Fall 2007

Incorporating Bibliotherapy Into the Classroom: a Handbook for Educators

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Regis University
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Final Project/Thesis

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INCORPORATING BIBLIOTHERAPY INTO THE CLASSROOM:

A HANDBOOK FOR EDUCATORS

by

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A Research Project Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Education

REGIS UNIVERSITY

August, 2007

ABSTRACT

The focus of the following paper is bibliotherapy and its application in the classroom. Presented in the project are: (a) issues educators face today and the respective need for bibliotherapy; (b) history and previous research regarding bibliotherapy and its use; (c) a description of what procedures were taken to complete the research project; (d) a handbook for educators about bibliotherapy and the incorporation of strategies in the classroom; and (e) a reflection and synopsis of the entire research project.

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Chapter 1

INTRODUCTION

Bibliotherapy, the use of reading materials to address personal problems or for
psychiatric therapy (Merriam-Webster, 2007) has been primarily used in conjunction
with psychological therapy or school psychology. Traditionally, bibliotherapy was
conducted by a therapist or psychologist as one aspect of treatment and was used only in
the context of therapy. While bibliotherapy has indeed helped those people and students
who have received it, the therapeutic benefits of bibliotherapy could be applied more
broadly to include all students, not only those who see a school psychologist. Prater,
Johnstun, Dyches, and Johnstun (2006) suggested that the use of bibliotherapy could be
used to help students cope with a wide array of issues from loss and divorce to learning a
new language and living in a different culture.

Statement of the Problem

Today, educators are challenged to address much more than the subjects of
reading, writing, and arithmetic (Cook, Earles-Vollrath, & Ganz, 2006). Many children
lack the emotional, social, or educational skills necessary for school success.
Furthermore, increasing numbers of students come to school with**:** (a) a native language
other than English, (b) a culturally or ethnically diverse background, (c) poverty in the
home, (d) a divorce situation, or (e) a psychological disorder. Therefore, there is a need
for educators to be aware of appropriate coping strategies that can be directly applied in
the classroom.

Purpose of the Project

The purpose of this project was to provide educators with strategies to address students' emotional, social, and academic issues through the use of bibliotherapy. Also, a history of bibliotherapy and its effectiveness are presented. The information about bibliotherapy and its application in the classroom are provided in a handbook for educators.

Chapter Summary

Because a growing number of students come to school with social, emotional, and/or academic issues, it is imperative for educators to be aware of coping strategies to help these students. Bibliotherapy is an excellent therapeutic strategy that can be used directly in the classroom. In Chapter 2, the Review of Literature, background information and research in regard to bibliotherapy is presented. Also presented are classroom application strategies for bibliotherapy. In Chapter 3, Methods, the procedures and goals for the project are presented. Chapter 4, Results, presents a handbook for educators about incorporating bibliotherapy into the classroom. In Chapter 5, Discussion, expert comments and suggestions are addressed.

Chapter 2

REVIEW OF LITERATURE

The purpose of this project was to develop a handbook for educators about bibliotherapy and its application in the classroom. Traditionally, bibliotherapy has been used as part of therapy but, today, there is a need for it to be used directly in the classroom. The use of bibliotherapy in the classroom provides an opportunity for students to deal with numerous of issues in a safe environment, and its use can teach students social skills that may help to prevent school failure (Prater, Johnstun, Dyches, and Johnstun, 2006). Furthermore, the dilemmas in literature can be used to help children and adolescents to relive, compare, and relate to these in their own lives and, thus, to develop a better self-concept (Olsen, 1975, as cited in Myracle, 1995).

Bibliotherapy Defined

While each definition of bibliotherapy incorporates aspects of literature being used to help, the term, bibliotherapy, and the implications of its usage have subtle differences and have changed over time. At Meriam-Webster Online (2007), bibliotherapy was defined as: the use of reading materials for help to solve personal problems or for psychiatric therapy. This definition captures the therapeutic benefit of bibliotherapy, but gives no insight as to how bibliotherapy is used.

Riordan and Wilson (1989, as cited in Myracle, 1995) defined bibliotherapy as: the guided reading of written materials in order to gain understanding or to solve problems relevant to a person's therapeutic needs. In this particular definition, the

emphasis is on deliberate guidance through literature used in bibliotherapy. Materials need to be carefully selected to meet students' individual needs so that students can identify with the characters and learn that they are not alone in dealing with a particular problem (Shrodes, 1955, as cited in Myracle). Because readers can become emotionally involved in a character's struggle, they can gain understanding about their own situation through carefully selected literature. Through guided discussion, students are able to talk about the characters' struggles rather than their own and are thus able to discuss sensitive issues without their exposure of personal fears (ADL Curriculum Connections, 2005).

Aiex (1993, as cited in Forgan, 2002) identified nine reasons why a teacher might elect to use bibliotherapy with students, these are:

1. to show an individual that he or she is not the first or only person to encounter such a problem,
2. to show an individual that there is more than one solution to a problem,
3. to help a person discuss a problem more freely
4. to help an individual plan a constructive course of action to solve a problem,
5. to develop an individual's self-concept,
6. to relieve emotional or mental pressure,
7. to foster an individual's honest self-appraisal,
8. to provide a way for a person to find interests outside of self, and
9. to increase an individual's understanding of human behavior or motivations. (p. 76)

Goals of Bibliotherapy

The goal of bibliotherapy, as with most therapy, is to help the person in question to confront issues in his or her life through the use of literature (Myracle, 1995). There are three stages through which people progress when bibliotherapy is used: (a) identification, (b) catharsis, and (c) insight or resolution (Gregory & Vessey, 2004). The first stage, identification, is important because often when one struggles with a situation,

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he or she hopes to identify with or relate to another person who experiences a similar problem. Through bibliotherapy, a person is introduced to characters that experience a similar situation to the reader. Identification is most effective when the characters match the reader and the reader's specific situation well. Catharsis, the second stage of bibliotherapy, occurs when a reader becomes emotionally involved in the story. Through the emotional ties to the story, the person will begin to release personal emotions felt about his or her struggle. During catharsis, it is important to provide children with a safe environment in which they can freely discuss their feelings. Furthermore, if vocal expression of a person's feelings is too difficult, it is important to provide opportunities for journaling or writing during catharsis. The final stage of bibliotherapy, insight or resolution, occurs when a person realizes that his or her own situation, like that of the character, can and should change. Insight or resolution encourages people to: (a) problem solve, (b) discover coping mechanisms, (c) explore alternative behaviors, and (d) discover a desired resolution to their own problem or situation. Bibliotherapy is an effective treatment for many issues and, by design, helps people to move step-by-step through a situation.

<div align="center">History of Bibliotherapy</div>

The healing power of literature has been recognized throughout history; as the inscription, "The Healing Place of the Soul" (ADL Curriculum Connections, 2005, p. 1), which is written on the door to the ancient Greek library at Thebes suggested. However, it was not until 1916 when the term, bibliotherapy, was coined by Samuel Crothers, who combined the Greek words for book and healing, that literature was seriously considered for use in therapy. Initially, bibliotherapy was used only in hospitals as an adjunct of

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library services for: (a) the treatment of the mentally ill, (b) as a coping strategy for

soldiers with wartime traumas, and (c) as an aid in the healing of disabled veterans.

Primarily, in the 1930s, bibliotherapy was used by counselors in conjunction with

librarians, who compiled lists of literature thought to be of therapeutic benefit for

troubling thoughts, feelings, or behaviors (Abdullah, n.d.). During the 1940s,

bibliotherapy was more wide-spread, and in 1946, bibliotherapy was first applied to

children (Agness, 1946, as cited in Myracle, 1995). The advent of bibliotherapy

encouraged new usages of literature. Before the 1940s, literature was largely selected,

usually by parents, in order to mold children's and adolescents' moral development. In

the 1940s, however, practitioners began to use bibliotherapy to address the concerns of

the children rather than those of their parents. Sister Mary Agnes (1946, as cited in

Myracle, 1995) emphasized that bibliotherapy should be used to "help students overcome

their problems rather than to develop a particular value or character trait" (p. 4).

Changes in Children's and Adolescent Literature

Traditionally, children's and adolescent literature was written for the sole purpose

of moral instruction (Myracle, 1995). It was not until the late 19th Century that literature

was written simply for the enjoyment of children and adolescents. During the second

half of the 19th Century, many children's novels were written and such classics as: (a)

Alice in Wonderland by Lewis Carroll, (b) *The Wind in the Willows* by Kenneth

Grahame, and (c) *Little Women* by Louisa May Alcott were published. It was then clear

that a new, very successful genre had emerged, and during the early 20th Century, series

novels began to appear.

Although this new genre consisted of some of the best known children's classics, some parents and educators of this time period were concerned that the new literature would lead children astray (Myracle, 1995). Adults were concerned that prescribed moral values would be compromised and that children would begin to live in a dream world. Based on these concerns, book lists were assembled to index appropriate children's and adolescent literature, which included the specific moral values taught in each book. While, originally, these lists were intended to maintain the didactic purposes of literature, it was the categorization of specific issues addressed in each book that encouraged the development of bibliotherapy.

Bibliotherapy After Changes in Literature

Because of these book lists, professionals in the 1940s began to use literature, less to fulfill the needs of parents, and more to fulfill the specific needs of children (Myracle 1995). It was at this time that Sister Mary Agnes (1946, as cited in Myracle) urged the use of literature to help children overcome individual problems rather than to gain a specific moral characteristic or trait. Bibliotherapy was widely used to help children and adolescents address the issues of: (a) adjustment, (b) reassurance of normalcy, (c) delinquency, and (d) self-concept.

Before the 1970s, bibliotherapy was used primarily to help children feel better about themselves and to deal with limited social issues (Myracle, 1995). Thus, it was not until the 1970s that researchers and professionals took a more realistic approach to bibliotherapy. At that point, more children began to face such issues such as: "(a) divorce, (b) suicide, (c) rape, (d) pregnancy, (e) homosexuality, (f) AIDS, (g) prejudice, (h) drugs and alcohol, (i) social alienation, and even (j) mental illness" (Myracle, p. 5).

Previously, bibliotherapy had been used solely for therapeutic use, but practitioners during this time realized the limits of bibliotherapy and began to use it as only one part of several during intervention and treatment. Pardeck (1990, as cited in Myracle) suggested limitations to bibliotherapy, as with all therapies, and proposed the use of bibliotherapy not as a single approach to treatment, but in addition to other therapies.

