SCHOOL-BASED MENTAL HEALTH PROFESSIONALS’ BULLYING ASSESSMENT PRACTICES: A CALL FOR EVIDENCE-BASED BULLYING ASSESSMENT GUIDELINES

A sample of 483 school-based mental health professionals completed a survey about the training they have received related to conducting bullying assessments in schools, competence in conducting an assessment of bullying, and the bullying assessment methods they used. Results indicate that school counselors were usually informed about incidents of bullying more frequently than school psychologists. Whereas the majority of school-based mental health professionals surveyed reported some level of competence in using assessment tools for bullying, few reported using empirically based instruments to assess for bullying. This article discusses results and implications, namely, the need to identify clinically meaningful tools for the assessment of bullying and the need to adopt more formal and empirically based methods of assessment in schools.

bullying is traditionally defined as proactive aggression that is intentional, repetitive, and involves a perceived imbalance of power between the victim and bully (Olweus, 2013). Students may assume different yet fluid roles in the bullying continuum that have distinct and overlapping effects on participating youth’s psychological functioning (Institute of Medicine [IOM] & National Research Council [NRC], 2014). Given that bullying is a group phenomenon, students present during bullying incidents may act as a bully, victim, bully-victim, or bystander (Jansen, Veenstra, Ormel, Verhulst, & Reijneveld, 2011). DeVoe and Bauer (2011) estimated that nearly 28% of students are subject to bullying victimization annually in United States schools, making bullying a national public health concern. Although significant attention is directed to the implementation of school-based bullying intervention and prevention programs, limited research has investigated the practices that schools use to identify students who are victims of bullying, a critical but often overlooked aspect of bullying prevention and intervention (IOM & NRC, 2014; Hunsley & Mash, 2007). To inform the bullying literature and advance the formation of evidence-based bullying assessment guidelines, this study explored the assessment strategies school-based men-

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Bullies use aggression to humiliate, physically harm, or destroy the interpersonal relationships and reputations of victims.

To date, 49 states in the United States have enacted laws mandating that schools develop and adopt bullying prohibition policies (American Academy of Pediatrics, 2011; Winburn, Winburn, & Niemeyer, in press). Some states also require schools to encompass bullying reporting standards into their anti-bullying legislation. Hallford (2009) found that nearly 25 states had anti-bullying laws that required teachers and school staff to report incidents of bullying; at least 30 states allowed students and parents to report bullying incidents; and approximately 27 states required school administrators to investigate reported incidents of bullying.

Bullying Assessment in Schools

Although reporting requirements embedded into anti-bullying laws show promise for reducing student bullying through identification, current anti-bullying statutes provide limited guidance as to what measures school personnel should use to assess for incidence of bullying and victimization in their schools (Weaver, Brown, Weddle, & Aalsma, 2013). Current state legislation also does not specify what criteria should be used to determine the adverse impact of bullying on the safety and subsequent educational experiences of victimized students.

State legislatures’ failure to regulate bullying assessment techniques may be due in part to a legal precedent in which schools are provided autonomy in making fine grain decisions that directly impact their staff. This leaves local school districts with the discretion to select assessment protocols that best meet the needs of their particular student population (Swearer, Espelage, Vaillancourt, & Hymel, 2010). Given school personnel’s tendency to select bullying assessment measures based on administration ease and cost rather than psychometric adequacy, school districts’ selection of bullying assessment measures without any professional or legal guidance might have significant implications for their ability to appropriately identify victimized students for interventions (Cunningham et al., 2009).

