

Literature Review

Healing With Books

A Literature Review of Bibliotherapy Used With Children and Youth Who Have Experienced Trauma

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Abstract

Bibliotherapy can assist children and youth (3–18 years old) in healing and developing effective coping skills after they experience trauma. The use of literature and identifying how to live more effectively through the characters and problems featured in a book enables children and youth to increase their insight and understanding of the themes and experiences as it relates to their own lives. Bibliotherapy is reinforced through the use of a variety of techniques such as discussion, therapeutic use of art, dramatization, puppetry, and creative writing (Early, 1993; Pardeck, 1990a; Pardeck, 1991a, 1991b; Pardeck & Pardeck, 1984, 1997). This literature review examines the outcomes of bibliotherapy when used with children who have experienced trauma. The use of bibliotherapy as a recreational therapy intervention will be discussed in terms of improving child outcomes and advancing recreational therapy professional practice.

Keywords

bibliotherapy, children, outcomes, recreational therapy, trauma

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Introduction

Bibliotherapy comes from two Greek words; *biblion*, which means book, and *therapeia*, meaning healing (Howe, 1983; McCulliss, 2012). Through a dynamic interaction between the reader and story, this intervention may assist the individual in coping with life changes, emotional issues, and behavioral challenges (Heath, Sheen, Leavy, Young, & Money, 2005; Lindeman & Kling, 1968; Pardeck, 1994; Pehrsson, Allen, Folger, McMillen, & Lowe, 2007; Stewart & Ames, 2014; Walwyn & Rowley, 2011). The therapeutic process of bibliotherapy may be an effective intervention for facilitating healthy development and preventing psychological diagnoses, which creates the potential for self-growth, understanding, and healing (Allen et al., 2012; Duncan, 2010; Heath et al., 2005; Pehrsson et al., 2007). “The main purposes of bibliotherapy are to share information, provide insight, promote the discussion of feelings, demonstrate new attitudes and values, show that others have similar problems, and to show solutions to problems” (Kanewischer, 2013, p. 70).

Bibliotherapy, as a psychosocial intervention, has been shown to improve the coping skills of children and youth (ages 3–18 years old) who have experienced trauma (Pola & Nelson, 2014). Trauma is identified as “an intense event or series of intense events that threatens or causes harm to one’s emotional or physical well-being” (Kanewischer, 2013, p. 71). The *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM V) (APA, 2013) adds that the trauma diagnosis must include exposure to a traumatic or stressful event. Children and youth who have experienced a traumatic event are at greater risk for developing psychological disorders and often struggle to express feelings that may affect their ability to cope with daily life (Gangi & Barowsky, 2009; Pola & Nelson, 2014).

Helping children develop coping skills, providing relaxation techniques, and facilitating self-expression are a few effective interventions recreational therapists (RTs) use. RTs working in inpatient and outpatient behavioral health settings, schools, and programs serving youth can address the issues of trauma with children through the use of bibliotherapy.

Bibliotherapy is a therapeutic process of guided discussion of literature that provides an experience used to treat emotional and behavioral problems (Lindeman & Kling, 1968; Stewart & Ames, 2014). It is an effective strategy for facilitating healthy growth and overcoming problems (Jack & Ronan, 2008).

The purpose of this literature review was to identify the benefits of bibliotherapy used with children and youth who have experienced trauma. Studies regarding the effectiveness of this intervention to address trauma were used to identify best practices for potential implementation of bibliotherapy by a recreation therapist (RT). Specific bibliotherapy techniques and applications will be also discussed. In conducting this literature review, the following research questions were developed:

- Is bibliotherapy an effective treatment to address the symptoms of trauma in children and youth who have experienced trauma?
- What are the therapeutic outcomes of using bibliotherapy as an intervention with children and youth who have experienced trauma?
- Can recreational therapists utilize bibliotherapy techniques as an intervention when working with children and youth who have experienced trauma?

