

# Prevention of depressive symptoms, anxiety, distress and irrational thoughts among victims of cyberbullying on the Vmbo through an online tailored advice.

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON39069

### Source

ToetsingOnline

### Brief title

An online tailored advice for Vmbo-educated cyberbullying victims.

### Condition

- Other condition
- Mood disorders and disturbances NEC

### Synonym

'inadequat coping behavior' and 'dealing with cyber bullying'

### Health condition

mentale en gedragsmatige coping

## **Research involving**

Human

## **Sponsors and support**

**Primary sponsor:** Open Universiteit

**Source(s) of monetary or material Support:** Ministerie van OC&W

## **Intervention**

**Keyword:** Coping behavior, Cyberbullying, Irrational thoughts, Online interventions

## **Outcome measures**

### **Primary outcome**

Primary effect outcomes at baseline, 1 month, two months, six months and a year after the start of the intervention are changes in frequency cyberbullying (assessed by 17 deviant cyber behaviors), changes in frequency traditional bullying (self-developed questions), in psychosocial well-being (assessed by the Youth Self-Report) and problem behavior (assessed by the Youth Self-Report), the number of passive and/or aggressive victims of cyberbullying (assessed by a self-developed questionnaire), and school performance and truancy of (former) cyberbullying victims (assessed by self-developed questions and school registration).

### **Secondary outcome**

An increase in effective cyber coping skills and rational helpful thoughts (assessed by self-developed questionnaires). Besides these parameters, determinants of coping behavior such as self-efficacy, self-esteem, action planning, coping planning and constructive emotions should change. We use standard reliable scales and existing questionnaires.

# Study description

## Background summary

Cyberbullying is a repeated, deliberate and aggressive act carried out by a group or an individual towards an individual who cannot easily defend him or herself, using electronic forms of contact. Worldwide, between 20 % and 40 % of the adolescents report experiences of being cyberbullied. In the Netherlands 20 % of the adolescents report experiencing cyberbullying. Research indicates that cyberbullying victims experience negative effects after being cyberbullied.

These victims experience feelings of depression, anxiety, insecurity, they have more irrational thoughts, play truancy more often or stop going to school more often compared to non-victims.

Because of these negative effects, and because most adolescents seek help for their problems online, an online tailored advice for cyberbullying victims is developed. In this online tailored advice, participants learn how to deal with the negative effects more effectively. For more effective coping, participants gain insight into the 5G scheme, based on the 'Plezier op School' training (based on Rational Emotive Therapy), and they learn more effective coping strategies.

All lessons, text, surroundings, guides and extra lessons will be tailored on measured characteristics of the participants.

The intervention will be planned, developed and evaluated with the Intervention Mapping method. Via behavioural goals for victims of cyberbullying and determinants of cyberbullying, change objectives will be created. These change objectives are then changed into practical strategies, based on existing scientific theories and methods.

## Study objective

The online tailored advice is providing adolescents relevant insight in the negative G-scheme (based on RET). This negative G-scheme leads to inadequate coping strategies. The intervention teaches victims to replace negative irrational beliefs into rational beliefs, which evoke more positive feelings.

It also teaches them more effective coping behaviors, which enhance (social) adequacy. The new effective (mental and behavioral) coping strategies will decrease the mental health problems as a result of cyberbullying and lessen the experiences with cyber bullying.

The project primarily aims to study short term (1, 2 and 6 months) and long term (12 months) effects of the online tailored advice on frequency of (cyber)bullying, problem behaviors displayed and amount of aggressive/passive victims of cyberbullying and consequently health effects on psychosocial wellbeing, school performance and truancy.

Secondary aims are to study effects of the online tailored advice on coping

skills and strategies used, the amount and type of irrational thoughts, and changes in coping behavior determinants such as self-efficacy, self-esteem, action and coping planning and constructive emotions. We expect that the online tailored advice will lead to better and effective coping skills, more rational and helpful thoughts, improved self-efficacy and self-esteem, and more constructive emotions.

## Study design

The effect of the online tailored advice is tested by an experimental design with three conditions (experimental group, general information group and waiting list control group). Measures will be done at baseline, after advice one (1 month), after advice two (2 months), a half year after the start of the research and one year post start of the research (the last measurement does not count for the waiting list control group). Comparisons between the three groups will make it possible to measure the effects of the online intervention and the general information on Pestweb/pestkopenstoppen.nl independently.

An ANOVA examined baseline differences in effect measures (see main study parameters) among the three conditions (i.e., experimental group, general information group and waiting list control group).

Multilevel analyses to test the intervention effects

The effects of the intervention will be tested by means of hierarchical regression analyses. Participants are nested within schools ( $n = 3570$ ). The hierarchical approach takes into account the expected interdependence between participants of the same class within a school. Several multi-level linear regression analyses will be conducted to test the efficacy of the intervention and possible mediation effects using MLWin (version 2.02). The data have a 3-level multi-level structure: repeated measures at the first level, pupils at the second level ( $n = 3570$ ) and class type at the third level ( $n = 3570$ ).