Today, bibliotherapy is based on the use of literature to help people through various issues, but the approach and materials available are different (Myracle, 1995). Indices are still used in bibliotherapy, but rather than moral characteristics, today, books are categorized by: (a) theme; or (b) academic, social, or emotional issues. The current available literature differs from that of earlier times and does not always present a happily-ever-after ending. This realistic literature, in which a resolution is not always presented, is in accordance with: (a) modern young adult literature; and (b) current beliefs in regard to bibliotherapy, in which there is no implicit belief that a child's issues can be addressed, solely, with the use of the right piece of literature. Finally, while bibliotherapy may be used as an aspect of treatment for many issues, today, it is widely used as an adjunct to other therapies.

<center>Bibliotherapy and Anxiety and Panic Disorders</center>

According to Rapee, Abbott, and Lyneham (2006), anxiety disorders in children are one of the most prevalent forms of mental disorder. Furthermore, anxiety disorders are indicators of future adolescent or adult psychopathology. Fortunately, however, treatment options exist for anxiety in children and, commonly, there are positive therapeutic outcomes for anxiety disorders with the use of the traditional therapist client therapy model. While this model is effective, it is reliant on resources. Because of the

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high cost of therapist client therapy, alternative treatment options for anxiety disorders have been explored, and bibliotherapy is one of the most common alternative treatment options for anxiety disorders. Furthermore, bibliotherapy is a sound option to be used in primary care situations as well, in which cognitive behavior therapy for all patients is very costly and not very feasible (Reeves & Stace, 2005).

Effectiveness of Bibliotherapy for Anxiety and Panic Disorders

Several research designs have been presented for the use of bibliotherapy in treatment of anxiety and panic disorders. The findings from these studies suggested that bibliotherapy does have therapeutic benefit for anxiety and panic disorders in children.

Bibliotherapy and Anxiety Disorders

Rapee et al. (2006) designed a study in which they explored the effectiveness of parent led bibliotherapy for anxious children. Their purpose was to explore the effectiveness of bibliotherapy for childhood anxiety, specifically, whether it was more effective than no treatment and/or as effective as therapist led treatment. Their sample consisted of 267 children, aged 6-12, who met the DSM-IV 4th edition (American Psychiatric Association, 1994, as cited in Rapee et al.) criteria for anxiety disorder. The participants were randomly assigned to one of three groups: (a) a therapist led group treatment group, (b) a bibliotherapy group, or (c) a waitlist group. Parents and children were given a pretreatment and posttreatment assessment about the anxiety of the child.

Many of the posttreatment measures of child anxiety showed a difference in decrease between the groups (Rapee et al., 2006). The parental reports of child anxiety showed a significantly greater difference in decrease between: (a) the bibliotherapy group and the waitlist group ($p < .05$), and (b) the group therapy group and the waitlist

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group ($p < .001$), but (c) no significant decrease between the bibliotherapy group and the group therapy group. Also, parental reports of internalized behaviors showed a significantly greater difference in decrease between: (a) the bibliotherapy group and the waitlist group ($p < .05$), and (b) the group therapy group and the waitlist group ($p < .001$), but (c) no significant decrease between the bibliotherapy group and the group therapy group. Also, the clinician rated global severity scale for the principal anxiety disorder which showed: (a) a significantly greater decrease between the bibliotherapy group and the waitlist group ($p < .001$) but, also, a significantly greater decrease between the group therapy group and the bibliotherapy group ($p < .001$).

The findings from the Rapee et al. (2006) study suggested that the use of bibliotherapy is significantly more effective in the treatment of childhood anxiety disorders than no treatment at all. However, also the findings suggested that children, who participated in traditional therapist led group therapy, improved more than children who received bibliotherapy only. Unfortunately, attrition of participants was larger in the bibliotherapy group. Rapee et al. postulated that this higher level of attrition could have been due to lack of expert guidance for the bibliotherapy group, an aspect of therapy that the researchers noted may be important to many patients. Overall, because bibliotherapy was suggested to be significantly more effective than no treatment, Rapee et al. suggested the use of bibliotherapy as an interim therapy for patients on a waitlist for treatment. Also, they recommended the use of bibliotherapy in addition to therapist led treatment in order to lessen actual contact time. Lyneham and Rapee (2005, as cited in Rapee et al.) suggested the augmentation of therapist treatment with bibliotherapy for individuals who

live in areas that inhibit traditional treatment (i.e., where regular therapist client contact is limited). While these researchers did not support bibliotherapy as effective as group therapy, they did support the power of bibliotherapy to help decrease symptoms of childhood anxiety and, thus, they suggested that bibliotherapy is an effective treatment method for childhood anxiety.

Reeves and Stace (2005) conducted a study on the effectiveness of bibliotherapy in the context of primary care anxiety patients. The traditional out-patient, therapist appointment approach to treatment is not appropriate for most primary care situations and, in many cases, there are insufficient trained mental health professionals to adequately serve the population. This study was designed to explore the effectiveness of self-help through bibliotherapy in order to add to the body of research to support alternative methods of treatment that can reach a large population with less effort than traditional treatment models.

Reeves and Stace (2005) conducted their study with 9 adult patients (i.e., over the age of 18) from a primary care facility who: (a) self-reported, and had the general practitioner's (GP) diagnosis that anxiety was a major aspect of their problem; (b) participated in an initial assessment interview with a GP; and (c) completed the Zung Anxiety Inventory (Zung, 1971, as cited in Reeves & Stace) and the Clinical Outcomes in Routine Evaluation (CORE) questionnaire (CORE System Group, 1998, as cited in Reeves & Stace). Selected patients were assigned to receive Assisted Bibliotherapy. Assisted Bibliotherapy is a treatment that incorporates: (a) carefully selected literature, (b) 20 minute patient therapist coaching sessions, and (c) cognitive behavior therapy techniques (e.g., self-help and the psychology of motivation and change).

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Reeves and Stace's (2005) findings indicated a significant improvement in anxiety symptoms ($p = .03$), based on responses to the Zung Anxiety Inventory (Zung, 1971, as cited in Reeves & Stace) and CORE questionnaires (CORE System Group, 1998, as cited in Reeves & Stace), for patients who participated in Assisted Bibliotherapy. After the treatment, 75% of the participants reported the Assisted Bibliotherapy modules to be very helpful, and during a 3 month follow up to the study, 80% of participants continued to use the strategies learned through the Assisted Bibliotherapy study.

The success of this study has positive implications for primary care patients who experience moderate levels of anxiety (Reeves & Stace, 2005). The incorporation of Assisted Bibliotherapy into primary care situations would allow for: (a) more patients to be seen more often by professionals; (b) less paperwork for practitioners because all documents in Assisted Bibliotherapy are standardized; and (c) less need for professionals to provide treatment because, with the use of Assisted Bibliotherapy, practitioners serve only as a coach. Furthermore, bibliotherapy could be included as an alternative to the traditional treatment options for mild to moderate anxiety of: (a) psychological treatment, that is resource intensive; or (b) pharmacological treatment, that is dependent upon patients' acceptance of the medication. The Reeves and Stace participants reported favorably that the use of Assisted Bibliotherapy was: (a) less intrusive and time consuming than traditional treatments, (b) more user friendly, and (c) more conducive to self-help. The findings from this study supported the positive incorporation of Assisted Bibliotherapy for mild to moderate anxiety in primary care settings.

Bibliotherapy and Panic Disorders

Febbraro (2004) conducted a study to assess the effectiveness of bibliotherapy as applied to the treatment of panic attacks. The researcher explored the treatment differences between participants who received: (a) bibliotherapy alone, (b) bibliotherapy plus phone contact by a professional, and (c) phone contact alone.

Febbraro (2004) conducted his study with a sample of 30 adults, all of whom had experienced a full blown or limited symptom panic attack, as specified in the DSM-IV-TR criteria (American Psychiatric Association, 1994 as cited in Febbraro), within 2 weeks of the beginning of the study. The participants completed five questionnaires: (a) frequency of panic attacks questionnaire (Clum, 1995, as cited in Febbraro); (b) panic attack symptoms questionnaire (Clum, Broyles, Bordern, Watkins, & Hayes, 1990, as cited in Febbraro); (c) panic attack cognitions questionnaire (Clum et al.); (d) fear of having a panic attack, and (e) avoidance questionnaire (e.g., locations and situations commonly problematic for people with panic disorder that participants avoided).

The participants were randomly assigned to one of three groups: (a) bibliotherapy alone, (b) bibliotherapy plus phone contact, or (c) phone contact alone (Febbraro, 2004). They received treatment materials via postal mail, at which time treatment was considered started. During treatment, the participants received phone contact approximately once every 2 weeks; contact lasted no longer than 15 minutes. The text used by the bibliotherapy participants was *Coping with Panic: A Drug-Free Approach to Dealing with Anxiety Attacks* (Clum, 1990, as cited in Febbraro). This text: (a) presented the etiology and aspects of panic attacks, (b) taught a number of cognitive and behavioral strategies related to panic attacks and panic disorder, and (c) offered

suggestions for the implementation of the presented cognitive and behavioral strategies. Two weeks after treatment had ceased, a professional contacted each participant by telephone and administered all posttreatment measures.

The Febbraro (2004) findings indicated that bibliotherapy treatment had significant effects on lowering the measures of panic attack symptoms. Compared to the phone contact alone group, the bibliotherapy alone group showed significantly greater reduction in levels of panic cognitions at posttreatment ($p = .007$), as did the bibliotherapy plus phone contact group ($p = .003$). Both the bibliotherapy plus phone contact group ($p = .001$) and the bibliotherapy alone group (.009) showed significantly lower levels of panic symptoms at posttreatment. Furthermore, compared to the phone contact alone group, the bibliotherapy alone group had significantly lower levels of panic symptoms at posttreatment ($p = .05$). A comparison between the bibliotherapy plus phone contact group and the bibliotherapy alone group showed that the former had significantly less fear of experiencing a panic attack at posttreatment ($p = .039$) and the phone contact alone group ($p = .009$). Also, the bibliotherapy plus phone contact group showed significant pretreatment to posttreatment change in avoidance ($p = .045$). Finally, Febbrero concluded that the participants made clinically significant improvement in their panic condition. The findings showed that the bibliotherapy plus phone contact group was significantly more panic free than: (a) the bibliotherapy alone group ($p = .041$) and (b) the phone contact alone group ($p = .002$). There were no differences between the bibliotherapy alone group and the phone contact alone group.

Febbrero's (2004) findings supported previous research that bibliotherapy is effective in the treatment of panic disorder (Gould & Clum, 1995; Lidren, Watkins,

Gould, Clum, Asterino, & Tulloch, 1994; both cited in Febbrero) and panic attacks (Wright, Clum, Roodman, & Febbraro, 2000, as cited in Febbrero). The findings indicated that participants, who received either bibliotherapy alone or bibliotherapy plus phone, showed significant decreases of panic conditions and fear of panic attack in comparison to those who received only phone contact.

