

## MEAN: How to manage a child who bullies

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### Disclosures

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A survey from the National Institute of Child Health and Human Development estimated that 20% of 6th through 10th graders admitted to bullying their classmates.<sup>1</sup> In addition to an increased risk for personal injury, bullied children are more likely to report low self-esteem and emotional problems<sup>2</sup> and often experience loneliness.<sup>1</sup> In contrast, children who bully suffer in their school performance<sup>1</sup> and are more likely to engage in drug use<sup>3</sup> and violence<sup>4</sup> later in life. Child psychiatrists often see both bullies and their victims.

Evidence-based recommendations are available to help educators improve the school climate<sup>5</sup> and identify children who are at an increased risk for bullying,<sup>6</sup> but research supporting specific clinical strategies for managing a child who bullies is limited. Establishing rapport and engaging a bully often is challenging; these difficulties further complicate assessment and successful management of such children.

We present the mnemonic **MEAN** to help clinicians assess and understand children who bully.

**M**odel. Discuss, demonstrate, and practice models of alternative social skills and behaviors, including active listening, being open to others' views, accepting failure, controlling impulses, developing problem-solving techniques, and treating others with respect.

**E**mpathize. Encourage children who bully to explore their feelings about themselves—which may uncover poor self-esteem, anger, or guilt—and acknowledge the hurt they cause others by bullying. Focusing on the pain they inflict on others

in the context of personal experiences of pain that likely is driving their aggression may enable bullies to empathize with their victims.

**A**ssess. Help the bully assess the costs and benefits of his or her behavior. Point out what the bully stands to gain from ending his or her aggressive behavior, which likely already has resulted in lost recesses, after school detentions, missed sports practices, and the loss of privileges at home. Most importantly, assess and treat any underlying psychopathology, including mood and anxiety disorders.

**N**urture. Aid the bully in identifying his or her pro-social strengths to build self-esteem and thereby reduce the need to commit aggressive acts as a means of gaining a sense of control or personal security. Disarm the child with your genuine concern for his or her well-being.

Using these psychotherapeutic techniques may enhance establishing rapport with a child who bullies and may improve outcomes.

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