Outcome variables

At 1 month (T1), 2 months (T2), six months (T3) the following outcome variables will be measured (see paragraph 6.3 for a description of the questionnaires to measure the outcome variables (Table 1):

Table 1. Primary and secondary Outcome variables

Primary outcome variables

References

Changes in frequency of cyberbullying Dehue,  
et al, 2008; Vandenbosch, 2006)

Changes in frequency of bullying Self  
developed

Changes in psychological well being Youth  
Self Report (Achenbach, 1991)

Changes in school performance and truancy Self developed and school registration

Secondary outcome variables

Changes in irrational thoughts Self developed

Changes in self

efficacy According to

Bandura\*s guidelines (Bandura, 1986, 1993)

Changes in coping with (cyber-)bullying Self developed

Changes in self esteem

Rosenberg Self-esteem (Rosenberg, 1979)

For the primary and secondary outcome variables, a separate regression analysis will be conducted for every outcome variable. The intervention condition variable will be coded into two dummies (Dummycontrol-general information group, Dummycontrol-waitinglist control group), using the experimental condition as a reference. In a second regression analysis the intervention X time interaction will be added to the regression analyses to test whether the intervention effect increases over time, followed by separate analyses for each time point if interactions are significant.

## **Intervention**

The intervention consists of three moments of advice.

In the first advice, participants learn that a negative event (gebeurtenis) causes irrational and negative thoughts (gedachten), which cause negative emotions (gevoel). These feelings cause passive or aggressive behaviour (gedrag) towards the cyber bully. This negative behaviour causes escalation in cyberbullying (gevolg). To change this causal chain, thoughts are disputed and replaced. Participants are helped with recognizing and disputing irrational thoughts, and with forming helpful and rational thoughts.

In the second advice, participants learn how to change passive/aggressive coping strategies into active and problem solving coping strategies. They also learn recognizing bullying situation dynamics. Additionally, participants receive additional lessons aimed at improving social skills. These lessons are offered based on the scores on the Youth Self-Report.

The third advice consist of a booster intervention; participants\* progress is measured, and based on this progress participants receive additional lessons in coping strategies and irrational thoughts. Participants are also encouraged to internalize the constructive beliefs.

Finally, participants receive advice concerning the safe use of the Internet and mobile phones, as well as how to delete unpleasant/harmful messages or photos. For each advice a several coping and action plans will be made.

All lessons and advices are tailored to the specific needs and characteristics

of each participant. The general information group receives general information about how to stop cyber bullying via the website Pestweb/pestkoppenstoppen.nl. The waitlist control group receives no further information; they will receive the online intervention six months after they started participating.

(see table 1 in Research protocol).

## **Study burden and risks**

Participation in the study will bring minimal or no risks. Participants are asked to complete several questionnaires, and are offered advises and lessons. They can choose themselves to attend to these lessons and to use these lessons in real-life. Moreover, all participants can withdraw from participation in the study at any time without stating why.

A limited burden might be experienced in filling in the questionnaires.

Personal awareness of depressive feelings, of anxiety and of physical pain might be increased due to filling in the questionnaire. This potential burden is decreased by a \*take a break\* option (youngsters can stop and take a break from the questionnaire at any time). Further, in case of high norm-scores on clinical depression (based on DSM-IV criteria), youngsters are automatically and directly advised to seek help from a professional, are offered the option to be contacted about seeking and finding help, they receive an e-mail with usefull information about seeking help, and are excluded from participation. In case of high norm-scores on subclinical depression (based on DSM-IV criteria), youngsters are automatically and directly advised to seek help, they receive an e-mail with usefull information about seeking help, and are allowed to continue with the intervention. E-mails contain useful website\*s offering chat and telephone services for adolescents seeking help in a variety of issues, and encouragements in talking with a professional.

## **Contacts**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adolescents (12-15 years)

Adolescents (16-17 years)

### **Inclusion criteria**

Dutch adolescents who were victims of at least three of the 17 deviant cyber behaviors at least once a month during the last six months, or adolescents who were victims of at least one deviant cyber behavior at least twice or three times a month during the last six months. These adolescents also have to indicate if they are in need of help.

The adolescents have to be between the ages of 12-15 years old and they also have to attend the first year of Vmbo in order to start with our research.

### **Exclusion criteria**

Dutch adolescents who did not experience cyberbullying, and cyberbullies. Further, in case of high norm-scores on clinical depression (based on DSM-IV criteria), youngsters are automatically and directly advised to seek help from a professional, are offered the option to be contacted about seeking and finding help, they receive an e-mail with usefull information about seeking help, and are excluded from participation. Parents and/or teachers will also be contacted. In case of high norm-scores on subclinical depression (based on DSM-IV criteria), youngsters are automatically and directly advised to seek help, they receive an e-mail with usefull information about seeking help, and are allowed to continue with the intervention. E-mails contain useful website\*s offering chat and telephone services for adolescents seeking help in a variety of issues, and encouragements in talking with a professional.

## **Study design**

## Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Prevention

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	13-05-2013
Enrollment:	3570
Type:	Actual

## Ethics review

Approved WMO	
Date:	07-02-2013
Application type:	First submission
Review commission:	METC Z: Zuyderland-Zuyd (Heerlen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.



## In other registers

### Register

CCMO

### ID

NL39072.096.12