Does a Self-Help Online Psycho-Educational Program on Cyber bullying Lead to Increased Confidence and Help-Seeking Behaviours Amongst Adolescents?

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Abstract

A literature review of prevention and intervention strategies for cyber bullying revealed the limited scholarly research available on empirically-validated interventions specifically designed to facilitate coping with an experience of cyber bullying. The main aim of this research was to develop and evaluate the ‘Increasing Resilience to Cyber Bullying’ program (IRCB). The IRCB program is an online, self-guided Cognitive Behavioural Therapy-based psycho-educational intervention that aims to increase adolescents’ likelihood of employing coping skills that may be helpful for a victim of cyber bullying and increase confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying. The IRCB program was developed in response to the clear need for adolescents to have access to a psychological intervention program that promotes effective coping in response to cyber bullying and encourages help-seeking behaviours.

The current research employed a quantitative and qualitative methodology to examine the effectiveness of the IRCB program. Using an uncontrolled pilot study design, online questionnaires were administered to participants at baseline (pre-program, n = 54) after program completion (post-program, n = 54) and three months after program completion (follow-up, n = 10). Participants’ use of coping strategies (self-compassion, challenging unhelpful thinking and seeking help) and self-confidence were measured by single-item responses that were developed by the author to directly question adolescent participants about whether they were likely to employ such skills in the event of cyber bullying. In addition, validated measures of help seeking were used. All participants were Year 9 or 10 students from Australian secondary schools (M = 14.70 years, SD = 0.57).

Despite the small sample size (n = 54), the current research displayed promising results, with significant increases in adolescents’ likelihood of using the coping skills of self-compassion and challenging unhelpful thinking in the event of cyber bullying. Contrary to predictions, the current study did not find evidence to suggest that the IRCB program significantly increased adolescents’ likelihood of using the coping skill of seeking support from a trusted friend or
adult, in the event of cyber bullying. However, the use of other validated help-seeking measures revealed that there was a significant increase in adolescents’ help-seeking attitudes and intentions to engage with counselling services in the event of being a victim of cyber bullying. The results of the study indicated that further evidence is needed to determine the effectiveness of the IRCB program in increasing adolescents’ self-confidence to cope and/or help a friend cope with an experience of cyber bullying. Qualitative analysis provided a rich source of data for program evaluation, with adolescent participants reporting a high level of endorsement of the program. In particular, thematic analyses revealed that adolescent participants had clearly articulated how each of the three coping skills might benefit them personally, in the event of cyber bullying. The majority of adolescent participants described the IRCB program as helping them and reported that they would be likely to recommend the IRCB program to a friend.

A validated reliable measure of the likelihood of using the coping skills of self-compassion and challenging unhelpful thinking would have provided further evidence for the effectiveness of the IRCB program, enabled calculation of effect sizes, and allowed for a more sensitive measurement of the likelihood of using such coping skills as those taught in the IRCB program. Further research that measures attitudes, intentions and behavioural change in the one study with a longitudinal design is needed to examine whether increases in general help-seeking attitudes and behavioural intentions translate into actual behavioural change of adolescents engaging with counselling services in the event of cyber bullying. Such a study could also include a validated measure of self-confidence in order to ascertain if adolescent participants were in fact high in self-confidence prior to commencing the program, as opposed to thinking they would be able to cope with an experience of cyber bullying and thus reporting high levels of self-confidence.

This research is argued to contribute to the limited scholarly research available on empirically-validated school-based therapeutic (in the form of teaching coping skills) treatment programs for cyber bullying. It is conceivable that the IRCB program has the potential to provide adolescents with a free, widely and easily accessible intervention that helps ameliorate the effects of
cyber bullying, by promoting effective coping skills in response to cyber bullying. Despite promising findings regarding the efficacy of the IRCB program, the findings of this uncontrolled pilot study would need to be replicated with a randomised controlled trial and a larger sample size from a broader range of schools (a nationally representative sample of schools with a range of economic backgrounds), to prove efficacy.
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To my beautiful partner in life, your unconditional love is a love that feels so proud, it never has to question how or why. You have continually supported me in every way possible for the past 16 years, and I am completely besotted with you. To my little girl, you are the cutest distraction that brings so much fun into my world and makes me feel so blessed. I love you both immensely, you are everything to me. To my loving mum and beautiful little sister, thank you for being a part of this very long journey and continually providing me with much needed support along the way.

Lastly, I would also like to acknowledge the support of the schools and adolescent participants who participated in this research.
Declaration

I declare that this thesis does not contain material which has been accepted for the award of any other degree or diploma, except where due reference is made in the text. To the best of my knowledge, I declare that this thesis does not contain material previously published or written by another person, except where due reference is made in the text. I further declare that the ethical principles and procedures specified by the Swinburne University Human Research Ethics Committee have been adhered to in the preparation of this report and in the underlying research.

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CHAPTER 1: INTRODUCTION AND OVERVIEW OF THESIS

This thesis concerns the development and evaluation of the effectiveness of the Increasing Resilience to Cyber Bullying (IRCB) program, a self-guided Cognitive Behavioural Therapy (CBT)-based psycho-educational intervention that aims to increase adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and facilitate helpful coping patterns. The IRCB program was developed in response to the need for adolescents to have access to a psychological intervention that alleviates adolescent concerns related to seeking help and educates adolescents on helpful ways to cope with the emotional impact of cyber bullying.

This thesis aims to make a contribution to the paucity of empirical research on increasing adolescents’ understanding of coping strategies that may be helpful for a victim of cyber bullying, by developing and trialing an intervention which seeks to promote effective coping skills in response to cyber bullying, with an emphasis on increasing help-seeking behaviours.

In this introductory chapter a description of cyber bullying is provided and the impact of cyber bullying on adolescents’ mental health and wellbeing is discussed. The prevalence of cyber bullying is then outlined. Finally, the need to promote coping skills and to alleviate adolescent concerns related to seeking help is addressed.

The Nature of Cyber Bullying

In recent years there has been increasing attention on the impact of cyber bullying on adolescents’ wellbeing. The significant gains we have experienced in information and communication technologies have led to rising concerns about the use of such technologies to deliberately inflict harm on a victim, and the ability for social denigration to occur in a public forum that has the potential to reach large audiences in a short amount of time (Grigg, 2010; Jager et al, 2010; Konig et al., 2010; Marczak & Coyne, 2010; Patchin & Hinduja, 2011; Willard, 2007).

Belsey (2004) provided a comprehensive definition of cyber bullying as involving the use of information and communication technologies to support deliberate, repeated, and hostile behaviour by an individual or group that is
intended to harm others. Cyber bullying may include bullying through: text messaging, telephone calls, picture or video clips (e.g., via mobile phone cameras), emails, chat rooms, blogs, instant messaging, and via websites (Bhat, 2008; Hutson & Cowie, 2007). There are many different forms of cyber bullying, however six forms of cyber bullying have been reported as most common (Willard, 2006). These include flaming (sending a message to initiate a fight), harassment (repeatedly sending offensive rude and insulting messages), cyber stalking (repeatedly sending messages that include threats of harm or that are highly intimidating, or engaging in other online activities that make a person afraid for his or her safety), denigrating (distributing information about another that is derogatory and untrue), masquerading (using that person's online identity to send or post vicious or embarrassing material to/about others) and outing (sharing, without consent, someone's personal information that is publicised to embarrass the target) (Willard, 2006). For many adolescents, the use of communication technologies has enhanced pro-social behaviours such as developing and supporting friendships; however this is in stark contrast to the aforementioned types of bullying behaviours that are intended to embarrass, threaten, shame, hurt or exclude the victim (Bhat, 2008; Raskauskas & Stoltz, 2007; Richard et al, 2012; Rigby & Griffiths, 2011).

The Impact of Cyber Bullying on Adolescents’ Mental Health and Wellbeing

Emerging literature has found that, consistent with the effects of traditional forms of face-to-face bullying, cyber bullying is correlated with a number of negative health outcomes for the victims. In particular, victims of cyber bullying have been found to experience symptoms of emotional distress, low self-esteem, withdrawal from school activities, depression, social anxiety, suicidal ideation and in some cases suicide (Grills & Ollendick, 2002; Hawker & Boulton, 2000; Juvonen & Gross, 2008; Nishina et al., 2005; Smith et al., 2008; Wolak et al. 2006). Although recent research suggests a large amount of overlap between online bullying and in-school bullying, mental health concerns have been found to be independently associated with online bullying despite such overlap. For example, in surveys of 1454 American (Juvenon & Gross, 2008), 374 Swiss and
1320 Australian (Perren et al., 2010) students cyber bullying has been found to be a significant predictor of depressive (Perren et al., 2010) and social anxiety symptoms (Juvenon & Gross, 2008) after controlling for traditional face-to-face school-based bullying experiences (i.e. non-cyber bullying experiences). These results also highlight the relationship between the experience of cyber bullying and adolescents’ experience of psychological distress (including social anxiety and depressive symptoms).

Unique characteristics of cyber bullying, such as: possible anonymity of the perpetrator, an inability to supervise the behaviour that can occur 24 hours a day/7 days a week, the ability of reaching an infinite audience in a short period of time (Beran & Li, 2005; Keith & Martin, 2005; Patchin & Hinduja, 2006), and permanence of information (e.g., humiliating pictures/ rumours can stay on the internet indefinitely), have been shown to have a significant impact on adolescents’ mental health and wellbeing. In particular, cyber bullying has been shown to have a negative impact on the school climate (Feinberg & Robey, 2008), make it difficult for the victims to function in school (Feinberg & Robey, 2008), increase the risk of psychosocial problems (Ybarra & Mitchell, 2007), and can also place a victim’s safety at risk (Feinberg & Roberg, 2008). For example, Wolak et al. (2006) conducted a national telephone survey of 1500 internet users aged 10 -17 years in the United States of America, regarding online harassment that may have occurred during the last year. They found that adolescents had rated 30% of the harassment incidents that had occurred as very or extremely upsetting, 24% as very or extremely frightening, and 22% were rated as very or extremely embarrassing. These studies highlight the severe impact that these incidents can have on adolescents’ mental health and wellbeing.

Investigations of the impact of cyber bullying for victims in Australia, highlight the impact that the digital world can have on the emotional and social lives of Australian youth of today. For example, the Australian Covert Prevalence Bullying Study conducted by Cross et al. (2009), surveyed over 400 staff from across 106 schools in Australia, who reported that they had observed that cyber bullying had a negative impact on students who had been cyber bullied.
in the current term. Social withdrawal was the behavioural effect most commonly reported by staff (73%), and nervousness at school, depression, declines in academic engagement and performance had all been observed by at least one half of the staff during the term. Cross et al. (2009) also surveyed 7000 students from 124 schools nationally, and found that victims of cyber bullying (compared to students who were not victims of cyber bullying) reported lower levels of connectedness to their school, higher levels of loneliness at school, feeling less safe at school, and more difficulties such as emotional symptoms, conduct problems, inattention, and peer relationship problems. Qualitative student reports of the experience of being a victim of cyber bullying included; feeling lonely, scared, angry, hurt, annoyed, embarrassed, stressed, helpless, and unable to enjoy school.

In summary, cyber bullying is correlated with a number of negative effects (e.g., low self-esteem, depression, social anxiety and in some case suicidal ideation) that are consistent with the significant emotional and psychological distress caused by traditional forms of face-to-face bullying. However, there is also a consensus in the literature that victims of cyber bullying, as distinct from face-to-face bullying, also suffer from unique consequences and negative effects (e.g., feeling exposed, humiliated, isolated, vulnerable, and powerless) (Beran & Li, 2005; Feinberg & Robey, 2008; Keith & Martin, 2005; Patchin & Hinduja, 2006; Wolak et al. 2006).

The Prevalence of Cyber Bullying

Cyber bullying victimisation has become a prominent mental health concern for an increasing number of students in Australia. A study conducted in 2004 by the National Coalition Against Bullying and the popular teenage magazine “Girlfriend,” surveyed 13,000 girls Australia-wide, and found that 42% of the sample reported being intimidated or denigrated online or by mobile phones (as cited in Bhat, 2008). This study reveals the disconcertingly high incidence of cyber bullying in Australia.

More recently, Lodge and Frydenberg (2007) examined the reported incidence of cyber bullying among 652 students aged 11-17 years from independent and state government schools in Melbourne, Australia. The
researchers found that 21% of students reported having been a victim of cyber bullying during the academic year and of those students reporting cyber bullying, 30% indicated receiving nasty messages from peers via their mobile phone or through an internet-based medium several times or more often during the school term (Lodge & Frydenberg, 2007). The authors concluded that peer victimisation using information and communication technologies was prevalent, with one in three victims of cyber bullying reporting frequent harassment (Lodge & Frydenberg, 2007).

In the Australian study conducted by Cross et al. (2009), cyber bullying was examined in approximately 7,000 primary and secondary school students from 124 schools nationally. Students were asked if they had experienced covert bullying including; being sent nasty text messages or emails, and/or having mean or rude comments posted on social network sites. The authors reported that 7-10% of Year 4 to Year 9 students had been cyber bullied over the duration of the school term, with one in six students (16%) reporting being cyber bullied every few weeks or more often, in the term that the survey was conducted.

It is important to note that prevalence statistics on cyber bullying may vary across studies, due to differences in the way cyber bullying is defined, the age of study participants, the use of different measures of cyber bullying and the study timeframe. However, the aforementioned studies similarly suggest that cyber bullying has become a prevalent experience for a large number of Australian students, who are clearly distressed by the impact of such victimisation.

**The Need to Alleviate Adolescent Concerns Related to Seeking Help**

A disconcerting and consistent theme that emerges in the research on cyber bullying is that the majority of victims do not tell an adult, nor access support, when they have been victimised (Campbell, 2005; Cassidy 2009; Dooley, et al., 2010; Riebel et al., 2009; Smith, 2012; Yilmaz, 2011; Tenebaum et al., 2011). Several studies have found that a large number of victims of cyber bullying feel alone with their experience and often have exhausted their coping strategies for responding, including seeking help (Hinduja & Patchin, 2010;
Slonje and Smith (2008) surveyed 360 Swedish adolescent school students aged 12-20 years, to examine whether victims of cyber bullying sought help by telling someone and from whom they had sought help. Alarmingly, there were no students who had ever reported telling a teacher, and only a very small number of students had told a parent/guardian (9%). The majority of students often chose to either tell their friends (36%) or no one at all (50%); the remaining 5% had told someone else (Slonje & Smith, 2008). This study raises concerns about adolescents’ perceptions of accessing help from an adult when they have experienced such victimisation. This concern was voiced in the Slonje and Smith (2008) study, with student participants reporting that they believed there were few people who would care or want to become involved in helping them to cope with an experience of cyber bullying and that it would be difficult to get help.

Additionally, Smith et al. (2008) reported similar findings in a survey of 533 British school students aged between 11-16 years. Their study revealed that only a small number of students who had experienced victimisation from cyber bullying had told their parent/guardian (16%), and more rarely a class teacher or another adult at the school (9%) or somebody else (1%). The majority of students had told a close friend (27%) or nobody at all (44%). The consistent nature of these findings suggests that adolescents often do not seek to share these experiences with an adult. Smith et al. (2008) found that although many students had not told anyone about their experience, the most recommended coping strategies reported by students were blocking/avoiding the messages and telling someone. For example, the students recommended to “talk to someone trustworthy”, “always tell an adult”, and “tell someone, police, teachers, parents” (Smith et al., 2008, p.382).

In Juvonen and Gross’ (2008) survey of 1454 American adolescents (aged 12-17 years) a large majority of adolescents (90%) reported that they did not tell an adult about their online experiences of being bullied. The most common reason reported by adolescents for not seeking help from an adult was a fear of parental restriction to internet access, with one-third of the sample stating...
this reason. Other researchers have similarly found that telling an adult is associated with a fear of adults restricting internet access, mobile phone or computer use, and an additional fear of more harassment if the bully retaliates (Li, 2006; Patchin & Hinduja, 2010; Ybarra & Mitchell, 2004b). Consequently, adolescents often keep these hurtful experiences hidden, receiving little, if any support from adults.

It is argued that there is a need to alleviate student concerns related to seeking help and educate adolescents about the benefits of seeking help, in order to encourage help-seeking behaviours. However, it is important to also educate parents about these common concerns of adolescents related to seeking help and about how they can protect adolescents from the effects of cyber bullying. For example, Robinson (2012) from Child Family Community Australia outlines practical ways to help parents clarify their roles in preventing and responding to cyber bullying and provides parents with tools to help adolescents engage in responsible online behaviours. Suggested strategies are aimed at helping parents to become more adept at the use of technologies being used by their children, building an understanding of the importance of technology in adolescents’ lives, encouraging parents to take an active role in discussion about the benefits of online engagement, increasing awareness of strategies undertaken by their children’s school to prevent and address cyber bullying and supporting such strategies at home, and providing links to evidence-informed resources (e.g., [www.bullyingnoway.gov.au](http://www.bullyingnoway.gov.au); [www.cybersmart.gov.au](http://www.cybersmart.gov.au)).

Furthermore, there is evidence to suggest that seeking emotional support and problem-solving guidance from an empathic individual (i.e., a mental health professional) may have additional benefits, rather than simply reporting the problem and transferring the responsibility of resolving the problem to someone else. For example, Matsunaga (2011) reported that emotional support helps victims to reevaluate their experience of bullying more positively. Machmutow et al. (2012) reported that emotional support has a buffering effect on the relationship between cyber bullying and depressive symptoms. Whilst there is potential for a further program to educate parents on helpful ways to respond to adolescent concerns regarding cyber bullying, the current intervention aimed to
encourage help-seeking behaviours by addressing adolescent concerns that can lead to reluctance to seek help for an experience of cyber bullying.

The Need to Educate Adolescents on Helpful Ways to Cope with the Emotional Impact of Cyber Bullying

A literature review reveals that one of the predominant effects of cyber bullying is that it can intimidate people to the point that they feel alone and unsure of themselves and can massively test their ability to cope with such stressors. Coping with stress during adolescence, is a widely researched topic and the most well-known theoretical models concerning stress and coping are the transactional model (Lazarus & Folkman, 1984) and the approach-avoidance model (Roth & Cohen, 1986). The following review will explore these models in relation to research findings related to coping with the emotional impact of cyber bullying.

Lazarus and Folkman’s (1984) transactional model of stress and coping has been the most widely applied model in the scientific literature on adolescent stress and coping. According to Lazarus and Folkman (1987) the way a person copes with a stressful situation has to do with the situation and also the individual’s appraisal of the stressor. When faced with a stressor, a person will evaluate how important the situation is for their wellbeing (primary appraisal), with situations appraised as highly relevant to one’s wellbeing eliciting a more intense emotional response than those perceived as less important. For example, a person may perceive a situation as stressful, positive, controllable, challenging or irrelevant. The individual’s decision as to whether they have the coping resources and options for a solution to the situation (secondary appraisal) gives rise to the coping process. An environment that is appraised as taxing or exceeding a person’s resources and endangering his or her wellbeing has been found to be associated with high levels of stress (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) state that coping has two main functions: to change the actual terms of the troubled person-environmental relationship (i.e., problem-focused coping strategies which are targeted at eliminating the cause of the distress) and to regulate emotional distress (i.e., emotion focused coping
strategies which are aimed at changing one’s emotional reaction and/or cognitive appraisals of the situation).

Research suggests that individuals tend to first utilise problem-focused coping and then emotion-focused coping if they appraise the situation as unchangeable and/or exceeding their coping resources (Olafsson & Johansdottir, 2004). Within the specific context of cyber bullying, a growing body of research suggests that whilst adolescents most highly recommend the use of problem-focused strategies (e.g., seeking support to problem-solve and using technology to block further victimisation), in reality the majority of victims of cyber bullying do not seek help and employ unhealthy emotion-focused coping strategies (e.g., engaging in wishful thinking, self-blame, ignoring their concerns and avoidant behaviours) (Jacobs et al., 2014; Machackova et al., 2013, Nixon, 2014). Researchers have examined how coping styles influence the relationship between cyber bullying and psychological health. In an Australian survey of 652 school students (aged 11-17 years) the coping styles of adolescents experiencing peer victimisation via information and communication technologies were examined (Lodge & Frydenberg, 2007). In line with previous research, Lodge and Frydenberg (2007) found that the students were inclined to keep their problems from others, with girls especially less likely to seek out professional help (i.e., from a teacher or school counsellor). Additionally it was found that both females and males tended to report an apprehensive (excessive worry) coping profile. However results revealed significant gender differences, with females reporting higher levels of avoidant modes of coping (e.g., keeping their problems from others, ignoring their concerns, self-blame) than males. The researchers argued that one of the challenges of helping a victim of cyber bullying is recognising a victim in distress. They further stated that young people who are persistently victimised have most likely exhausted their strategies for responding, including seeking help.

Correspondingly, Vollink et al., (2013) found that victims of cyber bullying tend to employ unhealthy emotion-focused coping strategies. The authors found that avoidant and depressive coping strategies, such as wishful thinking and self-blame were associated with higher levels of depressive feelings and health complaints (e.g., chest tightness, headaches) in victims of cyber
bullying. Vollink et al., (2013) argue for the need to inform adolescents that employing unhealthy emotion-focused coping strategies to deal with cyber bullying is ineffective and detrimental to their psychological and physical wellbeing. Roth and Cohen’s (1986) approach-avoidance model of coping distinguishes between approach-oriented coping and avoidance-oriented coping. Approach-oriented coping is defined as any mechanism used by the individual that is directed at the stressor. Avoidance-oriented coping is defined as any mechanism used by the individual that is directed away from the stressor (i.e., strategies that involve behavioural or emotional disengagement) (Roth & Cohen, 1986). In general, a review of the literature suggests that the most positive outcomes are related to approach coping (i.e., focusing on a direct solution to the problem). In the context of cyber bullying, an approach mode may take the form of technological coping (e.g., leaving a website, deleting threatening messages) and directly addressing the bullying. However, with regard to the specific context of cyber bullying it has been found that approach-oriented coping can also be detrimental when such coping leads to unproductive excessive worry that is brought upon because taking action did not reduce the emotional impact of cyber bullying. A literature review on cyber bullying and coping among adolescents reveals that adolescent victims of cyber bullying tend to employ avoidant coping strategies to deal with the emotional impact of cyber bullying, which have been shown to have a negative impact on mental health and wellbeing (Sleglova & Cerna, 2011; Vollink et al., 2013). For example, in Smith et al.’s (2008) study of 533 British secondary school students, victims of cyber bullying (compared to a normative group) were found to be more likely to cope internally by blaming themselves for their experiences with harassment (e.g., believing: “it is something about me, things will always be this way, and there is nothing I can do to change it”) (Smith et al., 2008, p. 382). The authors concluded that cyber bullying may be particularly detrimental to children or adolescents’ mental health when victims believe that they have used up all of their responses in their coping repertoire, and develop maladaptive thinking about the causes of their plight.

In summary, research suggests that adolescent victims of cyber bullying tend to employ apprehensive and avoidant modes of coping (e.g., keeping their
problems from others, ignoring their concerns, self-blame) to deal with the emotional impact of cyber bullying and consequently feel worthless, powerless and helplessness after being cyber bullied (Sleglova & Cerna, 2011; Vollink et al., 2013). A literature review further reveals that the impact of cyberbullying is influenced by the coping styles victims employ and highlights the need to inform adolescents that employing unhealthy emotion-focused coping strategies to deal with cyber bulling is ineffective and detrimental to their psychological and physical wellbeing (Vollink et al., 2013).

It is argued that there is a need for empirically validated interventions that educate adolescents on helpful ways to cope with the emotional impact of cyber bullying and encourage help-seeking behaviours. In the following two chapters a review of existing prevention and intervention strategies and evidence for the effectiveness of face-to-face and online treatment and prevention programs for cyber bullying is provided.
CHAPTER 2: FACE-TO-FACE PREVENTION AND INTERVENTION FOR CYBER BULLYING AND/OR TRADITIONAL BULLYING

Despite cyber bullying becoming an issue of particular concern for schools and students alike, there have been a limited number of studies concerning cyber bullying interventions. In the following chapter a brief overview of existing face-to-face prevention and intervention strategies for cyber bullying and traditional bullying will be provided in order to review the existing evidence base for the prevention of cyber bullying and intervention for victims or potential victims of cyber bullying. Strategies reviewed include anti-bullying prevention approaches and interventions delivered face-to-face. Prevention and intervention strategies targeting traditional face-to-face bullying are included due to the limited literature on cyber bullying and because these strategies inform strategies that may be suitable for the prevention and intervention of cyber bullying.

**Face-to-Face Prevention Strategies for Cyber Bullying and Traditional Bullying**

Face-to-face prevention strategies for cyber bullying and traditional bullying have been focused on whole-school approaches to preventing a culture of bullying. These have been largely limited to targeting traditional face-to-face bullying only, though some application of these strategies to cyber bullying has been demonstrated.

**Anti-Bullying Whole School Approach Campaigns**

In Australia, whole school approaches such as anti-bullying policies aim to prevent a culture of bullying from occurring. In 2010, the Child and Health Promotion Research Centre in Australia released validated guidelines for school bullying prevention and management of bullying behaviours (including cyber bullying) (Pearce et al., 2011). The aforementioned guidelines were informed by evidence-based practice and suggest a multi-disciplinary whole-school prevention strategy that targets the school environment (e.g., informing school policies and promoting a healthy physical and social school environment), the classroom level (e.g., school curriculum, staff education initiatives), the school
community and family links (e.g., engaging and involving parents) and the individual level (e.g., working with higher risk students, educating and empowering students) (Pearce et al., 2011).

Systematic reviews of the effectiveness of whole-school anti-bullying approaches have focused on their effectiveness in reducing rates of school bullying. The outcomes from such evaluations reveal inconsistent results, with some reviews reporting that whole-school anti-bullying prevention strategies have reduced rates of bullying on average by approximately 20% (Pearce et al., 2011; Ttofi & Farrington, 2011) while other reviews have reported that the majority of whole-school anti-bullying strategies have yielded minimal or no improvements (Rigby & Slee, 2008; Smith et al., 2004). For example, Smith et al. (2004) meta-analysed 14 studies of whole-school anti-bullying strategies and concluded that the majority of strategies evaluated yielded non-significant outcomes, with only one program yielding significant reductions on self-report victimisation and bullying. In contrast, Ttofi & Farrington (2011) meta-analysed 44 studies of whole-school anti-bullying strategies and concluded that bullying decreased by 20–23% and victimisation decreased by 17–20%. Despite the varying rates of efficacy, meta-analytic reviews of the efficacy of whole-school anti-bullying strategies commonly find weak overall effects sizes (with modest reviews at best) for reducing student reported incidents of bullying and victimisation and/or or direct observations of bullying incidents (Baldry & Farrington, 2007; Ferguson et al., 2007; Merrell & Isava, 2008; Vreeman & Carroll, 2007). More recently, two anti-bullying whole-school approach campaigns that incorporate social and emotional learning as an integral component of prevention have been extensively tested with samples worldwide and having consistently demonstrated positive findings for reducing bullying and cyber bullying concerns.

One such anti-bullying approach, the KiVa anti-bullying program (Williford et al., 2013), consists of classroom-based activities, teacher-training modules, indicated actions, and a parents' guide to address both traditional and cyber forms of bullying. The KiVA anti-bullying program has been extensively evaluated with studies conducted in several countries (including, the Netherlands, Finland, Estonia, Italy, and Wales), and has consistently
demonstrated promising results. In particular, results reveal that the program significantly reduces self- and peer-reported bullying and victimisation, including verbal, relational, physical, and cyber bullying. In a randomised controlled trial, Williford et al. (2013) tested the efficacy of the KiVa anti-bullying program on the frequency of cyber bullying among elementary and middle school students (fourth through to ninth grade students), after controlling for traditional forms of bullying (or victimisation). The program demonstrated benefits, with student participants in the KiVa program (n = 9,914) reporting lower frequencies of cyber bullying at post-program than student participants in the control condition (n = 8,498). These findings support the assumption that traditional bullying research can be applied to understand how to prevent and reduce cyber bullying concerns.

Another program, the ViSC Social Competence Program, has demonstrated positive findings in support of a whole-school approach to traditional bullying that has also revealed a significant effect on reducing cyber bullying concerns. The ViSC Social Competence Program is designed for school year levels 5 to 8 and is aimed at prevention of bullying (including cyber bullying) and aggression. The program consists of universal and specific actions that are implemented through in-school teacher training and a class project for students. Results of a randomised controlled trial conducted in Austrian schools revealed that the program is effective in reducing reported incidence of cyber bullying perpetration ($d = 0.39$) and reported cyber bullying victimisation ($d = 0.29$), and reported incidence of traditional bullying victimization in schools (Gradinger et al., 2015). These findings further support the assumption that traditional bullying research can have a positive impact on reducing cyber bullying concerns.

In summary, meta-analytic reviews of the efficacy of whole-school anti-bullying interventions have revealed inconsistent findings in terms of efficacy and have commonly found weak overall effects sizes (with modest reviews at best) for reducing student reported incidents of bullying and victimisation and/or or direct observations of bullying incidents (Baldry & Farrington, 2007; Ferguson et al., 2007; Merrell & Isava, 2008; Vreeman & Carroll, 2007). More recently, two anti-bullying whole-school approach campaigns that have
distinctively emphasised victim support and empowerment, and incorporated social and emotional learning as an integral component of prevention have consistently demonstrated positive results for reducing bullying and cyber bullying concerns.

**Face-to-Face Interventions for Cyber Bullying and Traditional Bullying**

Despite the importance of preventing bullying and cyber bullying it is difficult to stop it altogether and there is a need to provide interventions for those adolescents who do become victims of bullying or cyber bullying. It is also important to deliver early intervention programs to adolescents to help them cope with a potential future experience of bullying or cyber bullying. Due to the limited availability of interventions targeting cyber bullying the literature on interventions for traditional face-to-face bullying is also reviewed.

*Interventions that Incorporate Strategies to Cope with the Emotional Impact of Bullying*

Research suggests that victims of bullying report significantly higher levels of psychological distress (e.g., symptoms of anxiety and depression) and lower levels of self-esteem and social confidence than other children (Card et al., 2008; Juvonen et al., 2003; Tenenbaum et al., 2011; Smokowski & Koppasz, 2005). Research also suggests that children who exhibit higher rates of anxious or withdrawn behaviour experience elevated risk for becoming a victim of bullying (Paul & Cillessen, 2003; Williford et al., 2012). In addition, victims of bullying have been found to have poorer emotion self-regulation skills than non-victims (Garner & Hinton, 2010). This research highlights the importance of focusing on emotion in bullying research.

There is a need for interventions that not only address the emotional impact of bullying and cyber bullying but that teach potential victims effective coping strategies for dealing with an experience of bullying. As discussed in Chapter 1 there is a need to inform adolescents that employing unhealthy emotion-focused coping strategies to deal with cyber bulling is ineffective and detrimental to their psychological and physical wellbeing (Vollink et al., 2013). More specifically, there is a need for empirically validated interventions that educate adolescents on helpful ways to cope with the emotional impact of cyber
bullying and encourage help seeking behaviours. Due to the limited number of face-to-face programs for cyber bullying, the following section will primarily review existing interventions that include strategies to cope with the emotional impact of traditional face-to-face bullying.

**Interventions that Address Problem Behaviours that Increase Vulnerability to Bullying**

Some interventions have been targeted at addressing behavioural issues in children that are considered to put them at risk of becoming either a bullying victim or perpetrator. Two examples are the Psychosocial Educational Groups for Students (PEGS) and the At-Risk Kids Groups (ARK) which are 6-week group programs for elementary school students considered at-risk of experiencing problems, including becoming a victim of bullying (Newgant et al., 2011). Both programs are aimed at social skills development, teaching problem solving and assertiveness skills, enhancing self-esteem and stress management skills and prevention of mental health problems and problem behaviours. In this uncontrolled pilot research with 11 (PEGS) and 4 (ARK) students respectively both programs were associated with reduced incidences of the students being bullied. However, further research is needed to determine the effectiveness of these programs at reducing vulnerability to bullying.

Research with a more rigorous study design supports the value of social skills training programs in helping to reduce the likelihood of students becoming victims of bullying (Baldry & Farrington, 2004). Baldry and Farrington (2004) conducted a randomised controlled trial with 239 Italian students aged 10 to 16 years to examine the effectiveness of a social-cognitive competence skills training program on reducing the incidence of students being bullied or bullying others. The program consisted of three videos and a booklet that helped students to develop the social cognitive competence skills to understand the negative consequences of aggressive behaviour, as well as to learn positive social interaction skills. The skills were taught over three weekly three-hour sessions. Among students receiving the program, compared to those in a control condition, there were significant reductions in bullying and victimisation.
*Interventions that Aim to Reduce Psychological distress Related to Bullying*

Other interventions have targeted the psychological distress associated with being a victim of bullying. The Group Behavioural Activation Program (GBAT) is a 10-session group intervention that aims to address bullying-related anxiety and depression (Chu et al., 2014). More specifically, the intervention aims to help victims of bullying combat behavioural withdrawal, isolation, and inactivity that commonly develop as a consequence of bullying. Participants are taught to identify the trigger, emotional responses, and avoidant patterns of behaviour they use when they are distressed, and learn how to replace avoidant patterns with approach-based solutions within a strength-based framework. The GBAT program was developed and piloted with five students (aged 12 to 13 years) (Chu et al., 2014). The researchers found that the program participants experienced benefits in anxiety and depression diagnoses, symptom outcomes and functional impairment related to bullying. Despite promising findings regarding the efficacy of the GBAT program, the findings of this uncontrolled pilot study would need to be replicated with a randomised controlled trial with a larger sample size to prove efficacy.