<div align="center">Bibliotherapy and Depression</div>

Depression is the most commonly reported mental health disorder in the United States and estimates show that 1 in 33 children and as many as 1 in 8 adolescents experience some form of depression (Nemours Foundation, 2007). Bibliotherapy is one adjunct therapy that is commonly used during the treatment of depression (Starker 1988, as cited in Gregory, Canning, Lee, & Wise, 2004). Usually, bibliotherapy for the treatment of depression is: (a) cognitive, (b) behavioral, or (c) cognitive behavioral in nature (Burns, 1980; Lewinsohn, Munoz, Youngren, & Zeiss, 1986, both cited in Gregory et al.).

<div align="center">*Effectiveness of Bibliotherapy for Depression*</div>

Scogin, Jamison, Floyd, and Chaplin (1998) postulated that a key factor in the success of bibliotherapy is deep comprehension of information. Participants in this series of studies were placed in either a bibliotherapy depression group or a community group. All participants in the bibliotherapy depression group met the pretreatment criteria for depression.

In the first study, participants in the bibliotherapy group were instructed to read *Feeling Good* (Burns, 1981, as cited in Scogin et al., 1998). Also, both the bibliotherapy group and the community group were mailed a 23 item questionnaire (Scogin et al.).

During the month in which the study was conducted, the bibliotherapy participants were contacted by a professional once per week to discuss questions. At the end of the 1 month study, participants in both groups completed the questionnaire. In the second study, participants were assigned to one of two bibliotherapy depression groups; one group began treatment immediately, while the other had a 4 week delay period. For the second study, pretreatment and posttreatment data were collected with the use of the same 23 item questionnaire.

The questionnaire used showed strong test/retest reliability at .80 (Jamison & Scogin, 1995, as cited in Scogin et al., 1998), and the bibliotherapy participants scored significantly ($p = .05$) higher than the community sample. Surprisingly, however, the posttreatment depression scores were not significantly lower ($p = .06$), which suggested that the improvement in test scores on the 23 item questionnaire did not sufficiently explain changes in the posttreatment depression measures. Overall, the findings, that a deeper comprehension of materials did not significantly lower posttreatment depression scores, were surprising.

Barrera (2006) critiqued two approaches to self-help bibliotherapy for depression. The reviewed books were: (a) *Depression and Its Treatment: Help for the Nation's No. 1 Mental Problem* (Greist & Jefferson, 1984, as cited in Barrera) and (b) *Review of Depression: The Way Out of Your Prison* (Rowe, 1983, as cited in Barrera). Barrera focused the critique on his belief that the two books present drastically different approaches to the use of bibliotherapy for depression.

In the *Review of Depression: The Way Out of Your Prison*, Rowe (1983, as cited in Barrera, 2006), a collection of colloquial advice and various writings are presented to

convince readers that they could overcome depression. Rowe maintained that depression is a condition that is initiated within oneself and, thus, can be overcome by oneself, a position that is cognitive in nature. Also, the factors that contribute to depression and strategies to overcome depression are presented. Barrera argued that Rowe did not: (a) give specific instructions on steps to overcome depression, (b) present factual information about clinical depression, or (c) present academic research about depression. Overall, Rowe's position was too simplistic. Barrera questioned the effectiveness of this bibliotherapy book for depression because it relies so heavily on personal experiences and motivational pieces at the expense of factual information in regard to the disorder.

In *Depression and Its Treatment: Help for the Nation's No.1 Mental Problem*, Greist and Jefferson (1984, as cited in Barrera, 2006) presented a guide to clinical depression and its treatment for readers (e.g., clinically depressed patients, potential patients, practitioners, and the general public). This bibliotherapy book for depression is intended for use as an adjunct for the treatment of depression, which supports bibliotherapy research (Myracle, 1995). This book presents factual information in regard to: (a) clinical depression; (b) symptoms of depression; (c) various issues associated with depression (e.g., suicide); (d) pharmacological treatment options for depression; and (e) various treatment and therapy options for depression. Furthermore, the complete diagnostic criteria for Major Depressive Disorder is provided, as defined by the DSM-III; (n.d., as cited in Barrera), and a caveat about the necessity to seek a professional opinion regardless of the Beck Depression Inventory (n.d., as cited in Barrera) score.

Barrera (2006) argued that self-help interventions may be difficult, given the low

motivation and distorted cognitions commonly found in depressed patients. Thus, Rowe's (1983, as cited in Barrera) book may be less effective because it requires readers to be: (a) motivated in self-help, and (b) benefited by personal narratives and colloquial advice. Barrera believes that Greist and Jefferson's (1984, as cited in Barrera) book is more effective because it: (a) presents factual information about the disorder, its features, and treatment options; and (b) is intended for use as an adjunct to other therapy.

Gregory et al. (2004) conducted a meta-analysis of the research literature in regard to cognitive bibliotherapy for depression, because many practitioners use bibliotherapy as an adjunct to: (a) cognitive, (b) behavioral, or (c) cognitive behavioral therapies for depression. The use of meta-analysis allows for a quantitative examination of the effectiveness of many studies. Meta-analyses with an effect size of: (a) approximately 0.20 are considered *small*, (b) approximately 0.50 are considered *moderate*, and (c) approximately 0.80 or higher are considered *large* (Durlak, 1995, as cited in Gregory et al.). Previously, Cuijpers (1997, as cited in Gregory et al.) conducted a meta-analysis of six studies in which cognitive bibliotherapy participants were compared with wait list control participants. The findings from this study showed an effect size of 0.82 for depressed patients who received bibliotherapy. In another meta-analysis, Cuijpers (1998, as cited in Gregory et al.) found an effect size of 0.65 for depressed patients in comparison with wait list control patients.

The purpose of the Gregory et al. (2004) analysis was to analyze very diverse studies about the use of cognitive bibliotherapy for depression to gain a better estimate of the general effect size for the use of cognitive bibliotherapy for depression. The meta-analysis consisted of 29 previous studies of bibliotherapy for depression. The studies

were diverse in design (i.e., some traditional with a control group and others less traditional with a single group pre and posttreatment test). The effect size for the 29 studies was 0.99, which was very significant (p = .00001); however, because the studies were diverse in design, this effect size was inflated. Thus, a comparison of the 17 studies, in which a traditional design was used, yielded an effect size of 0.77, and of the 12 that used less traditional designs, an effect size of 1.20 (p < .0005) was found.

Also, Gregory et al. (2004) explored the specific features of bibliotherapy. It was found that a group administered format vs. a self administered format was highly insignificant (p = .96). Also explored was the influence of age on effect size. Gregory et al. found that age showed significant differences in effect sizes (p = .0001). For example, groups that consisted of: (a) teenage youth showed an effect size of 1.32, (b) adults yielded an effect size of 1.18, and (c) older adults showed an effect size of only 0.57. Although this particular analysis suggested that the bibliotherapy for depression was more effective in lowering depression rates in teenage youth and adults, the older adults in these particular studies showed much lower pretest scores of depression. Overall, Gregory et al. postulated that, had the older adults begun with similar levels of depression, there would have been little or no difference in effect size for age, an indication that the use of cognitive bibliotherapy for depression is effective for all ages.

The findings from the Gregory et al. (2004) meta-analysis supported the effectiveness of cognitive bibliotherapy for the treatment of depression. Also, however, it is important to consider the scope of bibliotherapy. Cognitive bibliotherapy may be more effective with individuals with mild to moderate depression (Campbell & Smith, 2003; Floyd, 2003; both cited in Gregory et al.). Also, it is important for clinicians to:

(a) accurately assess depression and the likely effectiveness of bibliotherapy for each patient (Campbell & Smith, 2003; Cuijpers, 1997, both cited in Gregory et al.); (b) ensure that patients understand they are receiving an effective treatment (Campbell & Smith, 2003, as cited in Gregory et al.), and (c) select appropriate, research supported materials (Mains & Scogin, 2003, as cited in Gregory et al.). Finally, Gregory et al. concluded that contact with patients is imperative in order to monitor improvement and guidance, and that proper application of cognitive bibliotherapy for depression can lead to long term freedom from depression.

<div align="center">Bibliotherapy for Bullying and Aggression</div>

Bullying has been an issue in education for years and, today, it is recognized as a serious problem with potentially long lasting psychological effects (Gregory & Vessey, 2004). Many children tease and are teased good naturedly, but when teasing becomes nasty, with an intent to harm, and it is done in the context of a power differential, bullying emerges (Olweus, 1994, as cited in Gregroy & Vessey). Nasty teasing and bullying are problems many children face; as many as 29.9% of children report bullying in some form (e.g., bullying or the victim of bullying; Nansel et al., 2001, as cited in Gregory & Vessey). Children from every: (a) age, (b) socioeconomic status, (c) racial group, and (d) gender can experience bullying. However, the most indicative feature of children who are bullied is any display of divergence from group norms (Sweeting & West, 2001, as cited in Gregory & Vessey). Children, who are affected by bullying, may display: (a) psychosocial problems, (b) changes in academic performance, and (c) health symptoms. Bullying is a rampant problem in schools, and the effects of bullying can be highly detrimental and lasting.

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Gregory and Vessey (2004) presented a logical method for the implementation of bibliotherapy to address the issues of school bullying. First, it is imperative to identify those children who are at risk of bullying or children who experience bullying. Usually, victims are passive recipients of bullying, but a minority of victims is classified as provocative recipients, or victim bullies. Second, careful research and appropriate selection of materials are needed. Effective bibliotherapy materials must: (a) be age appropriate; (b) be developmentally appropriate; (c) relate to the specific situation; (d) offer appropriate and reasonable suggestions; and (e) reflect current research in regard to bullying (e.g., many bullies experience trouble at home and respond through aggression toward others; Muscari, 2002, as cited in Gregory & Vesseey).

Bibliotherapy can be used in a safe environment to help put children at ease and encourage discussion of their own problems with bullying (Gregory & Vessey, 2004). Also, bibliotherapy can be used in the context of small group discussions with children who share similar experiences. Finally, Gregory and Vessey found that, when implemented properly, bibliotherapy is an effective approach to address bullying. Gregory and Vessey reported that, after children were exposed to a fictional story about teasing and bullying in a safe environment, the children were able to divulge their own experiences with bullying. Through recognition of their own situation as presented in fictional stories, the children were able to develop effective coping strategies for bullying.

Shechtman (1999) conducted a study to determine the effectiveness of bibliotherapy to treat childhood aggression. This study was conducted with 6 aggressive boys and 4 matched control participants. Schechtman specifically addressed

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bibliotherapy for the treatment of aggression in boys because, while all children love and can relate to stories, boys depend on stories (Gurian, 1997, as cited in Shechtman). Commonly, boys feel incompetent in emotional arenas, and stories can be used to help them to gain an emotional, reflective language. Furthermore, often, aggressive children lack understanding of appropriate empathy and self expression (Dodge, 1991, as cited in Shechtman). The use of bibliotherapy can help boys and aggressive children to learn how to change through constructive means (Gurian, 1997, as cited in Shechtman).