Bullying measures that lack evidence of validity or adequate reliability can result in misidentification or under-identification of students who are involved in bullying. Inappropriate bullying assessment methods also have the potential to compromise evaluations of anti-bullying policies or interventions. Poorly constructed bullying assessment measures administered prior to the implementation of a bullying prevention or intervention program can result in inadequate baseline or preintervention data, confounding
Bullying Assessment Measures and Techniques

Better understanding of what evidence-based assessment should entail requires turning to the empirical evidence on bullying assessment tools. Several reviews identify measures and techniques that can be used to assess school bullying, but the utility of these techniques for school-based practice lacks rigorous evaluation (Card & Hodges, 2008; Crothers & Levinson, 2004; Grills-Taquechel, Polifroni, & Pane, 2010). Assessment methods such as self-report rating scales, student interviews, and student observations have been recommended as ways to assess students’ perspectives on bullying, contextual influences of bullying, and specific types of bullying that may occur within the school setting (Card & Hodges, 2008; Grills-Taquechel et al., 2010). Observations within the classroom or during unstructured settings (recess or lunch) can provide more information about the precipitating factors that can lead to bullying and about students’ involvement in bullying. At least three studies documented bullying incidents using observational techniques (Craig & Pepler, 1998; Frey, Hirschstein, Edstrom, & Snell, 2009; Gumpel, Zioni-Koren, & Bekeman, 2014), while others employed self-report measures of bullying and victimization such as the Revised Olweus Bully/Victim Questionnaire (Olweus, 1996), the Reynolds Bullying Victimization Scales for Schools (Reynolds, 2003), the Bully Survey–Student Version (Swearer, 2001), and the Peer Experiences Questionnaire (Prinstein, Boergers, Vernberg, 2001) to identify victimized youth (Swearer, Siebecker, Johnsen-Frerichs, & Wang, 2010). However, whether these evidence-based measures are adopted by practicing school-based mental health professionals is unknown.

Other measures of bullying and victimization can include obtaining information from individuals that have close contact with students involved in bullying such as parents, teachers, and peers (Card & Hodges, 2008; Grills-Taquechel et al., 2010). The availability of clinical parent and teacher rating scales that solely measure bullying and victimization is limited (for exception, see Reynolds, 2003). Broadband rating scales such as the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) and Behavior Assessment System for Children, Second Edition (BASC-2; Reynolds & Kamphaus, 2004) include items that may assess aspects of bullying behavior, but are rarely used as an independent bullying assessment tool in research. Research-developed measures for teachers (e.g., the Bully Survey–Teacher Version; Swearer, 2001) are offered as possible measures for school-based mental health professionals, but research is limited about the implementation of these measures in schools. Student reports gathered through peer nomination methods provide unique insight into the social networks of peers because they often have access that adults lack to the peer ecology in which bullying occurs; however, the practical utility and acceptability of using peer nominations in schools due to their administration and scoring difficulty has not been thoroughly examined (Espelage & Swearer, 2003; Rodkin & Hodges, 2003).

Beyond these measures, researchers offer general guidelines for bullying assessment that are common to all forms of individualized student assessments (Frick, Barry, & Kamphaus, 2010). For example, researchers caution against using isolated measures or single informants for the assessment of student bullying due to the possibility of bias (Card & Hodges, 2008; Crothers & Levinson, 2004; Grills-Taquechel et al., 2010). Some support for these recommendations can be easily extended to bullying assessment practices; Cornell and Mehta (2011) found that only 56% of middle school students who self-reported as victims of bullying could be confirmed by their school counselor. These finding suggest that single sources of information, such as self-reports of bullying, should be used with caution and supported with other sources. To reduce the impact of social desirability, inconsistencies in informant reporting, and limited samples of observed behavior, multi-informants and multi-methods are recommended for assessing student bullying (Card & Hodges, 2008; Crothers & Levinson, 2004; Grills-Taquechel et al., 2010). Limited research exists as to whether school officials actually adopt this standard for school-based bullying assessments in practice, however.

The importance of training in the implementation of bullying interventions for curtailing bullying is well documented. Bauman, Rigby, and Hoppa (2008) found that school staff who were trained in anti-bullying interventions were less likely to ignore bullying situations compared to those with no anti-bullying training. A national survey of school counselors and school psychologists identified that their use of bullying interventions was dependent on the level of training they received in implementing anti-bullying programs (Lund,
and intervention to increase academic achievement, social and emotional life skills, and home and school collaboration for students who have or are at risk for developing mental health disorders (Spett, Fowler, Weist, & McDaniel, 2013). The practice of school psychology continues to shift toward the framework of prevention, in which school psychologists use data-based decision making to improve competencies for students at the individual and systems level (National Association of School Psychologists, 2006).

