A Pilot Study of an Online Psychoeducational Program on Cyberbullying That Aims to Increase Confidence and Help-Seeking Behaviors Among Adolescents

Kerry Chillemi, Prof Doc Psych,¹ Jo-Anne M. Abbott, PhD,¹
David W. Austin, Prof,² and Ann Knowles, Assoc Prof¹

Abstract

This pilot study obtained preliminary data on the effectiveness of an online, self-guided cognitive behavioral therapy-based psychoeducational program for coping with a potential experience of cyberbullying. The aim of the increasing resilience to cyberbullying (IRCB) program was to increase adolescents' likelihood of employing coping skills that may be helpful for a victim of cyberbullying, and to increase confidence in their ability to cope and/or help a friend cope with an experience of cyberbullying. Online questionnaires were administered to participants at baseline (preprogram, $n = 54$) and after program completion (postprogram, $n = 54$). Participants were year 9 or 10 students from Australian secondary schools ($M = 14.70$ years, $SD = 0.57$; 89% male). Results indicated significant increases in adolescents' likelihood of using the coping skills of self-compassion and challenging unhelpful thinking to cope with an experience of cyberbullying. There was also a significant increase in adolescents' help-seeking attitudes and behavioral intentions to engage with counseling services in the event of being victim of cyberbullying. There was no evidence to suggest that the IRCB program significantly increased adolescents' confidence in their ability to cope and/or help a friend cope with an experience of cyberbullying. The majority (87%) of participants ($n = 34$) described the IRCB program as helping them. Results suggest that an online intervention has the potential to provide adolescents with a free and easily accessible intervention that helps ameliorate the effect of cyberbullying, by promoting effective coping skills.

Keywords: an online psychoeducational program on coping with cyberbullying, an online cognitive-behavioral therapy-based psychoeducational program for coping with a potential experience of cyberbullying

Introduction

VICTIMS OF CYBERBULLYING have been found to experience emotional distress,¹ low self-esteem,² withdrawal from school activities,^{3,4} depression,⁵ social anxiety,⁶ suicidal ideation, and suicide.⁷ Research suggests that adolescent victims of cyberbullying tend to employ avoidant coping strategies (e.g., keeping their problems from others, ignoring their concerns, self-blame) and often do not access support when they have been victimized.^{8–10} Smith et al.¹¹ concluded that cyberbullying may be particularly detrimental to a young person's mental health when victims believe that they have exhausted their strategies for responding, including seeking help.

The increasing resilience to cyberbullying (IRCB) is an online, self-guided cognitive behavioral therapy-based psychoeducational program that aims to increase adolescents'

likelihood of employing coping skills that may be helpful for a victim of cyberbullying and to increase confidence in their ability to cope and/or help a friend cope with an experience of cyberbullying.

Study Aims

This study aimed to provide preliminary evidence for the efficacy of the IRCB program. It was hypothesized that (1) there would be an increase from pre- to postprogram in adolescents' likelihood of using the coping skills of self-compassion, challenging unhelpful thinking, and seeking support in the event of cyberbullying; and (2) there would be an increase from pre- to postprogram in adolescents' confidence in their ability to cope and/or help a friend cope with an experience of cyberbullying.

¹Faculty of Health, Arts & Design, Swinburne University of Technology, Hawthorn, Australia.

²Faculty of Health, Deakin University, Burwood, Australia.

Methods

Participants

The final sample consisted of 54 year 9 or 10 Australian secondary school students (48 males & 6 females), ranging in age from 14 to 16 ($M = 14.70$ years, $SD = 0.57$). Participants were recruited by approaching school counselors at a psychological convention (one male single-sex catholic school of eight schools approached took part, with 49 participants from this school) and approaching the former (government) school ($n = 5$) of the first author.

Description of the intervention

The IRCB is a classroom-based self-directed online program that aims to advance adolescents' likelihood of employing coping skills that may be helpful for a victim of cyberbullying, and increase confidence in their ability to cope and/or help a friend cope with an experience of cyberbullying. Three specific skills were targeted through the program: (1) inducing a self-compassionate mind-set to facilitate resilience, (2) challenging unhelpful thinking, and (3) recognizing the value in seeking support. The self-help online program was structured to include psychoeducation about useful coping skills, guiding examples to reinforce prior learning, open-ended questions to encourage adolescents to think about how the skills may benefit them personally, and vignettes to illustrate how to combine each of the coping skills.