Effects of Trauma on Children and Youth

Trauma is a part of human existence and encompasses an array of events. Events, such as natural disasters, terrorist activities, incest, war, physical abuse, and car accidents may be traumatic for a child or youth (Gangi & Barowsky, 2009; Rycik, 2006; Wheeler, 2007). Individuals also experience other incidents that may have a similar impact, such as trauma resulting from “emotional neglect or indifference, humiliation, and family issues” (Wheeler, 2007, p. 133). Both types of experiences may cause long-term effects both emotionally and physically, especially for a child or youth. In many cases, trauma responses may be delayed after an event or experience (Gangi & Barowsky, 2009).

Trauma can be classified as either acute trauma or a long-term traumatic event. Acute trauma can include situations such as witnessing a school shooting, living through a natural disaster, or experiencing the death of a close family member (Gangi & Barowsky, 2009; Kanewischer, 2013). A long-term, traumatic event ranges from repeated physical or emotional abuse, chronic illness or disability, living through a war, being a refugee, or experiencing domestic violence (Gangi & Barowsky, 2009; Kanewischer, 2013; National Child Traumatic Stress Network, n.d.).

Trauma disrupts natural learning and one’s view of self, often creating the perception of “untrustworthiness, the world’s meaninglessness and unpredictability, and the self’s worthlessness and incompetence” (Duncan, 2010, p. 26). Additionally, it disconnects children and youth “psychologically, emotionally, spiritually, cognitively, interpersonally, and socially” from their world and/or relationships (Wheeler, 2007, p. 132). Symptoms including anxiety, depression, relationship problems, sleep disturbances, withdrawal, and suicide attempts often result after a traumatic event (Kanewischer, 2013; Salloum, Scheeringa, Cohen, & Storch, 2014; Wheeler, 2007). There are also emotional and behavioral diagnoses that may result such as Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), and Attention Deficit Hyperactivity Disorder (ADHD) (Arad, 2004; Gangi & Barowsky, 2009; Salloum et al., 2014).

A child or youth who experienced abuse or witnessed domestic violence is often exposed to “various forms of aggression which may include repeated physical assaults, mental humiliation and degradation, threats and assaults with guns and knives, threats of homicide, and destruction of property” (Thompson & Trice-Black, 2012, p. 234). When children experience trauma, they often have no control or comprehension of what has occurred. This may result in the development of distrust of others, feelings of lack of control, and hostility (Gangi & Barowsky, 2009; Kanewischer, 2013; Rycik, 2006; Thompson & Trice-Black, 2012).

As a result of these threats to their well-being, children and youth develop coping skills and/or responses to protect themselves; many times, these are maladaptive or unhealthy but serve to protect the child in their environment and life situation (Duncan, 2010). Through bibliotherapy, children who have experienced trauma learn the opposite, “that the world is meaningful, but unpredictable events are a reality; others are benevolent, but not absolutely; and the self is competent at many things but feelings of helplessness are a reality” (Duncan, 2010, p. 26). A safe environment can be provided to encourage “affirmative and encouraging relationships, emotional and academic support, and healthy models of interaction styles” (Thompson & Trice-Black, 2012, p. 234).

Bibliotherapy

Literature has long been used to “teach about difficult issues by encouraging students to make personal connections with characters in the book, thus allowing readers to evaluate their own behavior and emotions through the experiences of the characters in the story” (Rozalski, Stewart, & Miller, 2010, p. 34). However, there is limited empirical research on bibliotherapy, particularly with children (Betzael & Shechtman, 2010; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005; Walwyn & Rowley, 2011). Recreational therapy resources mention bibliotherapy in several books or Internet resources (Austin, 1997; Buettner & Fitzsimmons, 2003; Jake, 2001), but there are little to no research articles specific to the use of bibliotherapy by recreational therapists. The research that exists, found mostly within psychology and social work, suggests that there are numerous positive effects and outcomes of bibliotherapy on children who have experienced trauma.

History of bibliotherapy. Bibliotherapy began in the United States in the early 1800s as a technique for individuals residing in behavioral health institutions (Gildea & Levin, 2013). Dr. Benjamin Rush, often known as the father of psychiatry in America, was the first physician to promote the use of reading in behavioral health settings (McCulliss, 2012). He believed that patients should read books because it provided a diversion from their personal issues (Gildea & Levin, 2013).