Despite the fact that both professionals provide preparation to address the mental health needs of youth, school district guidelines and administrator preferences often restrict their roles, dictating that school psychologists provide consulting and psychoeducational assessment services to multiple schools and that school counselors coordinate and administer standardized testing and provide guidance and career counseling services to students in a single school (Bramlett, Murphy, Johnson, Wallingsford, & Hall, 2002; Watkins, Crosby, & Pearson, 2001; Zalaquett, 2005). These setting (i.e., placement in single versus multiple schools) and role restrictions might impact the degree to which school psychologists and school counselors are involved in bullying assessment.

**School Staff Who Were Trained in Anti-Bullying Interventions Were Less Likely to Ignore Bullying Situations.**

**Purpose of Current Study**

The purpose of this study was to identify the assessment practices school-based mental health professionals use to identify student victimization. To date, many studies focus on school professionals’ willingness to intervene in bullying situations, with less research devoted to the methods school personnel use to identify the nature and frequency of school bullying and the training and preparation they have received to deliver these services (Batanova, Espelage, & Rao, 2014; Dake, Price, Telljohann, & Funk, 2004; Yoon, 2004; Goldammer, Swahn, Strasser, Ashby, & Meyers, 2013). Within that vein, this study had two objectives. The primary objective was to explore the type of training school-based mental health professionals receive related to bullying assessment, the strategies school professionals use to assess student bullying, and whether they adhere to recommended bully assessment practices. A secondary objective was to determine whether school counselors and school psychologists serve unique roles in bullying assessment.

**METHODS**

**Participants**

Data from this study were drawn from a larger study examining the professional practices practitioners use to address bullying (Lund et al., 2012). Participants were selected for the present study if they reported conducting a bullying assessment to identify students who were victimized. The school mental health professionals that participated in the study were primarily from four regions of the United States: northeast (31%), south (19%), midwest (19%), and west (8%). The majority of the participants were Caucasian (84%), female (85%), and had an advanced degree: masters (54%) or specialist (31%). Mean years of experience was 12.98 years with a range of 1 year to 44 years. The majority of school-based mental health professionals were employed in suburban schools (43%) followed by urban (26%) and rural (20%) schools. The primary setting of employment
for the participants was elementary (55%), followed by high school (22%) and middle school (19%). Of the 560 participants with complete data who participated in the larger study, 77 respondents (13.75%) were excluded from the present analyses because they had never completed an assessment of bullying. The final sample consisted of 483 school counselors (46.6%) and school psychologists (53.4%).

**Procedures**

Participants were invited to participate in an online survey sent to them via e-mail with a link to access the survey or a hyperlink accessible via a posting on a professional e-mail discussion list. Invitations to participate in the study were distributed through e-mail discussion lists including those of the National Association of School Psychologists, various state school psychological associations, and state school counselor associations. The survey was also e-mailed directly by administrators in participating school districts in the southeastern and southwestern United States to school counselors and psychologists within their district. Since school psychologists were more likely to work in multiple schools than school counselors (M School Psychologist = 2.29 vs. M School Counselor = 1.20), t (481) = -13.71, p < .000), participants were asked to respond to questions based on the school level in which they primarily worked. Survey branching was used to reduce the completion time of the survey and to ensure that participants were administered relevant questions (Wang et al., 2005).

**Measures**

The instrument used to measure participants’ bullying assessment practices and training in this area was developed by the authors specifically for this study. The survey items were based on bullying and victimization assessment techniques and social and psychological outcomes associated with bullying and victimization identified in the literature. Given that this study was designed for descriptive purposes and to be brief to ensure participant completion, many constructs were measured with single items.

**Identification of formal or informal assessments.** School-based mental health professionals were asked to report whether they engaged in formal (i.e., standardized assessments used to document a student’s involvement in bullying as either a bully or victim) or informal assessments (i.e., assessments of bullying using school records; observations; and/or parent, teacher, and peer) with two single items. These two items served as branching items, preventing participants who had not conducted an informal or formal assessment of bullying from answering subsequent bullying assessment questions.