Shechtman (1999) conducted the study with 10 boys, all from the same classroom. Six boys were identified as aggressive, and 4 boys were control participants. Aggression was measured through self-reports and teacher reports with use of the Achenbach Child Behavior Checklist (Achenbach, 1991, as cited in Shechtman). The 10 boys were randomly assigned to a control group or to a bibliotherapy group. The treatment group was exposed to various bibliotherapy materials on possible motifs that lead to aggression. During discussions, the children in the treatment condition were able to openly and accurately express their feelings and the situations which triggered aggression, after exposure to the bibliotherapy materials. During therapy, the boys showed improvement in empathy and self-expressiveness.

The findings of the Shechtman (1999) study demonstrated that pretreatment reports of aggression for each child were similar between self and teacher, but teachers reported slightly higher levels of aggression for each child. On measures of aggression, the children in the bibliotherapy treatment group showed considerable decreases; the average self-report decreased from 62-29 and the average teacher report decreased from 36-26. In contrast, no change was noted for the members of the control group by either

teacher or self-report. Furthermore, teachers noticed more change in aggression than did the children themselves. Group scores for members of the treatment group for constructive behavior of: (a) self disclosure, (b) responsiveness, (c) empathy, and (d) insight increased; also, the group score for aggression decreased.

The findings suggested that the use of bibliotherapy can effectively curb aggression in children (Shechtman 1999). Through group bibliotherapy treatment, the children had the opportunity to: (a) be accepted, (b) be understood and understand others, and (c) explore alternative actions in situations. Bibliotherapy encouraged them to identify with the characters presented in the literature and helped them to analyze their own aggression through the understanding of another's. Shechtman's findings suggested that bibliotherapy is effective to help aggressive children to overcome aggression and to develop constructive behaviors.

<div align="center">Bibliotherapy and Problem Solving</div>

Commonly, students with high incidence disabilities (e.g., mild mental handicap, learning disabilities, and behavioral disorders) struggle to recognize and solve problems (Forgan, 2002). Often, these students rely on a teacher to make decisions for them. It is important for these students to gain problem solving skills because it fosters self-control which, in turn, results in a more positive classroom environment.

As reported by Forgan (2002), bibliotherapy can be used to help children with high incidence disabilities to become effective problem solvers. Its use leads the students through the stages of: (a) identification, (b) catharsis, and (c) resolution. In turn, this process helps them to gain a method for problem solving. Furthermore, discussion of a character's situation and possible solutions encourages insight into the students' own

problems and possible resolutions. Forgan suggested the use of the I SOLVE activity

chart to help students with high incidence disabilities to learn problem solving.

1. "I" stands for identify, and students are called to identify the problem in the bibliotherapy literature.

2. "S" stands for solutions, and students must indicate all solutions the character in the literature proposed, as well create their own solutions.

3. "O" stands for obstacles to the solution, which students must identify.

4. "L" stands for looking at the solutions again. Students then must select one that is most beneficial.

5. "V" stands for very good, now try it. The student should be pleased that he or she has selected a solution, and then they must try the solution. If applying the solution is not immediately available in the child's life, creating a role playing situation is helpful.

6. "E" stands for evaluate, and students must evaluate the outcome of their chosen solution.

The I SOLVE strategy is particularly helpful for these students because it requires direct

instruction, through which students gain the ability to problem solve for themselves.

Bibliotherapy is an effective approach in teaching children with high-incidence

disabilities to identify problems and appropriate solutions to those problems.

Bibliotherapy and Other Issues

In addition, bibliotherapy can be used in many other situations and to address an

array of children and adolescent issues (Forgan, 2002). Other studies and reviews

suggest its use to address the emotional and social issues that students at any age may experience.

Bibliotherapy and Body Image

For many young people, adolescence is a time of discomfort and self-doubt (Clessner, Hoover, & Haziett, 2006). Often, youth will turn from parental influence to that of their peers or the media. Unfortunately, the media present images of young men and women that are detrimental to self-esteem. Many young women are concerned about their bodies because they view the body as "the ultimate expression of self. . . a way to visibly announce who you are to the world" (Brumberg, p. 97, as quoted in Clessner et al.). Because there is such emphasis on looks and weight, often, students who are far outside the group norms for beauty or weight fall victim to bullying.

Traditionally, in many young adult novels, overweight characters are portrayed as slow, stupid, lazy, or clumsy (Clessner et al., 2006). The goal of this study was to select novels that addressed issues of obesity or being overweight, but presented a positive image of overweight characters. Each of the selected novels fit the realistic fiction criteria and presented situations that were both realistic and, often, unfortunate in nature. Also, the characters in the stories struggled with their appearance, as well as acceptance of their appearance. Most of the overweight female characters struggled with their appearance to boys. Frequently, the novels addressed issues of friendship and, often, the overweight character was part of an outcast dyad. Another aspect of each novel was the remarkable traits or interesting facts about the overweight character. By presenting the

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remarkable traits of overweight characters, it emphasized the worth of all humans. Also, many of the novels addressed the characters' will power to lose weight or to overcome a problem. In addition, the novels addressed issues of bullying and characters being bullied because of their weight. Sports and physicality are important to the novels and, often, an overweight character possesses a hidden sports talent or uses sports participation to lose weight. As with many adolescent novels, these address issues with parents and home life. Clessner et al. selected novels that would positively address issues of obesity and demonstrated that the selection of novels that include the above mentioned criteria could be used for bibliotherapy with students who struggle with body image or self-esteem.

Bibliotherapy for Suspended Students

Schreur (2006) described the use of bibliotherapy for suspended students because the current method of suspension frequently is a short term fix to a deep seated problem, and students do not improve. He addressed three key areas in which suspended students often struggle: (a) grade level literacy, (b) critical thinking skills, and (c) the emotional stability to effectively address stressful situations. Schreur suggested a bibliotherapy approach that addresses each of these three deficits. For the framework to be successful and help frequently suspended students, it must:

1. Provide a caring environment. It is important for students to feel cared about and caring towards those in the school environment. A common goal, attainable only through mutual work and respect is important. Also, working with troubled students one-on-one is beneficial.

2. Engage students. At risk students need to be engaged by the curriculum or group goals. Students must feel as though they are part of the learning, and must see themselves in different contexts through the curriculum and literature (Vacca, 2004, as cited in Schreur).

3. Provide challenging experiences. Academic and social situations and expectations should not be decrease for at-risk students. Students who struggle to read must be challenged, feel empowered, and feel respected as they gain literacy (Taylor & McAtee, 2003, as cited in Schreur).

Use of this framework provides an environment for at-risk students that is: (a) caring and functions in small group situations, (b) engaging and personally relevant, (c) uses books specifically tailored to students' needs, and (d) challenging.

Bibliotherapy is effective for at-risk students because they are challenged to become emotionally involved in solving a problem related to their behavior and, thus, are emotionally prepared to avoid that situation in the future (Schreur, 2006). Rather than dealing with behavioral issues simply with suspension, bibliotherapy can be used to challenge students and educators to work together to: (a) help the student work through any underlying emotional trauma which may cause the undesired behaviors and (b) create working relationships that are caring and compatible.

Bibliotherapy and Issues of Gay and Lesbian Youth

Schools are social environments, and the current silence in regard to homosexuality in adolescents can alienate these young people and send them messages of rejection and hopelessness (Vare & Norton, 2004). Calhoun (1987, as cited in Vare & Norton) suggested that carefully selected literature can help promote positive change in

adolescents who struggle with issues of self-identity, specifically ethnic minorities. Similarly, the struggle of self-identity experienced by gay and lesbian adolescents can be positively addressed through bibliotherapy (Anderson, 1994, as cited in Vare & Norton).

Because, typically, there is such silence in schools about the issues of homosexuality, it is important for educators to openly express the desire to discuss the underlying issues. The simple recommendation of a book may appear to brush over the issue and further promote silence (Vare & Norton, 2004). Also, it is important for gay and lesbian students to receive both fictional and nonfiction bibliotherapy materials. It is important for them to receive accurate, factual information through nonfiction, but also to experience the bibliotheraputic benefits of fiction. Bibliotherapy for homosexual youth should include literature with characters and situations in which homosexuality is a normal part of life. Finally, Vare and Norton recommend the use of bibliotherapy as a primary means to stop the silence in schools about homosexuality. Bibliotherapy should be used to open discussions about homosexuality and to help homosexual youth maintain emotional, social, and physical health.

Bibliotherapy and Alcohol Issues

There has been a growing interest in finding brief, non-health care settings for the treatment of alcohol problems (Apocada & Miller, 2003). Roughly 7% of Americans meet the criteria for alcohol abuse or alcohol dependence (Grant et al., 1994, as cited in Apocada & Miller). In new interventions, there is an attempt to address alcohol problems early in their development (Institute of Medicine, 1990, as cited in Apocada & Miller). Bibliotherapy is a low cost, effective method to address alcohol problems in the early stages.

Miller (1978, as cited in Apocada & Miller, 2003) conducted a study with an unreported number of self-referred and court referred participants with alcohol problems. The participants were randomly assigned to: (a) adverse counterconditioning (b) behavioral self-control training or (c) controlled drinking composite. The measurements of all groups showed notable decreases in drinking, with no significant differences between groups. After the treatment, the participants were randomly selected to receive or not to receive bibliotherapy self-help materials. At the 3 month follow up, those participants who had received the bibliotherapy materials showed lower drinking levels than the others. At the 3 month follow up, all participants then received the bibliotherapy materials. Finally, at a 12 month follow up, all participants showed considerable improvement.

Miller, Gribskov, and Mortell (1981, as cited in Apocada & Miller, 2003) found that participants who received only bibliotherapy self-help materials showed comparable improvement to participants who received both bibliotherapy and therapist sessions. Taylor (1980, as cited in Apocada & Miller) suggested that the use of bibliotherapy was effective for problem drinkers as well.

Apocada and Miller (2003) conducted a meta-analysis to compare 22 studies in order to explore the effectiveness of bibliotherapy for alcohol problems. For studies with self-referred patients, they found a 0.80 pretreatment posttreatment effect size, and for studies with court/medically-referred patients, a 0.65 pretreatment posttreatment effect size was found. The data from this meta-analysis suggested that the use of bibliotherapy can be highly effective for self-referred patients and moderately effective for court/medically-referred patients.