Skill 1: inducing a self-compassionate mind-set to facilitate resilience

The first component of having a self-compassionate stance requires that one is kind and understanding toward oneself when failure, inadequacy, or misfortune is experienced.^{12,13} The IRCB program instructs adolescents to put this skill into practice in helping with an experience of cyberbullying, in the form of expressing understanding, kindness, and concern for themselves as a victim of cyberbullying, 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."^{12,13} The IRCB program seeks to encourage "common humanity" by advising adolescents that one of the effects of cyberbullying 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. Adolescents are instructed to explain why being a victim of cyberbullying 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," encourages adolescents to take a balanced approach to negative emotions, so that feelings are neither suppressed nor exaggerated.^{12,13}

Skill 2: challenging 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. Smith et al. 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."¹¹ The IRCB program uses cognitive behavioral therapy to teach adolescents how to identify these early warning signs of unhelpful thinking (personal self-blame, isolation, and helplessness), and instructs adolescents to write a sentence or two about the types of thoughts that would help a victim of cyberbullying to overcome personal blame or distress. 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. The skill of "challenging unhelpful thinking" is encouraged as a method for reducing rumination.

Skill 3: recognizing the value in seeking support

To promote help-seeking behaviors 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 utilizing this form of support. The employment of the help-seeking models of Biddle et al.¹⁴ and Rickwood et al.¹⁵ 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.^{14,15}

As part of the IRCB program, students read a vignette about a victim of cyberbullying to learn how to use the three coping skills taught within the IRCB program.

Measures

Online questionnaires were administered to participants at baseline (preprogram) after program completion (postprogram) and three months after program completion (followup). The questionnaires obtained background demographic information (preprogram only), and questions about strategies for coping with cyberbullying, attitudes toward seeking help, help-seeking intentions (pre- and postprogram), and program satisfaction (postprogram only). Specifically, participants were asked to identify helpful coping strategies for an experience of cyberbullying, to rate their likelihood of using those coping strategies themselves in the event of they being a victim of cyberbullying, and to rate their future help-seeking behavioral intentions and attitudes toward seeking help from a mental health professional for an experience of cyberbullying. Students were also asked to rate their confidence to cope with and/or help a friend cope with an experience with cyberbullying.

After reading a definition of cyberbullying, participants were asked to indicate if they have ever been a victim of cyberbullying. Participants were also asked if they had ever sought counseling (e.g., counselor, psychologist, and/or psychiatrist).

A new questionnaire was developed by two of the authors (K.C. and D.W.A.) to measure participants' use of strategies to cope with cyberbullying. The questionnaire assessed the likelihood of adolescents using the coping skills (self-compassion, challenge unhelpful thinking, and seeking support) taught in the program. Participants rated the extent to which they believed different coping strategies (e.g., "Ruminate, repeatedly think about the problem") would be helpful for someone who is a victim of cyberbullying and the

likelihood that they would use different coping strategies (e.g., “Be self-compassionate, kind toward yourself”) if they were a victim of cyberbullying. The General Help-Seeking Questionnaire (GHSQ) was used to measure future help-seeking behavioral intentions.¹⁶ The Attitudes Toward Seeking Professional Psychological Help Scale short form (ATSPPH-S)^{17,18} was administered to measure attitudes toward seeking help from a mental health professional for an experience of cyberbullying. Participants’ satisfaction with the IRCB program and their likelihood of recommending it to a friend were measured through a 4-point scale ranging from 1 (not at all) to 4 (very).

Procedure

Students completed the IRCB program and pre- and postprogram questionnaires within a single classroom session, lasting ~60 minutes. Students who chose to participate in the followup session (3 months after program completion) completed the followup questionnaire within a single class session, lasting ~15 minutes.

Statistical analysis

Quantitative analysis. Data were analyzed using SPSS Version 22. The influence of the following variables (gender, ever seen a counselor, ever been a victim of cyberbullying) on the likelihood of adolescents employing effective coping skills (self-compassion, challenging unhelpful thinking, seeking support), self-rated confidence to cope with an experience of cyberbullying, feedback regarding the IRCB program, and the likelihood of recommending the IRCB program was tested using Fisher’s exact test, with results indicating no statistically significant differences in the distribution.