**Bullying experiences, training, and level of competency.** Participants were asked to describe the frequency of their involvement in bullying situations from a single item (i.e., how frequently are you notified about bullying in your school?) on a 4-point response scale (1 = never, 2 = once a month, 3 = twice a month, 4 = once a week). This item was used as a validity check to ensure that participants had some experience dealing with student bullying in practice. The survey measured the training participants received related to bullying assessments with a single multiple response item: respondents were provided with a list of training topics related to bullying assessment and asked to choose the types of training they received related to bullying and the setting in which they received this training. Participants’ perceived competency in conducting a bullying assessment was assessed with a single item asking them to rate how competent they feel in assessing whether a student has been bullied on a 3-point response scale (1 = not competent to 3 = very competent).

**Bullying assessment measures and sources of data.** The bullying assessment strategies and sources of data included on the survey were selected based on an extensive review of the bullying literature. As noted in the literature review, these included teacher, self, parent, and peer reports; archival records such as attendance records, visits to the school nurse, and discipline records; clinical measures of psychological adjustment with some items assessing bullying behavior (e.g., CBCL, Achenbach & Rescorla, 2001; BASC-2, Reynolds & Kamphaus, 2004) or that specifically assessed children’s risk for bullying/victimization (Bully Victimization Scale; Reynolds, 2003); and research-based measures of bullying/victimization frequently used in studies on bullying and victimization (e.g., Revised Olweus Bully/ Victim Questionnaire, Olweus 1996; Social Experiences Questionnaire [SEQ], Crick & Grotputer, 1996). For the bullying assessment measures and sources, participants could select more than one response. The list of bullying assessment strategies and sources of data from which participants could select was not exhaustive; therefore, an open-ended question allowed participants to list other assessment strategies and measures they used to assess for bullying.

**Endorsement of multiple informants and measures.** The authors included variables evaluating whether participants used multi-informant and multi-measures in their bully assessment to determine if practitioners adhered to recommended bully assessment practices (Card & Hodges, 2008). The multi-informant variable was calculated by summing the number of informants from which practitioners collected data about bullying (e.g., child, teacher, parent, or peer). The summed multi-informant variable was con-
verted into a dichotomous variable, with 1 indicating the use of more than one informant. The multi-measures variable was calculated by taking the sum of the different type of assessment measures that school practitioners used in their assessment: observations; archival records; referral/reports from parents, teachers, peers, or victimized; and rating scales. This total variable was transformed into a dichotomous variable, with 1 indicating the use of more than one measure in bullying assessment.

RESULTS

Given school counselors’ and school psychologists’ differing roles in schools, both professionals were asked to report on how frequently they were notified about bullying incidents and by whom in order to understand their level of involvement in bullying incidents. Results indicated that school counselors were more likely to be notified weekly or twice a week in comparison to school psychologists, who were notified monthly about bullying incidents ($\chi^2 (4) = 78.84, p < .001$). Regarding the source of notification, 22.4% of participants indicated that teachers were more likely to report incidences of bullying, followed by victims, principals, and parents; conversely, the individuals least likely to report bullying to psychologists and counselors (13.2%) were peer bystanders, students who witnessed the bullying incidents.

Training and competence. School-based mental health professionals were asked to report the types of training they received on topics related to bullying assessment and how competent they felt in conducting a bullying assessment in their school. Table 1 lists the percentage of the types of training received by school psychologists and school counselors related to bullying. With respect to bully assessment training, participants were more likely to receive training on the characteristics and consequences of bullying, with very few individuals indicating that they were trained to conduct individual and school-wide assessments of bullying. School counselors received more training in bullying than school psychologists ($\chi^2 (1) = 7.29, p = .007$). With respect to the source of training, a majority of respondents indicated that they received bullying assessment training at workshops at professional conferences and at in-services or staff development trainings conducted by their school district.