Consistency of findings across numerous interventions that target cognitive, emotional and behavioural improvements have demonstrated efficacy in reducing the emotional impact of bullying concerns and decreasing the risk of victimisation, which will now be discussed. Berry and Hunt (2009) tested the efficacy of a cognitive-behavioural intervention focused on targeting individual factors that appear to increase an adolescent’s vulnerability to bullying experiences such as anxiety, low self-esteem, and the use of maladaptive coping strategies. The intervention program, the Confident Kids Program, included cognitive-based anxiety management strategies (including psycho-education about bulling and adaptive coping strategies in bullying situations, skill development to enhance social skills and self-esteem, cognitive restructuring and graded exposure exercises that involved role plays, group discussion and homework tasks). The program also incorporated a parental program that sought to discuss strategies implemented and address potential parental maintaining factors, such as parental anxiety. Forty six adolescent boys, aged 12 to 15 years, who had reported anxiety symptoms and a recent experience of being bullied at
school were randomly assigned to the intervention (n = 22) or to a wait-list control (n = 24) conditions. Results revealed that the intervention was effective in significantly reducing adolescents' bullying experiences as well as their anxiety, depression, and distress associated with being bullied. These intervention gains were maintained at the 3-month follow-up. These findings provide support for the value of individually focused interventions for adolescents in helping them cope with the emotional impact of bullying and reducing the incidence of bullying.

Garnefski and Kraaij (2014) also examined the role that teaching specific cognitive coping strategies played in the relationship between being a victim of bullying anxiety and depression. Among 582 Dutch secondary school students, aged 13 to 16 years who completed online self-report questionnaires a strong relationship was found between peer victimisation and symptoms of depression and anxiety. More specifically, higher use of strategies of self-blame, rumination and catastrophising was associated with more severe depressive and anxiety symptoms, while higher use of strategies of positive reappraisal (attaching a positive meaning to the event in terms of personal growth) and positive refocusing (refocusing on joyful and pleasant experiences) was associated with less severe depressive and anxiety symptoms. These results emphasise the importance of teaching adolescents helpful coping skills in order to reduce the emotional impact of bullying. In particular, the researchers highlight the importance of assisting adolescent victims to challenge maladaptive patterns of thinking that may make them more vulnerable to mental health concerns, whilst promoting more adaptive styles of coping to foster resilience to the effects of bullying (Garnefski & Kraaij, 2014).

Trip et al. (2015) examined the effectiveness of a classroom-based program, the REBE-ViSC program that targets cognitions (learning and entitlement), emotions (overt and internalising anger) and behaviour (bullying perpetration and victimisation). The REBE-ViSC program was implemented in 5 schools (270 students in Grade 6 having received the REBE-ViSC intervention and 315 students formed the untreated control group) over a period of one year. The results revealed that the REBE-ViSC program was effective in reducing dysfunctional cognitions; that is, the students were reported to be more efficient
in making accurate evaluations of the events and the short-term versus long-term consequences of their decision. Whilst the program was reported to be effective in reducing overt expressions of anger (e.g., students were able to recognise that they were getting angry and learned to calm themselves before reacting), no changes regarding bullying behaviour and victimisation were found. Whilst the intervention appeared to be impactful on social-emotional learning, the researchers highlighted the need to improve the effectiveness of the intervention for changing behaviours.

Fung (2012) tested the efficacy of a cognitive-behavioural group therapy program designed specifically for aggressive victims of bullying that was based on particular cognitive distortions, emotional skill deficits, and behavioural regulation impairments common to this victim group. The sample consisted of sixty-eight students (aged 11 to 16 years) (who were assessed to display both aggression and victimisation) whom were randomly assigned to one of ten experimental therapy groups. The study adopted multi-informant methodology involving questionnaire completion by students, parents, and teachers and individual structured interviews with all three parties before and after the intervention. The researchers found that a consistent finding across participants was that the intervention led to cognitive (attribution styles, evaluation of consequences, attribution to others), emotional (anger management), and behavioural (means to solve social problems) improvements. The quantitative self-reported results further revealed that participants’ reactive aggression, aggressive behaviour, and various forms of victimisation (physical and verbal victimisation and social exclusion) declined significantly over time, as did their anxiety and depressive symptom levels, trait anger (temperament and reaction), and anger expression. These results are consistent with those reported by Baldry and Farrington (2004), Garnefski and Kraaij (2014), and Trip et al. (2015) who also reported significant reductions in bullying and victimisation following the implementation of cognitive-based intervention programs.

To the author’s knowledge, the only face-to-face intervention specifically designed to target cyber bullying was developed by Lee et al. (2013), who conducted a quasi-experimental study on the efficacy of the 8-week cyber bullying prevention course WebQuest. The sample consisted of 61 Taiwanese
junior high-school student participants (of seventh grade) who were allocated to an experimental group (31 students) and a control group (30 students) using purposive sampling. Students in the experimental group received eight sessions of the teaching intervention, which aimed to increase student awareness of the formal rules of internet usage, enhance self-protection measures from an internet security viewpoint, and guide students to learn responsibilities and justice. The researchers found that the intervention was effective in enhancing knowledge of cyber bullying and reducing students’ intentions to cyber bully others; however there was no evidence that the intervention had an impact on students’ attitudes towards cyber bullying. The researchers highlight that this was a pilot study with a small sample size and suggest that further research with a larger randomised controlled trial is needed to prove efficacy. A further possible explanation for the lack of impact of the intervention on attitudes towards cyber bullying may be that the intervention was primarily focused on cyber safety knowledge with the aim of reducing the incidence of cyber bullying, and it is argued that incorporating victim support and emotional learning (not just education-based programs that seek to prevent or reduce the incidence of cyber bulling) may have resulted in a greater impact on students’ attitudes towards cyber bullying.

In summary, a literature review on face-to-face interventions revealed that intervening at an individual level to reduce the emotional impact of bullying concerns is an important element of intervention that promotes emotional wellbeing and decreases the risk of victimisation. In line with these findings, a recent meta-analysis of the effects of school-based anti-bullying programs suggests that studies involving training in emotional control showed significantly larger effect sizes for reducing student reported incidents of victimisation than did studies that did not involve this strategy (Lee et al., 2015).

It is clear that adolescents who are victims of cyber bullying, as distinct from face-to-face bullying, also require support to cope with the emotional impact of cyber bullying. According to Lazarus and Folkman’s (1984) transactional model of stress and coping, the impact of cyber bullying is influenced by the coping styles victims employ and it is argued that there is a need to educate adolescents about helpful skills to cope with the emotional impact of cyber bullying. In the following chapter a review of existing
prevention and intervention strategies and evidence for the effectiveness of online treatment and prevention programs for cyber bullying is provided.
CHAPTER 3: INTERNET-SUPPORTED PREVENTION AND INTERVENTION FOR CYBER BULLYING

In the following chapter a brief overview of existing internet-supported prevention and intervention strategies for cyber bullying (with special mention of comprehensive research-informed strategies trialed in Australia) will be provided. The use of the internet to deliver interventions is increasing rapidly. While known by different labels such interventions have been labeled by the Australian Psychological Society (2012) as Internet-Supported Psychological Interventions (ISPIs) and defined in terms of a four category classification scheme proposed by Barak et al. (2009). ISPIs refer to mental and behavioural health promotion and prevention/intervention strategies that are delivered via the internet or other electronic technologies (APS, 2012; Barak et al., 2009). The four broad categories of ISPIs are: web-based interventions, online counselling and therapy, internet-operated therapeutic software and other online activities (APS, 2012; Barak et al., 2009). The following review of ISPIs reveals that in response to the urgent need for interventions that have a greater focus on addressing cyber bullying concerns, a small but rapidly increasing number of ISPIs have emerged that aim to: educate children and parents about the inappropriateness of cyber bullying, challenge young people to think about how they behave when using technology and the potential impact of cyber bullying, provide strategies for responding to an incidence of cyber bullying (e.g., ignore teasing, keep a record of cyber bullying incidents, seek support) and ultimately aim to prevent young people from becoming victims or perpetrators of this behaviour.

Web-Based Education Interventions

Web-based interventions contain three sub-categories, the first being web-based education interventions (APS, 2012). Web-based education interventions aim to provide information regarding physical or mental health concerns via a range of mediums (e.g., video, audio, or text), but they are not directive as to how an individual can make cognitive, emotional or behavioural changes (Barak et al., 2009). Information and communication technology providers have sought to address the issue of cyber bullying by providing web-
based education interventions that aim to help parents to identify their role in preventing and responding to cyber bullying incidents and to educate adolescents about responsible online behaviour. For example, internationally popular social media websites, including MySpace (myspace.com) Facebook (facebook.com) and YouTube (youtube.com), all provide information specifically tailored to help adults understand how their children utilise these sites, and also inform users about cyber safety tips. For example, MySpace (myspace.com) provides guidance for parents on how to respond to cyber bullying, including simple steps to ‘un-tag’, block, delete, set privacy settings so information can only be viewed by designated friends, and report incidences of cyber bullying. The Australian Mobile Telecommunications Association (AMTA) has published online resources (2012), to assist children and parents with concerns related to cyber bullying via mobile phones (www.amta.org.au). The AMTA website advises children not to respond to bullying, to save offensive messages and to seek help from a trusted adult. Whilst the AMTA website advises parents to reassure their child that seeking help is the right thing to do, it instructs parents not to threaten to take away their child’s mobile phone, and provides parents with links on more detailed information and support services (e.g., www.cybersmart.gov.au, kidshelp.com.au).

A student education initiative, Bullying No Way (www.bullyingnoway.gov.au), is a resource designed to raise awareness of cyber bullying. The program was collaboratively created by Australian educational communities, students, staff, parents, education officers, and community members. The program incorporated information/advice on bullying, harassment and violence in schools to educate teachers, parents and students alike.

Let’s Fight it Together, is a prevention program that aims to help adolescents, teachers and parents understand cyber bullying and its impact on other people. Originally developed by Childnet International and the Department of Children, Schools and Families in the United Kingdom, the international program was adapted by Australian Communication and Media Authority (www.cybersmart.gov.au/schools.aspx) for best practice with an Australian audience. Let’s Fight it Together comprises a short seven minute film, with further links to online activities, and materials that provide advice. For example,
the film highlights ways in which cyber bullying can occur, who it involves (e.g., reinforcing that cyber bullying is unacceptable and online actions have real offline consequences, including legal consequences), and the impact that cyber bullying can have on different people (e.g., victim, parent, teachers). Let’s Fight it Together was designed to challenge young people to think about how they behave when using technology, about the potential impact of cyber bullying can have on different people, and ultimately to prevent young people from becoming victims or perpetrators of this behaviour.

Hector’s World is another internationally adopted program (that was originally developed in New Zealand by Hector’s World Limited) that was adapted by ACMA (www.cybersmart.gov.au) for best practice with an Australian audience. Hector’s World contains an animated film that is targeted at children aged 5 to 11 years, which features Hector Protector a bottlenose dolphin, in a series of episodes that can be viewed online, and also provides teacher and student resources including activity plans, online puzzles, downloadable storybooks and activities. Hector’s World aims to educate children about the inappropriateness of cyber bullying, provides strategies for responding to cyber bullying (e.g., telling a trusted adult) and teaches students about respecting the feelings of others and to take social action in relation to witnessing an episode of cyber bullying.

Tagged is a further video-based resource initiated by ACMA that is offered as a free education resource nationally to schools in Australia. The 18 minute film is aimed at educating secondary school students (aged 13 to 17 years) about the topics of cyber bullying, sexting and digital reputation issues. The film was developed as a classroom-based education initiative that is accompanied by teaching resources (e.g., lesson plans incorporating real life scenario activities) and additional reflective interviews of each of the characters that feature in the film to further explore the themes presented in the film and promote positive online behaviour. For example, young people are encouraged to discuss the impact of cyber bullying and how online interaction can lead to real-life consequences (including legal consequences). More specifically, Tagged strongly encourages adolescents to think before they post anything online and to consider the potential impact on other people in relation to posting
photos, video content or making comments on a social media site. An independent evaluation was conducted by Colmar Brunton Social Research (2012). The research with 61 adolescents aged 13 to 17 years evaluated the efficacy of the film in delivering five core messages, which will now be discussed. The researchers reported that the message most effectively communicated in the Tagged resource, was ‘think before you post or send’. In particular, there was a reported decrease in the number of adolescent participants who were likely or very likely to post content (e.g., photos or making comments on social media) about themselves (30 pre and 18 post video questionnaire) or other people (27 pre and 11 post video questionnaire) without considering the consequences. The results regarding behaviours associated with the message ‘respect other people’ were also positive, with an increase in the reported number of adolescent participants who were likely or very likely to seek permission from others before posting content about them online, from pre-video ($n = 25$) to post-video ($n = 39$). Other messages adolescent participants strongly identified with included ‘what you do online will have real life consequences’ and ‘what you do online can tag you for life’. In particular, qualitative analysis revealed that adolescent participants developed a better understanding of the types of online actions that may have offline consequences, including legal consequences (e.g., distributing inappropriate content such as sexting may eventuate in being registered as a sex offender or criminal charges for distributing child pornography) and non-legal consequences (e.g., damaging someone’s reputation, damaging one’s own reputation, adverse impact on relationships with family, friends, school staff and future career prospects). The message of ‘stand up and speak out’ did not have as strong an impact, with findings indicating that there was no significant increase in encouraging bystanders to stand up and speak out about cyber bullying. The researchers have reported that they plan to modify the program to include more information on the role of bystanders, such as educating including adolescents about skills they would need to effectively (and safely) stand up when confronted with the situation of trying to stop a friend from posting something negative, hurtful or embarrassing online about someone else, and skills regarding telling a trusted adult about someone who had perpetrated such behaviour (Colmar Brunton Social Research, 2012).
The Brief Internet Cyber Bullying Prevention Program is a further video-based program that aims to increase knowledge about cyber bullying and empathy toward cyber bullying victims, reduce positive attitudes (overall, instrumental, and experiential evaluation) toward cyber bullying, decrease positive injunctive and descriptive norms about cyber bullying, and reduce intentions to cyber bully and cyber bullying behaviours. Doane (2011) examined the efficacy of the Brief Internet Cyber Bullying Prevention Program with 167 Canadian university students (between the ages of 18 and 23 years of age). The study was evaluated using a pretest/one-month follow-up design, with an experimental group also completing an immediate posttest. The video-based program was administered in a classroom and included three components: a real news item about cyber bullying victims; definition, types, situations, and prevalence of cyber bullying and; cases of cyber bullying from the viewpoint of victims. The cyber bullying video-based prevention program demonstrated efficacy, with results revealing significant decreases in perpetration of cyber bullying, reductions in positive attitudes towards towards cyber bullying and significant increases in knowledge about cyber bullying at post-program and also at one-month follow up assessment. Interestingly, whilst the program established short-term empirical support for decreased reports of cyber bullying, conversely the program did not reduce intentions to cyber bully or increase empathy towards victims of cyber bullying immediately after viewing the program or at the one-month follow-up. The researchers suggest that these findings are a first step towards developing a prevention program that may be modified for use with middle and high school students. These findings are consistent with demonstrated positive findings of anti-bullying whole-school approaches, that similarly found that students whom have participated in cyber bullying prevention programs reported a decrease in cyber bulling occurrence.

In summary, the predominant themes of web-based education interventions for cyber bullying include raising awareness of cyber bullying (e.g., highlighting ways in which it can occur, who it involves and the impact cyber bullying can have on different people), educating adolescents about responsible online behaviour (e.g., respecting the feelings of others, offering support to victims and report incidences of bullying) and educating parents about their role.
in preventing and responding to cyber bullying incidents (e.g., providing practical cyber bullying safety tips). The overall aim of web-based education interventions for cyber bullying is to promote positive online behaviour to prevent young people from becoming victims or perpetrators of this behaviour.

Self-Guided Web-Based Therapeutic Interventions

Self-guided web-based interventions also reside within the category of web-based interventions (APS, 2012). Self-guided web-based interventions are highly structured, theoretically driven, and modeled on evidence-based psychological practice (Barak et al., 2009). These interventions aim to foster cognitive, behavioural and affective changes in the consumer. Self-guided web-based interventions have been created in an attempt to educate parents and children about preventing and responding to cyber bullying. A parental education initiative, the Cyber Friendly Parents Project, conducted by the Child Health Promotion Research Centre at Edith Cowan University, was trialed in Australia in 2009 in response to the need to help parents engage with and understand cyber bullying issues and support their children (Child Health Promotion Research Centre, 2009). Extensive research by the Edith Cowen University project team eventuated in a wide range of resources, including a website (www.cyberfriendly.com.au), developed specifically to increase parents’ understanding of the use of social networking technology, provide strategies to increase parents’ awareness of potential harm and provide practical actions parents can take to prevent and respond to cyber bullying and support their children if they are bullied through the use of this technology. For example, parents are educated about the role they can play in preventing and responding to cyber bullying, including: increasing their knowledge and becoming adept at the use of emerging technologies (e.g., becoming aware of popular sites on the internet), educating their children in using social networking services safely (e.g., making sure not to give away personal information and interact with unfamiliar people), understanding how to take action against cyber bullying (e.g., becoming aware of school and/or authority strategies to take action against cyber bullying) and supporting their child (e.g., through open discussion and communication). A pilot test of the Cyber Friendly Parents Project was reported to have shown
positive results, with the majority of parents reporting that the program improved their skills, understanding and self-efficacy in relation to responding to cyber bullying (Child Health Promotion Research Centre, 2009).

A self-guided web-based therapeutic intervention, Online Pestkoppenstoppen (www.pestkoppenstoppen.nl), aims to teach adolescent (12-15 years) victims effective ways of dealing with anxiety and depression associated with cyber victimisation (Jacobs et al. 2014). The online program aims to educate adolescents about the way bullying emerges, how their behaviour influences bullying and how they can use effective coping strategies in order to stop online bullying. The theoretical basis of the online web-based-intervention is based on concepts of Rational Emotive Therapy, in which adolescent victims are educated about the connection between a thought, feeling and behaviour. As part of the tailored intervention adolescent participants learn how behaviour is influenced by the thoughts they have, how to recognise and dispute irrational thoughts and how to form rational thoughts. Whilst the Online Pestkoppenstoppen program presents a promising psychological intervention that is aimed at helping adolescent victims cope with emotional distress associated with cyber bulling experiences, to the author’s knowledge at current there are no published research findings of the efficacy of the Online Pestkoppenstoppen resource.

Further research is needed to evaluate the efficacy of self-guided web-based interventions in educating parents and children about preventing and responding to cyber bullying. Addressing this paucity of research is considered important, particularly with regard to the need for empirically validated interventions that educate adolescents on helpful ways to cope with the emotional impact of cyber bullying and encourage help-seeking behaviours.

**Human Supported Web-Based Therapeutic Interventions**

Human supported web-based therapeutic interventions also reside within the category of web-based interventions (APS, 2012). Human supported web-based therapeutic interventions incorporate a human (usually a mental health professional or in some cases a peer supporter) to provide support, guidance and feedback (Barak et al., 2009). Human supported web-based therapeutic
Interventions differ from self-guided web-based therapeutic interventions by specifically combining the human support/feedback with the self-help material. The human support and guidance (usually provided by the mental health professional) is seen as an additional and critical component of such programs (Barak et al., 2009). To the author’s knowledge there are no human supported web-based therapeutic interventions that address cyber bullying concerns.

**Internet-Operated Therapeutic Software**

The ISPI category of internet-operated therapeutic software refers to interventions that utilise advanced computer software, such as: artificial intelligence, virtual reality, and simulations of a therapist (Barak et al., 2009). The majority of interventions aimed at preventing and reducing cyber bullying concerns focus on training children and their parents on internet safety. Whilst internet safety education is a rapidly growing field of research informed by systematic reviews that have examined the effectiveness of interventions that seek to prevent and reduce risks associated with cyber safety concerns, in contrast there is a paucity of research available on interventions specifically designed to target cyber bullying (Chibnall et al., 2006; Crombie & trinneer, 2003; Davidson, Martellozo & Lorenz, 2009; Merrell et al., 2008; Mishna et al., 2010). Internet-operated therapeutic software initiatives that address cyber bullying predominantly focus on increasing knowledge of cyber safety messages with the aim of enhancing cyber safety skills and reducing potentially risky online behaviours. Cyber Smart Hero is an Australian internet-operated therapeutic software initiative that was developed to prevent cyber safety concerns more generally (Cyber Smart Hero was an extension of the Cyber Smart Detectives Program designed to prevent cyber safety concerns) and was extended in response towards meeting the need for interventions with a greater focus on addressing cyber bullying concerns. The online interactive game (designed for students in their last year of primary school) provides students with a cyber bullying scenario in which they become concerned for a student who is a victim of cyber bullying, and the program allows them to develop strategies to become effective bystanders. In particular, Cyber Smart Hero activities and online internet safety awareness presentations highlight the importance of
respectful online activity and how to be a positive bystander (e.g., do not just stand by if you witness cyber bullying, offer support to the victim and report the bullying). To the author’s knowledge, there are currently no empirical research findings regarding the efficacy of the Cyber Smart Hero resource. Whilst an evaluation of the Cybersmart Detectives program revealed increases in children’s knowledge of cyber safety messages and increases in reported behavioural change (e.g., knowing how to respond to inappropriate interaction and a greater intention to act), there is a lack of evidence to suggest that these findings support that research on cyber safety can be transferred to cyber bullying. Due to the lack of cyber bullying initiatives, the following program that incorporates strategies to cope with the emotional impact of face-to-face bullying, will also be reviewed. FearNot is an internet-operated therapeutic software program designed to enhance the problem solving skills of current or potential victims of traditional face-to-face bullying through the encouragement of students to generate and evaluate a wide range of responses to bullying. The program was designed as a virtual learning intervention that aims to reduce victimisation, especially among children who are already experiencing repeated bullying. The program was implemented in twenty-seven primary schools across the UK (651 students, aged 8 to 11 years) and Germany (535 students aged 7 to 10 years) with participants assigned to the FearNot intervention or the waiting list control condition. The program consisted of three sessions each lasting approximately 30 minutes over a three-week period. The participants were assessed on self-report measures of victimisation before and one and four weeks after the intervention or the normal curriculum period. Sapouna et al. 2010, conducted a controlled trial investigating the efficacy of the immersive virtual learning intervention for victims of bullying. In the combined sample, the researchers found that the FearNot intervention significantly increased the probability of baseline victims escaping victimisation at the first follow-up assessment. However this beneficial effect was confirmed in subsequent within-country analyses only among UK children. In addition, an overall effect on reducing victimisation was found for UK children in the intervention group who experienced a lower rate of victimisation than controls one week after treatment. The researchers argued that results suggested that the interaction with the FearNot virtual victims enabled the
user victim to learn effective strategies for dealing with bullying in the real world, at least in the short term. Whilst an evaluation of the FearNot program revealed that participants in the intervention group experienced a lower rate of victimisation than controls one week after treatment, further research is needed to investigate if these positive findings can be transferred to cyber bullying. These findings are consistent with a literature review on face-to-face interventions that also reveal that intervening at an individual level to reduce the emotional impact of traditional forms of bullying is an important element of intervention that promotes emotional wellbeing and decreases the risk of victimisation.

**Other Online Activities**

Lastly, the ISPI category of other online activities is a broad category that includes the publication of personal blogs, participation in online support groups, social networking and online assessment (Barak et al., 2009). One such approach includes an initiative that seeks to reduce risks associated with using the internet. The Cyber Safety Help Button, a recently developed Australian Government initiative, was designed as a resource for children and their families to have access to cyber safety information and assistance available in Australia and includes information specific to cyber bullying that will be discussed below. The help button is a free application that can be easily downloaded (www.dbcde.gov.au/helpbutton) to a computer or mobile phone, and once clicked on users are taken directly to a web page where they can talk, report or learn about cyber safety issues. The help button provides practical advice and support for young people and their families on how to handle a difficult situation (such as when they are subjected to cyber bullying, or receive other unwanted contact, or see content that is upsetting). The specific information provided for victims of cyber bullying includes; block the cyber bully, take a screenshot as evidence of the cyber bullying, report offensive material to the website provider, and talk to a friend or adult, and/or call Kids Helpline for more help. The talk function gives a direct link to a counselling service (Kids Helpline). To the author’s knowledge, there are currently no empirical research findings regarding the efficacy of the Cyber Safety Help Button, however reports by the Australian
Mobile Telecommunications Association indicate that that the resource has been downloaded on over 280,000 computers across Australia since its implementation. Due to the success of the online resource being highly utilised on computers, the Cyber Safety Help Button was also made available as a mobile phone download.

It is difficult to come to any conclusions about the category of other online activities due to a lack of empirical research findings however it can be argued that the lack of an increase in the availability and uptake of online counselling appears to be somewhat inconsistent with the high demand for online support services. In response to the demand for online support for young people, services such as Kids Helpline have added online counselling to their service provision to proactively meet this need. However, it is argued that other online activities (e.g., online support groups) show a great deal of promise to encourage children and teenagers to receive further support.

**Summary of Literature on Internet-Supported Psychological Interventions for Cyber Bullying**

In conclusion, the literature review on ISPIs revealed the limited scholarly research available on the efficacy of interventions specifically designed to ameliorate the effects of cyber bullying. Whilst the growing number of ISPIs are a positive step towards meeting the need for prevention programs that have sought to prevent or reduce cyber bullying incidents from occurring, it is argued that there is a need for adolescents to have access to a psychological intervention that alleviates adolescent concerns related to seeking help and educates adolescents on helpful ways to cope with the emotional impact of cyber bullying. A literature review reveals that adolescent victims of cyber bullying tend to employ apprehensive and avoidant modes of coping (e.g., keeping their problems from others, ignoring their concerns, self-blame) to deal with the emotional impact of cyber bullying and consequently feel worthless, powerless, and helplessness after being cyber bullied. Furthermore, a disconcerting theme found in several studies is that victims of cyber bullying feel alone with their experience and often have exhausted their coping strategies, including seeking help and adolescent victims often look to the internet for help or solutions.
(Hinduja & Patchin, 2010; Juvonen & Gross, 2008; Lodge & Frydenberg, 2007; Slonje & Smith, 2008; Ybarra et al., 2005; Ybarra & Mitchell, 2004a). Whilst the aforementioned ISPIs contain some basic guidelines for victims of cyber bullying (e.g., ignore teasing, keep a record of cyber bullying incidents, and seek support), they do not provide a comprehensive therapeutic intervention resource as such.

A recent review of cyber bullying by Foody et al. (2015), similarly concluded that there is a need for adolescent victims of cyber bullying to have access to an online psychological intervention and not just school or education-based programs that seek to prevent or reduce the incidence of cyber bullying. Foody et al. (2015) proposed that online access to psychological treatment may be an effective way for adolescents to cope with the distress caused by cyber bullying experiences. In particular, they suggest that future research needs to investigate current psychological interventions (e.g., Cognitive Behavioural Therapy and Acceptance Commitment Therapy) that have shown evidence for reductions in psychopathology and to incorporate such strategies and steps into a tailored online psychological intervention for victims of cyber bullying (Foody et al., 2015). Whilst there is a growing amount of research highlighting the urgent need to educate victims about the harmful effects of maladaptive coping strategies (e.g., feeling helpless and employing unhealthy emotion-focused coping strategies) and to promote adaptive coping strategies, it is argued that there is a gap in the research to integrate existing widely-used/evidence-based Cognitive Behavioural Therapies, into therapeutic intervention for victims of cyber bullying.
CHAPTER 4: THE PROPOSED ADVANTAGES AND DISADVANTAGES OF ONLINE DELIVERY OF A SELF-GUIDED THERAPEUTIC INTERVENTION FOR COPING WITH CYBER BULLYING

Ideally, all adolescents would have access to an evidence-based psychological intervention that promotes effective coping skills in response to the emotional impact of cyber bullying, with an emphasis on increasing help-seeking behaviours. The aforementioned review of online prevention and intervention programs for cyber bullying revealed the limited number of empirically validated therapeutic interventions that facilitate coping with an experience of being a victim of cyber bullying. (An et al., 2009; Gregg, J.A., 2012; Long & Palermo, 2009; Palermo et al., 2009; Reynolds et al., 2008). Technology makes it possible to provide such a specialised therapeutic intervention to a large number of adolescents. The following chapter will describe how the convenience, accessibility and anonymity of an online program offers an opportunity to provide therapeutic intervention to adolescents who may not otherwise present to the mental health system. Like all treatment approaches for mental health concerns, there are also a number of disadvantages associated with online treatment approaches; discussion of these will follow on from the discussion of advantages below. Rather than providing a comprehensive review of the advantages and disadvantages of online treatment programs in general (which is beyond the scope of this thesis), a brief review of the advantages and disadvantages of utilising an online form of a CBT-based self-guided therapeutic intervention that promotes effective coping in response to cyber bullying will be provided. A brief review of online treatment programs and the aims of the current research will also be outlined.

Advantages of an Online Program for Cyber Bullying

**Increased Access to Treatment**

Many adolescents do not have adequate access to outpatient psychological services due to a variety of barriers, including difficulty accessing services and costs (Barlow & Ellard, 2004; Burns et al, 2010; Christensen et al., 2010; Sayal et al., 2010). An online program that is conveniently available might have the effect of alleviating such barriers, and thus increase treatment
accessibility (Chambless & Ollendick, 2001; Fristad et al., 2002; Fristad et al., 2003; Kaminer et al., 2002; Latimer et al., 2003; Miklowitz et al. 2003).

Anonymity and Disinhibition

Victims of cyber bullying have been reported to remain silent due to feeling embarrassed and/or finding it difficult to seek help from a school counsellor, stigma associated with seeking help from a mental health professional, and/or due to fears that an adult might restrict their access to technology (Gould et al., 2002; Heirman & Walrave, 2008; Rickwood et al., 2007; Sokal, 2012; Trijntje et al., 2013). It is thought that the anonymity of an online intervention may offer a confidential alternative that may facilitate the process of seeking help (Kauer et al., 2014; Stephens-Reicher et al., 2011).

Enhancing Client Choice

An online form of intervention may offer an additional source of help for adolescents who are feeling socially marginalised or extremely vulnerable from their experiences of being bullied. Current research suggests that using computers to access mental health information can be empowering for adolescents who feel intimidated initially and are averse to face-to-face counselling (Burns; 2006; Collie et al., 2002; Gross, 2004; Taylor, 2003). A growing number of studies report that help-seeking adolescents are increasingly turning to the internet to seek empathy, validation, enhancement of self-acceptance, emotional support, practical advice on coping skills, and to vent (Beran et al., 2012; Borzekowski & Rickert, 2001; Griffiths & Christensen 2007; Hansen et al., 2003; Klein et al, 2005; Monks et al, 2012; Skinner et al. 2003; Topcu & Erdur-Baker, 2012; Weiser, 2001). Grosse at al. (2006) found that adolescents who felt socially anxious and or lonely in school on a regular basis were more likely to communicate on web-based instant-message communication with those whom they did not have a close affiliation with, due to online communication appealing to socially anxious people. Murray and Fox (2006) found that web-based social networking has taken a therapeutic form for marginalised adolescents and young adults seeking practical and emotional support on the internet. Furthermore, evidence suggests that online self-help interventions are widely accepted by adolescents, and the attitudes of young
people can be changed when consideration is given to describing mental health literacy in terminology that is acceptable to adolescents (Anderson, 2003; Mermelstein, 2003; Richardson et al., 2010; Rumsely & Harcourt, 2004).

**The Act of Writing**

The simple act of writing has been shown to be therapeutic in helping clients to develop self-awareness (Baker & Fortune, 2008). Clinicians who have utilised online interventions have reported that the anonymity of writing using a computer, as opposed to a written task that will be read by the therapist in front of the client, has demonstrated benefits of increased self-disclosure (Rodham et al., 2007; Whitlock et al., 2006).

**Efficient Use of Resources**

The cost of online services tends to be less than the cost of traditional face-to-face psychological services, making internet-based interventions more financially accessible (Billings et al., 2008; Morgan & Crane, 2010; Munoz, 2010; Tate et al., 2009). The opportunity of utilising an online therapeutic program to provide specifically targeted health promotion and intervention could be made available to an entire school district for very little cost (DeRosier, M.E., 2004; Fristad, M.A., 2006).

**Disadvantages of an Online Program for Cyber Bullying**

**Crisis Management and Ethical Concerns**

One of the prominent concerns addressed consistently across the literature regarding the challenges of online psychological interventions is the ability to detect and offer alternative treatment services to a consumer who may be in more immediate need of mental health treatment services or presenting with a crisis (Barak et al., 2009). However, provided that the relevant ethical guidelines and legal guidelines have been strictly adhered to (e.g., the evaluation of the potential harms associated with treatment within context of the potential benefits of the intervention, providing enough information so that consumers can provide consent to take part in the online intervention and access information about adequate alternative mental health support services), research suggests that the challenges in relation to crisis situations online are no greater than those
presented in the context of a telephone counselling crisis service (Fitzgerald, 2010).