Classroom Application of Bibliotherapy

Today, there is a diversity of students in schools in the United States, and an influx of students who deal with very serious: (a) social, (b) emotional, (c) economic, and/or (d) academic issues (Prater, Johnstun, Dyches, & Johnstun, 2006). Societal and social issues present students with a number of difficult choices and situations. The choices students must make, and the problems and issues they face affect school personnel everywhere. Because so many students are challenged with any number of issues, it is important to note that *at risk* is a term to be considered as on a continuum (McWhirter, McWhirter, McWhirter, & McWhirter, 2004, as cited in Prater et al.). Regardless of the degree of risk, whether that is "minimal, remote, high, or imminent" (p. 5), school staff must address the issues of their students. Bibliotherapy can be used as: (a) a prevention program, (b) an early intervention program, and (c) a treatment program. Classroom teachers can use bibliotherapy to help a specific child or children in a specific situation or as a general method to teach appropriate social and developmental skills in their classrooms. Finally, if available, classroom teachers should collaborate with other school personnel such as: (a) counselors, (b) psychologists, and (c) librarians. Ideally, students could work with bibliotherapy material in the classroom, discuss their feelings about the book in group settings, and discuss with a school counselor more intimate feelings and emotions that were elicited by the book. Unfortunately, not all schools can offer the help of counselors and psychologists, in which case, by themselves, teachers must provide for students opportunities to grow and learn through bibliotherapy.

Steps to Implement Bibliotherapy

Several methods for the implementation of bibliotherapy into the classroom have been suggested by researchers (Forgan, 2002; Gregory & Vessey, 2004; and Prater et al., 2006). Each method is slightly different, but incorporates important aspects of: (a) bibliotherapy and its application, (b) the strength and effectiveness of bibliotherapy, and (c) important considerations in the use of bibliotherapy.

Gregory and Vessey (2004) identified the three stages through which people progress in bibliotherapy. The stages are: (a) identification, (b) catharsis, and (c) insight or resolution. These stages of growth for the student can be seen in each method presented.

Prater et al. (2006) presented a 10 step guide for the implementation of bibliotherapy into the classroom.

1. "Develop rapport, trust, and confidence with the student" (p. 7). Teachers must create a trusting relationship with students before they begin bibliotherapy. Students are unlikely to share deep emotions with an adult they do not trust.

2. "Identify other school personnel who may assist" (p. 7). It is important for teachers to obtain help from other school personnel. Possible help may come from: (a) counselors, (b) psychologists, (c) administrators, (d) social workers, (e) nurses, and/or (f) special education teachers

3. "Solicit support from the student's parents or guardians" (p. 7). Parents can be a huge support and source of information in regard to his or her child' behaviors. Parents can offer advice as to what works for the

child and what does not. However, one should be cautious if the student's issue is strongly connected to the parent.

4. "Define a specific problem the student is experiencing" (p. 7). Teachers should observe student behaviors and talk to students about feelings they may have about: (a) school, (b) social situation, and (c) other concerns.

5. "Create goals and activities to address the problem" (p. 7). Bibliotherapy should have a specific goal and defined outcomes. Bibliotherapy and its activities should be evaluated for their effectiveness.

6. "Research and select books appropriate for the situation" (p. 8). "Books should be selected based on: (a) appropriateness for the developmental age and reading ability of the student, (b) the portrayal of the topic of interest (e.g., homelessness), (c) realism and honesty of character portrayals, and (d) literary quality" (p. 8).

7. "Introduce the book to the student" (p. 8). In the introduction of bibliotherapy materials, care and sensitivity should be employed. If the literature to be used in bibliotherapy is intended only for one child or a small group, the teacher should present it only to those students. The teacher should explain to a student that he or she has noticed a specific behavior, and suggest working on it together through an activity (i.e., bibliotherapy).

8. "Incorporate reading activities" (p. 8). It is important for students to interact with the bibliotherapy literature as they would with any other

literature. Teachers can lead activities used for all other books with

bibliotherapy books (e.g., vocabulary, questioning, etc.).

9. "Implement post-reading activities" (p. 9). Teachers should lead students

through discussion of the bibliotherapy book and encourage students to

discuss how the book relates to their own lives and situations. Also,

students can make other creative projects related to the story. Finally,

once students have finished all post-reading activities, the teacher should

meet with the student individually to discuss the work done and the

student's feelings about the book.

10. "Evaluate the effects of bibliotherapy on the student" (p. 9). Once the

student has completed the bibliotherapy book and projects, the teacher

should reflect on the effectiveness of bibliotherapy for that student. In

addition, the teacher should note successes and areas for improvement.

This 10 step guide can be used in the classroom for any students along the continuum for

risk. This format can be easily applied to the everyday classroom, but for it to be

effective, teachers need to provide carefully selected materials for students.

Forgan (2002) presented a four step method to incorporate bibliotherapy into the

classroom.

1. "Pre-reading" (p. 76). During pre-reading, materials to be used must be

carefully selected by the teacher. A teacher should select materials that

are relevant to the child and his situation. The second aspect of pre-

reading is activating students' background knowledge. Teachers may ask

students to predict what they think the book will be about, or to think of a situation similar to the one they will read.

2.   "Guided reading" (p. 76). Forgan suggested that an adult read the story aloud to students. Teachers should read the story completely through without interruptions and then ask students to reflect about the story.

3.   "Post-reading discussion" (p. 77). Teachers should check for student comprehension of the story before they continue; a student retell or summary is effective. Teachers should ask probing questions to help students think through the problem of the story and the solutions offered. Usually during the discussion, students will experience: (a) identification, (b) catharsis, and (c) resolution. It is important for students to recognize that they are not the only person to experience their situation.

4.   "Problem solving" (p. 78). Forgan completed his four step method for the incorporation of bibliotherapy into the classroom with the I SOLVE activity chart previously discussed. Use of this chart helps students to identify and offer solutions to the character's problem and evaluate their selected solution.

<div align="center">Chapter Summary</div>

A definition of and goals of bibliotherapy were presented in this chapter. A history of bibliotherapy and the changes in children's and adolescent literature that lead to the emergence of bibliotherapy were explained. Also presented were bibliotherapy and its use for various issues such as: (a) anxiety and panic disorders, (b) depression, (c) bullying and aggression, (d) problem solving, and (e) other issues. Finally, classroom

application of bibliotherapy was explored, and three methods of implementation were

presented. In Chapter 3, the method and procedures for this project are presented.

Chapter 4, Results, presents a handbook for educators about using bibliotherapy in the

classroom. Chapter 5, Discussion, presents comments and suggestions from expert

reviews.

Chapter 3

METHOD

The purpose of this project was to develop a handbook for teachers about bibliotherapy and the incorporation of bibliotherapy into the classroom. Today, classroom teachers are challenged to address the: (a) social, (b) emotional, and (c) academic issues of their students. Bibliotherapy is a technique that can be used by all classroom teachers to address a wide array of problems and issues. Bibliotherapy is an excellent tool to help students identify and work through personal problems as they relate to the issues of characters in their bibliotherapy literature.

Target Audience

This project was designed primarily for teachers of students in Grades K-6, but many of the issues addressed could be easily tailored for use by secondary teachers as well. This handbook will be beneficial for educators to: (a) address student problems and issues in the classroom, (b) explore bibliotherapy and its practical application, and (c) reach at-risk students.

Goals and Procedures

The goal of this project was to develop a handbook for teachers that would help them to implement bibliotherapy into their classrooms. In the handbook a brief definition and history of bibliotherapy and goals of bibliotherapy were presented. In ensuing sections, this author: (a) presented a step-by-step guide for using bibliotherapy in the classroom, (b) discussed specific disorders and issues, (c) provided a list of behaviors that

are indicative of specific disorders, and (d) provided a list of book titles and booklist websites recommended for the specific issue in question.

Peer Assessment

The handbook was assessed by four experts in the field of education. Assessment was gathered through informal feedback responses, recommendations, and suggestions for further research. Three teachers and one counselor were given the document and asked to make recommendations and comments in regard to the information, relevance, and applicability of the handbook. Patterns of comments, suggestions, and recommendations are addressed in Chapter 5.

Chapter Summary

Bibliotherapy is an excellent tool that can be incorporated into the everyday classroom. Because so many students today face a number of problems and issues daily, providing educators with directly applicable options for helping their students is necessary. This project provides educators with concrete steps and suggested materials for incorporating bibliotherapy into their classrooms. Chapter 4, Results, provides educators with information regarding the definition and history of bibliotherapy, as well as bibliotherapy and its application as it relates to specific disorders and issues. Chapter 5, Discussion, presents expert reviews and a discussion of the project.

Chapter 4

RESULTS

The purpose of this project was to develop a handbook for educators about bibliotherapy and the integration of bibliotherapy into the classroom. Bibliotherapy is one technique that can be used by educators to address an array of student issues. Educators can provide opportunities for their students to work through various problems through the use of carefully selected literature and materials. Through bibliotherapy, students can identify with and relate to characters in their bibliotherapy literature and, thus, work through personal issues and problems. It is imperative, however, that educators carefully select literature that will be appropriate and applicable to each student's individual situation.

The handbook for educators includes: (a) definitions of bibliotherapy; (b) a brief history of bibliotherapy; (c) the goals of bibliotherapy; (d) a step-by-step guide to using bibliotherapy in the classroom; (e) specific disorders and issues; (e) a list of behaviors indicative of specific disorders; and (g) a list of recommended titles and websites for the specific disorders or issues in question.

Bibliotherapy: a Guide for Educators

By Melissa McEncroe

A Master's Project for

Regis University

~ Books are the quietest and most constant of friends; they are the most

accessible and wisest of counselors, and the most patient of teachers.

--Charles W. Eliot

Bibliotherapy for Educators

Using Bibliotherapy in Your Classroom

Bibliotherapy is an excellent tool educators can use to reach out to students who struggle with social, emotional, educational, and/or academic issues. The incorporation of bibliotherapy into your classroom will not require you to drastically alter your everyday routines. One of the most powerful aspects of bibliotherapy is that it can be easily incorporated into already-set classroom reading routines.

What is Bibliotherapy?

The term, bibliotherapy, has a number of definitions with subtle differences in emphasis and implication of use. Overall, **bibliotherapy is the use of literature for help to solve personal problems or for psychiatric therapy** (Merriam-Webster). More specifically, bibliotherapy requires careful selection of literature and deliberate guidance through it.

It is important, therefore, that educators use care in the selection of literature to be used as bibliotherapy. Furthermore, educators need to provide a safe environment for students to work with the literature, and to help guide students through the literature.

How Did the Use of Bibliotherapy Begin?

Today, bibliotherapy is commonly used as a supplement to traditional therapy or some other form of intervention; however, when the use of bibliotherapy first became en vogue, it was often used as the only form of treatment, and occasionally viewed as a miracle cure. Initially, bibliotherapy was used only in hospitals as part of the library services and only used in the treatment of the mentally ill, as a coping strategy of soldiers of wartime traumas, and as an aid in the healing of disabled veterans. Counselors began to use bibliotherapy in conjunction with librarians during the 1930's, and in the 1940's bibliotherapy became more widespread. Finally, in 1946, bibliotherapy was first applied to children.