In regards to practitioner competence in the assessment of bullying, results indicated that 49.9% of school-based mental health practitioners felt somewhat competent in their ability to assess whether a student was victimized, with 46.6% feeling very competent, and 3.5% of individuals feeling not at all competent. School psychologists endorsed higher levels of competence in their bullying assessment abilities than did school counselors, $t (481) = -7.36, p < .000, (95\% CI: -.45 to -.26)$.

Type and nature of bullying assessments. As detailed in Table 2, approximately 64% of practitioners indicated conducting an individual assessment of student bullying. Only 21.3% of respondents reported ever conducting a formal assessment of bullying to determine whether a child was being bullied. However, 42.7% of practitioners indicated they had conducted an informal assessment of bullying. School counselors were more likely to conduct a formal, but not an informal, assessment of bullying than were school psychologists ($\chi^2 \text{ informal } (1) = 3.98, p = .046; \chi^2 \text{ formal } (1) = 7.29, p = .007$).

### Table 1: Type and Source of Training

<table>
<thead>
<tr>
<th>Training Related to Bullying</th>
<th>Percentages of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying student roles related to bullying</td>
<td>School Counselors 26.4</td>
</tr>
<tr>
<td>Types of bullying children exhibit</td>
<td>School Counselors 26.2</td>
</tr>
<tr>
<td>Social, psychological, and health outcomes of bullying</td>
<td>School Counselors 21.8</td>
</tr>
<tr>
<td>Conduct a school-wide assessment of bullying</td>
<td>School Counselors 13.7</td>
</tr>
<tr>
<td>Conduct an individual assessment of victimization</td>
<td>School Counselors 11.0</td>
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<table>
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<tr>
<th>Source of Training</th>
<th>Percentages of Responses</th>
</tr>
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<tbody>
<tr>
<td>Workshop at a professional conference</td>
<td>School Counselors 33.3</td>
</tr>
<tr>
<td>In-service or staff development training in school district</td>
<td>School Counselors 32.9</td>
</tr>
<tr>
<td>Graduate coursework</td>
<td>School Counselors 17.2</td>
</tr>
<tr>
<td>Training on internship</td>
<td>School Counselors 5.0</td>
</tr>
<tr>
<td>Paid workshop through private company</td>
<td>School Counselors 9.2</td>
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Note: Column percentages do not total 100% as respondents were allowed to select more than one response to questions.

THE ASSESSMENT OF BULLYING INVOLVEMENT IS AN IMPORTANT BUT OFTEN OVERLOOKED ASPECT OF EFFECTIVE BULLYING PREVENTION AND INTERVENTION IN SCHOOLS.
The majority of practitioners indicated they collected data from more than one informant in their bullying assessment and relied on multiple measures when conducting an assessment. School counselors were more likely to utilize multiple informants for bullying assessments than school psychologists (χ² multi-informant (1) = 36.04, p = .001), but were less likely to rely on multiple measures for bullying assessments than were school psychologists (χ² multi-measures (1) = 4.52, p < .034).

With respect to the nature of bullying assessments, most respondents indicated that they used child self-reports of their victimization experiences, teacher reports, parent reports, and student observations to assess whether students had been bullied. Practitioners did not rely on archival data for the assessment of bully victimization, and very few practitioners indicated using clinical or empirically based rating scales to assess for victimization. Textual responses to the open-ended question on other assessment strategies used indicated that some school-based mental health professionals used campus climate surveys, threat assessments, social mapping, and school-developed surveys to assess for bullying. Given that participants could provide more than one response to this item, statistical analyses could not be conducted to examine whether school counselors and psychologists differed with respect to the strategies they used to assess student victimization.

**DISCUSSION**

Bullying is a persistent problem that plagues our nation’s schools, with an increasing call from the public for schools to take direct action in mitigating school bullying. The assessment of bullying involvement is an important but often overlooked aspect of effective bullying prevention and intervention in schools. The purpose of this study was to examine school psychologists’ and school counselors’ professional practices related to the assessment of student bullying, with the intention of beginning a dialogue on the development of evidence-based assessment practices for bullying. Given the unique roles of school counselors and school psychologists in schools, a secondary goal of this study was to determine whether school psychologists’ and school counselors’ involvement in bullying assessment differed.

