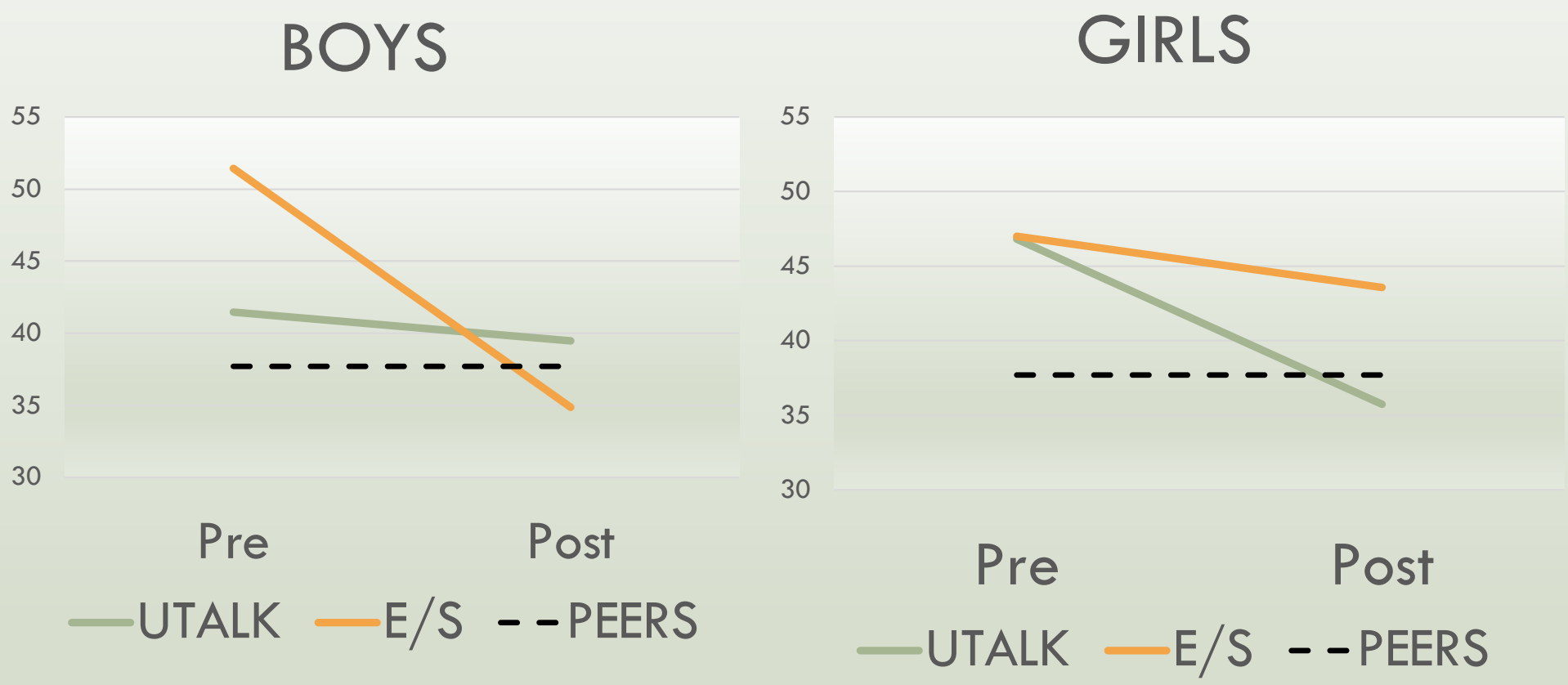
- Depression decreased over time ($p<.05$)
- Change did not differ by group
  - Pattern suggested greater decrease for UTalk



Tests of Moderation

- Do findings differ for …
  - Boys versus Girls?
  - Those with high vs. low family support?