The term bibliotherapy appeared in 1916, when Crothers used the term to describe using books to help patients understand health issues (Goddard, 2011; Heath et al., 2005; Howe, 1983; McCulliss, 2012). Drs. Karl Menninger and William Menninger advocated for using the term in the early 20th century, at a time when librarians developed lists to help people address personal concerns (Goddard, 2011; Howe, 1983; McCulliss, 2012; Pardeck, 1991a; Pehrsson & McMillen, 2005;). It has also been called bibliocounseling, bibliopsychology, book therapy, book matching, guided reading, library therapeutics, literatherapy, literature therapy, and reading therapy (McCulliss, 2012; Pehrsson & McMillen, 2005).

With its roots in mental health, bibliotherapy continues to be a therapeutic technique utilized in cognitive behavioral therapy (CBT) (Gildea & Levin, 2013; Heath & Cole, 2011). In CBT, an individual works to reframe negative thoughts and behaviors using the CBT process of “identifying unhelpful cognitions, challenging their meaning, and eliciting more realistic thoughts and assumptions” (Montgomery & Maunders, 2015, p. 38). Bibliotherapy may help children change their thinking about their personal situation and modify their behaviors (Heath et al., 2005). This may occur when the child or youth expresses associations with the character, thus, helping them to understand their own experiences and providing insight into their emotions (Heath et al., 2005).

Bibliotherapy stages. Since bibliotherapy is a technique “for structuring interaction between a facilitator and participant” (Gregory & Vessey, 2004, p. 128), it is important that children and youth experience the intervention as it was intended in order for it to be effective. In 1950, Shrodes developed a psychodynamic model for bibliotherapy, which included four progressive stages of identification, catharsis, insight, and universalism (Farkas & Yorker, 1993; Gregory & Vessey, 2004; Manning, 1987; McCulliss, 2012; Pardeck & Pardeck, 1984, 1997; Pehrsson et al., 2007; Pehrsson & McMillen, 2005; Rozalski et al., 2010; Stewart & Ames, 2014).

The stage of *identification* describes children and youth relating to and identifying with others who are experiencing similar situations or who reflect themselves. This highlights why literature selection must be relevant to the child's experience for bibliotherapy to be therapeutic. In addition, at this point the therapist asks questions about the meaning of the story (Pardeck & Pardeck, 1984).

Once the child or youth identifies with a character or situation, the child can become emotionally involved in the story, which is the stage of *catharsis*. Catharsis requires an emotional release (Pardeck & Pardeck, 1984). When this happens, the child "develop(s) meaningful ties to the main character and in doing so the literature facilitates a release of pent-up emotions" (Gregory & Vessey, 2004, p. 129).

After catharsis, the child may experience *insight* (stage three), which occurs when the child realizes that his or her problems can change or resolve. The child develops awareness that problems can be solved in similar ways to those in the book, and begins developing coping strategies and techniques that mirror those in the story (Gregory & Vessey, 2004; Heath et al., 2005).

Following insight, *universalism* occurs in which the child "move(s) beyond the egocentric trap of only seeing their own problems and their perception that no one else understands or shares their pain" (Heath et al., 2005, p. 568). The child experiences a better understanding of personal challenges, and sees that others can and do experience the same feelings and situations.

Types of bibliotherapy. There are two types of bibliotherapy that can be used in treating children who have experienced trauma. The first is *cognitive bibliotherapy*, which focuses on creating cognitive-behavioral change using literature that refers directly to fears, anxieties, and behavior difficulties (Betzael & Shechtman, 2010). The literature involves characters who experienced similar situations and demonstrate healthy coping. The second type is *affective bibliotherapy*, which focuses on repressed thoughts and emotional self-exploration. The characters are frequently fictional and help children connect the story to their own feelings of emotion and pain (Betzael & Shechtman, 2010).