Confidentiality Concerns

Utilising online interventions presents a threat to patient confidentiality if proper precautions are not taken to protect client information (Chester & Glass, 2006; Hunt et al., 2005; Pollock, 2006). Ensuring confidentiality is considered more problematic on the internet than with traditional face-to-face therapy, as the security of information can be jeopardised and there are increased risks associated with monitoring written communication. Issues associated with online interventions, such as hacking of confidential data and a lack of knowledge regarding potential confidentiality breaches, have been addressed by the development of more sophisticated security systems (e.g., encryption codes, password protection, firewalls) and guidelines detailing precautions that clinicians can take to protect consumers’ privacy and ensure confidentiality is not breached (APS, 2010; Midkiff & Wyatt, 2008).

High Participant Drop-Out and Adherence Rates

High participant drop-out and low adherence rates represent particular challenges with the delivery of internet-based interventions, ranging from 2% to 83%, particularly those with self-help applications, with reports of a substantial loss of participants at follow-up assessment, often reaching 60-80% (Eysenbach, 2005; Sysko & Walsh, 2008). Despite high participant drop-out and poor adherence rates, the use of technology presents an innovative way to engage younger populations who may not otherwise present to the mental health system, with evidence further suggesting that online self-help interventions are widely accepted by adolescents (Anderson, 2003; Mermelstein, 2003; Richardson et al., 2010; Rumsely & Harcourt, 2004).

Absence of Non-Verbal Communication and the Therapeutic Alliance

Another frequently cited challenge of online psychological interventions is the absence of visual and auditory cues which are naturally present in the more traditional form of face-to-face treatment approaches (Abbott et al., 2008; Barak et al., 2009; Finn & Barak, 2010). However, there is evidence that the strength
of the therapeutic alliance in online and face-to-face therapy is comparable, with such evidence stemming from studies comparing the working alliance in an online sample with data on face-to-face therapy concerning a variety of mental health concerns (Cook and Doyle, 2002; Reynolds et al., 2006; Sucula et al., 2012). Research further demonstrates the potential for online support (e.g., client and therapist are linked through the use of computers with audio-visual communication) as an additional approach to traditional face-to-face therapy. For example, Nelson et al. (2003) examined video-conferencing CBT for childhood depression in comparison with face-to-face CBT, and both approaches were found to be significantly effective, with reported good outcomes for young people in the active treatment condition.

Furthermore, it is argued that the anonymity of an online intervention may offer a confidential alternative that may facilitate the process of seeking help, by dissipating barriers such as stigma associated with seeking help from a mental health professional and altering consumer perceptions regarding interpersonal risks associated with seeking help for an experience of cyber bullying. A growing body of research (e.g., Barak et al., 2009; Braet & Impema, 1997; Shristensen & Calear, 2010; Compas, 1997; Hoifodt et al., 2013; Kendall, 1993; McCallum-Clark, 2013; McClay, 2013; Murray & Fox, 2006; O’Connor and Sheehy, 2001) indicates that adolescents are very engaged with the internet and thus a program designed to encourage self-awareness and adaptive thinking may encourage effective coping skills in response to cyber bullying and increase adolescents’ chances of seeking support.

In summary, the literature review explored the potential concerns of utilising an online form of a psycho-education program for cyber bullying and identified ways in which the challenges posed, can be met. The literature review further revealed the numerous advantages of utilising an online form of a therapeutic intervention for cyber bullying.

**Review of Evidence for Online Treatment Programs**

Technology makes it possible to provide adolescents with a free, widely and easily accessible CBT-based therapeutic intervention that may help to ameliorate the effects of cyber bullying, by promoting effective coping skills in
response to cyber bullying. The convenience, accessibility and anonymity of an online program offers an opportunity to provide such a specialised therapeutic intervention to adolescents, who may not otherwise present to the mental health system. Researchers and practitioners have developed numerous online interventions that have made psychological treatment, particularly CBT, accessible to the masses, cost-effective, and allowed the consumer an additional source of help to face-to-face assistance (D’Onofrio, 2001; Griffiths & Christensen 2006; Lewis & Lewis, 1989; Proudfoot et al., 2011; Robinson & Serfaty, 2008).

The evidence base for the efficacy of online delivery of CBT is expanding rapidly. Recent reviews and meta-analyses have produced promising findings in terms of efficacy (e.g., Anderson et al., 2009; Andrews et al., 2010; Katenthaler et al, 2008). In 2008, Barak and colleagues (2008) conducted an extensive meta-analysis of 92 empirical articles that examined the effectiveness of different forms of online therapy. These studies involved a total of 9,764 clients whom were treated through various therapeutic approaches (e.g., CBT, psycho-educational, and behavioural interventions) and ISPI’s (e.g., self-help web-based therapy versus online communication-based e-therapy), for a variety of concerns (e.g., PTSD, panic and anxiety, body image, depression). The data collected from the meta-analytic review revealed that online interventions (Cohen’s $d = 0.53$) were as effective as face-to-face therapy (Cohen’s $d = 0.34$), with small to moderate effect sizes. Barak and colleagues (2008) further highlight insights in regard to the application of online therapy. In addition, Barak and colleagues’ (2008) findings indicated that online delivered CBT (Cohen’s $d = 0.83$) yielded a large effect size, and was more effective than other therapeutic approaches applied online, with the next most effective treatment approach of psycho-education (Cohen’s $d = 0.46$) yielding a small to moderate effect size (Barak et al., 2008).

Similarly, a meta-analysis by Andrews et al. (2010) comparing the online delivery of CBT with face-to-face CBT for the treatment of anxiety and depressive disorder, concluded that both modes of treatment were equally beneficial, with maintenance of gains at follow-up. Andrews et al. argue that the online delivery of CBT for anxiety and depression has the capacity to provide
effective and cost-efficacious health care for those who might otherwise remain untreated.

A review of online treatment and prevention programs for adolescents reveals cost-efficacious evidence-based online treatment and prevention programs, including: web-based education interventions, self-guided web-based therapeutic interventions, internet-operated therapeutic software, human supported web-based therapeutic interventions and other online activities (Barak et al., 2009; Christensen & Calear, 2010; Hoifodt et al., 2013, McCallum-Clark, 2013; McClay, 2013; Murray & Fox, 2006). The following review will demonstrate that online interventions have shown efficiency in helping adolescents cope with a wide range of difficulties such as depression, anxiety, substance abuse and eating disorders (Braet & Impema, 1997; Compas, 1997; Kendall, 1993;; O’Connor and Sheehy, 2001).

A recent study conducted by Spence et al. (2011), demonstrated that the online delivery of CBT can be effectively provided to adolescents over the internet and be as efficacious as face-to-face CBT. In particular, Spence et al. (2011) examined the efficacy of online versus clinic delivery of CBT in the treatment of anxiety disorders in adolescence. Their study included 115 adolescents, aged 12 to 18 years, diagnosed with clinical levels of anxiety, and their parents. Adolescent participants were randomly assigned to an online treatment (BRAVE for teenagers - online), a face-to-face treatment or to a wait list condition. The online and face-to-face treatment groups received equivalent CBT content throughout the treatment process, with both groups of adolescents receiving 10 weekly sessions and their parents receiving 5 weekly sessions. The results showed that online delivery of CBT for adolescent anxiety was equivalently efficacious as clinic-based CBT, with significantly greater reductions in anxiety diagnosis and anxiety symptoms for both treatment groups compared with the wait list condition. These improvements were further enhanced for both treatment conditions, with minimal differences between them at 6 and 12 month follow-up assessment. Both online and face-to-face-based treatments produced a significant reduction in clinician-rated anxiety, with 78% of adolescents in the online treatment group no longer meeting criteria for the principal anxiety diagnosis at 12 month follow-up, compared with 80.6% in the
clinic-based treatment group at 12 month follow-up. The online and face-to-face-based treatment conditions were regarded as highly credible treatments by both adolescents and their parents. Spence et al. (2011) argue that the online delivery of CBT for adolescent anxiety, is a credible alternative to face-to-face based therapy, with the benefit of reducing therapist time and allowing for greater accessibility for families who have difficulties accessing outpatient mental health services (Spence et al., 2011).

Another study, conducted by Merry et al. (2012), examined whether an online CBT self-help intervention (SPARX; Smart, Positive, Active, Realistic, X-factor thoughts) was as efficacious as a conventional face-to-face treatment in a primary health care setting. The study included 187 adolescent participants aged 12-19 years, with participants randomly allocated to the online CBT (SPARX) condition comprising seven modules delivered over a period of between four and seven weeks, versus the conventional treatment condition comprising face-to-face counselling delivered by trained counsellors and clinical psychologists. The results showed that at post-intervention, there was a clinically significant reduction in depression with a higher mean reduction ($M = 10.32$) in the SPARX condition compared to what was found in the conventional treatment condition ($M = 7.59$), with improvements maintained at the 3-month follow-up assessment. Merry et al. (2012) argued that the online self-help CBT (SPARX) program was a cost-effective efficacious treatment for adolescents presenting with depressive symptoms and it may have the potential to reach adolescents who do not access help in primary health care settings. Furthermore, Merry et al. (2012) reported that a majority of participants found the SPARX online self-help intervention to be helpful, reported that the program would appeal to other adolescents, and that they would recommend the program to their friends.

A further study by Heinicke et al. (2007) reported on the efficacy of an online treatment program for adolescent girls at risk of developing eating disorders and similarly argued that the online format increased treatment accessibility. In particular, Heinicke et al. (2007) evaluated an online intervention (Set Your Body Free) designed to alleviate body image and eating problems in adolescent girls (Heinicke, Paxton, McLean, & Wertheim, 2007).
Participants (73 girls, mean age 14.4 years) were randomly assigned to the online program or a delayed treatment control condition. Clinically significant improvements were reported in body dissatisfaction, disordered eating, and depression at post-intervention and maintained at follow-up (post-intervention 2 and 6 months follow-up). The researchers highlighted that 59% of participants were from rural and regional parts of Australia, with many participants reporting that if the program was not delivered online they would not have been able to access treatment. Participants endorsed the online delivery of the program, with 65% of participants reporting a preference for programs delivered online, compared to 20% of participants preferring a face-to-face program and 20% were undecided or thought that both would be equally as good.

An additional online, self-directed CBT program, MoodGYM (www.moodgym.anu.edu.au) developed by Christensen and Griffiths (2001), has had extensive evaluation with randomised controlled trials which have provided evidence that the program is effective in reducing symptoms of depression and anxiety in adolescent school-based samples (aged 16 to 25 years) (Calear et al., 2009; Mackinnon et al., 2008; O’Kearney et al., 2009; Sethi et al., 2010).

In summary, online interventions, mostly based on CBT principles, have been found effective in helping adolescents cope with a wide range of mental health concerns, with results comparable to traditional face-to-face psychological approaches. The internet facilitates the delivery of evidenced-based online specifically targeted interventions to a large number of adolescents, thus potentially reaching adolescents who may not otherwise access help.

The Current Study

The current study aims to make a contribution to the paucity of empirical research on increasing adolescents’ understanding of coping strategies that may be helpful for a victim of cyber bullying. The current study involved developing and evaluating an online therapeutic intervention that aims to advance adolescents’ mental health literacy and increase confidence in their own ability to cope and/or help a friend cope with an experience of cyber bullying, with an emphasis on increasing help-seeking behaviours. Specifically, The Increasing Resilience to Cyber Bullying (IRCB) program aims to build resilience to the
effects of cyber bullying, by facilitating helpful coping skills and reducing the utilisation of ineffective coping patterns. In the next chapter, development of the IRCB program is discussed, including the theoretical basis for inclusion of content within the program. The evaluation of the IRCB program will be described and reported on in Chapters 5 to 8.
CHAPTER 5: THE DEVELOPMENT OF THE INCREASING RESILIENCE TO CYBER BULLYING PROGRAM

The IRCB program was developed in response to the clear need for adolescents to have access to a psychological intervention program that promotes effective coping in response to cyber bullying. The IRCB program was designed to help adolescents: learn to be self-compassionate in times of distress, identify early warning signs of unhelpful thinking that may exacerbate personal distress, examine beliefs that may lead to positive self-evaluations, reduce symptoms associated with rumination and recognise the value in seeking support. Specifically, the IRCB program is a classroom-based, self-directed online program that aims to advance adolescents’ mental health literacy, increase confidence in their ability to cope with a cyber bullying experience and to promote help-seeking behaviours. If the short classroom-based activity significantly increases adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and increases their likelihood to effectively employ these skills, then it is possible that the IRCB program can provide adolescents with a free and widely disseminated intervention that may help to ameliorate the effects of cyber bullying.

A Self-Help Online Model of Intervention that Aims to Develop Resilience and Promote Help-seeking Behaviours

The literature review discussed earlier on adolescent stress and coping revealed that adolescent victims of cyber bullying tend to employ avoidant modes of coping (e.g., keeping their problems from others, ignoring their concerns, self-blame) and emphasised the need to educate adolescents on helpful ways to cope with the emotional impact of cyber bullying and encourage help-seeking behaviours. The IRCB program aims to educate adolescents about three coping skills that may be helpful for a victim of cyber bullying. The IRCB program uses CBT techniques that help adolescents incorporate learning the skill of self-compassion and the type of thinking patterns and beliefs that may help to reduce the effects of ruminating over the experience of being a victim of cyber bullying, and further educates adolescents about the benefits of seeking help. The theoretical basis of the specifically designed coping skill set will now be explained in detail.
Figure 1 depicts a screenshot of these three coping skills.

**Skill 1: Encouraging a Self-Compassionate Mindset**

The IRCB program educates adolescents that an important skill to learn is self-compassion, that is, the ability to acknowledge painful feelings with kindness. In the following section a review is provided of the empirical studies of the psychological outcomes associated with self-compassion and the novel contribution of self-compassion in relation to self-esteem is discussed. A theoretical framework for increasing a self-compassionate mindset to facilitate resilience and adaptation to the effects of cyber bullying will then be discussed.

**Empirical Studies of the Psychological Outcomes Associated with Self-Compassion**

In 2003, Neff argued that whilst there are good theoretical reasons to believe that having compassion for oneself promotes mental wellbeing, the construct had not yet received empirical examination (Neff, 2003a). Neff recently defined and operationalised the concept of self-compassion with the Self-Compassion Scale (Neff, 2003b). The scale measures the three defined components of self-compassion; self-kindness versus self-judgment, common
humanity versus isolation, and mindfulness versus over-identification, with a total score representing level of self-compassion. The development of the Self-Compassion Scale has led to a series of studies that have examined the psychological outcomes associated with different levels of self-compassion, and have provided strong psychometric support for the measure. Research has shown that self-compassion appears to be related to, or most helpful, when one’s self-evaluation has been threatened, such as through instances of hurt or failure (Neff et al., 2005), negative life events or perceived inadequacy (Leary, Tate, Adams, Allen & Hancock, 2007; Neff et al., 2007a).

A series of studies have explored the protective qualities of self-compassion and self-esteem, in order to uncover cognitions that serve to protect self-compassionate individuals from self-evaluative anxiety when their self-evaluation is threatened. One of the most prominent findings of the studies comparing self-compassion and self-esteem is that self-compassion is a stronger unique (negative) predictor of outcomes that are generally found to be correlates of self-esteem. In a regression analysis, Neff (2005) reported that self-compassion accounted for more of the unique variance in public self-consciousness, self-ruminatio, unstable and contingent self-worth, and need for closure, than self-esteem did.

Leary, Tate, Adams, and Allen, (2007) experimentally induced a self-compassionate mindset, to compare the effects of inducing state self-compassion versus self-esteem. Participants were randomly assigned to one of four experimental conditions; self-compassion induction (N= 29), self-esteem induction (N= 31), writing control (N= 28), or true control condition (N=27). Leary et al. (2007) induced a state of self-compassion by leading participants to think about a negative event from their past, in terms of self-kindness, common humanity, and mindful acceptance. Self-esteem was induced with three prompts geared towards leading participants towards feeling good about themselves whilst thinking about a negative event from their past. Results indicated that participants in the self-compassion condition reported lower negative effect after remembering a past negative event, than those in the self-esteem or control conditions. Leary et al. (2007) further argue that the construct of self-compassion is most useful when viewed as a skill that people can learn, rather
than as a static personality trait. These findings of a self-compassionate mindset resulting in a significant reduction in anxiety, coupled with the proposal that self-compassion is a skill that people can learn, suggests that it may be a powerful element of psychotherapy for many clinical mental health conditions.

Neff and colleagues (2007) proposed that self-compassion is a skill that facilitates mental health as it is most usefully drawn upon as a buffer or coping strategy in instances of pain, failure, or perceived inadequacy. The potential benefits of raising self-compassion levels is further supported by numerous studies in which self-compassion has been linked to positive aspects of wellbeing including; social connectedness, emotional intelligence, self-determination, subjective well-being, and correspondingly decreases in; anxiety, depression, rumination, thought suppression, self-criticism, and neurotic perfectionism (Neff, 2003b; Neff et al., 2007; Leary et al., 2007). Whilst it is important not to dismiss the positive benefits of self-esteem, the current research indicates that self-compassion is an important concept that empirically demonstrates health benefits beyond those found attributable to self-esteem. It may be conceivably argued that a compassionate, objective and mindful perspective enables self-compassionate individuals to cope with challenging circumstances that surpass their levels of self-esteem.

Conceptually, self-compassion is similar to self-esteem in that it provides positive self-affect and a strong sense of self-acceptance (Neff, 2005). Empirically when controlling for self-esteem, self-compassion has also been found to be associated with similar positive psychological outcomes, such as increased psychological wellbeing and decreased depression and anxiety (Neff, 2003b; Neff et al., 2007a). In addition, measures of self-compassion and self-esteem tend to be strongly correlated, with Neff (2003) reporting a high correlation between the Self-Compassion Scale and Rosenberg’s (1965) Self Esteem Scale (one of the most widely used and well validated measures of self-esteem, $r = .59$). Despite these associations, the two constructs were also shown to be conceptually distinct. A crucial finding of recent studies has indicated that self-compassion does not show an association with some of the negative consequences of self-esteem, such as narcissism (Neff, 2003b).
Whilst self-esteem is conceptualised as a state of self-acceptance that is based on feelings of self-worth, self-compassion is a conceptually distinctive process that is based on feelings of kindness and non-judgmental understanding as opposed to positive self-evaluations (Neff et al., 2007a). This non-evaluative emotional stance that one takes towards the self, is argued to counter tendencies towards narcissism that have been associated with attempts to maintain or bolster one’s self-esteem (Neff, 2003a). It is argued that having a self-compassionate mindset may be more beneficial than having high self-esteem when dealing with instances of pain or failure, as it may provide its most crucial function when self-esteem fails (Leary et al. 2007; Neff et al., 2007a).

Neff et al. (2005) explain that self-compassion makes a novel contribution as a healthy form of self-acceptance, as having a self-compassionate mindset entails social connectedness as an essential aspect of wellbeing. A focus on feelings of care and non-judgmental understanding that connects the self to others, as opposed to isolated self-evaluations, enables an ability to have perspective on negative emotions rather than suppressing or becoming overwhelmed by them (Neff, 2005). Accordingly, self-compassion is also unique in its focus on emotional regulation, with recent research suggesting that self-compassion provides emotional resilience beyond that found attributable to self-esteem.

In summary, treating the self kindly, focusing on the interconnected aspects of experience, and the ability to have perspective on negative emotions, is theoretically conceived to enable negative experiences (such as being a victim of cyber bullying) to be seen without the loss of perspective that stems from excessive self-criticism, feelings of isolation and over-identification with one’s experiences (Neff et al., 2007b, Neff et al., 2005).

Inducing a Self-Compassionate Mindset to Facilitate Resilience and Adaptation to the Effects of Cyber Bullying

Drawing on previous literature and relevant therapeutic techniques that are related to the need for, and presence of, self-compassion appears promising to facilitate resilience and coping with the effects of cyber bullying. The following section will discuss how the overall effect of treating the self kindly in times of distress, focusing on the interconnected aspects of experience, and the
The ability to have perspective on negative emotions can be theoretically conceived to help lessen the impact of the effects of cyber bullying.

The concept of self-compassion is an important Buddhist concept that has existed in eastern philosophy for centuries (Neff, 2003a). The definition of self-compassion is related to the more general definition of compassion which is rooted in desires to alleviate suffering and involves pro-social behaviours and caring and kindness towards others (Neff, 2003a). Whilst in Western psychology the concept of compassion is generally conceptualised in terms of compassion for others, it is believed in Buddhist philosophy that it is essential to feel compassion for oneself as for others, and thus the definition is not distinguished from the more general definition of compassion (Neff, 2003a). As conceptualised in Buddhist philosophy, Neff (2003) defined the three components of self-compassion as; self-kindness, common humanity, and mindfulness (Neff, 2003a). The following discussion of these three concepts of self-compassion, demonstrates how each of these concepts were employed in the IRCB program to facilitate resilience and coping with the effects of cyber bullying.

The first component of having a self-compassionate stance requires that one is kind and understanding towards oneself when failure, inadequacy, or misfortune is experienced (Neff, 2005). The ability to view the self with kindness even in the face of failure or hardship is argued to provide the safety needed to see the self clearly without fear of self condemnation and, therefore, avoiding the need to suppress feelings and also providing a supportive outlook for growth and change (Neff, 2005). Neff argues that truly having compassion for oneself entails desiring health and wellbeing for oneself, which involves gently encouraging change where needed and rectifying harmful or unproductive patterns of behaviour (Neff, Kirkpatrick, & Rude 2007a). Whilst researching the concept of self-compassion, Neff (2003) found that most people tend to say that they are less nurturing and more harsh towards themselves than they are with other people (Neff, 2003a). A central component of self-compassion is taking a compassionate stance towards one’s own suffering, and thus self-compassionate individuals, by contrast, tend to say that they are as equally kind to themselves as they are to others (Neff, 2005).
The IRCB program aims to directly explain the concept of ‘acknowledging painful feelings with kindness’ in terminology that is believed to be acceptable to adolescents. The IRCB program states that an important skill to learn is self-compassion, that is, the ability to acknowledge painful feelings with kindness. The IRCB program explains to adolescents that when they think about upsetting situations from a different perspective they can experience a different kind of emotion, and the program elucidates that they do this all the time to change a friend’s way of thinking to make them feel better about themselves, and yet they do not always do this with themselves when they need it most. The IRCB program instructs adolescents to put this skill into practice in helping with an experience of cyber bullying, in the form of expressing understanding, kindness and concern for themselves as a victim of cyber bullying, in the same way that they might express concern to a friend who has undergone a/similar experience.

The second component of self-compassion, defined as ‘common humanity’, originates from the proposition that “healthy and constructive self-attitudes stem in part from de-emphasising the separate self, rather than merely building up and solidifying one’s separate and unique identity” (Neff, 2003a; 96). The common humanity component of self-compassion allows for the recognition of the related experiences of the self and other, in which pain and imperfection are acknowledged as an inevitable part of the human experience, as opposed to isolated occurrences that only happen to one alone (Neff, 2005). By focusing on the interconnected aspects of experience an individual high in self-compassion acknowledges that all human beings fail and experience pain. Thus, self-compassion is different from self-pity in which individuals typically feel highly disconnected from others (Neff, 2003b). A focus on feelings of care and non-judgmental understanding that connects the self to others, as opposed to isolated self-evaluations, enables an ability to have perspective on negative emotions rather than suppressing or becoming overwhelmed by them (Neff, 2005).

The IRCB program seeks to encourage ‘common humanity’ by advising adolescents that one of the effects of cyber bullying is that it can exhaust their coping resources (that is our ability to cope with stress), intimidating people to
the point in which they feel alone and unsure of themselves. The program states that up to 42% of Australian adolescents surveyed have reported experiencing this type of victimisation, further highlighting the importance of recognising that everyone goes through difficult times (Juvonen & Gross, 2008, Jacobs et al., 2014). Adolescents are instructed to explain why being a victim of cyber bullying can happen regardless of the type of person someone is and list ways other people go through a similar experience.

The third component of self-compassion, defined as ‘mindfulness’, requires taking a balanced approach to our negative emotions so that feelings are neither suppressed nor exaggerated (Neff, 2003b). Mindfulness requires a willingness to observe one’s negative thoughts and feelings in a non-judgmental receptive mind-state of openness and clarity, without trying to suppress or deny them. Neff argues that we cannot ignore our pain and feel compassion for it at the same time. Mindfulness is argued to break the cycle of self-indulgence, in which individuals become so absorbed in their own problems that they become immersed in their subjective reactions and fail to recognise the broader human context of their experience. Mindfulness is argued to stem from the process of relating personal experience to those of other people who are also suffering, thus putting our own situation into a larger perspective and not over-identifying with negative reactivity (Neff, 2003b).

The IRCB program instructs adolescents to explain why it might be hard to be kind and comforting towards themselves if they were to become a victim of cyber bullying. This activity requires adolescents to examine feelings without suppressing or becoming completely overwhelmed by them, thus avoiding the disabling process of over-identifying with their emotions. Figures 2, 3 and 4 depict three screenshots of therapeutic items from the ‘self-compassion’ component of the IRCB program.
**Figure 2**
A Screenshot of the First Self-Compassionate Thinking Exercise in the IRCB Program, Acknowledging Painful Feeling with Kindness

**Figure 3**
A Screenshot of the Second Self-Compassionate Thinking Exercise in the IRCB Program, Common Humanity: the Recognition of Related Experiences of the Self and Other
The three components of self-compassion are relevant to several established theoretical perspectives relating to psychological wellbeing and psychological treatments. In particular, employing self-kindness and connectedness to alleviate negative emotions, is relevant to the concept of emotional intelligence. Emotional intelligence enables the ability to recognise and regulate one’s emotions to promote growth and wellbeing (Mayer & Salovey, 1997). Moreover, the ability to have perspective on negative emotions rather than suppressing or becoming overwhelmed by them, is applicable to a large amount of existing literature on mindfulness. Research supports the therapeutic role of mindfulness (e.g., Davis & Hayes, 2011; Lakhan & Schofield, 2013; Khoury et al., 2013), with widely established therapeutic techniques such as, the Dr. Jon Kabat-Zin, Mindfulness-Based Stress Reduction (MBSR) program (Brown & Ryan, 2003) and Mindfulness-Based Cognitive Behaviour Therapy (Chiesa & Serretti, 2010; Galante et al., 2013). In summary, the protective qualities of self-compassion have been widely employed in clinical psychological treatments and have demonstrated efficacy in promoting
psychological wellbeing. Thus, it is conceivable that the cognitions that serve to protect self-compassionate individuals from the aforementioned outcomes may also be highly relevant to the harmful effects of cyber bullying.

A recent meta-analysis of the effects of school-based anti-bullying programs suggests that studies involving training in emotional control showed significantly larger effect sizes on victimisation than did studies that did not involve this strategy (Lee et al., 2015). Furthermore, current literature supports the assumption that intervening at an individual level to reduce the emotional impact of bullying concerns is an important element of intervention (Berry & Hunt, 2009; Garnefski & Kraaij, 2014; Newgent et al, 2010; Trip et al., 2015). Foody et al. (2015) suggest that current psychological interventions (e.g., Cognitive Behavioural Therapy and Acceptance Commitment Therapy) that have shown evidence for reductions in psychopathology can incorporate strategies such as mindfulness, into a tailored online psychological intervention for victims of cyber bullying (Foody et al., 2015).

In summary, research reveals that victims of cyber bullying have been found to experience symptoms of emotional distress, low self-esteem, depression, anxiety, suicidal ideation, and in some instances suicidal ideation (Grills & Ollendick, 2002; Hawker & Boulton, 2000; Juvonen & Gross, 2008; Nishina et al., 2005; Smith et al., 2008; Wolak et al., 2006). A cognitive based approach that encourages a self-compassionate mindset is conceivably therapeutic in the context of increasing resilience to the effects of cyber bullying. Although the concept of self-compassion is a relatively recent psychological concept in Western psychology, there is a growing amount of research that suggests that the three components of self-compassion present novel and effective therapeutic techniques that support healthy self-attitudes and facilitate resilience and adaptation (Mayer & Salovey, 1997). Self-compassion is proposed to increase self-kindness to enable negative experiences to be seen without the loss of perspective that stems from excessive self-criticism, feelings of isolation and over-identification with one’s experiences (Neff et al., 2007b, Neff et al., 2005). In particular, research has shown negative associations between self-compassion and anxiety, depression, rumination, thought suppression, self-criticism, and neurotic perfectionism (Neff, 2003b; Neff et al.
2005). Correspondingly, self-compassion has also been linked to positive aspects of wellbeing. Research has shown positive associations between self-compassion and connectedness, emotional intelligence, self-determination, and subjective wellbeing (Neff, 2003b).

**Skill 2: Identifying Early Warning Signs of Unhelpful Thinking**

The IRCB program briefly educates adolescents that the way they think about a situation and their personal beliefs about themselves (positive/negative) can affect how they feel, and as part of the program adolescents learn the types of thinking patterns and beliefs that may be effective to help with an experience of being a victim of cyber bullying. One of the frequent findings of empirical research is the tendency for victims of cyber bullying to blame themselves for their experience of harassment (Smith et al., 2008). Smith et al. (2008) found that victims were likely to believe that “it is something about me, things will always be that way, and there is nothing I can do to change it” (Smith et al., 2008, p. 382). The IRCB program uses CBT to teach adolescents how to identify these early warning signs of unhelpful thinking (personal self-blame, isolation and helplessness). The goal of the IRCB program is for adolescents to learn by experience that it is their thoughts that may lead to particular feelings, not the situation itself.

The IRCB program briefly educates adolescents that the way they think about a situation and their personal beliefs about themselves (positive/negative) can affect how they feel, and explains that their thoughts may not allow them to see how things can be better for themselves in the future (e.g., “Things will always be this way for me”). Guiding examples show adolescents how to challenge unhelpful thinking, however the primary technique employed was open ended questions that required adolescents to further demonstrate how these skills can work best for them.

In particular, the IRCB program instructs adolescents to write a sentence or two about the types of thoughts that would help a victim of cyber bullying to overcome personal blame or distress. A guiding example states, “bullying is done on purpose to make people feel excluded, so I will gather my friends and
family closer to make sure I’m not alone in this”. Adolescents are further instructed to write a sentence or two explaining why, in some situations (such as when they are feeling hurt and alone) it is hard to see that things will not always be that way. A guiding example states, “This is a hurtful time in my life that I will be able to look back on and know that it was intimidation”.

In addition to altering unhelpful thoughts (personal self-blame, isolation, and helplessness), the skill of ‘challenging unhelpful thinking’ is further encouraged as a method for reducing symptoms associated with rumination (e.g., anxiety, depression, low self-esteem). The IRCB program defines rumination as repeatedly thinking about the problem, and explains that ruminating often leads to adolescents feeling worse about themselves. As part of the IRCB program students read a vignette about a victim of cyber bullying to learn how to incorporate the type of thinking patterns and beliefs that may help to reduce the effects of ruminating over the experience of being a victim of cyber bullying. Thus, the IRCB program educates adolescents to understand that it is their individual thoughts and behaviours that lead to particular feelings rather than an experience of cyber bullying. Figures 5 and 6 depict screenshots of therapeutic items from the ‘challenging unhelpful thinking’ component of the IRCB program.

CBT is the most widely supported treatment method for correlates of cyber bullying, including; anxiety, depression, and low self-esteem (Butler et al., 2006; Chambless et al., 2001; Gloaguen et al., 1998; Hoffman et al., 2012; Tolin, 2010). A literature review on school-based interventions revealed that intervening at an individual level to reduce the emotional impact of bullying concerns is an important element of intervention that promotes emotional wellbeing and decreases the risk of victimisation. Garnefski and Kraaij (2014) examined the role that specific cognitive coping strategies played in the relationship between bully victimisation and symptoms of anxiety and depression and highlight the importance of assisting adolescent victims to challenge maladaptive patterns of thinking (e.g., self-blame, rumination and catastrophising) that may make them more vulnerable to mental health concerns, whilst promoting more adaptive styles of coping (positive reappraisal and positive refocusing) to foster resilience to the effects of bullying (Garnefski &
Kraaij, 2014). Berry and Hunt (2009) tested the efficacy of a cognitive-behavioural intervention focused on targeting individual factors that appear to increase an adolescent’s vulnerability to bullying experiences such as anxiety, low self-esteem, and the use of maladaptive coping strategies. The intervention program, Confident Kids Program, included cognitive-based anxiety management strategies, demonstrated efficacy in significantly reducing adolescent's bullying experiences as well as their anxiety, depression, and the degree of distress associated with being bullied.

It is theoretically conceivable that CBT is an appropriate approach to teach adolescents to identify early warning signs of unhelpful thinking (e.g., self-blame, isolation, and helplessness), to reduce symptoms associated with rumination (e.g., anxiety depression and low self-esteem), to challenge unhelpful thinking (e.g., understanding that it is their thoughts that lead to feelings rather than the situation), and examine beliefs that lead to positive self-evaluations (e.g., using positive self-talk). Because CBT is flexible and can be individualised, it can be applied to each unique experience and in different settings.
Figure 5
A Screenshot of the First Challenging Unhelpful Thinking Exercise in the IRCB Program, that Instructs Adolescents to Write about the Types of Thoughts that would Help a Victim Overcome Personal Blame and Distress

Figure 6
A Screenshot of the Second Challenging Unhelpful Thinking Exercise in the IRCB Program, Understanding How Our Thoughts and Beliefs can Affect How We Feel about a Situation
Skill 3: Recognising the Value in Seeking Support

Lastly, the IRCB program educates adolescents about the value of seeking help. In the following section a review is provided of adolescent concerns that can lead to reluctance to seek help for an experience of cyber bullying. The theoretical framework for increasing adolescents’ help-seeking attitudes and intentions to engage with counselling services in the event of being a victim of cyber bullying, will then be discussed.