Pre- and postprogram assessment data were analyzed using intention-to-treat (ITT) analyses whereby participants who did not complete all of the postprogram questionnaire (15=28%), preintervention scores were carried forward as postprogram data.

Qualitative analysis

Qualitative data were analyzed using Thematic Analysis, as outlined by Braun and Clarke.¹⁹

Results

Data comparing ratings of likelihood of using the three coping skills from pre- and postprogram assessment were evaluated using the McNemar test. There was a significant increase from pre- to postprogram assessment in adolescents’ reported likelihood of using the coping skill of self-compassion in the event of cyberbullying ($\chi^2=(1) 4.70, p<0.001$). In addition, there was a significant increase from pre- to postprogram assessment in adolescents’ reported likelihood of using the coping skill of challenging unhelpful thinking in the event of cyberbullying ($\chi^2=(1) 2.58, p=0.01$). However, there was no difference found from pre- to postprogram assessment in adolescents’ reported likelihood of seeking support in the event of cyberbullying ($\chi^2=(1) 10.42, p=0.06$).

Data comparing participants’ ratings from pre- to postprogram assessment regarding reported confidence in the ability to cope with and/or help a friend cope with an ex-

perience of cyberbullying at pre- and postprogram assessment were evaluated using the McNemar test. There was no difference found in adolescents’ reported confidence in their ability to cope with an experience of cyberbullying between pre- and postprogram assessment ($\chi^2=(1) 21.17, p>0.05$). There was also no difference found in adolescents’ confidence in their ability to help a friend cope with an experience of cyberbullying between pre- and postprogram assessment ($\chi^2=(1) 0.06, p>0.05$).

Data comparing help-seeking behavioral intentions (GHSQ) and attitudes toward seeking help from a mental health professional (ATSPPH-S) at pre- and postprogram assessment were evaluated using a paired sample *t*-test. There was a significant increase in adolescents’ general help-seeking behavioral intentions at pre- to postprogram assessment ($t(53)=2.64, p=0.01$). The eta-squared statistic (0.12) indicated a small effect size. There was also a significant increase in adolescents’ attitudes toward seeking professional psychological help at pre- to postprogram assessment ($t(53)=2.73, p=0.01$). The eta statistic (0.12) also indicated a small effect size.

In the postprogram questionnaire, participants were asked to rate how helpful they found the IRCB program on a 4-point scale ranging from 1 (not at all helpful) to 4 (very helpful). The majority (87%) of participants ($n=34$) described the IRCB program as helping them. Participants were also asked to rate their likelihood of recommending the IRCB program to a friend. The majority (82%) of participants ($n=32$) reported that they would likely to recommend the IRCB program to a friend.

Qualitative results

Adolescent participants indicated that they liked ($n=8$) completing the program, describing the program as helpful in increasing their knowledge of coping skills ($n=26$), with clear explanations that were easy to complete ($n=4$). For example, three individual participants each stated, “It has well informed me about ways to help myself if I am bullied in the future and I have knowledge and understanding of how to help others”; “It is good, informative and I think many people could benefit from it”; and “I think everyone should read this, I have a friend that could use this.”

Discussion

This pilot study demonstrated that an online, self-guided cognitive behavioral therapy-based psychoeducational program increased adolescents’ understanding of coping skills that may be helpful for a victim of cyberbullying and increased their likelihood to effectively employ these skills. In particular, results suggested 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 cyberbullying. Results further indicated that there was a significant increase in adolescents’ help-seeking attitudes and behavioral intentions to engage with counseling services, in the event of being a victim of cyberbullying.

Contrary to prediction, the IRCB program was not found to increase adolescents’ confidence to cope and/or help a friend cope with an experience of cyberbullying. There are a number of possible explanations for this. First, it may be that the program did not increase adolescents’ confidence to cope

with and/or help a friend cope with an experience of cyberbullying, due to factors such as the brief single-session nature of the program. Another possible explanation may relate to the small sample size and subsequent lack of power.

Overall, the results of this preliminary study suggest that the IRCB program has the potential to provide adolescents with a free, widely and easily accessible intervention that helps ameliorate the effects of cyberbullying by promoting effective coping skills in response to cyberbullying.

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Address correspondence to:

Dr. Kerry Chillemi

Faculty of Health, Arts & Design

Swinburne University of Technology

Practicing at Suite 16/255 Drummond Street

Carlton 3053

Victoria

Australia

E-mail: kerry.chillemi@gmail.com