Additionally, bibliotherapy is divided into several categories. The first is *clinical bibliotherapy*, used with individuals who have emotional or behavioral issues (McCulliss, 2012; Pehrsson et al., 2007). This category is generally implemented by psychotherapists and counseling professionals who use books and readings as a prescription to facilitate the processing and insight into a client's experience during therapy sessions (Pehrsson et al., 2007; Pehrsson & McMillen, 2005).

The next category is *developmental bibliotherapy*, which includes self-help books emphasizing personal well-being (Gangi & Bawkosky, 2009; McCulliss, 2012; Pehrsson et al., 2007) and is generally implemented by teachers, school counselors, social workers, parents, or lay people (Pehrsson et al., 2007; Pehrsson & McMillen, 2005). Details on implementation and facilitation of this technique can be found in Hynes and Hynes-Berry's book entitled *Biblio/Poetry Therapy: The Interaction Process: A Handbook* (2011). The final category is that of *client-developed bibliotherapy*, which involves journaling or writing to address a concern that is shared between the writer and characters; it is typically self-implemented (McCulliss, 2012).

Bibliotherapy techniques. The facilitator should use specific probing questions to explore a child's feelings. Depending on the trauma, questions should explore the story characters, ways the child might change the story, or how the book may have

impacted the child's perception (Berns, 2003–2004). Other types of questions might be “In the story, who do you want to be, and why? If the author knew me, what do you think he or she might have said?” (Berns, 2003–2004, p. 330). Through probing questions, children and youth gain insight into their experience, feelings, and situation. Children might gain an understanding that they are not alone or they may be able to test their current reality or gain new insights into the experience (Berns, 2003–2004). For example, in the book *You've Got Dragons* (Cave, 2003), the main character talks about experiencing problems and feelings—what he calls dragons. He learns coping skills and grows to understand that he can control his dragons and make them smaller through different techniques, like getting hugs, talking about feelings and problems, and giving the dragon attention rather than ignoring it.

Bibliotherapy process. The bibliotherapy process includes several stages of therapeutic involvement which follow the therapeutic recreation process: assessment, planning/selection, and implementation/sharing, followed by evaluation of the client to determine if goals were met. The Hynes and Hynes-Berry (2011) book previously mentioned provides a detailed guide to facilitate interactive developmental bibliotherapy.

As part of the comprehensive assessment process, RTs must identify the child's readiness to face the trauma and the type of traumatic experience the child has endured (Pardeck & Pardeck, 1997). Readiness is impacted by the relationship between the child and therapist, an understanding of the issue by both, trust and rapport, and an agreement between the child and therapist to work on the problem (Berns, 2003–2004; Farkas & Yonkers, 1993; Pardeck & Pardeck, 1997). This information is essential in selecting topics and books, as well as creating awareness within the therapist of potential triggers and emotional implications. Additionally, the assessment must identify the child's developmental stage, cognitive abilities, literacy level, reading ability, culture, and psychological needs along with how the experience manifested itself or symptoms of stress (Berns, 2003; Farkas & Yonkers, 1993; Heath et al., 2005; Manworren & Woodring, 1998; Pardeck, 1991b; Pardeck & Pardeck, 1987; Rozalski et al., 2010; Stewart & Ames, 2014).

In the planning process, selection of appropriate stories, questions, and activities is essential. Story selecting involves the therapist choosing literature that has personal meaning for the child and aligns with his/her traumatic experience. Grindler, Stratton, and McKenna's (1996) book, *The Right Book, The Right Time: Helping Children Cope* provides guidance on selection of books and instructional strategies. It is imperative that the selected story demonstrates a realistic plot, problems, and solutions, while providing an effective model for problem solving, coping, hope, and support (Early, 1993; Heath et al., 2005; Pardeck & Pardeck, 1997). The stories should also mirror the child's language, ethnicity, religious background, specific situation, and family beliefs to facilitate a connection between the child and the story (Goddard, 2011; Heath et al., 2005; Pardeck, 1991b; Pehrsson et al., 2007). Proper book selection is critical; “Choosing the wrong book could have ethical and detrimental consequences that might impact the client” (Pehrsson & McMillen, 2005, p. 52). Some may be “retraumatized” as they talk, hear, or relive their experience (Allen et al., 2012). Another potential concern is the triggering of severe emotional responses when a story activates difficult or painful memories (Allen et al., 2012).