Addressing Adolescent Concerns That Can Lead to Reluctance to Seek Help for an Experience of Cyber Bullying

Research indicates that adolescent victims of cyber bullying are often reluctant to seek help due to a fear of reprisal and a lack of confidence in an adult’s ability to help (Cowie & Olafsson, 2000; Fekkes et al., 2005; Price & Dagleish, 2010; Smith & Shu, 2000; Tokunaga, 2010). In a recent study, adult responses were reported by students as counter-productive if they were perceived as being inappropriately forceful, including disclosing personal information which could place bullied pupils at a greater risk of reprisals and/or restriction of internet-access, mobile phone or computer use (Oliver & Candappy, 2007; Thompson & Arora, 1991).

It is argued that in order for young people to feel confident about seeking support, they need further information regarding: the benefits of seeking help, who they can turn to for confidential support, and how to enhance control over subsequent action to be taken. Research suggests that adolescent victims of face-to-face bullying may be more willing to seek help when they can see the help-seeking process as one in which something can be achieved. In particular, Hunter et al. (2004) explored help-seeking behaviours amongst 803 child and adolescent (aged between 9 and 14 years) victims of face-to-face bullying, and found that students who could see the possibility of the situation resulting in positive outcomes (e.g., personal growth and/or the bullying stopping) were more likely to seek help than those who did not.

Thus, in order to encourage help-seeking behaviours the IRCB program provides psycho-education about how adolescents can enhance their control over confidentiality, the pace of disclosure, and making decisions about the best course of action for them. In particular, the program educates adolescents about
the confidential and collaborative process of speaking to a mental health professional and how they can benefit from utilising this form of support. The IRCB program states ‘it is important to recognise when we need support and to ask for help from someone that you feel comfortable talking things through with’. The program instructs adolescents to explain how speaking to a counsellor about an experience of cyber bullying could allow them to make clearer decisions to help themselves. A guiding example states that ‘talking to a counsellor can help people think things through more clearly without the intimidation and can help people make decisions for themselves about what they feel comfortable doing’. It is thought that adolescents will welcome this form of support if they can visualise how speaking to a mental health professional will allow them to confidently gain control over the situation. Furthermore, evidence suggests that online self-help interventions are widely accessed by adolescents. For example, a report by the Australian Mobile telecommunications association indicated that the Cyber Safety Talk Function, a recently developed Australian government initiative that gives a direct link to a counselling service Kids Helpline has been downloaded on over 280,000 computers since its implementation and due to high demand of the online resource the Cyber Safety Help Button was also made available as a mobile phone download. Murray and Fox (2006) found that web-based social networking has taken a therapeutic form for marginalised adolescents who and young adults seeking practical and emotional support on the internet. A growing number of studies report that help-seeking adolescents are increasingly turning to the internet to seek empathy, validation, enhancement of self-acceptance, emotional support, practical advice on coping skills and to vent (Beran et al., 2012; Borzekowski & Rickert, 2001; Griffiths & Christensen 2007; Hansen et al., 2003; Klein et al, 2005; Monks et al, 2012; Skinner et al. 2003; Topcu & Erdur-Baker, 2012; Weiser, 2001).

In summary, in order to promote help-seeking behaviours and address adolescent concerns related to seeking help, the IRCB program aims to educate adolescents about the confidential and collaborative process of speaking to a mental health professional and how they can benefit from utilising this form of support. The employment of the help-seeking models of Biddle et al. (2007) and Rickwood et al. (2005) as a basis for the help-seeking component of the IRCB
intervention is argued to further target factors that may inhibit the help-seeking process. Figure 7 depicts a screenshot of a therapeutic item from the ‘seeking support’ component of the IRCB program.

![Therapeutic Item](image)

**Figure 7**
A Screenshot of the Seeking Support Exercise in the IRCB Program that Encourages Adolescents to Write about the Benefits of Seeking Support

**Theoretical Frameworks for Increasing Help-Seeking Behaviours**

There are several models that seek to conceptualise help-seeking behaviours amongst adolescent populations. Biddle et al. (2007) developed a model that focused on why adolescents do not seek help. Biddle et al. (2007) described a circular process of avoidance, in which three interacting factors influence non-help-seeking behaviours including; how the individual adolescent conceptualises their mental distress, social meanings attached to help-seeking and treatment, and their own purposeful action of seeking help. The three components suggested by this theory indicate that help-seeking can be encouraged by increasing knowledge about symptoms of mental illness,
reduction of stigma surrounding mental health, and increasing knowledge about the important benefits of help-seeking.

A further model developed by Rickwood et al. (2005), which also focuses on conceptualising help-seeking behaviours amongst adolescent populations, proposes four stages to help-seeking. Rickwood et al. (2005) describe a multi-step process that begins with a general awareness and appraisal that one has a problem, a realisation that there is a need for assistance, identification of sources of help that can be accessed, and finally the willingness of the adolescent to seek out help.

The design of IRCB intervention is based on the help-seeking theoretical frameworks of Biddle et al. (2007) and Rickwood et al. (2005). Specifically, the IRCB program aims to provide mental health literacy concerning the effects of cyber bullying (e.g., increasing awareness that a common effect of cyber bullying is that it can intimidate people to the point of feeling alone and unsure of themselves and can significantly inhibit their ability to cope with such stress). The IRCB program uses CBT techniques to help adolescents identify early warning signs of unhelpful thinking. The program seeks to encourage positive attitudes towards seeking professional psychological help and aims to educate adolescents about the benefits of seeking professional psychological help.

Applying the three Coping Skills Set to the Increasing Resilience to Cyber Bullying Program

As part of the IRCB program students read a vignette about a victim of cyber bullying, to learn how to use the three coping skills taught within the IRCB program. In particular, students read how to incorporate learning the skill of self-compassion, the type of thinking patterns and beliefs that may help to reduce the effects of ruminating over the experience of being a victim of cyber bullying, and the benefits of seeking help. Figure 5 depicts a screenshot of a therapeutic item from the ‘applying the 3 coping skills set’ component of the Increasing Resilience to Cyber Bullying program.
Aim of the Increasing Resilience to Cyber Bullying Program

In summary, one of the aims of this research was to develop the IRCB program. The IRCB program is a classroom-based, self-directed online program that aims to advance adolescents’ mental health literacy and increase confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying, with an emphasis on increasing help-seeking behaviours.

The IRCB program was theoretically designed to help adolescents learn coping skills including; 1) learning to be self-compassionate in times of distress, 2) identifying early warning signs of unhelpful thinking, beliefs and rumination that may exacerbate personal distress, and 3) recognising the value of seeking support. The format of the self-help online program was structured to include: psycho-education about useful coping skills, guiding examples to reinforce prior learning, vignettes to illustrate how to combine each of the coping skills, and open ended questions to encourage adolescents to think about how the skills may benefit them personally.
CHAPTER 6: EVALUATION OF THE INCREASING RESILIENCE TO CYBER BULLYING PROGRAM

The primary aims of the IRCB program was to increase adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and facilitate helpful coping patterns, with an emphasis on increasing help-seeking behaviours. The effectiveness of the IRCB program was examined by delivering it to all participants within a classroom setting supervised by their teachers. Pre-, post- and follow-up online assessments measured the reported likelihood that students would use the three coping skills, confidence in their ability to cope in the future should they be a victim of cyber bullying and confidence in helping a friend cope with an experience of cyber bullying.

If the short classroom-based activity significantly increases adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and increases their self-confidence to effectively employ these skills, this research has the potential to contribute to the development and dissemination of early intervention programs that help build resilience to the effects of cyber bullying. The research aimed to contribute to the limited scholarly research available on empirically validated school-based interventions for coping with cyber bullying. The current research employed a quantitative and qualitative methodology to examine the effectiveness of the IRCB program, which we be described in the present chapter and results reported on in Chapters 6 to 8.

Hypotheses

In the current research it was predicted that adolescents would gain a number of benefits from completing the IRCB program. Specifically, the following hypotheses were tested:

Hypothesis 1 There will be an increase in adolescents’ likelihood of using the coping skill of self-compassion in the event of cyber bullying.

Hypothesis 2 There will be an increase in adolescents’ likelihood of using the coping skill of challenging unhelpful thinking in the event of cyber bullying.

Hypothesis 3 There will be an increase in adolescents’ likelihood of using the coping skill of seeking support in the event of cyber bullying.
Hypothesis 4  There will be an increase in adolescents’ confidence in their ability to cope with an experience of cyber bullying.

Hypothesis 5  There will be an increase in adolescents’ confidence in their ability to help a friend cope with an experience of cyber bullying.

**Method**

*Participants*

The sample consisted of 54 participants (48 males & 6 females), with 35% aged 14 years, 59% aged 15 years, and 6% aged 16 years ($M = 14.70$ years, $SD = 0.57$). All participants in the study were Year 9 or 10 students from an Australian secondary school (49 participants were students at a single-sex private catholic school and 5 participants were students at a government school). Figure 1 provides a flow-chart representation of participation in the IRCB program. Due to challenges with recruitment and time constraints (fitting in with the pre-arranged curricula of the participating schools within the 12 months that the research trial was open) only two of the eight schools that were approached (7 schools were approached via a research information sheet provided to school counsellors attending a psychological convention and a former government school that the researcher had attended was also approached) chose to participate in the study. The ethnicity of student participants and socio economic status is not known.

*Design*

A single group open trial design was employed, with the IRCB program delivered within a classroom setting and online assessments completed prior to starting the program, after completing the program, and three months after completion of the program.

*The Intervention*

The IRCB program is a classroom-based self-directed online program that aims to advance adolescents’ mental health literacy and increase confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying, with an emphasis on increasing help-seeking behaviours. The format of the self-help online program was structured to include; psycho-education
about useful coping skills, guiding examples to reinforce prior learning, vignettes to illustrate how to combine each of the coping skills, and open ended questions to encourage adolescents to think about how the skills may benefit them personally.

Consented to participate in the study
\((N = 54)\)

\[\text{Fig. 9}\]

Completed IRCB
pre-program assessment
\((N = 54)\)

Completed IRCB program
\((N = 54)\)

Completed IRCB post-program assessment
\(n = 39 (72\%)\) completed all of the assessment
\(n = 15 (28\%)\) completed some of the assessment

Analysis from pre-to-post-program using intention to treat
\((N = 54)\)

Completed IRCB
3-month follow-up assessment
\(n = 9 (17\%)\) completed all of the assessment
\(n = 1 (2\%)\) completed some of the assessment
\(n = 44 (81\%)\) completed none of the assessment

Analysis from pre-to-post program to the 3-month follow-up assessment using descriptive statistics \((n = 10)\)

Flow chart of participation in the IRCB program
The chief content writer for the program was the student investigator, a Doctor of Psychology (Clinical Psychology) candidate at Swinburne University of Technology. The final draft of the program was reviewed and edited by the principal supervisor (an Associate Professor in Psychology at Swinburne University of Technology). Two multi-media developers also conducted usability testing to ensure all components functioned as intended (e.g., to ensure adolescent participants were able to navigate through the program with ease). Two adolescent participants were recruited to critique the content of the program to ensure that the mental health information was provided in a clear concise manner, with terminology that adolescent participants reported as informative.

Students completed pre-and-post program questionnaires and the program in one sitting, which in total took approximately 60 minutes to complete. Students were asked to complete a further online follow-up questionnaire after three months, which took approximately 15 minutes to complete.

Measures

Online questionnaires were administered to participants at baseline (pre-program) after program completion (post-program) and three months after program completion (follow-up). The questionnaires (see Appendices A-B) obtained background demographic information (pre-program only), and questions about strategies for coping with cyber bullying, attitudes towards seeking help, help-seeking intentions and program satisfaction (post-program only). Specifically, participants were asked to identify helpful coping strategies for an experience of cyber bullying, to rate their likelihood of using those coping strategies themselves in the event of their being a victim of cyber bullying, and to rate their future help-seeking behavioural intentions and attitudes towards seeking help from a mental health professional for an experience of cyber bullying. Students were also asked to rate their confidence to cope with and/or help a friend cope with an experience with cyber bullying. Students were provided with an opportunity to provide feedback regarding how helpful they had found the IRCB program.

The demographic questions included questions about age and gender. After reading a definition of cyber bullying participants were asked to indicate if
they had ever been a victim of cyber bullying. Participants were also asked if they had ever sought counselling (e.g., counsellor, psychologist and/or psychiatrist). There were no existing measures to assess the likelihood of adolescents using the coping skills (self-compassion, challenge unhelpful thinking, and seeking seek support) taught in the program, therefore participants’ use of strategies to cope with cyber bullying was measured by questions developed by the author asking them to rate the extent to which they believed different coping strategies would be helpful for someone who is a victim of cyber bullying and the likelihood that they would use different coping strategies. Seven coping strategies were included: ruminate or repeatedly think about the problem; try not to think about it; challenge unhelpful thinking; ignore the problem; seek support from a trusted friend or adult; keep the problem to yourself and see if it goes away; and be self-compassionate (kind towards yourself). There were also no existing measures to measure self-confidence specific to cyber bullying therefore questions were also developed by the author regarding confidence to cope with cyber bullying. Specifically, students were asked to rate their self-confidence to cope in the future if they were a victim of cyber bullying and to rate their confidence to help a friend cope if they were a victim of cyber bullying.

The General Help-Seeking Questionnaire (GHSQ) was used to measure future help-seeking behavioural intentions (Ciarrochi & Deane, 2001). The GHSQ has been shown to predict future-help-seeking behaviours, which are fundamental to identifying factors within the IRCB program that may have led to an increase in general help-seeking behaviours and more specifically engaging with counselling services (Ciarrochi & Deane, 2001). Participants were asked to rate on a 7-point scale from 1 (extremely unlikely) to 7 (extremely likely) their likelihood of seeking help if they were a victim of cyber bullying, from each of eight sources of help: a teacher, friend, parent, other relative/family member, mental health professional (counsellor, psychologist, and/or psychiatrist), telephone helpline, doctor/General Practitioner, and other not listed. An additional item asked participants if they would be unlikely to seek help from anyone. The GHSQ has been found to have satisfactory reliability and validity and is reportedly a flexible measure of help-seeking intentions in a wide range of
contexts (Ciarrochi & Deane, 2001). In the present study the Cronbach’s alpha coefficient (at post-program assessment) for the GHSQ was $\alpha = .72$, which suggests good internal consistency.

The Attitudes Towards Seeking Professional Psychological Help Scale – short form (ATSPPH-S; Fischer & Farina, 1995, Fischer & Turner, 1970) was administered to measure attitudes towards seeking help from a mental health professional for an experience of cyber bullying. The 10-item revision of the original 29-item scale (Fischer & Farina, 1995) is rated on a 4-point scale ranging from 1 (disagree) to 4 (agree), with 5 of the 10 items reverse scored so that higher scores reflect more positive attitudes towards seeking professional psychological help. A sample item is “I would want to get psychological help if I were worried or upset for a long period of time.” Three of the items were reworded to reflect the vocabulary level of the target audience (adolescents). For example, “If I believed I was having a mental breakdown, my first inclination would be to get professional attention” was reworded as, “If I believed I was having a mental breakdown, my first thought would be to see a mental health professional (counsellor/psychologist)”. The internal consistency and reliability of this scale has been found to be adequate (Vogel et al., 2004). In the present study the Cronbach’s alpha coefficient (at post-program assessment) for this scale was $\alpha = .74$, which suggests good internal consistency.

Participants’ satisfaction with the IRCB program was measured by a question asking participants to rate how helpful they had found the program, which was rated on a 4-point scale ranging from 1 (not at all helpful) to 4 (very helpful). They were asked to write a brief statement to explain their answer. Participants were also asked to rate how likely they were to recommend the IRCB program to a friend, on a 4-point scale ranging from 1 (not at all likely) to 4 (very likely). An open ended question asked participants to provide any additional feedback about the program (e.g., likes/dislikes, suggested improvements).

**Procedure**

An information statement and consent form was made available for all students and parents to consider. Written parental and student consent was obtained for all participants. Students who chose to participate in this research
were required to individually complete the online IRCB program in a classroom format. Each participant was allocated a username and login password to access the program. Teachers were instructed to seat each student individually at a computer, assist students with logging on successfully, and to monitor privacy. It is not known if they assisted students with using the program. Students completed pre-and-post program questionnaires to test the effectiveness of the program. Students completed the IRCB program and pre-and-post program questionnaires within a single classroom session, lasting approximately 60 minutes. That is, students completed the pre-program questionnaire, the program and then the post-program questionnaire within a single classroom session: it is not known how long they spent using the program. Students who chose to participate in the follow-up session (3 months after program completion) completed the follow-up questionnaire within a single class session, lasting approximately 15 minutes. Students were provided with information on support services (e.g., Kids Help Line and Lifeline) and were free to withdraw from the study at any stage. This procedure was approved by the appropriate institutional ethical committee (attached in Appendix C).

**Power Analysis**

Target sample size required was calculated with GPower 3.1 (Erdfelder, Faul, & Buchner, 1996). A sample size of 128 was required to achieve power at 80% (α = .05), based on a predicted effect size of 0.25. Effect size was estimated based on previous research on the effect of interventions on help-seeking behaviour (Gulliver et al., 2012). This pilot study was a requisite initial step that was intended to test the efficacy of the intervention and identify modifications needed in the design for an anticipated larger subsequent randomised control trial.

**Data Analysis**

**Quantitative Analysis**

Results were analysed in SPSS Version 22. Pre- to post-program assessment data were analysed using intention-to-treat (ITT) analyses. For participants who did not complete all of the post-program questionnaire, pre-
intervention scores for their missing data were carried forward and used in the post-program assessments.

Data comparing help-seeking attitudes (from GHSQ and ATSPPH-S) from pre-to-post-program assessment were evaluated using a paired sample t-test. For the questions about likelihood of using coping skills to cope with cyber bullying only three of the seven coping skills were reported in the results section because these clearly related to the three main coping skills the program was designed to teach (self-compassion, challenging unhelpful thinking and seeking support) (however, see Appendix F for analyses of all seven coping skills). Therefore, this was ordinal data that could not be combined to form a scale and so it was not appropriate to use t-tests or ANOVA to analyse these data. Instead, the categorical data equivalent to a paired-samples t-test was used: McNemar test. McNemar test is a 2 x 2 classification table used to evaluate the difference between paired samples (e.g., pre-to-post program responses). The questions about confidence in ability to cope with and/or help a friend cope with an experience of cyber bullying at pre-to-post program assessment were also assessed by single items. Therefore this was ordinal data that was also evaluated using McNemar test.

Due to the large attrition rate at the 3-month follow-up assessment, changes in outcome measures between pre-program and 3-month follow-up and post-program and 3-month follow-up were examined using descriptive statistics only for those adolescents who completed the questionnaires.

**Qualitative Analysis**

Qualitative data was analysed using Thematic Analysis, as outlined by Braun and Clarke (2006). Six steps were followed to analyse the data. In step one, the student researcher immersed herself in the data by repeatedly reading over each transcript carefully, noting down any initial ideas for coding. Building upon the notes and ideas generated through data immersion, the researcher then generated initial codes, based on interesting features she observed in the data (step two). A second researcher coded 10% of the data and discrepancies in coding were discussed between the two coders until agreement was reached. The third step, searching for potential themes, involved sorting the different codes
into potential themes and gathering all data relevant to each potential theme. The fourth step, refinement of themes, involved reviewing themes to check that they represented meaningful patterns in responses and that they made sense in relation to all the qualitative data. During the fifth step, the themes were defined and named so that a clear idea was obtained of what the different themes were about, how they fit together (e.g., what aspect of the data each theme captured) and the overall story they told about the data (e.g., ensuring the themes reflected what the data set conveyed as a whole). Themes were discussed between the student researcher and a second researcher and refined until the final set of themes and sub-themes were agreed on by both researchers. The final stage, involved reporting on the qualitative findings and followed Braun and Clarke’s (2006) recommendation of using examples from the transcripts to illustrate the essence of each of the themes.
CHAPTER 7: QUANTITATIVE RESULTS
PRE-TO-POST-PROGRAM ASSESSMENT

Introduction
This chapter presents the results of the pre-to-post-program assessment of quantitative data analysis. Attrition rates, preliminary analysis, baseline characteristics and descriptive statistics are reported, followed by statistical testing.

Attrition Rates
All students were required to complete the program in order to progress to the post-program assessment phase of the research study. Hence, program completion rates largely reflected post-program assessment completion rates, with 72% participants completing all of the post-program assessment and the remaining 28% completing some but not all of the assessment.

An estimation of engagement with the program was made by examining responses to the activities in the program. Table 1 shows the percentage of participants who provided meaningful responses to each activity (labeled as “Completed Activity”), compared to the percentage of participants who either provided nonsensical responses (e.g. “s//vd”) or who copied the exact wording of instructions provided for each activity to get past the compulsory questions (both labeled as “Did Not Complete Activity”). This suggests that rates of non-engagement with the program ranged from 11-15%. For the last section of the program, “Applying the 3 Skills” participants had to select a response option rather than provide open ended response and this exercise was compulsory so 100% completion was obtained. It is not known how long participants were engaged in completing the program and the level of support the classroom teacher provided participants whilst they were completing the IRCB program.

The results showed that 15% adolescents disengaged with the IRCB program, by not completing all of the program activities. Twenty eight per cent of adolescents did not complete the post-program assessment. It is important to highlight that a large number (81%) of participants chose to disengage from further assessment at the three-month follow-up assessment.
Table 1

*Percentage of Participants Who Completed the Therapeutic Component of the IRCB Intervention*

<table>
<thead>
<tr>
<th>Section of Program</th>
<th>Completed Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 54 (%)</td>
</tr>
<tr>
<td><strong>Skill 1. Self-Compassion</strong></td>
<td></td>
</tr>
<tr>
<td>Activity 1</td>
<td>48 (89)</td>
</tr>
<tr>
<td>Activity 2</td>
<td>46 (85)</td>
</tr>
<tr>
<td>Activity 3</td>
<td>46 (85)</td>
</tr>
<tr>
<td><strong>Skill 2. Challenging Thinking</strong></td>
<td></td>
</tr>
<tr>
<td>Activity 1</td>
<td>46 (85)</td>
</tr>
<tr>
<td>Activity 2</td>
<td>46 (85)</td>
</tr>
<tr>
<td><strong>Skill 3. Seeking Support</strong></td>
<td></td>
</tr>
<tr>
<td>Activity 1</td>
<td>46 (85)</td>
</tr>
<tr>
<td><strong>Applying the 3 skills</strong></td>
<td></td>
</tr>
<tr>
<td>Activity 1</td>
<td>54 (100)</td>
</tr>
<tr>
<td>Activity 2</td>
<td>54 (100)</td>
</tr>
<tr>
<td>Activity 3</td>
<td>54 (100)</td>
</tr>
<tr>
<td>Activity 4</td>
<td>54 (100)</td>
</tr>
<tr>
<td>Activity 5</td>
<td>54 (100)</td>
</tr>
</tbody>
</table>

Table 1 shows the percentage of participants who completed the IRCB intervention. As can be seen from Table 1, 85% of participants provided meaningful responses to each activity, compared with approximately 15% of participants who either provided nonsensical responses (e.g. s\wd) or copied the exact wording of instructions provided for every activity.
**Preliminary Analysis**

Prior to testing hypotheses, preliminary analyses were performed to ensure the data file was free from errors and suitable for further analyses. Responses to the quantitative measures were obtained at 3 time points: pre-program (n = 54), post-program (n = 54) and follow-up (n = 10). This chapter focuses on the pre-to-post program data.

**Baseline Characteristics**

The influence of the following variables (gender, ever seen a counsellor, ever been a victim of cyber bullying, participant level of completion of the program) on the likelihood of adolescents employing effective coping skills (self-compassion, challenging unhelpful thinking, seeking support), self-rated confidence to cope with and/or help a friend cope with an experience of cyber bullying, feedback regarding the IRCB program and the likelihood of recommending the IRCB program, were tested using Fisher’s Exact test, with results indicating no statistically significant differences in the distribution.

**Descriptive Statistics**

Table 2 shows the percentage of participants giving each of the rating options regarding their likelihood of using each of the three core coping skills (self-compassion, challenging unhelpful thinking and seeking support) taught within the IRCB program should they be a victim of cyber bullying. The proportion of participants reporting that they would be ‘moderately’ to ‘very likely’ to use the coping skills of self-compassion, challenging negative thinking and seeking support increased from pre- to post-program assessment by 27%, 24% and 14% respectively.
Table 2

Percentages of Participants Giving Each of the Ratings for Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking, and Seeking Support in the Event of Cyber Bullying, at Pre-to-Post-Program Assessment

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>Pre-program</th>
<th>Post-program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 54 (%)</td>
<td>N = 54 (%)</td>
</tr>
<tr>
<td><strong>Self-Compassion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>8 (14.8)</td>
<td>5 (9.3)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>21 (38.9)</td>
<td>9 (16.7)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>17 (31.5)</td>
<td>21 (40.7)</td>
</tr>
<tr>
<td>Very likely</td>
<td>8 (14.8)</td>
<td>18 (33.3)</td>
</tr>
<tr>
<td><strong>Challenging Thinking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>5 (9.3)</td>
<td>8 (14.8)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>28 (51.9)</td>
<td>11 (22.2)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>19 (35.2)</td>
<td>23 (42.6)</td>
</tr>
<tr>
<td>Very likely</td>
<td>2 (3.7)</td>
<td>11 (20.4)</td>
</tr>
<tr>
<td><strong>Seeking Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>7 (13.0)</td>
<td>3 (5.6)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>14 (25.9)</td>
<td>10 (18.5)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>16 (29.6)</td>
<td>13 (25.9)</td>
</tr>
<tr>
<td>Very likely</td>
<td>17 (31.5)</td>
<td>27 (50.0)</td>
</tr>
</tbody>
</table>

Table 3 shows the percentage of participants giving each of the rating options regarding self-confidence to cope with and/or help a friend cope with an experience of cyber bullying. This suggests that prior to the intervention adolescent participants were high in perceived confidence to cope or help a friend cope with cyber bullying, with 80% and 98% of adolescents respectively reporting that they would be ‘moderately’ to ‘very confident’ to cope. These ratings remained high after completion of the program, with 87% and 94% of
adolescents respectively reporting that they would be ‘moderately’ to ‘very confident’ to cope or help a friend cope with an experience cyber bullying.

Table 3

Percentages of Participants Giving Each of the Ratings of Self-Confidence to Cope with and/or Help a Friend Cope with an Experience of Cyber Bullying at Pre-to-Post-Program Assessment

<table>
<thead>
<tr>
<th>Reported Confidence</th>
<th>Pre-program</th>
<th>Post-program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 54 (%)</td>
<td>N = 54 (%)</td>
</tr>
</tbody>
</table>

**Self-Confidence**

<table>
<thead>
<tr>
<th></th>
<th>N = 54 (%)</th>
<th>N = 54 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all confident</td>
<td>2 (3.7)</td>
<td>1 (3.7)</td>
</tr>
<tr>
<td>Slightly confident</td>
<td>9 (16.7)</td>
<td>4 (9.3)</td>
</tr>
<tr>
<td>Moderately confident</td>
<td>28 (51.9)</td>
<td>26 (53.7)</td>
</tr>
<tr>
<td>Very confident</td>
<td>15 (27.8)</td>
<td>17 (33.3)</td>
</tr>
</tbody>
</table>

**Confidence to Help a Friend**

<table>
<thead>
<tr>
<th></th>
<th>N = 54 (%)</th>
<th>N = 54 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all confident</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Slightly confident</td>
<td>1 (1.9)</td>
<td>3 (5.6)</td>
</tr>
<tr>
<td>Moderately confident</td>
<td>28 (51.9)</td>
<td>22 (48.1)</td>
</tr>
<tr>
<td>Very confident</td>
<td>25 (46.3)</td>
<td>23 (46.3)</td>
</tr>
</tbody>
</table>

**Intervention Outcomes**

Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking and Seeking Support in the Event of Cyber Bullying

Data comparing ratings of likelihood of using the three coping skills from pre-and-post-program assessment were evaluated using the McNemar test, with mean ratings and p-values shown in Table 4. There was a significant increase from pre- to post-program assessment in adolescents’ reported likelihood of using the coping skill of self-compassion in the event of cyber bullying ($\chi^2 = (1) 4.70, p < .001$). In addition, there was also a significant increase from pre- to post-program assessment in adolescents’ reported likelihood of using the coping
skill of challenging unhelpful thinking in the event of cyber bullying ($\chi^2 = 1$ 2.58, $p = .01$). However, there was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of seeking support in the event of cyber bullying ($\chi^2 = 1$ 10.42, $p = .06$).

Table 4

Mean Participant Ratings (SD) and $p$ value of the Comparisons from Pre-to-Post-Program Assessment Regarding Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking, and Seeking Support

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>$M$</th>
<th>$SD$</th>
<th>Possible Range</th>
<th>$p$-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Compassion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.46</td>
<td>.93</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.98</td>
<td>.94</td>
<td>1-4</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td><strong>Challenging Thinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.33</td>
<td>.70</td>
<td>1-4</td>
<td>.01*</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.69</td>
<td>.97</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td><strong>Seeking Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.80</td>
<td>1.04</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.20</td>
<td>.94</td>
<td>1-4</td>
<td>.06</td>
</tr>
</tbody>
</table>

Note. $N=54$
Note. *$p<.05$

Adolescents’ Confidence in Their Ability to Cope with and/or Help a Friend Cope with an Experience of Cyber Bullying

Data comparing participants’ ratings from pre-to post-program assessment regarding reported confidence in ability to cope with and/or help a friend cope with an experience of cyber bullying at pre-and-post-program assessment were evaluated using the McNemar test. Mean ratings and $p$-values shown in Table 5. There was no difference found in adolescents’ reported confidence in their ability to cope with an experience of cyber bullying between
pre- and post-program assessment ($\chi^2 = (1) 21.17, p>.05$). There also was no difference found in adolescents’ confidence in their ability to help a friend cope with an experience of cyber bullying between pre- and post-program assessment ($\chi^2 = (1) .06, p>.05$).

Table 5

Mean Participant Ratings (SD) and p value of the Comparisons from Pre-to-Post-Program Assessment Regarding Self-Confidence to Cope with and/or Help a Friend Cope with an Experience of Cyber Bullying

<table>
<thead>
<tr>
<th>Reported Confidence</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Confidence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>3.04</td>
<td>.78</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.17</td>
<td>.75</td>
<td>1-4</td>
<td>.22</td>
</tr>
<tr>
<td><strong>Confidence to Help a Friend</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>3.44</td>
<td>.54</td>
<td>1-4</td>
<td>.63</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.41</td>
<td>.60</td>
<td>1-4</td>
<td></td>
</tr>
</tbody>
</table>

Note. N=54
Note. *p<.05

Attitudes and Intentions towards Seeking Help for an Experience of Cyber Bullying

Data comparing help-seeking attitudes at pre-and-post-program assessment were evaluated using a paired sample t-test. Changes in mean ratings regarding future help-seeking behavioural intentions (GHSQ) and attitudes towards seeking help from a mental health professional (ATSPPH-S) from pre-to post-program assessment are shown in Table 6, along with $p$-values. There was a significant increase in adolescents’ general help-seeking behavioural intentions at pre-to-post-program assessment ($t (53) = 2.64, p =.01$). The eta squared statistic (.12) indicated a small effect size. There was also a significant increase in adolescents’ attitudes towards seeking professional psychological help at pre-to-post-program assessment ($t (53) = 2.73, p =.01$). The eta statistic (.12) also indicated a small effect size.
Table 6

Mean Participant Ratings (SD) and p value of the Comparisons from Pre-to-Post-Program Assessment Regarding Future Help-Seeking Behavioural Intentions (GHSQ) and Attitudes Towards Seeking Help from a Mental Health Professional (ATSPPH-S)

<table>
<thead>
<tr>
<th>Help-seeking Attitudes and Intentions</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHSQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>29.41</td>
<td>9.36</td>
<td>7-63</td>
<td></td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>33.41</td>
<td>11.23</td>
<td>7-63</td>
<td>.01*</td>
</tr>
<tr>
<td>ATSPPH-S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>26.31</td>
<td>4.53</td>
<td>10-40</td>
<td>.01*</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>27.72</td>
<td>5.17</td>
<td>10-40</td>
<td></td>
</tr>
</tbody>
</table>

Note. N=54
Note. *p<.05

Satisfaction with the IRCB Program

Participant Ratings of the IRCB Program

In the post-program questionnaire, participants were asked to rate how helpful they found the IRCB program, which was rated on a 4-point scale ranging from 1 (not at all helpful) to 4 (very helpful) (see Table 7). As can be seen from Table 7, the majority (87%) of participants described the IRCB program as helping them. Only a small percentage (13%) of participants responded that the IRCB program was not at all helpful.
Table 7

*Percentage of Participants Giving Each of the Ratings for How Helpful the IRCB Program Was at Post-Program Assessment*

<table>
<thead>
<tr>
<th>Participant rating</th>
<th>Post-program %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all helpful</td>
<td>12.8</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>23.1</td>
</tr>
<tr>
<td>Moderately helpful</td>
<td>43.6</td>
</tr>
<tr>
<td>Very helpful</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Note. N=39 post-program assessment

Table 8 shows participant ratings of their likelihood of recommending the IRCB program to a friend. As can be seen from Table 8, the majority (82%) of participants reported that they would be likely to recommend the IRCB program to a friend.