Bibliotherapy for children evolved from the use of literature to instill particular moral values in children. Large indices were compiled that gave the title of the literature, a brief summary, and the moral or lesson taught through the story. These indices of didactic stories were widely used, but it was not until 1946 that Sister Mary Agnes argued that bibliotherapy should

be used to help students to resolve specific issues rather than to gain specific moral values or character traits.

Today, bibliotherapy is used to help people overcome a number of disorders and address various issues. Also, the indices used for bibliotherapy today resemble those of the past, but disorders and issues that can be helped or addressed are in place of moral values and character traits.

Why is Bibliotherapy Helpful?

The goal of bibliotherapy is to help a student recognize and work through issues in his or her life. The effectiveness of bibliotherapy lies within a person's ability to move through three stages: identification, catharsis, and insight or resolution.

Stage one, **identification**, is important in the therapeutic process because often when a person struggles through a situation, they seek another individual in a similar situation with whom they can identify. Through literature, an individual meets characters that experience or struggle with similar circumstances to his or her own. For this reason, it is imperative that educators carefully select literature that will present characters with whom their students can identify.

The second stage, **catharsis**, occurs when a reader, or receiver of bibliotherapy, becomes emotionally involved in a story. Because the reader feels an emotional connection to the story and characters, the reader will be able to release personal emotions about his or her own struggles. During the catharsis stage, it is extremely important for educators to provide a safe environment in which the student can openly discuss his or her feelings (i.e. a safe and private place in the school or through journaling if vocal discussion is too difficult).

Insight or resolution, the third and final stage of bibliotherapy,

occurs when a student realizes that his or her situation can and should

change. The story provides students with suggestions for change, and can

spur students to explore original ideas to change or address their personal

situation. The final stage of bibliotherapy encourages students to problem

solve, (b) gain coping strategies, (c) consider other behaviors, and (d)

realize and select resolutions to their personal problems.

Perhaps some of the most powerful aspects of bibliotherapy are that

it can be used to address numerous issues, and by design it helps to lead

students step-by-step through a situation to a resolution.

Helpful Tips and Steps

Bibliotherapy is a great method to use when trying to offer additional support to specific students; however, bibliotherapy will not magically succeed on its own. Deciding to incorporate bibliotherapy into your classroom requires you to do a little extra footwork. Prater, Johnstun, Dyches, and Johnstun offered helpful steps to consider when using bibliotherapy. The following steps are adapted from the Prater et al. suggestions.

1. **Create a trusting relationship with the student in question.** If you believe that bibliotherapy will help a student to address a specific issue, you must ensure that your relationship with him or her is adequately trusting and respectful so that he/she will be able to openly discuss his/her feelings about the characters and problems as they relate to his or her own struggles.

2. **Pinpoint specifically the issue at hand.** Make sure you know what the student is feeling or experiencing—set aside time to talk with him or her, and use this information to narrow down your ideas (ensuring you have trust will help tremendously with this part).

3. You are not alone in wanting to help this child. **Seek help from other school professionals who may be able to assist.** Librarians can help suggest appropriate literature, counselors and

school psychologists can help you to recognize various behavior

problems and can help students through catharsis and recognition,

and other school personnel can offer support to you and the

students while the student is experiencing hardship.

4. **Include the student's parents.** Unless the issue in question is

directly related to issues about the student's parents,

solicit their help. Parents know tons about their

children and their children's behavior—ask

them what may and may not work.
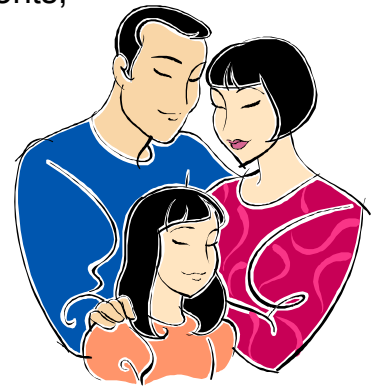
5. **Define goals and activities for bibliotherapy.**

Simply because a student reads a bibliotherapy

book does not mean that he or she will experience bibliotheraputic

benefit. Plan out specific activities or discussions that will

encourage reflective thought about the student's specific struggle.

Also, make activities that align with your own goals for the student.

6. **Select appropriate literature and materials for each student.**

When selecting literature consider the developmental

appropriateness of a book, consider how well the situations in the

book reflect those of the student, select literature that is at an

appropriate reading level for the student, and select literature that is

well written and interesting—students will struggle with identification if they are not interested in the book.

7. **Employ care and consideration when introducing a student or students to a book.** If the book is intended to address sensitive issues with a student or students, introduce the book only to those students who will be reading it.

8. **Create opportunities for the students to interact with the literature.** Students can participate in reading activities using bibliotherapy literature just as they would any other literature (e.g. vocabulary, sentences, summaries, journaling, etc.).

9. **Create strong post-reading activities for the student.** It is important for the student to engage actively in the resolution phase of bibliotherapy, so he should be challenged to discuss the book and how it related to him with you or another school professional, write about the book, journal his feelings, or create another creative post-reading project.

10. Finally, **assess the effectiveness of bibliotherapy on the student.** Use the information gathered during and after bibliotherapy and accompanying projects to identify areas of success and brainstorm new ideas for areas that needed improvement.

The Use of Bibliotherapy to Address Specific Disorders

As an educator, you have the opportunity to observe students daily in a social, emotional, academic, and educational setting. While you may not be privy to everything that goes on in a student's life, you have a special position in which you can detect subtle changes in his or her behavior, mood, and interactions. Through careful observations of student behavior, you have the opportunity to detect emerging issues or disorders in students. The following sections will be devoted to specific issues and disorders, behaviors generally indicative of that disorder, and a list of book titles and websites recommended to address that disorder or issue.

You are not trained nor expected to make clinical diagnoses of disorders found in your students; however, it will be helpful for you to know some signs of disorders in your students. The behaviors or signs indicative of a disorder that will be used in ensuing sections have been adapted from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision* (DEM-IV-TR). The behaviors that this author has included are those that could potentially be observed in a classroom or school setting. Should you become concerned about a serious disorder in a student, along with any personal aid you may offer, such as bibliotherapy, inform your school psychologist and/or counselors about the student and potential situation.

Depression

Everyday you have the opportunity to see your students at work and play. You have the ability to detect when something is bothering them and to note changes in their behavior or mood. Also, you may be aware of situations in your classroom in which a student is dealing with a depressed parent, sibling, or loved one. Depression is classified as a mood disorder, and because you have so much time witnessing students in social and work situations, you have a good opportunity to examine students' mood and detect depression in a student.

Behaviors Indicative of Depression

Students who are clinically depressed or suffering from a major depressive episode will likely display, for an extended period of time, a number of depressed symptoms and a depressed mood. Signs of depression you may see in your students could include:

- A depressed or tearful mood almost every day. Students may also be irritable or easily agitated.

- A noticeable decrease or loss of interest in pleasurable activities. A student who is depressed or suffering from a major depressive

episode may completely lose her interest in a subject or activity that was previously captivating.

- A significant change in weight. Though this may be difficult to detect in younger children, rapid weight loss or gain in adolescents can signify depression.

- Changes in the pace of responses and motor activities in a student. A student suffering from depression may noticeably become much more restless in her physical activities, and might pace around the room, be up and down from the desk, and have trouble sitting still. The other extreme, however, is also possible for depressed students. A student suffering from depression or a depressive episode may have markedly slowed movements and responses, and might take an extremely long time to answer questions.

- A loss of energy, or feelings of fatigue. A student might complain of being tired all the time, may struggle to keep alert during class, or might seem to have all the energy sucked out from her.

- Feelings of worthlessness or guilt. A student suffering from depression might convey feelings of extreme worthlessness. A student expressing worthlessness may be perfectly capable of many activities, or might even excel at certain things, but will actively express her irrelevance to the activity or group. Also, a student

might express feeling very bad about a situation, and inappropriately allot all blame to herself.

- A reduced ability to think or concentrate. Because you see your students in a scholastic environment everyday, it will be noticeable if a student experiences a lessened ability to think or concentrate. You might see a decrease in the level of difficulty needed to challenge a student. Your student might stop thinking abstractly, or struggle to reason. Also, you might notice your student not being able to finish any work, even if adequate time is given.

- Increased indecisiveness. A student might begin to struggle daily to decide on a lunch choice. Small decisions such as what to do during recess, whether or not to bring her coat outside, or which center activity to complete each day may become very difficult for her to make.

- Repeated thoughts of death or suicidal ideas. Though this may be difficult to detect, changes in student artwork, doodling, or writing might indicate obsessive thoughts of death. You might see a student who previously drew happy things begin to draw dark or scary pictures. Also, during friendly letter writing or journaling students may reveal a desire to die or kill themselves.

# Suggested Titles for Issues of Depression

1. Books for early childhood and children in grades K-6:

   - *Letters from Rapunzel* by Sara Holmes

   - *Amazing Gracie* by A.E. Cannon

   - *The Day My Mother Left* by James Prosek

   - *Depression* by Jennifer Rozines Roy

2. Books for children in grades 7-12:

   - *The Opposite of Music* by Janet Young

   - *My Kind of Sad : What it's like to be Young and Depressed* by Kate Scowen

   - *The Disappearing Girl : Learning the Language of Teenage Depression* by Lisa Machoian

   - *Under the Wolf, Under the Dog* by Adam Rapp

   - *Saving Francesca* by Melina Marchetta.
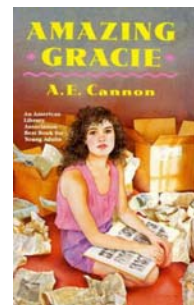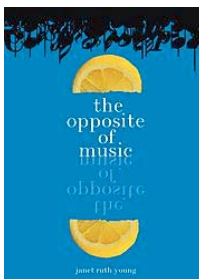
Anxiety Disorders

Students who seem to be on edge frequently, always worried about something, express intense, irrational fears, or are overly meticulous may suffer from an anxiety disorder. There are many sub-disorders within the DSM-IV category of anxiety disorders, but the following signs/symptoms listed will be for disorders that educators could readily observe in their classrooms.

Behaviors Indicative of Anxiety Disorders

Unlike depression, some anxiety disorders can come on quickly and without an obvious reason; therefore, it is important for you to be acutely aware of changes in your students that may be due to the onset of an anxiety disorder. Signs of anxiety disorders you may see in your students can include:

- Panic attacks. Panic attacks are brief, isolated incidence of extreme fear or discomfort in which a student may: have changes in heart beat, sweat profusely, shake or tremble, have changes in breathing, feel as though she is choking, become dizzy or lightheaded, and feel as though she is "losing control."