The implementation phase involves the sharing of stories, which includes pre-reading, guided reading, and closure. During pre-reading activities, such as talking about the book cover, the child is introduced to the topic and book (Heath et al., 2005; Pardeck & Pardeck, 1997), discussion of what might happen during the story is facilitated, and the child shares his/her related experiences. Next, in guided reading, the therapist reads the story and directs questions to the child to encourage a connection with the characters (Heath et al., 2005). Following this, a time for reflection is conducted to allow the child to digest the experience. Closure and reflection allow the therapist to monitor the child's reaction and help the child process emotions that may be difficult to cope with or express (Heath et al., 2005).

Pardeck's *Special Report* (1990a) highlighted that bibliotherapy is an unconventional and innovative technique since it is nonthreatening and helps children see that others experience similar events but overcome them. It is essential for an adult to assist children in understanding and exploring their feelings related to the literature and books discussed (Greenall, 1988; Pardeck, 1990a).

A variety of activities can be used to help the child or youth process the story. Sample ideas include creative writing, retelling the story, rewriting the beginning or ending chapter of a book, journaling, drawing, creating a map, making puppets, designing a collage, developing a schedule or timeline of events, writing a letter or news article, generating a pros and cons list, holding a mock trial, or acting out skits or role playing (Early, 1993; Heath et al., 2005; Pardeck, 1991a, 1991b; Pardeck & Pardeck, 1984, 1997).

Therapeutic outcomes of bibliotherapy. Reading, in general, has been shown to help children explore their feelings and attitudes while increasing their understanding of the world around them (Heath et al., 2005; McCulliss & Chamberlain, 2013; Regan & Page, 2008). Benefits from reading include increased self-esteem, providing comfort, and coping with challenging experiences (Early, 1993; Goddard, 2011; Stewart & Ames, 2014). When reading is coupled with processing or discussion as it is in bibliotherapy, research has proven additional positive outcomes in emotional, social, and cognitive domains (Heath et al., 2005; Lucas & Soares, 2013; McCulliss & Chamberlain, 2013). Overall benefits include development of self-efficacy, improvements in coping skills, self-concept, and self-expression, identification of solutions to problems, promoting adjustment to problems, the chance to organize and sequence experiences to enhance understanding, gaining insight into choices and decisions, and more accurate self-reflection (Allen et al., 2012; Early, 1993; Goddard, 2011; Heath et al., 2005; McCulliss, 2012; Montgomery & Maunders, 2015; Pardeck, 1991a; Pardeck & Pardeck, 1987).

Emotional outcomes include development of positive coping skills, increased empathy, improvements in attitudes and self-image, identification and expression of feelings, reduction in self-blame, lessening of depression and anxiety, improved assertiveness, reduced feelings of helplessness, feelings of safety and distance from the trauma, reduced stress, validation of experiences and feelings, and enhancement of self-concept and self-efficacy (Allen et al., 2012; Early, 1993; Goddard, 2011; Heath et al., 2005; Montgomery & Maunders, 2015; Pardeck & Pardeck, 1984; Pehrsson & McMillen, 2005; Stewart & Ames, 2014; Walwyn & Rowley, 2011). Additionally, Allen et al. (2012) wrote that bibliotherapy provided an opportunity to be active rather than "a passive victim" (p. 45).

Social outcomes include creating new interests, improved personal and social adjustments, identification and utilization of supportive adults, improved parental and peer relationships, reduced social isolation, respect and acceptance of others, and improved socially accepted behaviors (Heath et al., 2005; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005; Stewart & Ames, 2014).

Cognitive outcomes include improved reading skills, greater tolerance, better conflict resolution, problem solving, and safety planning; increased knowledge and awareness; changes in attitude regarding the use of violence; and the realization that there is good in all people (Early, 1993; Heath et al., 2005; Pardeck, 1991a; Stewart & Ames, 2014; Thompson & Trice-Black, 2012).