Table 8

*Percentage of Participants Giving Each of the Ratings for Likelihood of Recommending the IRCB Program to a Friend at Post-Program Assessment*

<table>
<thead>
<tr>
<th>Participant rating</th>
<th>Post program %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all likely</td>
<td>17.9</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>23.1</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>38.5</td>
</tr>
<tr>
<td>Very likely</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Note. N=39 post-program assessment

Taken together, the present study found evidence that the IRCB program was effective in increasing adolescents’ likelihood of using the coping skills of self-compassion and challenging thinking to cope with an experience of cyber
bullying. A further outcome of the current research was a significant increase in adolescents’ help-seeking attitudes and behavioural intentions to engage with counselling services, in the event of being a victim of cyber bullying. Adolescent participants’ reported a high level of program endorsement, with the majority (87%) of participants describing the IRCB program as helping them and reporting that they would be likely to recommend the IRCB program to a friend.
CHAPTER 8: QUANTITATIVE RESULTS PRE-PROGRAM TO POST-
PROGRAM TO 3-MONTH FOLLOW-UP ASSESSMENT

Introduction
This chapter presents the results from the three month follow-up assessment and compares participants’ responses between pre-program and follow-up assessment and post-program and follow-up assessment. Attrition rates and descriptive statistics are reported.

Attrition Rates
Of the 54 participants who completed the IRCB pre-program assessment, only 10 of those participants went on to complete the 3-month follow-up assessment. Due to the poor response rate (with 81% of participants disengaging from further participation at 3-month follow-up assessment) it was considered inappropriate to perform a statistical analysis at 3-month follow-up assessment. Therefore, descriptive statistics of measured variables at 3-month follow-up assessment are presented in this chapter.

Descriptive Statistics
Table 9 shows the percentage of participants from pre- to post-program to 3-month follow-up giving each of the rating options regarding their likelihood of using the coping skills of self-compassion, challenging unhelpful thinking, and seeking support to cope with an experience of cyber bullying. An inspection of Table 9 shows that among participants who completed the IRCB program there was an increase from pre-program to 3-month follow-up assessment by 24%, 41% and 19% respectively in the proportion of participants reporting that they would be ‘moderately’ to ‘very likely’ to use the coping skills (self-compassion, challenging unhelpful thinking and seeking support) taught within the program should they be a victim of cyber bullying. There were only small changes between post-program and follow-up assessment in the proportion of participants reporting likelihood of using the coping skills, suggesting likelihood of using the coping skills stayed relatively stable.
Table 9

Percentages of Participants Giving Each of the Ratings for Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking and Seeking Support to Cope with an Experience of Cyber Bullying from Pre-Program to Post-Program to 3-Month Follow-Up Assessment

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>Pre-Program N = 54 (%)</th>
<th>Post-Program N = 53 (%)</th>
<th>Follow-up N = 10 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Compassion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>8 (14.8)</td>
<td>5 (9.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>21 (38.9)</td>
<td>9 (17.0)</td>
<td>3 (30.0)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>17 (31.5)</td>
<td>21 (39.6)</td>
<td>6 (60.0)</td>
</tr>
<tr>
<td>Very likely</td>
<td>8 (14.8)</td>
<td>18 (34.0)</td>
<td>1 (10.0)</td>
</tr>
<tr>
<td>Challenging Thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>5 (9.3)</td>
<td>08 (15.1)</td>
<td>1 (10.0)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>28 (51.9)</td>
<td>11 (20.8)</td>
<td>1 (10.0)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>19 (35.2)</td>
<td>23 (43.4)</td>
<td>5 (50.0)</td>
</tr>
<tr>
<td>Very likely</td>
<td>2 (3.7)</td>
<td>11 (20.8)</td>
<td>3 (30.0)</td>
</tr>
<tr>
<td>Seeking Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all likely</td>
<td>7 (13.0)</td>
<td>3 (5.7)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>14 (25.9)</td>
<td>10 (18.9)</td>
<td>2 (20.0)</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>16 (29.6)</td>
<td>13 (24.5)</td>
<td>3 (30.0)</td>
</tr>
<tr>
<td>Very likely</td>
<td>17 (31.5)</td>
<td>27 (50.9)</td>
<td>5 (50.0)</td>
</tr>
</tbody>
</table>

Table 10 shows the percentage of participants from pre- to post-program to three month follow-up assessment giving each of the rating options regarding their reported self-confidence and/or self-confidence to help a friend cope with an experience of cyber bullying. An inspection of Table 10 suggests that adolescents’ confidence to cope or to help a friend cope with an experience of cyber bullying remained high from pre- to post-program to follow-up. Among adolescents who completed the 3-month follow-up assessment all reported at this
time that they would be ‘moderately’ or ‘very confident’ to cope and to help a friend cope with an experience of cyber bullying.

Table 10

**Percentages of Participants Giving Each of the Ratings of Self-Confidence and/or Self-Confidence to Help a Friend to Cope with an Experience of Cyber Bullying at Pre-Program to Post-Program to 3-Month Follow-Up Assessment**

<table>
<thead>
<tr>
<th>Reported Confidence</th>
<th>Pre-Program N = 54 (%)</th>
<th>Post-Program N = 48 (%)</th>
<th>Follow-up N = 10 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Confidence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all confident</td>
<td>2 (3.7)</td>
<td>1 (2.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Slightly confident</td>
<td>9 (16.7)</td>
<td>4 (8.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Moderately confident</td>
<td>28 (51.9)</td>
<td>26 (54.2)</td>
<td>7 (70.0)</td>
</tr>
<tr>
<td>Very confident</td>
<td>15 (27.8)</td>
<td>17 (35.4)</td>
<td>3 (30.0)</td>
</tr>
<tr>
<td><strong>Confidence to Help a Friend</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all confident</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Slightly confident</td>
<td>1 (1.9)</td>
<td>3 (6.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Moderately Confident</td>
<td>28 (51.9)</td>
<td>22 (45.8)</td>
<td>5 (50.0)</td>
</tr>
<tr>
<td>Very Confident</td>
<td>25 (46.3)</td>
<td>23 (47.9)</td>
<td>5 (50.0)</td>
</tr>
</tbody>
</table>

**Intervention Outcomes**

*Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking and Seeking Support in the Event of Cyber Bullying*

Mean ratings at pre-program, post-program and 3-month follow-up assessment regarding likelihood of using the coping skills of self-compassion, challenging unhelpful thinking, and seeking support in the event of cyber bullying, are shown in Table 11. Table 11 suggests that from pre-program to 3-month follow-up assessment there was an increase in adolescents’ likelihood of using all three coping skills (self-compassion, challenging unhelpful thinking and seeking support) in the event of cyber bullying. There were only small changes between post-program and follow-up assessment in the proportion of participants
reporting likelihood of using the coping skills, suggesting likelihood of using the coping skills stayed relatively stable.

Table 11
Mean Values (SD) of Participants Giving Each of the Ratings for Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking and Seeking Support to Cope with an Experience of Cyber Bullying, at Pre-Program to 3-Month Follow-Up Assessment

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>Range</th>
<th></th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Compassion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.46</td>
<td>.93</td>
<td>1-4</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.98</td>
<td>.96</td>
<td>1-4</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>2.80</td>
<td>.63</td>
<td>1-4</td>
</tr>
<tr>
<td>Challenging Thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.33</td>
<td>.70</td>
<td>1-4</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.70</td>
<td>.97</td>
<td>1-4</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>3.00</td>
<td>.94</td>
<td>1-4</td>
</tr>
<tr>
<td>Seeking Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.80</td>
<td>1.04</td>
<td>1-4</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.21</td>
<td>.95</td>
<td>1-4</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>3.30</td>
<td>.82</td>
<td>1-4</td>
</tr>
</tbody>
</table>

Note. N=54 pre-program assessment
Note. N=53 post-program assessment
Note. N=10 follow-up assessment

Confidence in Adolescents’ Ability to Cope with and/or Help a Friend Cope with an Experience of Cyber Bullying

Mean ratings at pre-program to post-program to 3-month-follow-up assessment regarding participants’ reported confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying, are shown in Table 12. Table 12 suggests that from pre-program to follow-up assessment there were increases in adolescents’ confidence in their ability to cope or to help
a friend cope with an experience of cyber bullying. However, these increases were very small and it is important to note that adolescents reported feeling confident in their ability to cope and/or help a friend cope prior to having completed the IRCB program.

Table 12

Mean Values (SD) of Participants Giving Each of the Rating for Reported Self-Confidence and/or Self-Confidence to Help a Friend Cope with an Experience of Cyber Bullying, at Pre-Program to 3-Month Follow-Up Assessment

<table>
<thead>
<tr>
<th>Reported Confidence</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Confidence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>3.04</td>
<td>.78</td>
<td>1-4</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.23</td>
<td>.69</td>
<td>1-4</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>3.30</td>
<td>.48</td>
<td>1-4</td>
</tr>
<tr>
<td><strong>Confidence to Help a Friend</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>3.44</td>
<td>.54</td>
<td>1-4</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>3.42</td>
<td>.61</td>
<td>1-4</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>3.50</td>
<td>.53</td>
<td>1-4</td>
</tr>
</tbody>
</table>

Note. N=54 pre-program assessment
Note. N=48 post-program assessment
Note. N=10 follow-up assessment

Attitudes and Intentions Towards Seeking Help for an Experience of Cyber Bullying

Mean ratings regarding future help-seeking behavioural intentions (as measured by the GHSQ) and attitudes towards seeking help from a mental health professional (as measured by the ATSPPH-S) from pre- to post-program to 3-month follow-up assessment are shown in Table 13. An inspection of Table 13 suggests that there was an improvement in adolescents’ general help-seeking attitude from pre-program to 3-month follow-up assessment. There also appeared to be an increase in adolescents’ attitudes towards seeking professional psychological help from pre-program to 3-month follow-up assessment. Whilst there was a slight decrease between post-program and follow-up assessment, the proportionate increase in participants’ general help-seeking attitudes and
attitudes towards seeking professional psychological help scores were maintained between pre-program to 3-month follow-up assessment.

Table 13

Mean Values (SD) of Participants Giving Each of the Ratings for Likelihood of Using the Coping Skills of Help-seeking Attitudes and Intentions at Pre-Program to 3-Month Follow-Up Assessment

<table>
<thead>
<tr>
<th>Help-seeking Attitudes And Intentions</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHSQ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>29.41</td>
<td>9.36</td>
<td>7-63</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>33.73</td>
<td>11.30</td>
<td>7-63</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>31.70</td>
<td>9.80</td>
<td>7-63</td>
</tr>
<tr>
<td>ATSPPH-S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>26.31</td>
<td>4.53</td>
<td>10-40</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>28.18</td>
<td>5.31</td>
<td>10-40</td>
</tr>
<tr>
<td>Follow-up assessment</td>
<td>27.30</td>
<td>4.67</td>
<td>10-40</td>
</tr>
</tbody>
</table>

Note. $N=54$ pre-program assessment GHSQ and ATSPPH-S
Note. $N=52$ post-program assessment GHSQ
Note. $N=44$ post-program assessment ATSPPH-S
Note. $N=10$ follow-up assessment GHSQ and ATSPPH-S

Satisfaction with the Increasing Resilience to Cyber Bullying Program

Participant Ratings of the Increasing Resilience to Cyber Bullying Program

In the 3-month-follow-up-program questionnaire, participants were asked to rate how helpful they found the IRCB program, which was rated on a 4-point scale ranging from 1 (not at all helpful) to 4 (very helpful). Table 14 shows a comparison in these ratings given at post-program and 3-month follow-up assessment. As can be seen from Table 14, at 3-month-follow-up assessment all participants described the IRCB program as helping them, as compared to post-program assessment (87%).
Table 14

*Percentage of Participants Giving Each of the Ratings for How Helpful the IRCB Program Was at Post-Program to 3-Month Follow-Up Assessment*

<table>
<thead>
<tr>
<th>Participant feedback</th>
<th>Post-program %</th>
<th>Follow-up %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all helpful</td>
<td>12.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>23.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Moderately helpful</td>
<td>43.6</td>
<td>55.6</td>
</tr>
<tr>
<td>Very helpful</td>
<td>20.5</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Note. N= 39 post-program assessment
Note. N= 9 follow-up assessment

Table 15 shows participant ratings of their likelihood of recommending the IRCB program to a friend at post-program and 3-month follow-up. As can be seen from Table 15, at 3-month-follow-up assessment all participants reported a likelihood of recommending the IRCB program to a friend, as compared to post-program assessment (82%).

Table 15

*Percentage of Participants Giving Each of the Ratings for Likelihood of Recommending the IRCB Program to a Friend at Post-Program to 3-Month Follow-Up Assessment*

<table>
<thead>
<tr>
<th>Participant feedback</th>
<th>Post-program %</th>
<th>Follow-up %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all likely</td>
<td>17.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Slightly likely</td>
<td>23.1</td>
<td>22.2</td>
</tr>
<tr>
<td>Moderately likely</td>
<td>38.5</td>
<td>66.7</td>
</tr>
<tr>
<td>Very likely</td>
<td>20.5</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Note. N= 39 post-program assessment
Note. N= 9 follow-up assessment

In summary, an examination of obtained means from pre-to-3-month -follow-up assessment suggest an increase in adolescents’ likelihood of employing the coping skills of self-compassion, challenging unhelpful thinking
and seeking support in the event of cyber bullying. An increase in participants’
general help-seeking attitudes and attitudes towards seeking professional
psychological help scores were also maintained between pre-program to 3-month
follow-up assessment. Comparison in ratings of satisfaction with the IRCB
program, between post-program to 3-month follow-up assessment, revealed a
high level of endorsement of the program at 3-month-follow-up assessment. In
particular, at 3-month-follow-up assessment all participants described the IRCB
program as helping them and all participants reported a likelihood of
recommending the IRCB program to a friend, as compared to post-program
assessment.
CHAPTER 9: QUALITATIVE RESULTS

This chapter presents the results of the qualitative component of the study. A thematic analysis of participant evaluations of the IRCB program will be presented first, followed by participant feedback regarding self-confidence to cope and/or help a friend cope with an experience of cyber bullying (pre-and-post-program assessment), and finally a thematic analysis of the therapeutic component of the IRCB program will be presented.

Participant Evaluations of the Increasing Resilience to Cyber Bullying Program

In evaluating a program such as the IRCB program it is important to assess what participants enjoyed most, as well as what they liked least and allow participants to make suggestions for improvement. Thematic analysis was used to explore participant evaluations of the IRCB program at post-program assessment and also at 3-month follow-up assessment. In particular, the questionnaires contained a question “how helpful have you found the Increasing Resilience to Cyber Bullying program? Please write a sentence or two explaining your answer”. The questionnaire contained an additional open-ended question, “Please provide any additional feedback about this program below: e.g., likes, dislikes, suggested improvements”.

Post-Program Assessment

Four participant themes were identified at post-program assessment; ‘likes’, ‘dislikes’, ‘suggested improvements’, and ‘recommendation for the IRCB program’. These themes and their sub-themes are outlined in Table 16. In the following section, illustrative quotes for each sub-theme are provided, with the participant code, age and gender of each participant provided to distinguish between participants.
Table 16
Themes and Sub-Themes from Participant Evaluations of the IRCB Program at Post-Program Assessment

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likes</td>
<td>The program was helpful in teaching coping skills to cope and/or help a friend cope with an experience of cyber bullying (n = 26)</td>
</tr>
<tr>
<td></td>
<td>Liked completing the program (n = 8)</td>
</tr>
<tr>
<td></td>
<td>The program provided clear explanations and was easy to complete (n = 4)</td>
</tr>
<tr>
<td></td>
<td>Therapeutic benefits from learning coping skills (e.g., expressing feelings and identifying thinking patterns) (n = 2)</td>
</tr>
<tr>
<td></td>
<td>The program influenced my attitudes/opinions on the topic of cyber bullying (n = 2)</td>
</tr>
<tr>
<td>Dislikes</td>
<td>Too many questions and/or repetition of questions (n = 7)</td>
</tr>
<tr>
<td></td>
<td>Not informative (n = 3)</td>
</tr>
<tr>
<td></td>
<td>Not interesting (n = 2)</td>
</tr>
<tr>
<td>Suggested Improvements</td>
<td>Allow participants to provide more personal information (e.g., delving into personal experience) (n = 5)</td>
</tr>
<tr>
<td>Recommend the Program</td>
<td>Recommend the IRCB program to a friend (n = 4)</td>
</tr>
</tbody>
</table>

**Likes**
The majority of the feedback about the program was supportive. Many participants made specific mention of the benefit of learning new skills to cope with an experience of cyber bullying.

*It has well informed me about ways to help myself if I am bullied in the future, I have knowledge and understanding of how to cope and help others (306350, Male, age 15).*
I thought it was really helpful so you would know what to do if it did happen to me or someone I know (403250, Male, age 15).

I have found the Increasing Resilience to Cyber Bullying program very helpful because it has taught me more about cyber bullying and how to deal with it if it ever happens to me (145318, Male, age 14).

Several participants made reference to having liked the program.

I liked the program because it taught me some simple skills to help (519128, Male, age 15).

I liked the program and what it talked about. I don't think much could improve because it does well in getting the word across (768380, Male, age 15).

Participants commented that the program was easy to complete.

It was helpful, I liked how simple it was, it was easy to complete (305059, Male, age 14).

I like that it explains everything clearly (824960, Male, age 15).

Participants also discussed the therapeutic outcomes of learning new coping skills.

It's good to get my feelings out (491360, Female, age 15).

I liked this because it gets you to think about what you are thinking (862396, Male, age 15).

Participants also made reference to the program having educated them on how a victim may experience cyber bullying, which they believed influenced their attitudes towards cyber bullying.

It will help people learn about how kids feel about cyber bullying (594604, Male, age 16).

It’s made me think more about my attitudes towards cyber bullying, and changed my opinion on some as well (768380, Male, age 15).

Dislikes

The participants who replied that the program was not helpful described the program as uninteresting, not teaching them anything they had not already known, and/or commented that the program contained too many questions, which were repetitive.

Went for too long and you get bored (280313, Male, age 14).

I already knew most of this (876760, Male, age 14).
I disliked the amount of questions, less questions, it was ok (952236, Male, age 14).

The questions were very boring and it repeated itself lots. This questionnaire does not concern me (657226, Male, age 15).

**Suggested Improvements**

Several participants provided feedback that they would have liked the opportunity to provide more personal information (e.g., delving into personal experience, specifying experiences of cyber bullying with different multi-media formats).

*Try to get a little more personal information such as if some uses Facebook or msn (232192, Male, age 15).*

*Could try to delve more deeply into personal experience getting them to tell you about their past experiences (968380, Male, age 15).*

**Recommendation for the IRCB Program**

Participants advised that they would recommend the IRCB program to a friend.

*I think everyone should read this. I have a friend that could use this (103652, Female, age 14).*

*It is a good and informative and I think many people could benefit from it (320935, Male, age 14).*

**Follow-Up Assessment**

Three themes were identified from participants’ feedback at 3-month follow-up assessment; ‘likes’, ‘dislikes’, and ‘recommendation for the IRCB program’. These themes and their sub-themes are outlined in Table 17. As can be seen from Table 17, similar themes and sub-themes were identified at follow-up assessment compared to at the post-program assessment, regarding participant evaluations of the IRCB program. However, due to only 10 participants having completed the follow-up assessment, there was less feedback regarding what participants enjoyed most, as well as what they liked least about the program, and participants did not make suggestions for improvement.
Table 17

Themes and Sub-Themes from Participant Evaluations of the IRCB Program at Follow-Up Assessment

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Likes</strong></td>
<td>The program was helpful in teaching coping skills to cope and/or help a friend cope with an experience of cyber bullying (n = 7)</td>
</tr>
<tr>
<td></td>
<td>Liked the program (n = 3)</td>
</tr>
<tr>
<td></td>
<td>The program provided clear explanations and was easy to complete (n = 1)</td>
</tr>
<tr>
<td><strong>Dislikes</strong></td>
<td>Too many questions and/or repetition of questions (n = 1)</td>
</tr>
<tr>
<td><strong>Recommend the Program</strong></td>
<td>Recommend the IRCB program to a friend (n = 1)</td>
</tr>
</tbody>
</table>

**Participant Feedback Regarding Self-Confidence to Cope and/or Help a Friend Cope with an Experience of Cyber Bullying**

Thematic analysis was used to explore participants’ feedback regarding their self-confidence to cope and/or help a friend cope with an experience of cyber bullying at pre- to post-program to 3-month follow-up assessment. In particular, students were directly asked to rate their self-confidence to cope in the future if they were a victim of cyber bullying and were asked to write a sentence or two explaining their rating they gave regarding their self-confidence to cope in the future if they were a victim of cyber bullying.

**Pre-Program Assessment**

Identified participant themes and their sub-themes at pre-program assessment, are outlined in Table 18. As can be seen from Table 18, there were a number of themes and their related sub-themes regarding participant feedback about their self-confidence to cope and/or help a friend cope with an experience of cyber bullying.
Table 18
*Themes and Sub-Themes from Participant Qualitative Responses at Pre-Program Assessment Regarding Self-Confidence to Cope in the Future if They Were to be a Victim of Cyber Bullying*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme ((N = 54))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Confidence in Coping with An Experience of Cyber Bullying</td>
<td>I would feel self-confident to cope with an experience of cyber bullying ((n = 27))</td>
</tr>
<tr>
<td></td>
<td>I would not feel confident to cope with an experience of cyber bullying ((n = 10))</td>
</tr>
<tr>
<td>Knowledge Regarding Coping With an Experience of Cyber Bullying</td>
<td>I have some knowledge of how to cope with cyber bullying ((n = 17))</td>
</tr>
<tr>
<td></td>
<td>I have limited knowledge of how to cope with cyber bullying ((n = 2))</td>
</tr>
<tr>
<td>Effects of Cyber Bullying on Confidence and Wellbeing</td>
<td>Cyber Bullying affects your self-confidence ((n = 12))</td>
</tr>
<tr>
<td></td>
<td>I would not worry if cyber bullied ((n = 9))</td>
</tr>
<tr>
<td></td>
<td>An experience of cyber bullying would not affect my self-confidence ((n = 6))</td>
</tr>
<tr>
<td></td>
<td>I would experience distress if I was cyber bullied ((n = 6))</td>
</tr>
<tr>
<td></td>
<td>It depends on the type of bullying ((e.g.,, once off vs. ongoing) as to how it affects your confidence ((n = 3))</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>I have high self-esteem ((n = 9))</td>
</tr>
</tbody>
</table>

(Continued)
Table 18
Themes and Sub-Themes from Participant Responses Regarding Self-Confidence to Cope in the Future if You Were to be a Victim of Cyber Bullying Pre-Program Assessment (Continued)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of Cyber Bullying</td>
<td>I have been a victim of cyber bullying and/or I have secondhand experience from others who have been a victim of cyber bullying (n = 7)</td>
</tr>
<tr>
<td>Active Coping Strategies</td>
<td>I would tell someone (n = 6)</td>
</tr>
<tr>
<td></td>
<td>I would stand up to the bully and/or take care of the problem as soon as it starts (n = 2)</td>
</tr>
<tr>
<td>Passive Coping Strategies</td>
<td>I would ignore the problem and/or keep the problem to oneself (n = 4)</td>
</tr>
</tbody>
</table>

Self-Confidence in Coping with an Experience of Cyber Bullying

Twenty-seven participants reported at pre-program assessment that they would feel self-confident to cope with an experience of cyber bullying.

*I would feel very confident (438351, Male, age 14).*

*I would be very confident (876760, Male, age 14).*

In comparison, ten participants at pre-program assessment reported that they would not feel confident to cope with an experience of cyber bullying.

*I would not feel confident about the situation at all (721304, Male, age 15).*

Knowledge Regarding Coping with an Experience of Cyber Bullying

Participants commonly reported having prior knowledge of how to cope with cyber bullying, which increased their self-confidence to cope and/or help a friend cope with an experience of cyber bullying.
I have learnt many things from school so that I am confident in dealing with cyber bullying in the future (824960, Male, age 15).

I think that I would deal with it quite confidently and know what strategies to employ (365924, Male, age 15).

I would know who to go to and make the right call (280313, Male, age 14).

A couple of participants described having limited knowledge as adversely affecting their self-confidence to cope and/or help a friend cope with an experience of cyber bullying.

I would not feel self-confident. I would only know the basics (913455, Male, age 15).

Well I wouldn’t be very confident because I wouldn’t know what to say (403250, Male, age 15).

**Effects of Cyber Bullying on Confidence and Wellbeing**

Participants’ responses reflected themes that related to the effect of cyber bullying on their confidence and wellbeing. Five sub-themes identified included; ‘An experience of cyber bullying would not affect my self-confidence’ vs. ‘An experience of cyber bullying would affect my self-confidence’, ‘It depends on the type of bullying (e.g., once off vs. ongoing) as to how cyber bullying influences my self-confidence, and ‘I would not worry if I was a victim of cyber bullying’ vs. ‘I would worry/experience distress if I was a victim of cyber bullying’.

Twelve participants reported that an experience of cyber bullying would have an effect on their self-confidence.

It would reduce my confidence (344995, Female, age 16).

Conversely, six participants reported that an experience of cyber bullying would not have an effect on their self-confidence.

I believe that cyber bullying would not have an effect on me (320935, Male, age 14).
Several participants reported that they would not worry if they were cyber bullied.

*If it was cyber bullied I would not worry about it* (788787, Male, age 15).

Participants also reported that they would worry and/or experience distress if they were to become a victim of cyber bullying

*I would be distressed* (246310, Female, age 15).

*I would worry* (788787, Male, age 15).

A few participants reported that it would depend on the type of bullying (once off vs. ongoing) as to how an experience of cyber bullying would affect their confidence.

*If it was an on-going thing, my self-confidence would drop. But if it was not as bad I could easily brush it off* (576696, Male, age 15).

**Self-Esteem**

Nine participants reported having a high level of self-esteem, which they believed would help them feel confident to cope and/or help a friend cope with an experience of cyber bullying.

*I believe that I have a moderately high self-esteem and that cyber bullying would not have a large effect on me* (320935, Male, age 14).

*I think that I am a self-confident person and I am very good at shrugging off criticism* (755966, Male, age 14).

**Experience of Cyber Bullying**

Participants described prior experiences of cyber bullying as increasing their self-confidence to cope with and/or help a friend cope with an experience of cyber bullying.

Participants also described experiences of being a victim of cyber bullying oneself and/or having second hand experience from knowing people who have been victims of cyber bullying, as increasing their confidence to cope with an experience of cyber bullying.

*I am very confident to begin with and have been bullied a lot of my life so I know how to stay confident in these situations* (768380, Male, age 15).
I would be confident to go to a parent or teacher about this issue, seeing as it has happened to me in the past (594604, Male, age 16).

I would feel confident because I have experienced it second hand from friends and know how to deal with it (438351, Male, age 14).

Conversely, participants reported that they do not get cyber bullied and/or cyber bulling is not an issue of concern to them.

I believe that things like this don’t usually affect me it really shouldn’t even be classed as bullying (305059), Male, age 14).

I don’t get cyber bullied (314974, Male, age 15).

**Active Coping Strategies**

A number of other participants described active coping strategies in dealing with cyber bullying.

Six participants reported that they would seek support for an experience of cyber bullying.

I would go to someone and tell them that I am getting bullied (952236, Male, age 14).

If I was cyber bullied in the future I would definitely seek help (790490, Male, age 15).

Participants also reported positive thinking as a coping strategy for an experience of cyber bullying.

I would be confident because I would think about better and funner times (876760, Male, age 14).

I always see the positive side of things (519128, Male, age 15).

A couple of participants reported that they would stand up to the bully or take care of the problem as soon as it starts.

I would take care of the problem as soon as it starts (657226, Male, age 15).

I would be confident in standing up to the problem/bully (952236, Male, age 14).
**Passive Coping Strategies**

A few participants described passive coping strategies in dealing with an experience of cyber bullying, including ignoring the problem and keeping the problem to oneself.

*I think that I would just ignore the problem (291766, Male, age 14).*

*I would probably just hide it and not tell anyone and not get any help (377789, Male, age 15).*

**Post-Program Assessment**

Similar themes and sub-themes were identified at post-program assessment compared to pre-program assessment regarding participants’ feedback on their self-confidence to cope and/or help a friend cope with an experience of cyber bullying. However, additional themes reflected the influence of the IRCB program on self-confidence to cope with an experience of cyber bullying. Participant themes and their sub-themes, identified at post-program assessment, are outlined in Table 19.

In contrasting pre-and-post program qualitative analysis of participant responses regarding their self-confidence to cope and/or help a friend cope with an experience of cyber bullying, there were identified differences in themes and their related sub-themes. In particular the theme of ‘passive coping strategies’ and the sub-themes of ‘I have limited knowledge of how to cope with cyber bullying’, ‘I would experience distress if I was a victim of cyber bullying’ and ‘the type of cyber bullying (e.g., single experience vs. ongoing bullying) influences confidence and wellbeing’ were only identified at pre-program assessment. In addition, there were two additional themes identified post-program assessment: ‘increased knowledge of how to cope with an experience of cyber bullying’ and ‘increased self-confidence to cope with an experience of cyber bullying’. These additional themes are discussed below, along with illustrative quotes.
Table 19
Themes and Sub-Themes Identified at Post-Program Assessment from Participant Responses Regarding Self-Confidence to Cope in the Future if They Were to be a Victim of Cyber Bullying

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 46)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Confidence in Coping with An Experience of Cyber Bullying</td>
<td>I would feel self-confident to cope with an experience of cyber bullying (n = 30)</td>
</tr>
<tr>
<td></td>
<td>I would not feel confident to cope with an experience of cyber bullying (n = 5)</td>
</tr>
<tr>
<td>Knowledge Regarding Coping With an Experience of Cyber Bullying</td>
<td>I have some knowledge of how to cope with cyber bullying (n = 19)</td>
</tr>
<tr>
<td>Increased Knowledge</td>
<td>I have increased knowledge of coping skills (n = 14)</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>I have high self-esteem (n = 8)</td>
</tr>
<tr>
<td>Effects of Cyber Bullying on Confidence and Wellbeing</td>
<td>An experience of cyber bullying would not affect my self-confidence (n = 6)</td>
</tr>
<tr>
<td></td>
<td>Bullying affects your self-confidence (n = 2)</td>
</tr>
<tr>
<td></td>
<td>I would not worry if cyber bullied (n = 2)</td>
</tr>
<tr>
<td>Active Coping Strategies</td>
<td>I would tell someone (n = 5)</td>
</tr>
<tr>
<td></td>
<td>Positive thinking (n = 3)</td>
</tr>
<tr>
<td>Past Experiences of bullying does not Cyber Bullying</td>
<td>I have not been a victim and/or cyber happen to me (n = 4)</td>
</tr>
<tr>
<td></td>
<td>I have been a victim of cyber bullying and/or I have secondhand experience from others who have been a victim of cyber bullying (n = 3)</td>
</tr>
<tr>
<td>Increased Self-Confidence</td>
<td>I have more self-confidence to cope with cyber bullying (n = 4)</td>
</tr>
</tbody>
</table>
**Increased Knowledge**

Participants commonly reported having increased knowledge of skills to cope and/or help a friend cope with an experience of cyber bullying, after completing the IRCB program.

*Now that I know more about cyber bullying I would be more willing to help myself* (715151, Male, age 15).

*This program has helped educate me* (824960, Male, age 15).

*After learning about ways to cope with cyber bullying I have a further understanding of how to cope with it and help others* (945535, Male, age 15).

*I feel that I could easily tell someone if I felt like I was being bullied and I could support myself to be self-compassionate and challenge bad thought* (576696, male, age 15).

*I have learnt that coping with cyber bullying is hard but not as bad as not doing anything* (715151, Male, age 15).

**Increased Self-Confidence**

A few participants described having increased self-confidence to cope and/or help a friend cope with an experience of cyber bullying, after completing the IRCB program.

*I would have more self-confidence if I was to cope with cyber bullying in the future* (145318, Male, age 14).

*I think now I would be more equipped in dealing with it* (870760, Male, age 14).

*I was already confident when it came to bullying but learning more about coping techniques has given me new ideas and more confidence* (738380, Male, age 15).

*Now that I know how I can deal with the problem it gives me confidence to ask for help if needed* (945535, Male, age 15).

**Follow-Up Assessment**

Similar themes and sub-themes were identified at the 3-month follow-up assessment compared to pre- and post-program assessment regarding participants’ feedback on their self-confidence to cope and/or help a friend cope with an experience of cyber bullying. However, there were some identified differences in themes and their related sub-themes regarding participants’ feedback about
their self-confidence to cope and/or help a friend cope with an experience of cyber bullying. Identified participant themes and their sub-themes follow-up assessment, are outlined in Table 20.