The study’s findings suggest that most school-based mental health professionals conduct some form of individual assessments of student victimization. An examination of the structure of practitioners’ bullying assessments indicated that school psychologists and school counselors used multiple informants and multiple measures when conducting an individual evaluation of student bully victimization, consistent with best practices.
school level. The overemphasis on student bullying at the individual or on how to conduct assessments of psychologists received training being trained in bullying assessment, health professionals who reported evidence for this proposal. Out of the bullying assessments provides some ration and training for conducting gists’ and school counselors’ prepa collecting information in this manner. Alternatively, practitioners’ failure to incorporate archival data into their assessment might be due to the time-intensive nature that record reviews entail relative to asking a primary source directly. Practitioners also may fail to rely on archival data in their assessment of bullying due to their limited understanding of the wealth of information related to victimization found in such records (Cornell, Lovegrove, & Baly, 2014; Vernberg, Nelson, Fonagy, & Twemlow, 2011). In their assessments, practitioners also rarely used empirical or clinical measures to determine whether a child had been bullied. This again might be due to unfamiliarity of appropriate measures to assess victimization. Alternatively, practitioners’ greater reliance on interviews with students and adults to assess for bully victimization as opposed to empirically-based rating scales might be attributed to the greater feasibility in collecting information in this manner.

An examination of school psychologists’ and school counselors’ preparation and training for conducting bullying assessments provides some evidence for this proposal. Out of the total number of school-based mental health professionals who reported being trained in bullying assessment, relatively few school counselors and psychologists received training on how to conduct assessments of student bullying at the individual or school level. The overemphasis on training school practitioners to identify student roles and consequences of bullying rather than how to conduct an assessment of student bullying reflects a significant gap in the bullying literature and the field.

School mental health professionals’ role in bullying assessment. A secondary goal of this study was to examine school counselors’ and school psychologists’ unique roles in bullying assessments. The researchers found differences in the frequency of involvement of school counselors in bullying situations, the frequency of bullying-related training received by school counselors, and the nature of school counselors’ bullying assessments relative to those of school psychologists. School counselors were more likely to be notified of bullying incidents than school psychologists, possibly due to their assignment to a single school and greater accessibility to students and teachers as a result. School counselors’ awareness of bullying incidents is consistent with the ASCA National Model recommendation to use individual or school level assessments and training to inform student planning of services (ASCA, 2012b). With respect to bullying assessments, school counselors were more likely to conduct a formal assessment of bullying than school psychologists and to rely on a single measure or method to assess whether a student was being bullied. This finding is not surprising given the initiative for school counselors to use assessments to define time needed in specific intervention and to assess what programs are needed for the school (ASCA, 2012a). School counselors may choose to select formal assessments in order to be consistent with their national standards, which call for evidence-based practices for addressing bullying (ASCA, 2012a).

Implications

The literature has been fairly silent surrounding the development of explicit guidelines for evidence-based assessment of bullying relative to evidence-based interventions to address bullying (for exception, see Furlong et al., 2010). This disconnect may reflect the inherent difficulty with measuring bullying behavior (Furlong et al., 2010). Although most scholars agree that bullying is characterized by aggressive acts delivered intentionally to harm victims, debate ensues as to whether all the features of Olweus’ (1993) original conceptualization of bullying (e.g., power differential between victim and bullying) are necessary to constitute acts of bullying (Furlong, Morrison, & Greif, 2003). However, a recent study by Ybarra and colleagues (2014) indicated that victimized youth exhibit significant maladjustment even if not all of the features of the traditional definitions of bullying were evident during the bullying situation.
School practitioners should consider using school discipline records as one method for assessing and documenting bullying behavior.