Therapeutic Outcomes Specific to Trauma Experienced by Children and Youth

Following are research studies and outcomes specifically related to diagnosis of children who have experienced various types of trauma. Examples are offered to demonstrate how recreational therapists can use bibliotherapy with children and youth who have experienced trauma.

Abuse and neglect. Betzalel and Shechtman (2010) conducted a study with children (ages 7–15) living in a group home in Israel, who had been removed from their homes due to abuse and/or neglect, or at parental request due to inability to provide care. The children demonstrated anxiety, adjustment problems, social impairments, and behavioral difficulties. Participants were randomly assigned to one of three groups: control, affective bibliotherapy, or cognitive bibliotherapy. Each of eight different texts was used in different sessions relating to the challenges the children faced. The affective bibliotherapy focused on exploring emotions and experiences, as well as repressed thoughts using fictional books to help the children relate their own feelings and experiences to that of the characters. After reading the book, the children discussed their feelings. In the cognitive sessions, the focus was on finding ways to solve problems as demonstrated in the books. After the story, the children discussed ways to cope with their feelings. Anxiety and adjustment tests were administered pre and post-intervention, as well as three months after the intervention. Results showed a statistically significant reduction in social anxiety for children in both bibliotherapy groups. Statistically significant changes were noted in adjustment difficulties for the affective bibliotherapy group but not the cognitive bibliotherapy group.

Research also supports the use of bibliotherapy with children who have experienced sexual abuse who may feel fearful, vulnerable, powerless, betrayed, and isolated (Foster, 2015; Pardeck, 1990a; Valente, 2005). Self-esteem, self-concept, and current (as well as future) relationships can also be impacted (Valente, 2005). Other significant behaviors may develop as a means of coping such as self-harm, engaging in high risk sexual behavior, denial, anxiety, suicidal ideation, and further sexual victimization (Valente, 2005). Outcomes of bibliotherapy with children who have been sexually abused included building rapport and encouraging communication about their experience (Pardeck, 1990a).

Foster care/adoption. Many of the children and youth who have experienced abuse and neglect are also part of the foster care and/or adoption system (Pardeck, 1990b). Being in foster care or getting ready for adoption creates unique feelings and experiences for children. Many may experience trauma such as multiple placements,

familial separation, rejection, fear, or death (Kanewischer, 2013; Pardeck & Pardeck, 1987). Bibliotherapy can help with an individual's adjustment to new situations and create a better understanding of one's past, which may include dealing with feelings related to one's biological family. It also facilitates coping with the losses associated with separation from one's biological or foster families (Howe, 1983).

Aggression. A study conducted by Shechtman (1999) examined the effects of bibliotherapy on children's aggression resulting from difficult life experiences. Participants included ten 8-year-old boys in the same fourth grade class, with six students identified as "highly aggressive." Participants attended ten 45-minute sessions which included bibliotherapy techniques composed of short stories, poems, films, and pictures focusing on feelings resulting from aggression such as anxiety, fear, frustration, and need for power. Results indicated that the average group score dropped significantly in both measures while no change was found in the control group. In this study, bibliotherapy appeared to be an effective method in reducing aggression.

Chronic illness and disability. Numerous studies have been done with children who have a chronic illness, disability, or who experience hospitalization. While chronic illness, disability, and/or hospitalization do not fit the definition of "trauma" per se, the impact of these experiences results in symptoms similar to those noted with traumatic events: Thus the inclusion of these experiences in this review.

A child with a disability can learn from stories of other children with disabilities (Berg, Devlin, & Gedaly-Duff, 1980; Forgan, 2002; Pardeck & Pardeck, 1984; Wallace, 1983). For example, *It's Okay to Ask!* (Gillette Children's Specialty Health care, 2014) is an online children's picture book written by experts at Gillette Children's Specialty Health care in Saint Paul, Minnesota. This book features five multicultural pediatric patients with disabilities or complex medical conditions and is intended to promote normalization; the read-aloud discussion guide illustrates what a bibliotherapy approach might entail and a glossary explains unfamiliar terms like adaptive bike, leg braces, tablet, and motorized wheelchair.