- Excessive, irrational fears of specific objects or situations. Students who suddenly cry, scream, freeze, or cling to you when asked to do a seemingly simple task or go to a seemingly harmless place may suffer from specific phobias.

- Excessive avoidance, anticipation, or distress when in social situations. Students who are extremely fearful of specific or general social situations, and show anxiety and avoidance regarding these situations may experience social phobia.

- Persistent, overwhelming thoughts or images that students cannot replace with other thoughts or images. If a student is "stuck" on one thought or image that is not an exaggerated worry about something that is actually happening in her life, she may be experiencing obsessions (part of obsessive-compulsive disorder). A student who struggles with obsessions might refer to something seemingly inconsequential many times or repeatedly express worry concerning it.

- Repetitive behaviors or mental acts that are in response to obsessions or "rules" that she feels must be followed precisely. These behaviors are done in order to reduce the stress she is feeling. If a student has repetitive behaviors (she may reorganize her desk or items on her desk multiple times during one lesson, she may ask to wash her hands many times, or may meticulously straighten or align items over and over) or repetitive mental acts (she might pray continuously, you may see her silently counting or

repeating things you have just taught) she may suffer from compulsions (part of obsessive-compulsive disorder).

- Irrational, consuming worry and anxiety about a number of situations. This may be difficult to detect if students tend to be "perfectionists." However, if a student shows significantly more worry or anxiety than a situation (even in extreme cases) should warrant, she might experience generalized anxiety disorder. Students with such a disorder may express extreme worry (e.g., restlessness, nausea, muscle tension) before simple tasks such as library time, a spelling pre-test, going on a field trip, or overall school performance.

- Restless or feelings of being on edge. These students may be jittery, easily excitable, or jumpy about small disturbances.

- Irritability. A student who historically has been fairly calm and easygoing may suddenly, or over a period of months become easily angered or short-tempered. Students may stop wanting to share, might be curt towards their desk-pod mates, and might be overly defensive about their actions and feelings.

# Suggested Titles for Issues of Anxiety

1. Books for early childhood and children in grades K-6:

   - *The Babysitter Sings* by Phillis Gershator

   - *Jacques & Spock* by David Michael Slater

   - *Jezebel's Spooky Spot* by Alice Ross & Kent Ross

   - *Let's Talk About Feeling Nervous* by Susan Kent

   - *Even if I Spill My Milk?* by Anna Grossnickle Hines

   - *The Kissing Hand* by Audrey Penn
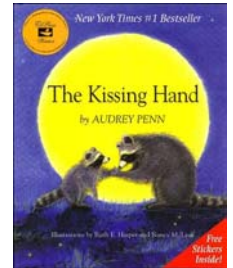
2. Books for children in grades 7-12:

   - *Mortified: Real Words. Real People. Real Pathetic.* by David
     Nadelberg

   - *The Nature of Jade* by Deb Caletti

   - *Class Trip : A Novel* by Emmanuel Carrere
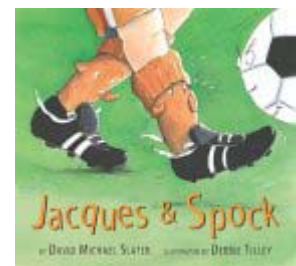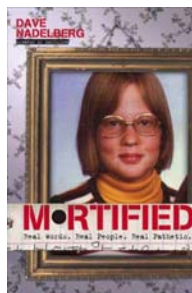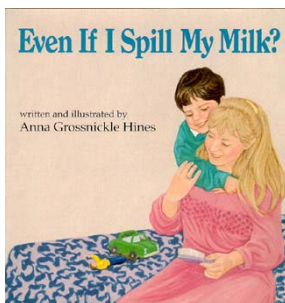
Attention-Deficit/Hyperactivity Disorder

Many of you have observed students in your classrooms with ADD or ADHD. It is no surprise that teachers can usually detect early signs of ADD and ADHD—the classroom can unfortunately be a very difficult place for these students to succeed. Because you have the opportunity to observe your students' attentiveness and activity level during activities that call for great amounts of attention and restraint, you will likely be able to detect students who struggle with this issue. Also, these disorders occur more frequently in boys.

Behaviors Indicative of ADD and ADHD

- A lack of attention to detail. You may see a student who consistently forgets to complete entire pages of his homework, or haphazardly misses several problems of which he is perfectly capable of successfully completing.

- Difficulty maintaining attention in various situations. Your student might be mentally "all over the place." He might begin by writing about his pets, trail off into something about the playground, and finish off with thoughts about his favorite television program.

- Difficulty following directions. You may give instruction directly to a student, and it may seem as though he is not even paying attention.

Then, once work has begun, he might not have a clue where to begin. These students truly are at a loss for where to begin, or even for what they are doing. Note, however, that these students are not acting as such because of behavior issues or confusion about directions—they simply struggle to follow directions.

- Resistance to participate in school work. These students know that school work requires sustained mental attention and because they struggle with this, are opposed to school work.

- Frequently misplacing items necessary for given tasks. These students might constantly be asking for pencils (even if you have already lent them one earlier), leaving paper in their backpacks, dropping rulers on the floor, and struggling to relocate these items when they are needed.

- Fidgeting, wandering around the classroom, getting up and down from their seat, and talking excessively. A student with ADHD might seem to be always powered by some outside source and have a seemingly endless amount of energy. These students may get out of their seats when it is inappropriate, play with everything in their desks, and talk when quiet is needed.

- Blurting out answers, struggling with turn-taking, and interrupting. A student who by convention seems rude, might struggle with

impulsivity and simply does not know how to control the

overwhelming need to call out the answer to a math problem, push

his way to the front of the line, say what he is thinking before you or

a classmate are finished speaking, etc.

Suggested Titles and Websites for

Issues of ADD and ADHD

1. *Joey Pigza* series by Jack Gantos

2. *The A.D.D. Book for Kids* by Shelley Rotner and Sheila Kelly

3. *Help is On the Way : a child's book about ADD* by Marc A.

   Nemiroff and Jane Annunziata

4. *Distant Drums, Different Drummers : a guide for young people with*

   ADHD by Barbara D. Ingersoll

5. Booklists about ADD and ADHD:

   http://www.nichcy.org/pubs/bibliog/bib5txt.htm#adhd

   (Williams)
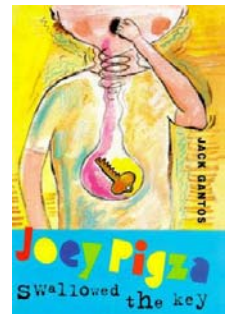
Bullying and Aggression

Not every bully or aggressor in your classroom will have a diagnosable disorder, so not all aggressive behavior will be overtly obvious. It is important, however, that you know how the children play together during recess and about the social contact in the hallways or common areas. The following behaviors are listed for Conduct Disorder, a disorder in which children blatantly neglect and violate the rights of others and act well beyond the limits of age-appropriate societal norms. While these behaviors may seem a bit extreme (and usually need to be for an actual diagnosis), the purpose of this list is to highlight the aggressive patterns and violations of the rights of others.

Behaviors Indicative of Bullying/Aggression and Conduct Disorder

- Threatening or intimidating others. You may observe this as a hateful hiss from one student to another or as a declaration of impending physical or mental harm to come.

- Initiating fights. A student might constantly pick verbal and physical fights, or encourage others to fight each other.
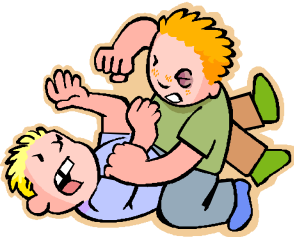
- Physical cruelty to others. You might observe a student steal another's jacket on a cold day, or see him intentionally take a bathroom pass

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when he knows another student really needs to use the restroom.

- Physical cruelty to animals. If your classroom has a classroom pet this student might torture the animal by poking at it when he thinks you are not looking. Also, he might intentionally and brutally kill harmless animals (such as ladybugs and butterflies) on the playground.

- Deliberately destroys the property of others. This student might intentionally scribble over someone's artwork, might rip up another student's piece of writing, could ruin another student's toy or show-and-tell object, or might damage common classroom property.

- Stealing and lying. A student might steal petty items from his classmates and lie about the item's whereabouts or deny ever coming into contact with the item. Also, these students may lie to get something they want or to avoid something they do not want to do. Quite simply, a student might walk over to change his behavior card from green to yellow, and not change the card or change another student's card, all to avoid punishment or a bad written report.

Suggested Titles and Websites for Issues of

Bullying and Aggression

(Williams and Carnegie Library of Pittsburgh)

1. *Jake Drake, Bully Buster* by Andrew Clements

2. *Joshua T. Bates Takes Charge* by Susan Shreve

3. *Thank You, Mr. Falker* by Patricia Polacco
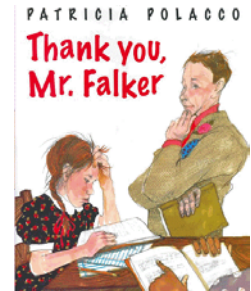
4. Books for preschool and early childhood about bullying:

   http://www.santaclaracountylib.org/kids/lists/bullies_younger/index.

   html

5. Books for grades 3-8 about bullying: http://www-lib.co.santa-clara.ca.

   us/kids/lists/bullies_older_kids/index.html

6. Book lists and resources for bullying:

   http://www.birmingham.gov.uk/GenerateContent?CONTENT_ITEM_

   ID=2540&CONTENT_ITEM_TYPE=0&MENU_ID=10234

7. Other Booklists about Bullying:

   - http://www.spl.org/default.asp?pageID=audience_children_rea

     dinglist&cid=1090430798908

   - http://www.elmhurstpubliclibrary.org/kids/kidsbooklists/bullying

     .pdf

Issues of Body Image and Eating Disorders

Unfortunately, you as an educator will not always be acutely aware of your students' body image or they way they feel about themselves physically. It is important, however, that you are aware of students who the others may torment because of a weight issue, or students who are harassed about their clothing, style, or appearance. Also, anything you can do to deemphasize the importance of looks is good (try not to complement individual students about their clothes or "how cute" he or she looks). Because you might not personally observe your students while they eat, if you have concerns regarding a specific student, discuss her eating habits with the paraprofessional or lunch attendants who can observe her eating habits. The following behaviors or signs are for specific eating disorders, also keep in mind the behaviors and signs listed are those you could readily observe in a school environment.

Behaviors Indicative of Eating Disorders

- Intense fear of gaining weight or obsessive thoughts of being fat. You might overhear a student who is underweight complaining to her friends about how fat she is, or how disgusted with her weight she is.

Also, students might reflect a fear of gaining weight or a fear of fat in their writing.