The development of guidelines for evidence-based assessment of bullying rests upon consensus within the literature on an operational definition of bullying. However, scholars can draw from current literature on predictors and outcomes associated with bullying and victimization in order to provide practitioners with preliminary guidelines for the assessment of student bullying and victimization. Because research indicates that many children who are bully-victims also exhibit externalizing behaviors that might warrant discipline referrals from teachers (Sprague et al., 2001; Swearer, Espelage et al., 2010), school practitioners should consider using school discipline records as one method for assessing and documenting bullying behavior. Similarly, since somatization and school refusal are associated with victimization (Nishina, Juvonen, & Wirkow, 2005), practitioners should incorporate data from students’ attendance records and the frequency of students’ visits to the school nurse as components of their assessment of student victimization. Such information will be particularly informative for demonstrating the negative educational implications of bullying for victims.

The use of standardized rating scales with national norms for bullying and victimization, such as the Bully-Victimization Scale (Reynolds, 2003), should be recommended to assess bullying victimization. Norm-reference standardized rating scales are useful for determining the degree to which a student’s involvement in bullying is indicative of subclinical versus clinical levels of maladjustment that warrant additional psychological services. For example, an understanding of the degree to which being the target of bullying results in clinical maladjustment could help school-based mental health professionals determine students’ risk for experiencing more serious forms of psychopathology (e.g., depressive symptoms, suicidal ideations) while simultaneously assisting practitioners with identifying the type of intervention services needed (e.g., secondary versus tertiary intervention) within multi-tiered systems of support.

The findings also imply that school psychologists play a minimal role in the assessment of student bullying relative to school counselors. Consistent with the ASCA National Model (ASCA, 2012b), the findings reiterate school counselors’ provision of both indirect and direct services to students and their role as participants on the educational team to consult with school staff on best practices in systemic change. Working with school psychologists, school counselors can apply their model of foundation, management, delivery, and accountability to meet the needs of students. School counselors can seek evidence-based and multi-informant bullying assessment tools and use this data to adequately identify students involved in bullying. This data can then be delivered to school staff and families in order to select and evaluate anti-bullying interventions.

Conclusion and Future Directions

The present study contributes to a relatively unexplored area within the bullying literature, but is not free from limitations (Card & Hodges, 2008; Furlong et al., 2010). A self-report measure was used to identify school counselors’ and school psychologists’ perspectives on their involvement in and preparation for the assessment of student bullying, and this could have resulted in response bias. Although school counselors and psychologists are most likely to be knowledgeable about their involvement in bullying assessment, collecting additional data from the perspective of other school staff (e.g., school administrators and teachers) would corroborate school counselors’ and school psychologists’ responses surrounding their engagement in bully victimization assessments. Also, the survey used in the study was developed specifically for descriptive purposes. Whereas using single items assisted with maintaining the brevity of the instrument, it prohibited the estimation of the psychometric properties of the survey.

The survey used in this study was designed for descriptive purposes to maximize brevity. To conduct a comprehensive evaluation of practitioners’ bullying assessment practices, the...
authors recommend that the professional practices survey created for this study be further developed to increase item coverage for each of the key constructs: school practitioners’ experience with student bullying, training in bullying assessment, and bullying assessment strategies employed. This will allow for scholars’ routine measurement of practitioners bullying assessment practices.

In conclusion, these findings suggest that school-based mental health practitioners do engage in some form of bullying assessment and adhere to general standards of assessment practices that recommend the use of multiple informants and multiple measures. However, school counselors and psychologists did not rely on formal assessment measures that are essential for intervention and prevention planning. School-based mental health professionals would benefit from greater training in school-based bullying assessment and from evidence-based assessment guidelines explicitly outlining what type of measures or information to include in their assessments of student bullying.

The bullying literature is at a critical juncture in which the public is looking for guidance on how to address bullying. This is an opportune time to promote professional practices related to bullying that are rooted in empirical evidence. Although the field has made great strides in advancing guidelines and best practices for developing, evaluating, and implementing bullying prevention and intervention programs, less discussion has been directed to the assessment of bullying, particularly what methods and measures school practitioners should use to identify victimized students to ensure their receipt of counseling and other secondary support services. In light of this gap in the field, it is imperative for practitioners and bullying scholars to work collaboratively to develop evidence-based assessment guidelines to aid in the identification of students involved in bullying, particularly victims.

REFERENCES