Table 20
*Themes and Sub-Themes Identified from Participant Responses at Follow-Up Assessment Regarding Self-Confidence to Cope in the Future if They Were to be a Victim of Cyber Bullying*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Confidence in Coping with An Experience of Cyber Bullying</td>
<td>I would feel self-confident to cope experience of cyber bullying (n = 5)</td>
</tr>
<tr>
<td></td>
<td>It depends on the type of bullying (e.g., once off vs. ongoing) as to how it affects your confidence (n = 3)</td>
</tr>
<tr>
<td>Effects of Cyber Bullying On Confidence and Wellbeing</td>
<td>An experience of cyber bullying would not affect my self-confidence (n = 2)</td>
</tr>
<tr>
<td></td>
<td>I would not worry if cyber bullied / I don’t get upset easily (n = 2)</td>
</tr>
<tr>
<td></td>
<td>I have high self-esteem (n = 2)</td>
</tr>
<tr>
<td>Knowledge Regarding Coping With an Experience of Cyber Bullying</td>
<td>I have some knowledge of how to cope with cyber bullying (n = 1)</td>
</tr>
<tr>
<td>Experience of Cyber Bullying</td>
<td>I have not been a victim and/or cyber bullying does not happen to me (n = 1)</td>
</tr>
<tr>
<td></td>
<td>I have been a victim of cyber bullying and/or I have secondhand experience from others who have been a victim of cyber bullying (n = 1)</td>
</tr>
</tbody>
</table>

An inspection of Table 20 reveals that at follow-up assessment the sub-themes of ‘I would not feel confident to cope with an experience of cyber bullying’ and ‘bullying affects your self-confidence’, were only identified at pre-program and post-program assessment. In addition, the theme of ‘passive coping
strategies’ and the sub-themes of ‘I have limited knowledge of how to cope with cyber bullying’ and ‘I would experience distress if I was a victim of cyber bullying’, were only identified at pre-program assessment. Furthermore, the theme of active coping strategies was not identified at follow-up assessment. However, it is important to note that the lack of responses reflecting these themes may be due to the reduced number of participants (n = 10) at follow-up assessment.

**Thematic Analysis of the Self-Compassion Exercise that Formed Part of the Therapeutic Component of the Increasing Resilience to Cyber Bullying Program**

Thematic analysis was used to examine participant responses to each of the three self-compassionate thinking exercises. The first exercise educates adolescents that an important skill to learn is self-compassion, that is, the ability to acknowledge painful feelings with kindness, and instructs adolescents to put this skill into practice in helping with an experience of cyber bullying, in the form of expressing understanding, kindness and concern for themselves as a victim of cyber bullying, in the same way they might express concern to a friend who has undergone a similar experience. The second self-compassionate thinking exercise encourages ‘common humanity’ that is the recognition of related experiences of the self and other, and in doing so adolescents are instructed to explain why being a victim of cyber bullying can happen regardless of the type of person someone is and list ways other people go through a similar experience. The third self-compassionate exercise, defined as ‘mindfulness’, is an activity that requires adolescents to examine feelings without suppressing or becoming completely overwhelmed by them: the IRCB program instructs adolescents to explain why it might be hard to be kind and comforting towards themselves if they were to become a victim of cyber bullying. The three self-compassionate thinking exercises and their identified sub-themes are separately outlined in Table 21, Table 22, and Table 23.
Table 21
Themes and Sub-Themes from Participant Responses Regarding the First Self-Compassionate Thinking Exercise in the IRCB Program, Acknowledging Painful Feeling with Kindness

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance from Others</td>
<td>It is not my fault if other people cannot accept me (n = 16)</td>
</tr>
<tr>
<td></td>
<td>I can’t please everyone (n = 9)</td>
</tr>
<tr>
<td></td>
<td>It is not worth worrying if others cannot accept me for who I am (n = 9)</td>
</tr>
<tr>
<td>Support</td>
<td>There are people in my life that care about me – they are the ones who matter (n = 15)</td>
</tr>
<tr>
<td></td>
<td>I am not alone – I have friends and family I can seek support from (n = 11)</td>
</tr>
<tr>
<td>External Reasons for Becoming a Victim of Cyber Bullying</td>
<td>Bullies hurt people, I am better than that (n = 5)</td>
</tr>
<tr>
<td></td>
<td>A reason you may become a victim of bullying is because the bully has problems of their own (n = 4)</td>
</tr>
<tr>
<td>Related Experiences</td>
<td>It is nothing I am doing – everyone goes through hard times (n = 4)</td>
</tr>
<tr>
<td>Things will get better</td>
<td>Things will get better (n = 3)</td>
</tr>
<tr>
<td>How I Am Treated by Others</td>
<td>I am a good person who is being treated unfairly (n = 3)</td>
</tr>
<tr>
<td></td>
<td>I deserve to be treated well (n = 3)</td>
</tr>
</tbody>
</table>
Self-Compassion: Therapeutic Exercise 1

Acceptance from Others

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, participants’ responses reflected sub-themes related to acceptance from others.

Participants commonly reported that it was not their fault if other people could not accept them.

*Bullying is stupid and it doesn’t need to be done. It’s not my fault that some people don’t like me and don’t accept me, I’m not trying to make them like me either* (103652, Female, age 14).

*It not my fault some groups, aren’t accepting who I am, but there are some people in my life that do accept me and who I am* (403250, Male, age 15).

*I’m being myself so it’s other people’s problems if they don’t like me* (788787, Male, age 15).

Several participants reported that they could not please everyone

*It is okay that people don’t like you for any particular reason* (572192, Male, age 14).

*It’s never my duty to get every single person in the world to like me. It’s that person’s problem if they don't like me* (232192, Male, age 15).

Nine participants reported that it was not worth worrying if other people could not accept them.

*If people don’t like who I am, they can deal with it themselves as I have better things to think about which will make me feel a lot better* (306350, Male, age 15).

*These people who are cyber bullying me, are idiots and have nothing better to do with their time than bully me. If they are bullying me then they don’t like me, as simple as that. I don’t care* (768380, Male, age 15).

Support

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, participants’ responses reflected sub-themes related to seeking support from others.

Participants commonly reported that they believed there were people in their life that cared about them, and they are the ones that matter to them.
In life not everyone will like me or agree with what I think or have the same opinions as me, but even if they don’t friends can get around things. like this and if people can’t and they bully me they are obviously not a true friend and not the person I want to hang around with anyway (790490, Male, age 15).

Some people just don’t like me for whatever reason. They don’t matter to me. My friends and family that care about me are the ones that matter in my life (400668, Male, age 15).

I am who I am, others can’t change that. People that are true friends don’t want to change you and love you, for who you are. Bam (657226, Male, age 15)!

Many participants reported that they were not alone and further reported having friends and family who they could turn to for support.

No matter how much people put me down, I know that there will always be people ready to guide, support and help me through tough times 128756, Male, age 15).

It’s their problem if they get pleasure out of abusing me, I can always count on my relatives and friends to help me through this (282290, Male, age 15).

The example is very accurate because we all have to understand that everybody goes through hard times, but hard times don’t last. You would need to understand that there are always going to be bullies, but there are also people who care about you and your feelings. You are never alone (365924, Male, age 15).

External Reasons for Becoming a Victim of Cyber Bullying

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, participants’ responses reflected sub-themes related to external reasons for becoming a victim of bullying.

Five participants commented that a bully might seek satisfaction out of hurting others and further commented that they did not agree with such behaviour.

Some people just don’t know how to treat others right and that not my fault (945535, Male, age 15).

It’s their problem if they get pleasure out of abusing me (282290, Male, age 15).

I am a strong person and I don’t care if some loser tries to get to me. I am stronger than those types of people (480264, Male, age 15).
Participants also reported that one could become a victim of bullying due to the bully having problems of their own.

*The only reason why they bully me is because they are just jealous* (519123, Male, age 15).

*I believe that those people that are cyber bullying me are just insecure about their own lives* (159326, Male, age 14).

**Related Experiences**

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, four participants reported that becoming a victim of cyber bullying might not be because of anything they were doing, it was just how life was.

*Not everyone likes me but it does not effect me a lot. I feel alright and I think that it’s not anything I am doing its just they don't like me for me. So I don't mind that just how life is not everyone will like you. My friends like me and that's all that matters* (377789, Male, age 15).

**Things Will Get Better**

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, three participants acknowledged that the situation would improve.

*There might be bad times but good times outnumber them* (876760, Male, age 14).

*As long as I keep a positive mind no-one will be able to get me down and before long they will leave me alone. I just need to keep primin' and living life to the fullest* (320935, Male, age 14).

**How I Am Treated by Others**

In relation to completing the therapeutic exercise of learning how to acknowledge painful feelings with kindness, participants’ responses reflected sub-themes related to acceptance from others.

A few participants reported their belief that they are good people who had been treated unfairly.

*I am a good person who is being treated unfairly by another person, but I have lots of other friends who care about me* (344995, female, age 16).
Three participants reported that they deserved to be treated well.

Some people just don't know how to treat others right, and that's not my fault. I know who to keep close as my friends as they know how to treat me right (945535, Male, age 15).

Table 22
Themes and Sub-Themes from Participant Responses Regarding the Second Self-Compassionate Thinking Exercise in the IRCB Program, Common Humanity: the Recognition of Related Experiences of the Self and Other

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Reasons for Becoming a Victim of</td>
<td>External reasons for becoming a victim of bullying</td>
</tr>
<tr>
<td>Cyber Bullying</td>
<td>(n = 28)</td>
</tr>
<tr>
<td>Related Experiences</td>
<td>It is not because of who I am, anyone can be bullied</td>
</tr>
<tr>
<td></td>
<td>(n = 24)</td>
</tr>
<tr>
<td>Bullying is not ok</td>
<td>Bullying is not ok (n = 9)</td>
</tr>
<tr>
<td>Acceptance from Others</td>
<td>You can’t please everyone (n = 3)</td>
</tr>
</tbody>
</table>

Self-Compassion: Therapeutic Exercise 2

External Reasons for Becoming a Victim of Cyber Bullying

In relation to completing the therapeutic exercise of common humanity, ‘the recognition of related experiences of the self and other’, many participants described external reasons why bullying can occur including; a bully is intentionally trying to exclude other or make them feel bad about themselves, the bully has insecurities and/or problems of their own because people hold grudges, jokes can lead to someone getting hurt, the bully can hide behind a screen and not have to approach you to your face.

Most people who bully have problems of their own and try to make other people to feel what they feel (266937, Male, age 14).

Usually, these people don't want to say things to people's faces so they instead bully then from behind a screen where they cannot be directly confronted (768380, Make, age 15).
**Related Experiences**

In relation to completing the therapeutic exercise of common humanity, ‘the recognition of related experiences of the self and other’, participants commonly reported that anyone can be bullied, regardless of who they are.

*People bully others that are different, and everybody is different, therefore everybody is a potential victim (824960, Male, age 15).*

*A bully will target someone’s weakness and everyone has a weakness. Anyone can be bullied in their lives (400668, Male, age 15).*

*Anyone can be bullied, even celebrities. I know that other people in my school have had this happen to them. Cyber bullying doesn’t just happen to the same type of people all the time it doesn’t matter who you are you can get bullied anyway (790490, Male, age 15).*

**Bullying Is Not Ok**

In relation to completing the therapeutic exercise of common humanity, ‘the recognition of related experiences of the self and other’, nine participants commented that bullying is not the right thing to do.

*It is not the right thing to do (755966, Male, age 14).*

*It is low, cruel, heartless. A bully should be made to see how their behaviour hurts other people (783294, Female, age 14).*

**Acceptance from Others**

In relation to completing the therapeutic exercise of common humanity, ‘the recognition of related experiences of the self and other’, three participants acknowledged that they could not please everyone.

*No matter who someone is, there will always be at least one people who doesn't like them (768380, Male, age 15).*

*Not one person has not ever had someone say something bad about them, even all the kindest and most loved people of this world. There will always be someone who doesn't like them. Maybe for stupid reasons like how they talk, walk, or act, but someone will find a reason, and they'll say it, no matter who you are (576696, Male, age 15).*
Table 23
Themes and Sub-Themes from Participant Responses Regarding the Third Self-Compassionate Thinking Exercise in the IRCB Program, Mindfulness: Observing Negative Thoughts and Feelings

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Conscious believing</td>
<td>You begin to doubt yourself and start the negative things said about you (n = 13)</td>
</tr>
<tr>
<td></td>
<td>You feel worthless and think you need to be better (n = 7)</td>
</tr>
<tr>
<td></td>
<td>You begin to question who you are (n = 7)</td>
</tr>
<tr>
<td></td>
<td>Cycle of negative thinking (n = 7)</td>
</tr>
<tr>
<td>Feel Alone and Unsure of Yourself</td>
<td>Form a belief that no one likes you (n = 12)</td>
</tr>
<tr>
<td></td>
<td>Feel alone (n = 11)</td>
</tr>
</tbody>
</table>

**Self-Compassion: Therapeutic Exercise 3**

**Self-Conscious**

In relation to completing the therapeutic exercise of mindfulness, observing negative thoughts and feelings, participants’ responses reflected sub-themes related to feeling self-conscious.

A number of participants reported that an experience of being a victim of cyber bullying may lead to self-doubt, in the form of believing any negative comments directed towards them.

*If you are told enough times that you are ugly, or fat, you will begin to believe it. No matter what you try to tell yourself, sometimes you just start to believe it (783294, Female, age 14).*

*Before long you begin having doubts about yourself and start to think that maybe what the bully is saying is the truth. Once you believe what the bully is saying it becomes nearly impossible to tell yourself that you don't deserve what is happening to you (320935, Male, age 14).*

Several participants reported that an experience of being a victim of cyber bullying could lead people to feel worthless and could eventuate in people feeling compelled to change.
Bullying makes you feel horrible about yourself and make you want to change yourself (657226, Male, age 15).

Bullying makes you feel lousy about your life and your appearance (755966, Male, age 14).

Several participants also reported that an experience of being a victim of cyber bullying could lead people to question who they were.

Bullying can make you double think yourself and try and make yourself someone who you aren’t (790490, Male, age 15).

Participants also discussed that an experience of bullying could lead to a cycle of negative thinking.

The result of bullying is low confidence and self-esteem which will only make you see the flaws in yourself (888433, Male, age 14).

When you are cyber bullied it makes you feel insecure about yourself and can make you do very irrational things so it can be hard to be positive when your flaws are the only thing in your mind (159326, Male, age 14).

bullying tries to convince you that you're not good enough, that you're and idiot or you're stupid. it gets inside your head, and breaks through the challenges you put against it (576696, Male, age 15).

Feel Alone and Unsure of Yourself

In relation to completing the therapeutic exercise of mindfulness, observing negative thoughts and feelings, participants responses reflected sub-themes related to feeling alone and unsure of themself.

Several participants reported that an experience of being a victim of cyber bullying may lead people to form a belief that no one likes them.

Bullying makes you feel like you're on your own and that nobody likes you (305059, Male, age 14).

A bully makes you feel bad and you might think that because this one bully doesn’t like you no one does (400668, Male, age 15).

Bullying makes you feel like everyone is out to get you (594604, Male, age 16).

Participants also commonly reported that an experience of being a victim of cyber bullying can lead people to feel isolated.
Bullying can make people feel intimidated and unsure of yourself, to the point that you always want to be alone (667553, Male, age 15).

Bullying makes some people scared and feel like they're not wanted and their on their own (403250, Male, age 15).

**Thematic Analysis of the Challenging Unhelpful Thinking Exercise that Formed Part of the Therapeutic Component of the Increasing Resilience to Cyber Bullying Program**

Thematic analysis was used to examine participant responses to each of the two challenging unhelpful thinking exercises. The IRCB program briefly educates adolescents that the way people think about a situation and their personal beliefs about themselves (positive/negative) can affect how they feel, and also explains that people’s thoughts may not allow them to see how things can be better for themselves in the future (e.g., “Things will always be this way for me”). Two open ended questions required adolescents to demonstrate how these skills could work best for them. In particular, the IRCB program instructed adolescents to write a sentence or two about the types of thoughts that would help a victim of cyber bullying to overcome personal blame or distress and adolescents were further instructed to write a sentence or two explaining why, in some situations (such as when they are feeling hurt and alone) it is hard to see that things will not always be that way. The two challenging unhelpful thinking exercises and the identified sub-themes are separately outlined in Table 24 and Table 25.

**Challenging Unhelpful Thinking: Therapeutic Exercise 1**

**Support**

In relation to completing the challenging unhelpful thinking exercise that instructs adolescents to write about the types of thoughts that would help a victim overcome personal blame and distress, participants’ responses reflected themes of seeking support.
Table 24
Themes and Sub-Themes from Participant Responses Regarding the First Challenging Unhelpful Thinking Exercise in the IRCB Program, that Instructs Adolescents to Write about the Types of Thoughts that Would Help a Victim Overcome Personal Blame and Distress

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>I would keep my friends and family closer for support (n = 21)</td>
</tr>
<tr>
<td></td>
<td>It is helpful to realise you are not alone (n = 3)</td>
</tr>
<tr>
<td>External Reasons for Becoming a Victim of Cyber Bullying</td>
<td>External reasons for becoming a victim of cyber bullying (n = 10)</td>
</tr>
<tr>
<td>Related Experiences</td>
<td>It is not because of who I am: bullying can happen to anyone (n = 5)</td>
</tr>
<tr>
<td>Help other Victims</td>
<td>Ensuring other victims feel supported (n = 4)</td>
</tr>
<tr>
<td>Active Coping Strategies</td>
<td>Positive thinking (n = 2)</td>
</tr>
</tbody>
</table>

A large number of participants reported that they would gather/keep their friends and family closer for support.

Bullying is done on purpose to make people feel excluded and unsure and insecure, so I would gather my friends and family closer to make sure I'm not alone in this hatred unsecure horrible time (900079, Male, age 14).

Bullying is done to make me feel small, unsure about myself and intimidated. So I will spend more time with the people who support and encourage me (576696, Male, age 15).

Participants also reported their belief that it can be helpful to remember that they are not alone.

You should always realise that you are not alone (952236, Male, age 14).

I have mates that like me for who I am I don’t need idiots trying to feel big putting me down (732565, Male, age 15).
**External Reasons for Becoming a Victim of Cyber Bullying**

In relation to completing the challenging unhelpful thinking exercise that instructed adolescents to write about the types of thoughts that would help a victim overcome personal blame and distress, participants commonly reported external reasons for becoming a victim of cyber bullying.

*Bullies can be people who probably have problems of their own and let it out on other people. This could help the victim realise that maybe there is another reason that they are being bullied (232192, Male, age 15).*

*Know that you are stronger then the losers who started this. They're the ones that have the issues (480264, Male, age 15).*

*People only bully to make themselves good and look like a hero. A true hero is someone who cares and makes the world a better place (519123, Male, age 15).*

*They only say those things because they're not perfect either, they enjoy hurting people, and I am better than that (783294, Female, age 14).*

**Related Experiences**

With respect to completing the challenging unhelpful thinking exercise that instructs adolescents to write about the types of thoughts that would help a victim overcome personal blame and distress, participants’ responses reflected themes of related experiences of becoming a victim of cyber bullying.

A few participants reported that being a victim of cyber bullying could happen to anyone, regardless of who they were.

*Bullying is done to anyone and it's not because of who I am (400668, Male, age 15).*

*Everybody is the same, you are no different. People who bully you are the people who are different because they have no sense of sympathy, compassion or a general understanding of how we should treat each other (945535, Male, age 15).*

*I think the kind of thoughts that would help a victim would be to understand that cyber bullying is a common problem and that a lot of people are going through the same thing that you are. But, there are always people looking out for you and willing to help you (365924, Male, age 15).*
Helping other Victims

Four participants reported that they would reassure other victims that they are not alone and/or ensure they feel supported.

*If someone is being bullied and I see it, I will try to talk to them and make sure they have other friends and family that understand what is happening and helping them out* (395285, Male, age 15).

*Reassure people they are not alone* (888433, Male, age 14).

Active Coping Strategies

In reference to completing the challenging unhelpful thinking exercise that instructs adolescents to write about the types of thoughts that would help a victim overcome personal blame and distress, two participants reported active coping strategies.

In particular, two participants reported that they would think positively.

*Personal blame or distress can be overcome by staying positive* (145318, Male, age 14).

*When you challenge unhelpful thinking you are simply pushing away all the negativity and gathering you friends and family closer and people know that people do this stuff on purpose and they need to challenge that* (159326, Male, age 14).

Challenging Unhelpful Thinking: Therapeutic Exercise 2

Focusing on the Present Hurt

In relation to completing the challenging unhelpful thinking exercise, ‘understanding how our thoughts and beliefs can affect how we feel about a situation’, participants’ responses reflected themes of focusing on the present hurt of being a victim of cyber bullying.

Participants commonly reported that when they were in a hurtful time in their life, they tended to focus on the present hurt, rather than remembering the positive times they have had or thinking positively about the future.

*When you are in a bad place you think nothing can be different because you're negative about it and don't want to look at it positively* (305059, Male, age 14).

*When you are in a hurtful time in your life you focus on the present situation instead of looking at the positives times of your life and the future that follows* (480264, Male, age 15).
Table 25

Themes and Sub-Themes from Participant Responses Regarding the Second Challenging Unhelpful Thinking Exercise in the IRCB Program, Understanding How Our Thoughts and Beliefs can Affect How We Feel about a Situation

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 46)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focusing on the Present Hurt</td>
<td>When you are in a hurtful time in your life you focus on the present situation instead of looking at the positives times of your life and the future that follows (n = 13)</td>
</tr>
<tr>
<td></td>
<td>It will feel worse at the time and you will look back later and see it was intimidation (n = 12)</td>
</tr>
<tr>
<td></td>
<td>It is hard to see a way out of victimisation (n = 4)</td>
</tr>
<tr>
<td>The Bullying Will Stop</td>
<td>It will stop because the bully will eventually get bored and/or because grudges pass (n = 6)</td>
</tr>
<tr>
<td>You Can Overcome This Experience</td>
<td>You can overcome this experience (n = 3)</td>
</tr>
<tr>
<td>Things Will Change</td>
<td>Things will change (after adolescence) (n = 3)</td>
</tr>
</tbody>
</table>

Participants also commonly reported that whilst it is difficult to cope with an experience of being a victim of cyber bullying, after overcoming that experience they would gain perspective that it was a form of fear and intimidation.

*When it’s happening it’s hard to know what’s going on, you look back later and see that it was fear and intimidation (657226, Male, age 15).*

*Cyber bullying was a bad time and I can look back at it and know that someone just wanted to make me feel bad (145318, Male, age 14).*

Several participants also discussed that they found it hard to see a way out of their present feelings of hurt.
It seems like your whole life is so bad and you feel it won't ever change (715151, Male, age 15).

It is hard for someone to see that things will change because our head is not clear and we think it will never stop (306350, Male, age 15).

When we are feeling hurt we tend to only think of negative things, and we go down on a spiral and it is hard to get out of it. People over-analyse things and they think that because I am being bullied now, I will always be bullied (365924, Male, age 15).

**The Bullying Will Stop**

With regard to completing the challenging unhelpful thinking exercise, ‘understanding how thoughts and beliefs can affect how we feel about a situation’, six participants acknowledged that the bullying would stop.

*Things will get better because it can’t happen forever (266937, Male, age 14).*

*When we are feeling down we can find it hard look up into the future and what it will bring. We constantly look on what is happening now which is a bad thing. Of course all things get resolved, just with help from family and friends (232192, Male, age 15).*

**You Can Overcome This Experience**

In reference to completing the challenging unhelpful thinking exercise, ‘understanding how our thoughts and beliefs can affect how we feel about a situation’, three participants believed they could overcome an experience of cyber bullying.

*If you bundle everything up and keep it there it won’t just stay there it will get bigger if you let it out and realise it is not going to be this way for me forever you can overcome this (159326, Male, age 14).*

*This time in my life is tough but I will get through this in the end. I have to learn to deal with this and it will be over soon (400668, Male, age 15).*

**Things Will Change**

In relation to completing the challenging unhelpful thinking exercise, ‘understanding how our thoughts and beliefs can affect how we feel about a situation’, three participants acknowledged that things would change (after adolescence).
Things will change because you are still young and you do not know if this is what normal people do or whether they are just mean people (888433, Male, age 14).

It won't be the same because life has it up's and down's and teenagers are basically in the middle of this (876760, Male, age 14).

Thematic Analysis of the Seeking Support Exercise that Formed Part of the Therapeutic Component of the IRCB Program

Thematic analysis was used to examine participant responses to the seeking support exercise. The IRCB program states that it is important to recognise when we need support and to ask for help from someone that we feel comfortable talking things through with, and briefly educates adolescents about the potential benefits of engaging with a counselling services, in the event of being a victim of cyber bullying. The program instructs adolescents to explain how speaking to a counsellor about an experience of cyber bullying could allow them to make clearer decisions to help themselves. The themes of seeking support and their identified sub-themes are outlined in Table 26.

Seeking Support: Therapeutic Exercise 1

Benefits of Talking to a Counsellor

In relation to completing the exercise that seeks to educate adolescents about the benefits of seeking support, and also seeks to increase help-seeking attitudes and intentions to engage with counselling services in the event of being a victim of cyber bullying, participants responses reflected themes related to the benefits of seeking support from a counsellor for an experience of cyber bullying.

Many participants reported that talking to a counsellor could help people think about the situation more clearly and make decisions for themselves about what they felt comfortable doing.

A counsellor can help you forget about what is going on, clear your head and concentrate on what to do and how to do it. They can make your life a lot easier and make you feel better by making you feel stronger in terms of counteracting this bullying (768380, Male, age 15).

Seeing a counsellor can help you so much as they show you paths that were unclear before and can help you make better decisions for yourself (306350, Male, age 15).
Table 26
Themes and Sub-Themes from Participant Responses Regarding the Benefits of Seeking Support Exercise in the IRCB Program, Educating Adolescents about the Benefits of Seeking Help, and Increasing Help-Seeking Attitudes and Intentions to Engage with Counselling Services in the Event of Being a Victim of Cyber Bullying

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme (N = 46)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of Talking To a Counsellor</td>
<td>Talking to a counsellor can help people think things through more clearly and make decisions for themselves about what they feel comfortable doing (n = 20)</td>
</tr>
<tr>
<td></td>
<td>Talking to a counsellor can help you feel better and/or understood (n = 13)</td>
</tr>
<tr>
<td></td>
<td>Talking to a counsellor can help because they are trained professionals at talking to and helping people, and they can give you educated advice. (n = 11)</td>
</tr>
<tr>
<td></td>
<td>Talking to a counsellor can be helpful because they don’t judge you or tell you what to do (n = 4)</td>
</tr>
<tr>
<td>Seeking support from a parent and/or someone you trust</td>
<td>A decision to seek support from a parent and/or someone you trust (n = 5)</td>
</tr>
<tr>
<td>Effectiveness of Counselling</td>
<td>Counselling is effective for most people but not all people (n = 4)</td>
</tr>
<tr>
<td></td>
<td>I don’t think counselling is helpful (n = 3)</td>
</tr>
</tbody>
</table>

Participants also commonly reported that a counsellor could help a person feel understood and/or better.

*Speaking to a counsellor can be very helpful. It lets you get all of that bad feeling out by telling someone else about your troubles (145318, Male, age 14).*

*Seeing a counsellor can help someone understand what they are feeling. It can help someone realise that they are not the only one being bullied and that they will get through this tough time (400668, Male, age 15).*
Several participants reported that talking to a counsellor could help because they are trained professionals at talking to and helping people, and can give educated advice.

A counsellor is there to help and support you through a time of trouble, to encourage you to get back on your feet (576696, Male, age 15).

We are only very young, and talking to an experienced councillor can help because they help and solve many bullying problems every day and help us make a correct decision when facing these issues if you are unsure what to do (945535, Male, age 15).

A few participants reported that talking to a counsellor could be helpful because a counsellor is unlikely to make judgments or direct people on what they should do.

Because they won’t judge they are just there to help (280313, Male, age 14).

They have seen everything and heard everything so nothing you can say or do could surprise them (314920, Male, age 15).

Seeking Support from a Parent and/or Someone You Trust

Participants also reported that they would choose to seek support from a parent and/or someone they trusted.

If you are being cyber bullied you should tell a parent first or someone you trust (438351, Male, age 14).

Talking to a parent, teacher or friend is the best thing to do, once you’ve done that, they can help you (657226, Male, age 15).

Effectiveness of Counselling

In respect to completing the exercise that seeks to educate adolescents about the benefits of seeking support, and also seeks to increase help-seeking attitudes and intentions to engage with counselling services in the event of being a victim of cyber bullying, participants responses reflected themes related to the effectiveness of counseling services.

Participants believed that counselling was effective for most but not all people.

Counselling can be affective on most people but some they aren’t (266937, Male, age 14).
Participants also believed that counselling would not be a helpful method for coping with an experience of cyber bullying.

*I don’t think it helps, I believe there are better options such as parents, because they know you best* (572192, Male, age 14).

*I don’t really think it would work* (432089, Female, age 15).

In summary, the qualitative findings revealed that the majority of adolescent participants had clearly articulated how the coping skills of self-compassion, challenging unhelpful thinking and seeking support may benefit them personally in the event of cyber bullying. Qualitative analysis provided a rich source of data for program evaluation, with adolescent participants reporting a high level of endorsement of the IRCB program.
CHAPTER 10: DISCUSSION

This thesis concerned the development and evaluation of the effectiveness of the IRCB program, a self-guided CBT-based therapeutic intervention that aims to increase adolescents’ likelihood of employing coping skills that may be helpful for a victim of cyber bullying and to increase confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying. This thesis aimed to make a contribution to the paucity of empirical research on evidence based psychological prevention/intervention programs that promote effective coping in response to the emotional impact of cyber bullying, by developing and trialing an intervention which sought to promote effective coping skills in response to cyber bullying, with an emphasis on increasing help-seeking behaviours.

The current research employed a quantitative and qualitative methodology to examine the effectiveness of the IRCB program. Online questionnaires were administered to participants at baseline (pre-program, \( n = 54 \)), after program completion (post-program, \( n = 54 \)) and three months after program completion (3-month follow-up, \( n = 10 \)). The questionnaires included measures of strategies for coping with cyber bullying, attitudes towards seeking help, help-seeking intentions and program satisfaction.

The following chapter will provide a summary and synthesis of the quantitative and qualitative results, which will also be considered in light of previous research in the area. Furthermore, a discussion of the limitations of the current research, recommendations for future research, and implications and strengths of the current research will be provided.

**Development of the Increasing Resilience to Cyber Bullying Program**

A literature review of prevention and intervention strategies for cyber bullying revealed the limited scholarly research available on empirically-validated interventions specifically designed to facilitate coping with an experience of cyber bullying. The majority of interventions aimed at reducing cyber bullying concerns focus on training children and their parents on internet safety to prevent cyber safety concerns more generally. In response to the urgent need for interventions strategies that have a greater focus on cyber bullying, a
small but rapidly increasing number of Internet Supported Psychological Interventions have emerged that aim to educate children and parents about the inappropriateness of cyber bullying, challenge young people to think about how they behave when using technology and ultimately aim to prevent young people from becoming victims or perpetrators of this behaviour. Whilst an increasing number of online interventions provide some basic guidelines for victims of cyber bullying (e.g., ignore teasing, keep a record of cyber bullying incidents, and seek support), it is argued that they do not provide a comprehensive resource that educates adolescents on helpful ways to cope with the emotional impact of cyber bullying. Research suggests that adolescent victims of cyber bullying tend to employ avoidant modes of coping (e.g., keeping their problems from others, ignoring their concerns, self-blame) and do not access support when they have been victimised (Sleglova & Cerna, 2011; Vollink et al., 2013). The IRCB program was developed in response to the clear need for adolescents to have access to a psychological intervention program that promotes effective coping in response to cyber bullying and encourages help-seeking behaviours.

**Effectiveness of the Increasing Resilience to Cyber Bullying Program in Increasing Adolescents’ Likelihood of Employing Helpful Coping Skills in the Event of Cyber Bullying**

As hypothesised, there was a significant increase in adolescents’ likelihood of using the coping skill of self-compassion following participation in the IRCB program. A McNemar test revealed a significant increase in adolescents’ likelihood of using the coping skill of self-compassion in the event of cyber bullying from pre-to-post-program assessment, and an examination of obtained means from pre-to-3-month-follow-up suggested that these reductions were maintained at follow-up.

In addition, as hypothesised there was a significant increase in adolescents’ likelihood of using the coping skill of challenging unhelpful thinking following participation in the IRCB program. A McNemar test suggested a significant increase in adolescents’ likelihood of using the coping skill of challenging unhelpful thinking in the event of cyber bullying from pre-to-post-program assessment, and an examination of obtained means from pre-to-3
month-follow-up suggested that these reductions were also maintained at follow-up.