- Extreme weight loss. A student may suddenly lose unnecessarily large amounts of weight. She might suddenly look emaciated, her face may begin to hallow out, and she may begin to complain of feeling cold more often.

- Not eating during meal periods. Students might not eat anything during snack times or lunch time. A student might consume only a diet soda or water during meal times. Also, she might express a fear of eating in front of others.

- Binge eating during short amounts of time. A student might eat uncommonly large amounts of food in a short time interval. A student might bring an entire box of crackers or candy and successfully eat the contents during a snack time. Usually, this eating pattern will be followed by an episode of induced purging (vomiting or the use of laxatives), or stretches of fasting or excessive exercise.
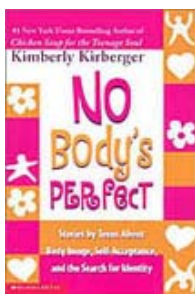
Suggested Titles for Issues of

Body Image and Eating Disorders
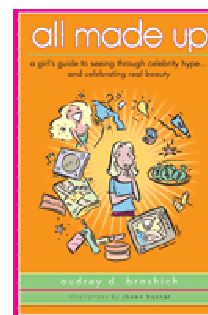
1. Books about body image:

   - *All Made Up : a Girl's Guide to Seeing Through Celebrity Hype and Celebrating Real Beauty* by Audrey D. Brashich

   - *The Next Big Thing* by Johanna Edwards.

   - *Feeling Freakish? : How to be comfortable in your own skin* by Veronique le Jeune & Philippe Eliakim, with Melissa Daly

   - *No Body's Perfect : stories by teens about body image, self-acceptance, and the search for identity* by Kimberly Kirberger

   - Looking Good : male body image in modern America by Lynne Luciano

   - Beyond Beauty by Jane Pratt; edited by Antoinette White and Alexandra Arrowsmith.

2. Books about eating disorders:

   - *Faded Denim: Color me Trapped* by Melody Carlson

   - *Life Inside the "Thin" Cage : a personal look into the hidden world of the chronic dieter* by Constance Rhodes
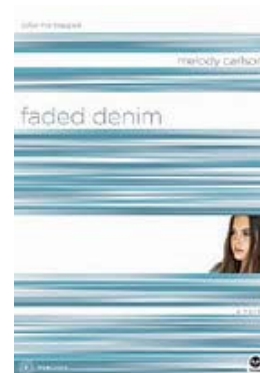
- *Making Weight : men's conflicts with food, weight, shape & appearance* by Arnold Andersen, Leigh Cohn, and Thomas Holbrook

- *When the Mirror Lies: anorexia, bulimia, and other eating disorders* by Tamra Orr.

- *Skinny* by Ibi Kaslik.
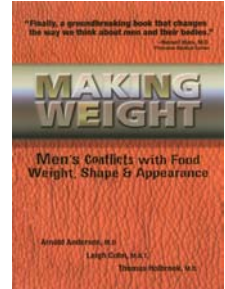
Other Issues

Not every issue your students face will be something that can be medically defined or categorized. Today, students face personal issues loaded with complex feelings and emotions, which usually affect many aspects of their lives. The following are various situations and dilemmas your students might experience, and suggested titles for those problems.

Suggested Websites for Issues of Death and Dying

(Williams Carnegie Library of Pittsburgh)
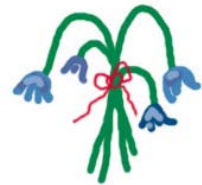
1. Books on death and dying broken down by age appropriateness and fiction/nonfiction:

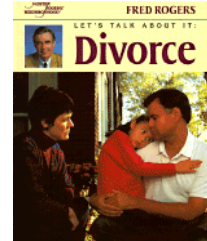   http://www.santaclaracountylib.org/kids/lists/death_dying_grieving.html

2. Other booklists about death and dying:

   - http://www.nancykeane.com/rl/130.htm

   - http://www.elpasotexas.gov/kidszone/kidszone_library/booksandreading/booklists/booklistdeath.htm

Suggested Websites for Family Issues

(Williams and Carnegie Library of Pittsburgh)

1. Booklists about divorce

    - For early childhood:

      http://www.myhamilton.ca/NR/rdonlyres/150960EE-7CDD-

      4633-AFB3-A1636A1B04DA/0/BooksaboutDivorce.pdf

    - http://www.spl.org/default.asp?pageID=audience_children_rea

      dinglist&cid=1090432433690

    - http://www.clpgh.org/kids/booknook/bibliotherapy/divorce.html

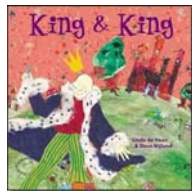2. Booklists about adoption

    - http://www.spl.org/default.asp?pageID=audience_children_rea

      dinglist&cid=1090429864408

3. Booklists about a new baby coming into the family

    - http://www.timberland.lib.wa.us/kids-booklists-baby.asp

Suggested Websites for Issues of Homosexuality

1. http://www.clpgh.org/kids/booknook/bibliotherapy/homosexuality.

   html (Carnegie Library of Pittsburgh)

Looking Forward

Incorporating bibliotherapy into your classroom will require a deliberate commitment, but you will not need to completely restructure your classroom. By making purposeful, yet non-intrusive changes and additions to your classroom, you can use literature daily that has the potential to reach any student struggling to overcome an obstacle.

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htm#jbibdeath.

Chapter Summary

Educators can incorporate bibliotherapy into their classrooms as a method for individually and sensitively addressing students' needs.   Bibliotherapy is an excellent approach to use when addressing various student issues and struggles. Presented in this chapter was a handbook for educators about incorporating bibliotherapy into the classroom. The handbook presented: (a) definitions of bibliotherapy; (b) a brief history of bibliotherapy; (c) the goals of bibliotherapy; (d) a step-by-step guide to incorporating bibliotherapy in the classroom; (e) specific disorders and issues; (e) a list of behaviors indicative of specific disorders; and (g) a list of recommended titles and websites for the specific disorders or issues. Chapter 5, Discussion, includes a discussion of the project and areas for improvement and future study.

Chapter 5

DISCUSSION

The purpose of this project was to create a handbook for educators about bibliotherapy and how to integrate bibliotherapy into the classroom. Educators can use bibliotherapy as one of many methods to reach students who struggle with various issues and situations. Through deliberate use of carefully selected literature, educators can provide opportunities for struggling students to help them to address and work through problems. The use of bibliotherapy allows students to interact with literature and, thus, to work through their personal problems by identifying with and relating to characters in the story. The use of bibliotherapy can be integrated into any classroom, but a concerted effort to select situation-specific appropriate and applicable literature must be taken by educators.

Contribution of the Project

Educators today are faced with challenges far beyond reading and writing alone. Many students struggle with: (a) social, (b) emotional, (c) academic, or (d) personal issues that affect their school performance. Because of this, it is important for educators to understand and employ various coping strategies with these struggling students. While bibliotherapy is not the only method educators can use to address student issues, it is one method that, with deliberation, can be incorporated into everyday activities.

The bibliotherapy handbook in Chapter 4 presented: (a) a definition of bibliotherapy; (b) a brief history of bibliotherapy; (c) the goals of bibliotherapy; (d) a

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step-by-step guide for educators about the use of bibliotherapy in a classroom; (e) specific disorders and issues; (f) common behaviors of specific disorders; and (g) a list of titles and websites recommended to address the specific disorders or issues that affect a student. The bibliotherapy handbook addressed the use of bibliotherapy in a classroom and offered educators applicable strategies and steps to integrate bibliotherapy into their classrooms. Furthermore, the handbook provided a brief description of various disorders educators may observe in their classrooms and behaviors indicative of those disorders. Also, because the success of bibliotherapy relies partially upon the appropriateness of the literature being used, the handbook provided a list of recommended titles and websites for each disorder or issue. The handbook presented educators with applicable information regarding bibliotherapy and the use of bibliotherapy in a classroom.

<div align="center">Limitations to the Project</div>

The bibliotherapy handbook presented disorders and behaviors commonly observed in children with that specific disorder; however, the importance of contacting a: (a) principal, (b) school psychologist, or (c) counselor if a behavior is particularly disturbing was not addressed in the handbook. Although educators should strive to include as many school personnel as possible whenever using bibliotherapy, it is especially important for an educator to contact someone immediately should they feel a student is in immediate danger. Also, educators are not trained or expected to make clinical diagnoses about: (a) psychological, (b) emotional, or (c) behavioral disorders in students. Bibliotherapy in the classroom should not be viewed as a method of psychotherapy; but rather, as one possible way to help students who struggle with certain issues to find coping strategies and solutions.

Recommendations for Future Study

The bibliotherapy handbook presented educators with a compilation of many previous studies and research regarding bibliotherapy and its effectiveness. The extent of the literature reviewed, however, was slightly limited. This author found many previous studies regarding bibliotherapy and: (a) depression, (b) anxiety, and (c) alcoholism. In order to expand the literature regarding bibliotherapy, more studies could be conducted regarding the effectiveness of bibliotherapy for a much broader range of disorders. Also, many of the studies about the effectiveness of bibliotherapy were conduced with adult participants. In order to better understand the effectiveness of bibliotherapy in children, future studies could be conducted using children of various ages. Finally, while there are many recommended titles for various issues, there is little research available about the effectiveness of bibliotherapy when addressing issues such as: (a) divorce, (b) a new baby in the house, (c) death and dying, (d) and others. It would be beneficial to study the differences in coping strategies of students who received bibliotherapy for these issues as opposed to students who did not.

Project Summary

Educators today are challenged to address many: (a) social, (b) emotional, (c) personal, and (d) academic student issues in addition to their everyday teaching. Because it is important for educators to have a repertoire of strategies when addressing student issues, this project presented a handbook for educators about bibliotherapy, one strategy or method educators may employ when addressing student issues. Bibliotherapy is an effective and classroom-friendly method educators can use when addressing individual student issues. Educators should understand the importance of selecting appropriate

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literature when using bibliotherapy, but also be aware of the limitations of using bibliotherapy in the classroom.

The project initially addressed the problem of educators today being called to address much more than school work alone, and presented bibliotherapy as one option to help educators address these problems. A review of literature about bibliotherapy was also presented. In Chapter 4, a handbook for educators about bibliotherapy and the incorporation of bibliotherapy into the classroom was presented. The handbook offered educators: (a) a definition of bibliotherapy; (b) a brief history of bibliotherapy; (c) the goals of bibliotherapy; (d) a step-by-step guide about the use of bibliotherapy in a classroom; (e) various disorders and issues; (f) common behaviors of specific disorders; and (g) a list of recommended titles and websites about specific disorders or issues that affect a student. The project was given to four experts for review, and their comments and suggestions were addressed in Chapter 5. Finally, recommendations for future study were presented.

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