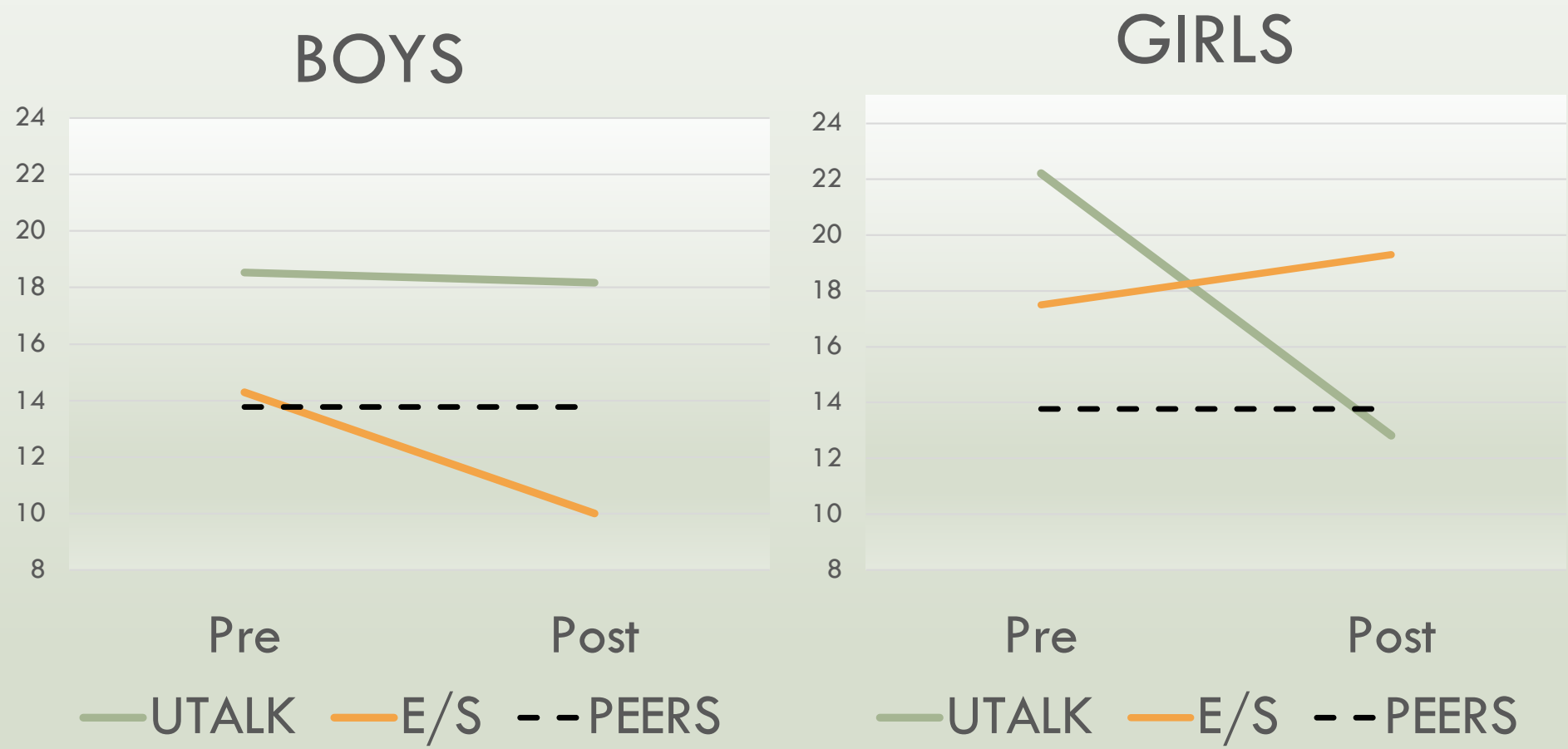
Social Anxiety: Moderation by Gender



Boys (n = 14) improved with Education/Support

Girls (n = 35) improved with UTalk

Depression: Moderation by Gender



Boys improved with Education/Support

Girls improved with UTalk

CONCLUSIONS AND FINAL TAKE-AWAY

UTalk version of IPT-AST shows promise

- PROS
  - Adolescents liked the intervention
  - Significant declines in PV, Social Anxiety, Depressive Symptoms
  - Increased social support from friends
  - Changes maintained at 6-month follow up (new school year)
  - No adverse outcomes
  - At post- and follow-up, youth were comparable to those in a community setting
  - Intervention successfully engaged socially-anxious teens and youth from minority backgrounds
- LIMITATIONS
  - Pilot-RCT/Small Sample
  - Difficult to test change in clinician ratings with restricted range of scores
  - UTalk youth not significantly different from those receiving an active comparison intervention

Peer Support Interventions Effective for Reducing Depression*

In Adults*

- Meta-analysis compared peer support for depression to "usual care" and to CBT
- Peer support > usual care (7 RCTs)
- Peer support no different from CBT (7 RCTs)
- Peer support as a potential strategy for low-resource settings

* Pfeiffer et al., 2011; Meta-analysis: *General Hospital Psychiatry*

What did I learn?

- Adolescents desperately need and want help with their interpersonal relationships
  - Schools have very few resources for anxious/depressed youth
- Adolescents don't share their "peer challenges" with parents/teachers because they don't perceive them as being able to help
  - Teens are "on their own" and they don't always have good solutions
- Interpersonal approach is an excellent fit for dealing with adolescent PV
  - Peer support and emotional psychoeducation might also be helpful especially in a "low resource" environment
- Implementing school-based interventions is challenging

Where to Focus Next?

- Gender – Better understanding of potential gender differences in response to intervention
  - What are the underlying mechanisms?
- Alternate models of delivery
  - Involve other peers in the intervention
  - You Talk/We Listen
- Alternative Populations –
  - Focus efforts on important school transitions (starting HS)
  - Focus on pediatric health applications (burns, obesity, chronic illness)

In Conclusion….

October is National Bullying Prevention Awareness Month

Questions?