Contrary to predictions, the current study did not find evidence to suggest that the IRCB program significantly increased adolescents’ likelihood of using the coping skill of seeking support, in the event of cyber bullying. Whilst it is possible that involvement in the IRCB program did not increase adolescents’ likelihood of seeking support in the event of cyber bullying, another explanation for the lack of significant findings may relate to the small sample size and subsequent lack of power. A further explanation to consider is that the measure of likelihood of seeking support was not sufficiently sensitive. Participants’ use of strategies to cope with cyber bullying was measured by questions developed by the author, with analyses of single-items responses. The use of other validated help-seeking measures revealed that there was a significant increase in adolescents’ help-seeking attitudes and intentions towards seeking professional psychological help from pre-program to post-program assessment, as measured by the General Help-Seeking Questionnaire (GHSQ) and the Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH-S). More specifically, a paired sample t-test revealed a significant increase in adolescents’ attitudes towards seeking help (GHSQ) and future help-seeking behavioural intentions to engage with counselling services in the event of being a victim of cyber bullying (ATSPPH-S), with both help-seeking measures detecting a small effect size (ES = .12), despite the small sample size. These measures (GHSQ and ATSPPH-S) were more reflective of the focus of the program content that specifically sought to educate adolescent participants about the benefits of seeking help from a mental health professional, compared with the single item question develop by the author that measured adolescents’ likelihood of seeking help from a trusted friend or adult. An examination of obtained means form pre-to-3-month-follow-up program assessment further suggests an increase in adolescents’ general help-seeking attitudes and behavioural intentions to engage with counselling services, in the event of cyber bullying.

Overall, these results suggest that participation in the IRCB program significantly increased adolescents’ reported likelihood of employing coping skills (self-compassion and challenging unhelpful thinking) that may be helpful
in the event of cyber bullying, and also increased adolescents’ future help-seeking attitudes and behavioural intentions towards seeking professional psychological help, in the event of cyber bullying. One explanation for the efficacy of the IRCB program in influencing adolescents’ reported likelihood of employing coping skills that may be helpful in the event of cyber bullying, may have been due to the IRCB program being based upon CBT techniques. Recent reviews and meta-analyses have indicated that CBT approaches applied online have produced promising results in terms of efficacy, with results indicating that CBT is more effective than other therapeutic approaches applied online (Anderson et al., 2009; Andrews et al., 2010; Katenthaler et al., 2008). Moreover, online interventions, mostly based on CBT principles, have been found effective in treating a wide range of mental health concerns by helping adolescents to challenge helpful thinking (e.g., self-blame, isolation, and helplessness) and to reduce symptoms associated with rumination (Merry et al., 2012; Spence et al., 2011).

Furthermore, through utilising the help-seeking models of Biddle et al. (2007) and Rickwood et al. (2005) as a basis for the help-seeking component of the IRCB intervention, it is argued that the IRCB program targets factors that may inhibit the help-seeking process. Previous research suggests that in order for young people to feel confident about seeking support they need information regarding the benefits of seeking help and how they can enhance their control over confidentiality, the pace of disclosure, and making decisions about the best course of action for them (Biddle et al., 2007; Hunter et al., 2004; Rickwood et al., 2005). It may be that educating adolescents about the confidential and collaborative process of speaking to a mental health professional and how they can benefit from utilising this form of support led to the reported increases in positive attitudes towards seeking professional psychological help and intentions to engage with counselling services in the event of being a victim of cyber bullying.

A growing number of studies report that help-seeking adolescents are increasingly turning to the internet to seek empathy, validation, enhancement of self-acceptance, emotional support, practical advice on coping skills and to vent (Beran et al., 2012; Borzekowski & Rickert, 2001; Griffiths & Christensen,
The results of the current study are broadly consistent with studies that have demonstrated that online self-help interventions are efficacious in helping adolescents cope with a wide range of difficulties such as depression, anxiety, substance abuse and eating disorders (Braet & Impema, 1997; Compas, 1997; Kendall, 1993; O’Connor & Sheehy, 2001).

**Effectiveness of the Increasing Resilience to Cyber Bullying Program in Increasing Adolescents’ Confidence to Cope With and/or Help a Friend Cope with an Experience of Cyber Bullying**

Contrary to predictions, the current study did not find evidence to suggest that the IRCB program significantly increased adolescents’ confidence to cope with and/or help a friend cope with an experience of cyber bullying. Whilst an inspection of obtained means at 3-month follow-up assessment suggested an increase in adolescents’ confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying, these increases were small and it is important to note that adolescents reported feeling confident in their ability to cope and/or help a friend cope prior to having completed the IRCB program.

There are a number of possible explanations for the lack of significant findings regarding adolescents’ confidence to cope with and/or help a friend cope with an experience of cyber bullying, at post-program assessment. Firstly, it may be that involvement in the program did not increase adolescents’ confidence to cope with and/or help a friend cope with an experience of cyber bullying. It is conceivable that whilst the IRCB program increased adolescents’ reported likelihood of employing coping skills in the anticipated event of cyber bullying, the intervention may have lacked realistic features that would allow for an increase in confidence resulting from an actual experience of having successfully implemented such skills. Another possible explanation for the lack of significant findings may relate to the small sample size and subsequent lack of power. A further explanation to consider is that the measures of confidence were not sufficiently sensitive. Future research should explore the use of other validated self-confidence measures (e.g., Rosenberg Self-Esteem Scale).
A further explanation for the lack of significant findings might be related to adolescent participant reports of feeling confident in their ability to cope and/or help a friend cope with an experience of cyber bullying, prior to having completed the IRCB program. It is conceivable that there was a ceiling effect, because findings revealed that prior to completing the intervention adolescent participants were high in perceived confidence to cope or help a friend cope with an experience of cyber bullying, with 80% and 98% of adolescents respectively reporting that they would be ‘moderately’ to ‘very confident’ to cope. These ratings remained high after completion of the program, with 87% and 94% of adolescents respectively reporting that they would be ‘moderately’ to ‘very confident’ to cope or help a friend cope with an experience cyber bullying.

The qualitative data at pre-program assessment supported the argument that adolescents already felt confident to cope and/or help a friend cope with an experience of cyber bullying prior to completing the IRCB program. Participants commonly reported having prior knowledge of how to cope with an experience of cyber bullying before completing the program. An example of a participant’s comment prior to completing the program included, “I have learnt many things from school so that I am confident in dealing with cyber bullying in the future”. Nevertheless qualitative data at post-program assessment suggested that some participants experienced an increase in their self-confidence and/or knowledge of how to cope with an experience of cyber bullying. For example, participants’ comments included, “Now that I know more about cyber bullying I would be more willing to help myself”, ”I have more self-confidence if I was to cope with cyber bullying in the future”, “I was already confident when it came to bullying but learning about coping techniques has given me new ideas”. In addition, after contrasting pre-and-post program qualitative analyses, the following themes were not found in participant responses at post-program assessment; likelihood of being distressed by an experience of cyber bullying, having limited knowledge of how to cope with an experience of cyber bullying, and/or endorsing the use of passive coping strategies (e.g., ignoring the problem and/or keeping the problem to oneself) to cope with an experience of cyber bullying.
Participant Feedback about the Increasing Resilience to Cyber Bullying Program

In evaluating the IRCB program, it was considered crucial to allow participants to provide feedback regarding what they enjoyed the most, as well as what they liked least and allow participants to make suggestions about improvements to the program. Adolescents made reference to having enjoyed completing the program and describing the program as helpful, informative, and easy to complete. A majority of participants in the current study mentioned the benefit of learning new skills to cope with an experience of cyber bullying. Adolescent participants stated that the program had educated them on how a victim may experience cyber bullying, which they said was beneficial in influencing their opinions on the topic of cyber bullying. An example comment included, “It’s made me think more about my attitudes towards cyber bullying, and changed my opinion on some as well”. Another quote included, “It will help people learn about how kids feel about cyber bullying”.

The majority (87%) of participants ($n = 34$) described the IRCB program as helping them. At post-program assessment, only a small percentage (13%) of participants ($n = 5$) responded that the IRCB program was not at all helpful. Participants who said that the program was not helpful described the program as uninteresting, not teaching them anything they had not already known, and/or commented that the program contained too many questions and/or was too repetitive. At 3-month-follow-up-program assessment all ($n = 9$) participants described the IRCB program as helping them.

Suggested improvements to the program included, giving adolescents the opportunity to provide more personal information (e.g., allowing participants to talk about previous experiences of being a victim of cyber bullying and/or their personal experience with different forms of multi-media formats). At post-program assessment the majority (82%) of participants ($n = 32$) reported that they would be likely to recommend the IRCB program to a friend. At 3-month-follow-up-program assessment all ($n = 9$) participants reported that they would be likely to recommend the IRCB program to a friend.
Thematic Analysis of Participants’ Responses to the Therapeutic Exercises in the Increasing Resilience to Cyber Bullying Program

As the main aim of this research was to evaluate a new psycho-educational program that aims to increase adolescents’ likelihood of employing coping skills that may be helpful for a victim of cyber bullying, it is important to consider the inherent difficulties in trying to capture the internal changes brought about by teaching concepts such as self-compassion, challenging unhelpful thinking, and the benefits of seeking help. Whilst the current research directly questioned adolescent participants about whether they were likely to employ such skills in the event of cyber bullying, it was also considered important to assess the level of adolescents’ understanding of how such coping skills might benefit them personally. Results revealed that adolescent participants had clearly articulated how each of the three coping skills might benefit them personally, in the event of cyber bullying.

Self-Compassion: Therapeutic Exercise

Thematic analysis of participants’ responses to each of the three self-compassion exercises add to the quantitative data by assessing the internal changes brought about by employing the protective qualities of self-compassion to cope with an experience of cyber bullying. In relation to completing the first self-compassion therapeutic exercise of learning ‘how to acknowledge painful feelings with kindness participants described responses related to acceptance from others and reported that it was not their fault/problem if other people did not accept them, and it is not worth worrying if other people did not accept them. For example, one participant commented, “It’s not my fault that some people don’t like me and don’t accept me, I’m not trying to make them like me either”. Participants further reported that they could not please everyone and acknowledged that they deserve to be treated well. One participant stated, “It’s never my duty to get every single person in the world to like me. It’s that person’s problem if they don't like me”. Many participants said that they were not alone, and could turn to friends and family for support, and participants commonly reported that there were people in their lives who cared about them and they were the people who mattered to them. An example quote included, “No matter how much people put me down, I know that there will always be
people ready to guide, support and help me through tough times”. A further theme that emerged was an acknowledgement that things will improve. An example comment was “As long as I keep a positive mind no-one will be able to get me down and before long they will leave me alone”.

Thematic analysis of participants’ responses to the second self-compassion therapeutic exercise of common humanity, ‘the recognition of related experiences of the self and other’, revealed participants’ descriptions of external reasons why bullying can occur. These included: a bully intentionally excludes others to make the victim feel bad about themself, a bully has insecurities and/or problems of their own, a bully can hide behind a screen and not have to approach the victim face-to-face, and/or a joke may eventuate in someone feeling hurt. For example, one participant commented, “Most people who bully have problems of their own and try to make other people feel what they feel”. Participants also commonly reported that anyone can be bullied, regardless of who they are. For instance, one participant stated, “Bullying can happen to anyone, no one is perfect a bully can always find something to pick on”. A further theme that emerged was the belief that bullying is not the right thing to do. An example quote included, “It is low, cruel, and heartless. A bully should be made to see how their behaviour hurts other people”.

Thematic analysis of participants’ responses to the third self-compassion therapeutic exercise of mindfulness, ‘observing our thoughts and negative thoughts and feelings’, revealed participants’ responses related to the emotional impact of cyber bullying. Participants commonly reported that an experience of being a victim of cyber bullying could lead people to feel self-conscious, doubt themselves and believe the negative things that are said about them. For instance, one participant commented “Before long you begin having doubts about yourself and start to think that maybe what the bully is saying is the truth. Once you believe what the bully is saying it becomes nearly impossible to tell yourself that you don't deserve what is happening to you”. Several participants reported that an experience of being a victim of cyber bullying could lead them to feel worthless, think that they needed to be better, and could lead them to question who they were. One participant commented, “Bullying makes you feel
horrible about yourself and makes you want to change yourself”. Participants reported that an experience of bullying could lead to a cycle of negative thinking. One participant stated, “The result of bullying is low confidence and self-esteem which will only make you see the flaws in yourself”. Participants reported that an experience of cyber bullying could result in the victim feeling isolated, in which they felt alone and unsure of themselves. One participant stated, “Bullying makes you feel like you're on your own and that nobody likes you”.

**Challenging Unhelpful Thinking: Therapeutic Exercise**

Participants’ responses to each of the two challenging unhelpful thinking exercises were a rich source of data that demonstrated participants’ ability to identify early warning signs of unhelpful thinking and to challenge unhelpful thinking with thoughts/beliefs that lead to positive self-evaluations. Participants commonly reported external reasons for becoming a victim of cyber bullying. One participant stated, “Bullies can be people who probably have problems of their own and let it out on other people. This could help the victim realise that maybe there is another reason that they are being bullied”. Participants discussed the common occurrence of becoming a victim of cyber bullying, with one participant stating, “Bullying is done to anyone and it's not because of who I am”. Participants reported the active coping strategy of using positive thinking to reduce distress and challenge unhelpful thinking. For example, one participant commented, “Personal blame or distress can be overcome by staying positive”. Another participant stated, “When you challenge unhelpful thinking you are simply pushing away all the negativity and gathering your friends and family closer and people know that people do this stuff on purpose and they need to challenge that”. Participants reported on the benefits of seeking support. One participant stated, “Bullying is done on purpose to make people feel excluded and unsure and insecure, so I would gather my friends and family closer to make sure I'm not alone”. Participants further reported that they would reassure other victims that they were not alone and/or ensure they felt supported. One participant stated “If someone is being bullied and I see it, I will try to talk to them and make sure they have other friends and family that understands what is happening and help them out”.
In relation to completing the second challenging unhelpful thinking exercise, ‘understanding how our thoughts and beliefs can affect how we feel about a situation’, participants identified that ruminating about the present hurt of being a victim of cyber bullying could lead to a negative cycle of thinking, and further identified the importance of believing that things would improve. In particular, several participants reported that when you are in a hurtful time in your life you focus on the present situation instead of looking at the positive times of your life and the future that follows. One participant stated, “When you are in a bad place you think nothing can be different because you're negative about it and don't want to look at it positively”. Participants also commonly reported that whilst it would be hard to see a way out of the present hurt of being victimised, they would one day look back on it and see it was intimidation. For example, one participant stated, “When it’s happening it’s hard to know what’s going on, you look back later and see that it was fear and intimidation”. Participants acknowledged that the bullying would stop. One participant stated, “When we are feeling down we can find it hard to look into the future and what it will bring. We constantly look on what is happening now which is a bad thing. Of course all things get resolved, just with help from family and friends”. Participants further acknowledged that they could overcome an experience of cyber bullying. One participant commented, “This time in my life is tough but I will get through this in the end. I have to learn to deal with this and it will be over soon”. Participants also acknowledged that things would be different in the future (e.g., after adolescence). One participant stated, “Things will change because you are still young and you do not know if this is what normal people do or whether they are just mean people”.

Seeking Support: Therapeutic Exercise

Thematic analysis of participants’ responses to the seeking support exercise supported the quantitative findings of an increase in adolescents’ help-seeking attitudes and behavioural intentions to engage with a counselling service, in the event of being a victim of cyber bullying. In particular, participants described themes related to the benefits of seeking support from a counsellor for an experience of cyber bullying. Many participants reported that talking to a
counsellor could help people think things through more clearly and make decisions for themselves about what they felt comfortable doing. One participant stated, “A counsellor can help you forget about what is going on, clear your head and concentrate on what to do and how to do it. They can make your life a lot easier and make you feel better by making you feel stronger in terms of counteracting this bullying”. Participants also commonly reported that a counsellor could help people feel understood and/or better. One participant stated, “Seeing a counsellor can help someone understand what they are feeling. It can help someone realise that they are not the only one being bullied and that they will get through this tough time”. Several participants reported that talking to a counsellor could help because they are trained professionals and they can give you educated advice. A few participants reported that talking to a counsellor could be helpful because they would not judge them or tell them what to do. Participants’ responses related to the effectiveness of counselling services. A small number of participants believed that counselling was effective for most people but not all people. One participant stated, “Counselling can be effective for most people”. A small number of participants reported that they would choose to seek support from a parent and/or someone they trust. One participant stated, “If you are being cyber bullied you should tell a parent first or someone you trust”.

In summary, the qualitative findings presented a rich source of data which revealed that the majority of adolescent participants had clearly articulated how the coping skills of self-compassion, challenging unhelpful thinking and seeking support could benefit them personally, in the event of cyber bullying. In particular, adolescent participants demonstrated their ability to engender a self-compassionate mindset that might help lessen the impact of the effects of cyber bullying, identified the types of thinking patterns that might help to reduce the effects of ruminating over an experience of being a victim of cyber bullying, identified beliefs that could lead to positive self-evaluations, and discussed how seeking support could benefit them personally.

The current results corroborate previous findings that suggest that self-compassion supports healthy self-attitudes and may be used as a mechanism for
coping when one’s self-evaluation has been threatened. Neff (2003b) draws attention to how self-compassionate individuals deal with negative events and self-evaluations, in which it is theorised that self-compassion operates as an effective emotional regulation strategy in neutralising negative emotional patterns by engendering more positive feelings of kindness and connectedness. This explanation fits in with the context of Leary and colleagues’ (2007) research, in which self-compassion was found to successfully attenuate the effects of negative self-thoughts in their study, with participants who were induced to think self-compassionately reporting lower levels of negative psychological effect. Consistent with previous research, the results of the current study demonstrate the beneficial role of self-compassion as a healthy form of self-acceptance that facilitates adaptive patterns of thinking in relation to coping with an experience of cyber bullying. Also consistent with previous literature, results generally support the notion that self-compassion is a skill that people can develop rather than a static personality trait. The potential implications of encouraging a compassionate, objective and mindful perspective was to enable negative experiences (i.e., in this instance being a victim of cyber bullying) to be seen clearly without the loss of perspective that stems from excessive self-criticism, feelings of isolation and over-identification with one’s negative experiences (Neff et al., 2007b, Neff et al., 2005).

The current research supported the proposition that CBT is a flexible approach that can be individualised, and applied to each unique experience and in different settings. The current research suggested that CBT was an appropriate approach to teach adolescent participants to challenge unhelpful thinking (e.g., participants identified that it is their thoughts that may lead to particular feelings rather than the situation of being victimised) and examine beliefs that would lead to positive self-evaluations (e.g., participants expressed positive self-talk such as acknowledging that they could overcome an experience of being victimised). In particular, qualitative analysis revealed that adolescent participants were able to identify how each of these skills can work best for them to cope with an experience of being a victim of cyber bullying.
Furthermore, the current results reflect previous research which suggests that adolescent victims of face-to-face bullying may be more willing to seek help when they can see the help-seeking process as one in which something can be achieved (Hunter et al., 2004). Specifically, the IRCB intervention provided psycho-education concerning the effects of cyber bullying, and sought to educate adolescents about the benefits of seeking professional psychological help. A general awareness and appraisal of the need to seek assistance to cope with an experience of cyber bullying and a willingness to seek help from a mental health professional were prominent themes in both the qualitative and quantitative literature in the current study.

**Discussion and Synthesis of Quantitative and Qualitative Results**

The aim of developing the IRCB program was to build resilience to the effects of cyber bullying by increasing adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and facilitate helpful coping patterns, with an emphasis on increasing help-seeking behaviours. The present study found evidence that the IRCB program was effective in increasing adolescents’ likelihood of using the coping skills of self-compassion and challenging unhelpful thinking to cope with an experience of cyber bullying. A further outcome of the current research was a significant increase in adolescents’ help-seeking attitudes and behavioural intentions to engage with counselling services, in the event of being a victim of cyber bullying. The quantitative findings were complemented and enriched by further qualitative analyses, in which the majority of adolescent participants had clearly articulated how the coping skills of self-compassion, challenging unhelpful thinking and seeking support could benefit them personally in the event of cyber bullying.

Whilst there were significant increases in adolescents’ reported likelihood of employing coping skills that may be helpful in the event of cyber bullying, the results of the study indicated that further evidence is needed to determine the effectiveness of the program in increasing adolescents’ self-confidence to cope and/or help a friend cope with an experience of cyber bullying. Contrary to hypothesis, the IRCB program was not found to increase adolescents’ confidence to cope and/or help a friend cope with an experience of cyber bullying. An
examination of the data helps to explain such results. In particular, the mean confidence scores of adolescent participants’ self-confidence to cope with an experience of cyber bullying (3.04 pre-program assessment and 3.17 post-program assessment), and/or help a friend cope with an experience of cyber bullying (3.44 pre-program assessment and 3.41 post-program assessment) suggest that adolescent participants already felt confident to cope and/or help a friend cope with an experience of cyber bullying prior to having completed the IRCB program. An analysis of qualitative data further supports the notion that adolescent participants had felt confident prior to completing the program, thus a meaningful increase in confidence may not have been possible. However, further research with a larger sample is needed to determine the effectiveness of the IRCB program in increasing adolescents’ self-confidence to cope and/or help a friend cope with an experience of cyber bullying. Whilst an examination of obtained means from pre-to-3-month-follow-up-program assessment suggest an increase in adolescents’ likelihood of employing helpful coping skills (i.e., self-compassion, challenging unhelpful thinking and seeking support) in the event of cyber bullying and an increase in adolescents’ confidence to cope and/or help a friend cope with an experience of cyber bullying, the degree to which these results can be generalised is limited due to the high attrition rates at 3-month follow-up assessment.

Qualitative analysis provided a rich source of data for program evaluation, with adolescent participants reporting a high level of endorsement. A majority of adolescent participants described the IRCB program as helping them and reported that they would be likely to recommend the IRCB program to a friend.

Limitations and Recommendations for Future Research

Despite promising findings regarding the efficacy of the IRCB program revealing reported increases in adolescents’ likelihood of employing helpful coping strategies (i.e., self-compassion and challenging unhelpful thinking) and increases in adolescents’ help-seeking attitudes and intentions to engage with counselling services in the event of being a victim of cyber bullying, these results should be viewed with caution due to some limitations. The major limitation of
the current study was the small sample size ($n = 54$). Due to challenges with recruitment and time constraints (fitting in with the pre-arranged curricula of the participating schools) only 42% of the target sample size was recruited within the 12 months that the research trial was open. Whist the differences on outcome variables observed in the current study were large enough to be statistically significant despite the small sample size, future research with a larger sample and broader range of schools (a nationally representative sample of schools with a range of socio economic backgrounds) participating is needed to provide further evidence about the effectiveness of the IRCB program.

Methodological concerns were a further limitation of the current research. In particular, participants’ use of coping strategies (self-compassion and challenging unhelpful thinking) and self-confidence to cope with an experience of cyber bullying were measured by single-item responses that were developed by the author. A validated reliable measure of the likelihood of using the coping skills of self-compassion and challenging unhelpful thinking would have provided further evidence for the effectiveness of the IRCB program, enabled calculation of effect sizes, and allowed for a more sensitive measurement of the likelihood of using such coping skills as those taught in the IRCB program. However, there were no existing validated measures deemed appropriate to assess if adolescent participants were likely to employ the coping skills of self-compassion and/or challenging unhelpful thinking in the event of cyber bullying. Directly questioning adolescent participants about whether they were likely to employ such skills in the event of cyber bullying also helped to reduce the size of the questionnaire, which allowed for the use of other validated measures deemed appropriate to measure outcomes of the current research. For example the current research employed a validated reliable measure of general help-seeking (GHSQ) and intentions to engage in counselling services in the event of cyber bullying (ATSPPH-S). Future research that measures attitudes, intentions and behavioural change in the one study with a longitudinal design is needed to examine whether increases in general help-seeking attitudes and behavioural intentions translate into actual behavioural change of adolescents engaging with counselling services in the event of being a victim of cyber bullying. Such a
study could also include a validated measure of self-confidence (e.g., Rosenberg Self-Esteem Scale), in order to ascertain if adolescent participants were in fact high in self-confidence prior to commencing the program, as opposed to thinking they would be able to cope with an experience of cyber bullying and thus reporting high levels of self-confidence. Another limitation of the current study was the absence of a comparison group. A control group would have allowed for comparisons achieved from the IRCB program to changes that may have occurred naturally over time. Although in the current study use of the IRCB program was associated with increases in adolescents’ reported likelihood of employing coping skills that may be helpful in the event of cyber bullying, it is important for future research to compare the effectiveness of this intervention with a control group. Until a control group design has been used to investigate the outcomes of the current research, the current findings should be interpreted with caution. Future research may benefit from collecting a clinical sample of participants with a history of being a victim of cyber bullying. Furthermore, it is important for future research to compare the current intervention outlined in this study with other treatment modalities (e.g., emotion focused therapy, interpersonal therapy) and intervention formats (e.g., individual therapy or group in-person therapy).

High attrition rates are a further limitation of the current study. The results showed that 15% of adolescents disengaged with the program by not completing all of the program activities. There was a high-loss to follow-up rate with 28% of participants not completing the post-program assessment and 81% of participants not completing the 3-month follow-up assessment. One of the primary reported concerns with high attrition rates is the assumption that participants who respond to follow-up assessments are likely to have made more improvements during treatment than participants who failed to respond. However, systematic reviews suggest that there is insufficient evidence to support that assumption, and argue that future research is needed to conclusively outline factors that influence the diverse range of reasons for high attrition rates reported for internet-based programs (Bjork et al., 2006; Christensen et al., 2009; Lowe et al 2003; Melville et al, 2010; Steinhausen et al., 200). Nonetheless, one
possibility for these findings is that participants chose to disengage from further assessment due to a lack of satisfaction with the IRCB program. The high level of program endorsement and reported likelihood of recommending the IRCB program suggests otherwise. An alternative possibility is that participants received what they wanted from the intervention. Christensen and colleagues have used the term “e-attainers” (2006, p.22) to describe participants who benefit from brief exposure to online interventions. This finding is consistent with numerous researchers (Cavanagh et al., 2009; Proudfoot et al., 2004; Nicholas et al., 2010) who have challenged the assumption that those who prematurely terminate from treatment are in some way dissatisfied with the treatment itself. Thus, it is conceivable that participants had decided that they had obtained what they needed from the program and viewed the post-program and 3-month follow-up assessment as a replication that would not be of further benefit to them. Nonetheless, it remains unclear why participants did not choose to respond to the post-program (28%) and 3-month follow-up (81%) assessments and further research is needed to systematically analyse why participants chose to disengage from further assessment. Whilst high attrition rates are a commonly reported barrier in evaluating studies with internet-based programs, with reports of a loss of participants at follow-up assessment often reaching 60-80 %, further qualitative research is recommended as it provides rich and valuable information that may be better able to explain the experience of adolescent participants (Eysenbach, 2005; Sysko & Walsh, 2008).

In relation to learning from participant feedback in the current study, a potential future modification of the IRCB program may be to provide an opportunity for adolescent participants to discuss previous experiences of being a victim of cyber bullying. A further potential future modification of the IRCB program may be to include psycho-education regarding the successful findings, implications and high level of program endorsement from adolescent participants who have completed the IRCB program. Incorporating psycho-education regarding the utility of a program is a reported strategy that will likely increase adolescents’ motivation and interest to complete a program (Nicholas et al., 2010). Future research could also further explore the potential use of technology for cyber bullying, including briefer interventions that utilise advancements in
technology (e.g., mobile applications). More specifically, future research could explore the potential of the IRCB program to be made available as a mobile phone download. The rapidly growing number of promising new mental health interventions delivered on mobile phone applications (e.g., the check-in application developed by beyondblue, recharge and mindshift) have been well-regarded and utilised by adolescent participants and have shown promise in supporting adolescent mental health (Donker et al, 2013).

**Implications and Strengths of the Current Research**

A literature review revealed the high incidence of cyber bullying in Australia. Using a nationally representative sample, Cross et al. (2009) examined approximately 7,000 primary and secondary school students from 124 schools nationally in Australia, and found that an estimated 1 in 6 students had experienced being a victim of cyber bullying over the duration of a school term. This level of victimisation has led to mental health concerns for an increasing number of students in Australia, and there is an increasing recognition of the importance of prevention, early detection and treatment of cyber bullying. Emerging literature has found that cyber bullying is related to a number of negative health outcomes; in particular, victims of cyber bullying have been found to experience symptoms of emotional distress, low self-esteem, withdrawal from school activities, depression, social anxiety, suicidal ideation and in some instances cases of suicide (Grills & Ollendick 2002; Hawker & Boulton, 2000; Juvonen & Gross, 2008; Nishina et al., 2005; Smith et al., 2008; Wolak at al., 2006). One of the frequent findings of empirical research is a tendency for victims of cyber bullying to blame themselves for their experience of harassment, report an apprehensive (excessive worry) coping profile, and keep their problems from others (Lodge & Frydenberg, 2007; Smith et al., 2003). A further finding from empirical research is that one of the predominant effects of cyber bullying is that it can intimidate people to the point that they feel alone and unsure of themselves and can be particularly detrimental to a young person’s mental health when victims believe that they have exhausted their strategies for responding, including seeking help (Lodge & Frydenberg, 2007; Smith et al., 2008). The IRCB program was developed in response to the clear need for
adolescents to have access to a psychological intervention program that promotes effective coping skills in response to the emotional impact of cyber bullying, alleviates adolescent concerns related to seeking help and educates adolescents about the benefits of seeking help.

A literature review reveals that anti-bullying whole-school approach campaigns that emphasise victim support and empowerment and incorporate social and emotional learning as an integral component of prevention/intervention efforts have consistently demonstrated positive results for improving bullying and cyber bullying concerns. A literature review of face-to-face interventions further reveals that intervening at an individual level to reduce the emotional impact of bullying concerns is an important element of intervention that promotes emotional wellbeing and decreases the risk of victimisation. In line with these findings, a recent meta-analysis of the effects of school-based anti-bullying programs suggests that studies involving training in emotional control showed significantly larger effect sizes for reducing student reported incidents of victimisation than did studies that did not involve this strategy (Lee et al., 2015). The impact of cyber bullying is also influenced by the coping styles victims employ and there is an evident need to inform adolescents that employing unhealthy emotion-focused coping strategies to deal with cyber bullying is ineffective and detrimental to their psychological and physical wellbeing (Vollink et al., 2013). According to Lazarus and Folkman’s (1984) transactional model of stress and coping, the impact of cyberbullying is influenced by the coping styles victims employ and it is argued that there is a need to educate adolescents about helpful skills to cope with the emotional impact of cyber bullying.

Whilst there is a growing amount of research highlighting the urgent need to educate victims about the harmful effects of maladaptive coping strategies (e.g., feeling helpless and employing unhealthy emotion-focused coping strategies) and to promote adaptive coping strategies, it is argued that there is a gap in the research to integrate existing widely-used/evidence-based Cognitive Behavioural Therapies, into therapeutic intervention for victims of cyber bullying. A recent review of cyber bullying by Foody et al. (2015), similarly
concluded that there is a need for adolescent victims of cyber bullying to have access to an online psychological intervention and not just school or education-based programs that seek to prevent or reduce the incidence of cyber bullying. In particular, they suggest that future research needs to investigate current psychological interventions (e.g., Cognitive Behavioural Therapy and Acceptance Commitment Therapy) that have shown evidence for reductions in psychopathology and to incorporate such strategies and steps into a tailored online psychological intervention for victims of cyber bullying (Foody et al., 2015).

The current study is argued to make a contribution to the paucity of empirical research on increasing adolescents’ understanding of coping strategies that may be helpful for a victim of cyber bullying, by developing an online intervention which promotes use of effective coping skills in response to cyber bullying, with an emphasis on increasing help-seeking behaviours. More specifically, the IRCB program is an online, self-guided Cognitive Behavioural Therapy-based psycho-educational intervention that aims to increase adolescents’ likelihood of employing coping skills that may be helpful for a victim of cyber bullying and increase confidence in their ability to cope and/or help a friend cope with an experience of cyber bullying. Despite the small sample size, the current research produced promising results, with the adolescent participants in the current study showing increases from pre- to post-program in their reported likelihood of using the coping skills of self-compassion and challenging unhelpful thinking in the event of cyber bullying. Further, the adolescent participants showed increases from pre- to post-program in their likelihood of seeing help and more positive attitudes towards seeking help. These findings support the growing body of evidence that suggests the promotion of positive help-seeking attitudes and intentions for common mental health problems amongst adolescent populations can lead to help-seeking behaviours (Gulliver et al., 2010; Rickwood et al., 2004; Rickwood et al., 2007; Sartor et al., 2007; Sharp et al., 2006; Waddell et al., 2007).

A further strength of the current study was providing mental health information in a clear concise manner, with terminology that was reported by many of the adolescent participants as informative. Furthermore, participants
reported a high level of program endorsement. It is proposed that the online format of the IRCB program may have an important role to play. In particular, technology makes it possible to provide such a specialised educational program to a large number of adolescents. The convenience, accessibility and anonymity of an online program, offers an opportunity to provide therapeutic intervention to adolescents who may not otherwise present to the mental health system. Furthermore, research has shown that adolescents are very engaged with the internet and thus a program designed to encourage self-awareness and adaptive thinking may increase their chances of seeking support (An et al., 2009; Gregg, 2012; Long & Palermo, 2009; Palermo et al., 2009; Reynolds et al., 2008). The IRCB program has the potential to provide adolescents with a free, widely and easily accessible intervention that helps ameliorate the effects of cyber bullying, by promoting effective coping skills in response to cyber bullying.