Literature and books also assist children in preparing for surgery and other medical procedures as well as adjusting to changes in their routine due to hospitalization (Cohen, 1992; Goddard, 2011; Manworren & Woodring, 1998; Wallace, 1983). *Jessica's X-Ray* (Zonta, 2006) presents Jessica, who has broken her arm, touring the hospital in anticipation of a medical procedure. The book features images of actual X-rays, providing children and youth with exact pictures so they know what to expect. Other studies have focused on the use of bibliotherapy with siblings such as Dyson (1998) or Dodd (2004), or with children who have specific disabilities such as Kurtts and Gavigan (2008) or Pardeck (2005). Another example is *All about My Brother* (Peralta, 2002), a book about Evan, who has autism, written by his sister. The narrator talks about how her brother is different in how he acts and what he likes to do, but what is most important is that Evan is just a kid like any other child.

A multiple baseline design was used with six mothers and girls (aged 6–7) who had a primary diagnosis of Rhett's Syndrome and exhibited severe communication deficits (Koppenhaver et al., 2001). The purpose of the study was to see if storybook reading provided a natural learning context in which to support early symbolic communication. The mothers and daughters were videotaped as they read a series of familiar and unfamiliar story books together in their homes. The results indicated that all six girls became more active and successfully participated in the interactions during storybook

reading. The girls employed a wider range of communication modes and increased the frequency of their labeling. Familiar storybook reading encouraged greater symbolic communication than unfamiliar storybooks in half the girls (Koppenhaver et al., 2001).

For children who are hospitalized, reading creates a bond between parent and child. It is also seen as a “comforting ritual of childhood and parenting” (Duncan, 2010, p. 25). When bibliotherapy is utilized in health care settings for children who are hospitalized, opportunities provide positive interactions, connectedness with caregivers, and adjustment to issues they are experiencing (Berg et al., 1980; Cohen, 1992; Duncan, 2010; Matthews & Lonsdale, 1992). It also allows for discussion and answering of questions related to a diagnosis (Goddard, 2011).

Death and bereavement. Children and youth often have difficulty defining and verbalizing their thoughts and feelings resulting from loss (Berns, 2003–2004; Greenall, 1988). When a loved one dies, a child must work through the feelings of fear, pain, and grief of their loss while trying to make sense of death (Berns, 2003–2004; Greenall, 1988; Heath & Cole, 2011). Berns (2003–2004) found that children may be more inclined to share feelings indirectly through a third person such as a storybook character, cartoon, or animal.

An example of a program that uses bibliotherapy is the Children’s Bereavement Center (CBC) in Miami, Florida (Berns, 2003–2004). CBC noted positive effects of using bibliotherapy with children who have experienced the death of a loved one. The groups are open-ended and semi-structured lasting 90 minutes on a weekly or bi-weekly basis with bibliotherapy as one of the interventions utilized. Berns (2003–2004) commented that participation in group sessions and stimulation of critical thinking resulted in the ability of one to “develop better self-awareness, additional problem solving skills, enhanced self-concept, and improved personal and social judgment” (Berns, 2003–2004, p. 331). Through bibliotherapy, specifically using books on death, children share memories, continue bonds with the person they lost, and work through their fear and grief (Berns, 2003–2004; Greenall, 1988). Jones’s (2008) book, *Bibliotherapy for Bereaved Children: Healing Reading* is a useful book that combines bibliotherapy and bereavement support. It provides a useful model of classification with visual diagrams to assist in the selection of books tailored to a grieving child’s experience.