Cross, D., Shaw, T., Hearn, L., Epstein, M., Monks, H., Lester, L., & Thomas, L. (2009), Australian Covert Bullying Prevalence Study (ACBPS), Child Health Promotion Research Centre, Edith Cowan University, Perth.


Appendix A: Increasing Resilience to Cyber Bullying Program Content and Pre- and Post-Program Assessment

1. How old are you? (in years)

2. Please indicate your gender:
   - Female
   - Male

3. Please read carefully the definition of cyber bullying below: The use of technology to embarrass, threaten, shame, hurt, or exclude the victim may be done through text messaging, phone calls, picture or video clips (via mobile phone cameras), emails, chatrooms, blogs, instant messaging, and via websites. Please indicate if you have ever been a victim of cyber bullying?
   - Yes
   - No

4. Have you ever seen a mental health professional (e.g., counselor, psychologist, psychiatrist) to get help for a personal problem?
   - Yes
   - No

5. Please indicate which of the following coping strategies you think would be helpful for someone who is a victim of cyber bullying:

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Not at All Helpful</th>
<th>Somewhat Helpful</th>
<th>Moderately Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminate repeatedly think about the problem</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
<td>(Circle)</td>
</tr>
</tbody>
</table>

Save and Next
6. In relation to yourself, please predict how likely you would be to use the following coping strategies if you were a victim of cyber bullying:

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Not at All Likely</th>
<th>Slightly Likely</th>
<th>Moderately Likely</th>
<th>Very Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminating, repeatedly think about the problem</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
</tbody>
</table>

Save and Next

7. If you were having a problem as a result of having become a victim of cyber bullying, how likely is it that you would seek help from the following people?

<table>
<thead>
<tr>
<th>Help Source</th>
<th>Extremely Unlikely</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Extremely Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Teacher</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Friend</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Parent</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Other relative/family member</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Mental Health Professional (e.g., Counselor, Psychologist, Psychiatrist)</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Phone help line (e.g., Lifeline)</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Doctor/GP</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>I would not seek help from anyone</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Other not listed above (Please specify) (If not other, leave blank)</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
</tbody>
</table>

Save and Next

8. Please rate your self-confidence to cope in the future if you were a victim of cyber bullying:
   ○ Not at all Confident  ○ Slightly Confident  ○ Moderately Confident  ○ Very confident

9. Please write a sentence or two explaining your answer

10. Please rate your confidence to help a friend cope if they were a victim of cyber bullying:
    ○ Not at all Confident  ○ Slightly Confident  ○ Moderately Confident  ○ Very confident

Save and Next
### L1. To what extent do you agree or disagree with the statements below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Partially Disagree</th>
<th>Partially Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I believed I was having a mental breakdown, my first thought would be to see a mental health professional (counselor/psychologist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The idea of talking about problems with a counselor/psychologist strikes me as a poor way to get rid of emotional conflicts (personal problems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could be helped by a counselor/psychologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The mere mention of alcohol in the presence of a person who is my friend, to add context and make the conversation more engaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would want to get psychological help if I were worried or upset for a long period of time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I might want to have psychological counseling in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considering the time and expenses involved in psychological counseling, it would have doubtful value for a person like me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person should work out his or her own problems, getting psychological counseling would be a last resort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal and emotional troubles, like many things, tend to work out by themselves.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Thank you for completing those questions, you will now start the Increasing Resilience to Cyber bullying program. A program designed to help you learn about coping skills that can be helpful for someone who is a victim of cyber bullying.**

1. Having self-compassion: The ability to be kind to yourself in times of distress.
2. Challenging unhelpful thinking: Helps you think and feel differently about a situation.
3. Seeking help and support.

---

**Increasing Resilience to Cyber Bullying Program**

Please listen to and/or read the experience of a victim of cyber bullying:

"Like a lot of my friends, I have heard about cyber bullying and I've also seen it happen to other people. I never thought it would happen to me but it did and I wasn't used to being bullied like this.

There were mean things said about me and usually I can ignore these types of situations that aren't worth my time. But this time was different from anything I had gone through before because I couldn't step it from getting to me. I started to believe all of the things that were said about me, even though I knew they weren't true.

It upset me and I could't focus on anything else. Every time I tried to understand why I was being treated this way, I felt worse. I couldn't stop doubting myself and I wasn't coping with any uncertainty around me or even the slightest challenge.

I didn't know what to do as I was feeling completely overwhelmed. I was starting to feel more and more alone but I felt unsure about getting help."

**Using coping strategies to deal with cyber bullying**

Cyber bullying can massively test our ability to cope with stress. One of the affects of cyber bullying is that it can intimidate people to the point that they feel alone and unsure of themselves. Disturbingly up to 42% of Australian adolescents surveyed have reported experiencing this type of victimisation.

Through this program you will learn about 3 skills that can help you cope with a cyber bullying situation. Click 'next' to continue.
3 skills that can help us change the way we think and feel about being cyber bullied

Please LOOK carefully at each of the '3 SKILLS' below for a minute or so, as you are going to learn about each of them and then you will be asked to write about them.

**Skill 1: Self Compassion**
- "The ability to be kind towards yourself in times of distress"

**Skill 2: Challenging Unhelpful Thinking**
- "The way we think about a situation and our personal beliefs about ourselves (positive/negative) can affect how we feel"

**Skill 3: Seeking help**
- "It is important to allow yourself some support when you need it"

When you complete the exercises on the following pages try to think about how each of the 3 skills may be helpful for someone who is a victim of cyber bullying.

---

**Skill 1: Self Compassion**

When we think about upsetting situations from a different perspective, we can experience a different kind of emotion. We do this all the time to change a friend’s way of thinking to make them feel better about themselves, and yet we do not always do this with ourselves when we need it most. An important skill to learn is Self-Compassion, the ability to:

- Acknowledge painful feelings with kindness
- Recognize that everyone goes through difficult times
- Allow ourselves time and support to think things through more clearly

**Self Compassion: Activity 1**

Please imagine you have been cyber bullied. Please write a sentence or two expressing understanding, kindness and concern for yourself as a victim of cyber bullying, in the same way that you might express concern to a friend who has undergone a similar experience.

For example: "It’s not my fault that people aren’t always accepting of me, there will always be people who care about me and they are the ones who really matter in my life."
Self Compassion: Activity 2

Please write a sentence or two explaining why being a victim of cyber bullying can happen regardless of the type of person someone is.

For example: People sometimes embarrass other people on purpose, I know that other people in my school have had this happen to them and I know that most famous people have had horrible things written about them.

Next

Self Compassion: Activity 3

Please write a sentence or two about why it might be hard to be kind and comforting towards yourself if you were to become a victim of cyber bullying.

For example: Bullying intimidates you to the point that you feel alone and unsure of yourself.

Next
Skill 2. Challenging Unhelpful Thinking

The way we think about a situation and our personal beliefs about ourselves (positive/negative) can affect how we feel. For example, our thoughts may not allow us to see how things can be better for ourselves in the future ("Things will always be this way for me").

Challenging Unhelpful Thinking: Activity 1

Please write a sentence or two about the types of thoughts that would help a victim of cyber bullying to overcome personal blame or distress.

For example: Bullying is done on purpose to make people feel excluded, so I will gather my friends and family close to make sure I’m not alone in this.

Challenging Unhelpful Thinking: Activity 2

Please write a sentence or two explaining why, in some situations (such as when we are feeling hurt and alone) it is hard to see that things will not always be that way.

For example: This is a hurtful time in my life that I will be able to look back on and know that it was intimidation.
Skill 3. Seeking Help

It is important to recognize when we need support and to ask for help from someone that you feel comfortable talking things through with.

Seeking Help: Activity 1

Please write a sentence or 2 explaining how speaking to a counsellor about an experience of cyber bullying could allow you to make clearer decisions to help yourself.

For example: Talking to a counsellor can help people think things through more clearly because they don’t just tell you what to do. It can also help people make decisions for themselves about what they feel comfortable doing.

Please read the example below of someone applying the 3 coping skills:

1. Self-compassion
2. Challenging unhelpful thinking
3. Seeking help

I thought about my thinking and how being a victim of cyber bullying was causing me to feel like I couldn’t cope. I realized that things had become worse for me when I started to think about nothing else but the hurtful things that were said about me and I realized this was affecting the way I feel about myself.

I was finding it hard to accept that bullying is a deliberate form of intimidation that happens to all types of people. The things that were said about me were not easy to ignore and it was hard for me to hear people speak about me in that way. It was extremely painful on a personal level, but I have gained enough life experience to know that most people in my situation would have felt hurt and ridiculed. I thought about how other people had gone through similar experiences and allowed myself to be more self-compassionate.

I started to feel better when I truly believed that things were not always going to be this way for me and realized that there was no need for me to blame myself as I had already gone through so much. I couldn’t ignore my thoughts and holding my feelings inside was too painful, so I asked for support. At first I worried that if I told an adult they would react by stopping my internet access and mobile phone use and I was also nervous that speaking up could lead to more bullying. I knew that I needed to talk to someone so I made myself more comfortable by speaking to my school counsellor first about the worries I had about speaking to an adult.

The thing that has helped me most about getting support was that talking to someone has helped me to be more true to myself. I can think things through more clearly for myself without being intimidated and everything that is said is private - it won’t end up on the Internet!
### Applying the 3 skills

Please demonstrate your understanding of coping skills by selecting the relevant coping skill(s) for each statement from the drop-down menu.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Relevant coping skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was finding it hard to accept that bullying is a deliberate form of intimidation that happens to all types of people.</td>
<td>Select one</td>
</tr>
<tr>
<td>It was intimidating and extremely painful on a personal level, but I have gained enough life experience to know that most people in my situation would have felt hurt and ridiculed.</td>
<td>Select one</td>
</tr>
<tr>
<td>I thought about how other people had gone through similar experiences and allowed myself to be more self-compassionate.</td>
<td>Select one</td>
</tr>
<tr>
<td>I started to feel better when I truly believed that things were not always going to be this way for me and realized that there was no need for me to blame or torment myself as I had already unfairly gone through so much.</td>
<td>Select one</td>
</tr>
<tr>
<td>I couldn’t ignore my thoughts and holding my feelings inside was too painful, so I asked for support.</td>
<td>Select one</td>
</tr>
</tbody>
</table>
Well done!

Applying the 3 skills

There was so much to think about and learn in a short amount of time. Please see below if you would like to see the correct answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Relevant coping skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was finding it hard to accept that bullying is a deliberate form of intimidation that happens to all types of people.</td>
<td>Self compassion and/or Challenge unhelpful thinking</td>
</tr>
<tr>
<td>It was intimidating and extremely painful on a personal level, but I have gained enough life experience to know that most people in my situation would have felt hurt and ridiculed.</td>
<td>Self compassion and/or Challenge unhelpful thinking</td>
</tr>
<tr>
<td>I thought about how other people had gone through similar experiences and allowed myself to be more self-compassionate.</td>
<td>Self compassion and/or Challenge unhelpful thinking</td>
</tr>
<tr>
<td>I started to feel better when I truly believed that things were not always going to be this way for me and realized that there was no need for me to blame or torment myself as I had already unfairly gone through so much.</td>
<td>Self compassion and/or Challenge unhelpful thinking</td>
</tr>
<tr>
<td>I couldn’t ignore my thoughts and holding my feelings inside was too painful, so I asked for support.</td>
<td>How speaking to someone can help</td>
</tr>
</tbody>
</table>

With your new understanding of coping skills, please now answer the short survey again.
1. Please indicate which of the following coping strategies you think would be helpful for someone who is a victim of cyber bullying.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Not at all helpful</th>
<th>Somewhat helpful</th>
<th>Moderately helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminate: repeatedly think about the problem</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Save and Next

2. In relation to yourself, please predict how likely you would be to use the following coping strategies if you were a victim of cyber bullying.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Not at all likely</th>
<th>Slightly likely</th>
<th>Moderately likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminate: repeatedly think about the problem</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Save and Next

3. If you were having a problem as a result of having become a victim of cyber bullying, how likely is it that you would seek help from the following people?

<table>
<thead>
<tr>
<th>Source</th>
<th>Extremely Unlikely</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Extremely Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Teacher</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Other relative/family member</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Mental Health Professional (e.g., Counselor, Psychologist, Psychiatrist)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Phone help line (e.g., lifeline)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Doctor/GP</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>I would not seek help from anyone</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Other not listed above (Please specify) (if not other, leave blank)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
</tbody>
</table>

Save and Next
4. Please rate your self-confidence to cope in the future if you were a victim of cyber bullying

- Not at all Confident
- Slightly Confident
- Moderately Confident
- Very confident

5. Please write a sentence or two explaining your answer

6. Please rate your confidence to help a friend cope if they were a victim of cyber bullying

- Not at all Confident
- Slightly Confident
- Moderately Confident
- Very confident

7. To what extent do you agree or disagree with the statements below?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Partially Disagree</th>
<th>Partially Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I believe I am having a mental breakdown, my first thought would be to see a mental health professional (counselor/psychologist).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The idea of talking about problems with a counselor/psychologist tones me as a poor way to get rid of emotional conflicts (personal problems).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could be helped by a counselor/psychologist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe there is something admirable in the attitude of a person who is willing to cope with the or her conflicts and learn without relying on professional help.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would want to get psychological help if I were worried or upset for a long period of time.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I might want to have psychological counseling in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considering the time and expense involved in psychological counseling, it would have doubtful value for a person like me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person should work out his or her own problems; getting psychological counseling would be a last resort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal and emotional troubles, like many things, tend to work out by themselves.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. How Helpful have you found this Increasing Resilience to Cyber Bullying Program?

- Not at All Helpful
- Somewhat Helpful
- Moderately Helpful
- Very Helpful

9. Please write a sentence or two explaining your answer

Save and Next
10. Has this Increasing Resilience to Cyber Bullying Program increased the likelihood of you using the following coping skills in the future if you were to be a victim of cyber bullying?

<table>
<thead>
<tr>
<th>coping skill</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be self-compassionate (kind towards myself)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Challenging unhelpful thinking</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Seeking help and support from a trusted friend or adult</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Save and Next

11. Would you recommend this Increasing Resilience to Cyber Bullying Program to a friend?

- [ ] Not at all likely
- [ ] Slightly Likely
- [ ] Moderately Likely
- [ ] Very Likely

12. Please provide any additional feedback about this program below (Eg. Likes, Dislikes, Suggested Improvements...)

Save and Next

You have now completed the program. Thank you very much for taking part!

In 3 MONTHS TIME we will be inviting you to complete another online survey, that will contain similar questions and will only take approximately 15 minutes to complete.

All of the information you have provided will be kept confidential and your participation is completely anonymous. If anything mentioned in this program has caused you to feel distress, please talk to a trusted adult such as a parent, teacher or school counsellor.

You can also ring Kids Help Line on 1800 55 1800 or Lifeline 13 11 14.

The call cost is free and can be made from any telephone box.

If you have access to the Internet you can also look at websites such as:


Thank you again and we hope that you never have to deal with cyber bullying...but if you do, please remember to look after yourself by using the 3 coping skills we focussed on today:

1. Be self-compassionate
2. Challenging unhelpful thinking
3. Seek help and support from trusted friends or adult

End
Appendix B: Increasing Resilience to Cyber Bullying 3-Month Follow-Up Assessment

Hello! You have successfully logged on!

We thank and congratulate you for having completed the 'Increasing Resilience to Cyber bullying' program 3 months ago.

Since participating in the 'Increasing Resilience to Cyber bullying' program, you may remember having learnt 3 coping skills that can be helpful for someone who is a victim of cyber bullying:

1. Having self-compassion, the ability to be kind to yourself in times of distress.
2. Challenging unhelpful thinking, in order to help your self-feel differently about a situation.
3. Seeking help and support form a trusted friend or adult.

Start the survey

1. Please indicate which of the following coping strategies you think would be helpful for someone who is a victim of cyber bullying:

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Not at All Helpful</th>
<th>Somewhat Helpful</th>
<th>Moderately Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminate repeatedly think about the problem</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Save and Next
2. In relation to yourself, please predict how likely you would be to use the following coping strategies if you were a victim of cyber bullying

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Not at Likely</th>
<th>Slightly Likely</th>
<th>Moderately Likely</th>
<th>Very Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruminate: repeatedly think about the problem</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Try not to think about it</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Challenge unhelpful thinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ignore the problem</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seek support from a trusted friend or adult</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Keep the problem to yourself and see if it goes away</td>
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<td>☐</td>
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<tr>
<td>Be self-compassionate (kind towards yourself)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Save and Next

3. If you were having a problem as a result of having become a victim of cyber bullying, how likely is it that you would seek help from the following people?

<table>
<thead>
<tr>
<th>Person/Resource</th>
<th>Extremely Unlikely</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Extremely Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Teacher</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Friend</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other relative/family member</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health Professional (e.g., Counselor, Psychologist, Psychiatrist)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Phone help line (e.g., Maine)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Doctor/GP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I would not seek help from anyone</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other not listed above (Please specify) (If not other, leave blank)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Save and Next

4. Please rate your self-confidence to cope in the future if you were a victim of cyber bullying

☐ Not at all Confident ☐ Slightly Confident ☐ Moderately Confident ☐ Very confident

5. Please write a sentence or two explaining your answer


6. Please rate your confidence to help a friend cope if they were a victim of cyber bullying

☐ Not at all Confident ☐ Slightly Confident ☐ Moderately Confident ☐ Very confident

Save and Next
7. To what extent do you agree or disagree with the statements below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Partly disagree</th>
<th>Partly agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I believed I was having a mental breakdown, my first thought would be to see a mental health professional (counselor/psychologist).</td>
<td></td>
<td></td>
<td></td>
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<td>The idea of talking about problems with a counselor/psychologist strikes me as a poor way to get rid of emotional conflicts (personal problems).</td>
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<tr>
<td>If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could be helped by a counselor/psychologist.</td>
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<tr>
<td>There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.</td>
<td></td>
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<td>I would want to get psychological help if I were worried or upset for a long period of time.</td>
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<td>I might want to have psychological counseling in the future.</td>
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<td>Considering the time and expense involved in psychological counseling, it would have doubtful value for a person like me.</td>
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<td>A person should work out his or her own problems; getting psychological counseling would be a last resort.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. How Helpful have you found this Increasing Resilience to Cyber Bullying Program?

- Not at All Helpful
- Somewhat Helpful
- Moderately Helpful
- Very Helpful

9. Please write a sentence or two explaining your answer

Save and Next

10. Has this Increasing Resilience to Cyber Bullying Program increased the likelihood of you using the following coping skills in the future if you were to be a victim of cyber bullying?

<table>
<thead>
<tr>
<th>Skill</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be self-compassionate (kind towards myself)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging unhelpful thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeking help and support from a trusted friend or adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Save and Next
11. Would you recommend this Increasing Resilience to Cyber Bullying Program to a friend?

☐ Not at all likely  ☐ Slightly Likely  ☐ Moderately Likely  ☐ Very Likely

12. Please provide any additional feedback about this program below: E.g. Likes, Dislikes, Suggested Improvements...

Save and Next

You have now completed the program. Thank you very much for taking part!

All of the information you have provided will be kept confidential and your participation is completely anonymous. If anything mentioned in this program has caused you to feel distress, please talk to a trusted adult such as a parent, teacher or school counsellor.

You can also ring Kids Help Line on 1800 55 1800 Or Lifeline 13 11 14

The call cost is free and can be made from any telephone box.

If you have access to the Internet you can also look at websites such as;

www.bullyingnoway.com.au
www.kidshelponline.com.au
www.lifeline.com.au for advice and information!

Thank you again and we hope that you never have to deal with cyber bullying...but if you do, please remember to look after yourself by using the 3 coping skills we focussed on today.

1. Be self-compassionate
2. Challenging unhelpful thinking
3. Seek help and support from trusted friends or adult

End
Appendix C: Ethics Clearance

To: A/Prof David Austin FLSS Ms Kerry Chillemi (BC) A/Prof Ann Knowles

CC: Ms Hayley Mowat, Research Administration Assistant FLSS

Dear A/Prof Austin, Ms Chillemi and A/Prof Knowles,

**SUHREC Project 2010/052 Does a self-help online psycho-educational program on cyber bullying lead to increased confidence and help-seeking behaviours amongst adolescents**

A/Prof David Austin FLSS Ms Kerry Chillemi A/Prof Ann Knowles

Approved duration: 06/09/10 To 30/08/11 [Adjusted]

I refer to the ethical reviews of the above project protocol undertaken by Swinburne's Human Research Ethics Committee (SUHREC). Your response to the review, as e-mailed on 5/6 September 2010 with attachments, were put to and approved by a SUHREC delegate.

I am pleased to advise that, as submitted to date, the project has approval to proceed in line with standard on-going ethics clearance conditions here outlined.

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the National Statement on Ethical Conduct in Human Research and with respect to secure data use, retention and disposal.

- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.

- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/ clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.

- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project.
- A duly authorised external or internal audit of the project may be undertaken at any time.

Please contact me if you have any queries about the ethical review process, citing the SUHREC project number. Copies of clearance emails should be retained as part of project record-keeping.

Best wishes for the project.

Yours sincerely

Ann Gaeth
for Keith Wilkins
Secretary, SUHREC

****************************************
Ann Gaeth, PhD
Administrative Officer (Research Ethics)
Swinburne Research (H68)
Swinburne University of Technology
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Increasing Resilience to Cyber Bullying

Researcher: Kerry Chillemi (Doctor of Psychology Candidate)  
Supervisor: Associate Professor David Austin  
Associate Professor Ann Knowles

This research aims to prevent mental health concerns associated with the effects of cyber bullying. Your school is invited to participate in a classroom-based, online program that is designed to increase adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and increases their self-confidence to effectively employ these skills. This research has the potential to promote resilience to the effects of cyber bullying and is thus anticipated to be demonstrably useful in addition to being appreciated by parents and students alike.

If you choose to participate in this research, you will be required to individually complete the online ‘Increasing Resilience to Cyber Bullying’ program in a classroom format. The program takes approximately 60 minutes to complete. After some initial demographic questions, you will be asked to try and identify helpful coping strategies for an experience of cyber bullying and to rate your likelihood of using those coping strategies in the event of being a victim of cyber bullying. As part of the program, you will read about an experience of a victim of cyber bullying and will learn the types of thinking patterns and beliefs that may be effective to help with the experience of being a victim of cyber bullying. For example, you will learn about self-compassion, to challenge unhelpful automatic thoughts that intensify personal distress, the types of beliefs that may lead to positive self-evaluations, and the value of seeking support.

Your answers will be confidential. Your classmates and teachers will not be able to access any individual’s responses. To protect your privacy further, there is no part of this research that asks for information that may identify you in any way, and only the researchers will have access to the data on an anonymous spreadsheet. Results from this research may be submitted for publication in a psychological journal, however only group results will be reported. Your participation in this research is completely voluntary and anonymous, and you are free to discontinue participating and withdraw at anytime. The program is designed for students in year levels 9 and 10. All participating schools will receive written feedback as to the results of this research and the degree of
satisfaction in the program as rated by the students. Students will also be asked to complete a further online questionnaire after 3 months, which will only take approximately 15 minutes to complete.

Participation will be greatly appreciated as a large amount of resources and dedication have gone into the development of this program that was designed by a student researcher undertaking a PHD, and we anticipate it being a program that is both demonstrably useful in addition to being appreciated by parents and students alike.

Whilst the current research aims to provide students with the opportunity to reflect on and learn about current psychological research, participating involves assessing the types of thinking and beliefs that may help with an experience of cyber bullying and thus may raise personal feelings in relation to previous experiences with cyber bullying. Although it is not anticipated, if this research raises any issues which cause you concern in which you would like to discuss with a professional, please contact Kids Help Line on 1800 55 1800 or alternatively Lifeline on 13 11 14. If you have any queries regarding this research please contact Dr. David Austin on (03) 9214 8682 or daustin@swin.edu.au.

This project has been approved by or on behalf of Swinburne’s Human Research Ethics Committee (SUHREC) in line with the National Statement on Ethical Conduct in Research Involving Humans. If you have any concerns or complaints about the conduct of this project, you can contact:

Research Ethics Officer, Swinburne Research (H68)
Swinburne University of Technology
PO Box 218, Hawthorn VIC 3122
Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

Please keep this information sheet for your own reference. However, Students will require parental permission to participate.

Parents please sign and date the consent form attached if you and your child have agreed that they would like to participate in the Increasing Resilience to Cyber Bullying program. In order to participate each student will need to return the attached consent form, with a parental signature, to class.
Increasing Resilience to Cyber Bullying: An online classroom-based program for adolescents.

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Alarmingly, cyber bullying has become a prominent mental health concern for an increasing number of students in Australia. Your school is invited to participate in research that aims to improve adolescents’ ability to cope with an experience of cyber bullying. Specifically, the ‘Increasing Resilience to Cyber bullying’ program (IRCB) is a classroom-based, self-directed, online program that aims to advance adolescents’ mental health literacy, increase confidence in one’s own ability to cope with a cyber bullying experience and to promote help-seeking behaviours.

If the short classroom-based activity significantly increases adolescents’ understanding of coping skills that may be helpful for a victim of cyber bullying and increases their self-confidence to effectively employ these skills, this research has the potential to reduce the impact of cyber bullying.

Students who choose to participate in this research will be required to individually complete the online IRCB program in a classroom format. The program takes approximately 60 minutes to complete. Students complete pre and post program questionnaires as part of the program. After some initial demographic questions, students will be asked to try and identify helpful coping strategies for an experience of cyber bullying and to rate their likelihood of using those coping strategies themselves in the event of them being a victim of cyber bullying. As part of the program, students will read a vignette about a victim of cyber bullying and will learn the types of thinking patterns and beliefs that may be effective to help with the experience of being a victim of cyber bullying. For example, students will learn about self-compassion, to challenge unhelpful automatic thoughts that exacerbate personal distress, the types of beliefs that may lead to positive self-evaluations, and the value of seeking support.

Student answers to all questionnaires are completely confidential. Classmates and teachers will not be able to access any individual’s responses. To protect the
students’ privacy further, there is no part of this research that asks for
information that may identify them in any way, and only the researchers will
have access to the data.

Results from the proposed study may be submitted for publication in a
psychological journal, however, only group results will be reported, and no
individual will be identifiable. Student participation in this research is
completely voluntary and anonymous, and they are free to discontinue
participating and withdraw at any time. The students will require parental
permission to participate. An information statement and consent form will be
made available for all students and parents to consider. The program is designed
for students in year levels 9 and 10.

At this stage, we are still canvassing possible interest to participate in this
research from various schools. Participation will be greatly appreciated as a
large amount of resources and dedication have gone into the development of this
program, and we anticipate it being a resource that is both demonstrably useful in
addition to being appreciated by parents and students alike. All participating
schools will receive written feedback as to the results of this research and the
degree of satisfaction in the program as rated by the students. Students will be
asked to complete a further online questionnaire after 3 months, which will only
take approximately 15 minutes to complete.

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Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

Thankyou for considering participation in this research, if you would like your
school to participate or if you would like to discuss this research in more
detail, please contact:
Kerry Chillemi 5413168@swin.edu.au or alternatively phone: 0425 715 067.
Appendix F: Intervention Outcomes for Baseline Characteristics

**Likelihood of Using the Coping Skills of Ruminate, Try not to Think About the Problem, Ignore the Problem, Keep the Problem to Yourself and See if it Goes Away, Self-Compassion, Challenging Unhelpful Thinking and Seeking Support in the Event of Cyber Bullying**

Data comparing ratings of likelihood of using the seven coping skills from pre-and-post-program assessment were evaluated using the McNemar test, with mean ratings and $p$-values shown in Table 27. There was a significant increase from pre- to post-program assessment in adolescents’ reported likelihood of using the coping skill of self-compassion in the event of cyber bullying ($\chi^2 = (1) 4.70, p < .001$). In addition, there was also a significant increase from pre- to post-program assessment in adolescents’ reported likelihood of using the coping skill of challenging unhelpful thinking in the event of cyber bullying ($\chi^2 = (1) 2.58, p = .01$). However, there was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of seeking support in the event of cyber bullying ($\chi^2 = (1) 10.42, p = .06$). There was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of ruminating ($\chi^2 = (1) 3.16, p = .65$). There was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of trying not to think about the problem ($\chi^2 = (1) .43, p = .23$). There was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of ignoring the problem ($\chi^2 = (1) 8.15, p = .14$). There was no difference found from pre- to post-program assessment in adolescents’ reported likelihood of keeping the problem to yourself and see if it goes away ($\chi^2 = (1) 6.96, p = .45$).
Table 27

*Mean Participant Ratings (SD) and p value of the Comparisons from Pre-to-Post-Program Assessment Regarding Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking, and Seeking Support, Ruminate, Try Not to Think About the Problem, Ignore the Problem, Keep the Problem to Yourself and See if it Goes Away*

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Compassion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.46</td>
<td>.93</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.98</td>
<td>.94</td>
<td>1-4</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td><strong>Challenging Thinking</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
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<td>.70</td>
<td>1-4</td>
<td>.01*</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.69</td>
<td>.97</td>
<td>1-4</td>
<td></td>
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<tr>
<td><strong>Seeking Support</strong></td>
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</tr>
<tr>
<td>Pre-program assessment</td>
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<td>1.04</td>
<td>1-4</td>
<td>.06</td>
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<tr>
<td>Post-program assessment</td>
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<td>.94</td>
<td>1-4</td>
<td></td>
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<tr>
<td><strong>Ruminate</strong></td>
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<td></td>
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<tr>
<td>Pre-program assessment</td>
<td>2.06</td>
<td>.99</td>
<td>1-4</td>
<td>.65</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.09</td>
<td>1.03</td>
<td>1-4</td>
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<tr>
<td><strong>Try Not to Think About the Problem</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>2.57</td>
<td>.96</td>
<td>1-4</td>
<td>.23</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>2.31</td>
<td>1.01</td>
<td>1-4</td>
<td></td>
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</table>

(Continued)

Note. N=54
Note. *p<.05
Table 27

Mean Participant Ratings (SD) and p value of the Comparisons from Pre-to-Post-Program Assessment Regarding Likelihood of Using the Coping Skills of Self-Compassion, Challenging Unhelpful Thinking, and Seeking Support, Ruminate, Try Not to Think About the Problem, Ignore the Problem, Keep the Problem to Yourself and See if it Goes Away (Continued)

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>M</th>
<th>SD</th>
<th>Possible Range</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ignore the Problem</strong></td>
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<tr>
<td>Pre-Program assessment</td>
<td>2.63</td>
<td>1.07</td>
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</tr>
<tr>
<td>Post-program assessment</td>
<td>2.24</td>
<td>1.05</td>
<td>1-4</td>
<td>.14</td>
</tr>
<tr>
<td><strong>Keep the Problem to Your Self</strong></td>
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<tr>
<td>Pre-program assessment</td>
<td>2.22</td>
<td>1.02</td>
<td>1-4</td>
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<tr>
<td>Post-program assessment</td>
<td>1.72</td>
<td>.98</td>
<td>1-4</td>
<td>.45</td>
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</table>

Note. N=54
Note. *p<.05

Baseline Characteristics

The influence of the following variables (gender, ever seen a counsellor, ever been a victim of cyber bullying) on the likelihood of adolescents employing effective coping skills (self-compassion, challenging unhelpful thinking, seeking support), self-rated confidence to cope with and/or help a friend cope with an experience of cyber bullying, and Feedback Regarding the Likelihood of Recommending the IRCB program were tested using Fisher’s Exact test, with results indicating no statistically significant differences in the distribution.
### Table 28

Fisher’s Exact Test Results from Pre-to-Post-Program Assessment Regarding the Influence of the Following Variables (Gender, ever seen a counsellor, ever been a victim of Cyber Bullying) on the Likelihood of Adolescents Employing Effective Coping Skills (self-compassion, challenging unhelpful thinking, seeking support), Self-Rated Confidence to Cope with and/or Help a Friend Cope with an Experience of Cyber Bullying, and Feedback Regarding the Likelihood of Recommending the IRCB program.

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Victim</th>
<th>Counsellor</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Compassion</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pre-program assessment</td>
<td>.591</td>
<td>.466</td>
<td>.513</td>
<td>.049</td>
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<tr>
<td>Post-program assessment</td>
<td>.505</td>
<td>.229</td>
<td>.150</td>
<td>.607</td>
</tr>
<tr>
<td><strong>Challenging Thinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>.431</td>
<td>.603</td>
<td>.070</td>
<td>.047</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>.268</td>
<td>.550</td>
<td>.478</td>
<td>.357</td>
</tr>
<tr>
<td><strong>Seeking Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>.431</td>
<td>.124</td>
<td>.110</td>
<td>.189</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>.174</td>
<td>.451</td>
<td>.620</td>
<td>.466</td>
</tr>
<tr>
<td><strong>Self Confidence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-program assessment</td>
<td>.646</td>
<td>.339</td>
<td>.463</td>
<td>.489</td>
</tr>
<tr>
<td>Post-program assessment</td>
<td>.584</td>
<td>.615</td>
<td>.175</td>
<td>.574</td>
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<tr>
<td><strong>Self Confidence To Help a Friend</strong></td>
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<tr>
<td>Pre-program assessment</td>
<td>.889</td>
<td>.815</td>
<td>.778</td>
<td>.575</td>
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<tr>
<td>Post-program assessment</td>
<td>.303</td>
<td>.466</td>
<td>.537</td>
<td>.385</td>
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</table>