Homelessness. Farkas and Yorker (1993) explored the use of bibliotherapy with children who were homeless in order to identify themes of the children’s experiences and to assist in helping the children cope with their situation. Three children, one male and two females, 8 and 9 years old, who lived in a transitional homeless shelter with their family were included in their four-month weekly bibliotherapy sessions, which resulted in case studies. Within the case studies, the authors described the children’s experiences and feelings about being homeless. Stories were used to help the children identify their issues and feelings. Four themes were created:

- A desire for affluence, in particular the desire to have a home and material possessions
- Feelings of embarrassment and shame for being homeless
- Experiencing relief from domestic violence
- Reframing the children’s transitions

The researchers found that the children were more comfortable in expressing their feelings and concerns through bibliotherapy (Farkas & Yorker, 1993).

Natural disasters. Children who experience natural disasters have unique challenges and fears, contributing to feelings of displacement, anxiety, and uncertainty (Szente, 2016; Webster & Harris, 2009). Natural disasters include tornadoes, hurricanes, earthquakes, flooding, and famine. Children who have experienced these are often diagnosed with generalized trauma and other health concerns (Stewart & Ames, 2014; Szente, 2016). Causes of trauma might include physical injury, fear, and fear of or actual loss of loved ones or personal belongings. The types of symptoms experienced are based on multiple factors such as personal circumstances and direct impact, familial demographics, and relationships and supports within the family and community (Szente, 2016; Webster & Harris, 2009).

Differences have been identified in the types of disasters and their impact. For instance, war creates stressors related to location, frequency and duration of the war, the effects on infrastructures, communities and relationships, as well as access to food, water, shelter, schooling and other basic needs. Whereas, natural disasters often lead to quickly occurring injuries, as well as destruction of property and community (Szente, 2016; Webster & Harris, 2009). Following such experiences, children need stability, security, and feelings of control (Szente, 2016; Webster & Harris, 2009). The use of bibliotherapy and related activities is strongly encouraged for children who have experienced disasters to facilitate social support, self-expression, and coping to help facilitate a return to feeling secure and in control (Szente, 2016).

Disasters, such as Hurricane Katrina, may lead to significant stress, confusion, and uncertainty for many children impacted by the storm. Stewart and Ames (2014) implemented a Reading Circle with 20 children in second through fifth grades from New Orleans who were impacted by Hurricane Katrina and had spent time in the Superdome during that disaster. A total of 15 books were read in the 2-year program that focused on changes in the family or challenging life situations, as well as common themes such as friendship and confidence. The researchers emphasized culturally relevant reading materials to help build self-esteem and connectedness to the characters (Stewart & Ames, 2014). The researchers stated that bibliotherapy assisted the children in facing the issues related to their traumatic experiences, promoted the development of relationships, improved academic performance, reduced feelings of hopelessness, and increased self-esteem (Stewart & Ames, 2014).

Parental mental illness. Reupert, Cuff, Drost, van Doesum, & van Santvoort (2012) conducted a systematic literature review to identify and describe interventions for children whose parents experience mental illness. Intervention outcomes related to family programs, peer support groups, online interventions such as reviewing online information, and bibliotherapy were reviewed. What the researchers found was that there was no evidence that supported the efficacy of using bibliotherapy with children whose parents experienced mental illness (Reupert et al., 2012).

Terrorism and societal acts of violence. Children and youth all over the world have experienced trauma attributed to war, genocide, and terrorism; in the United States, 9/11 and other increased terror acts on U.S. soil are frequently viewed on television, which places these acts more than ever before in the face of American children and youth. Because of this, bibliotherapy has become an important intervention as it helps “children feel secure in the face of tragedy through books (Rycik, 2006, p.

145). Since 9/11 and the Iraq War, there have been a number of books written for children addressing terrorism and war (Rycik, 2006). Books such as *September 11, 2001* (Santella, 2007) or *September 11, 2001: The Day that Changed America* (Wheeler, 2002) are examples of books that address 9/11, while *Operation Iraqi Freedom* (Rivera, 2004) and *Thura's Diary* (Al-Windawi, 2004) are about the war in Iraq.

Bibliotherapy provides an opportunity for children to share their experiences and feelings related to world/societal violence and terrorist attacks. With the rise of school shootings and senseless killings, children are more impacted by these types of extreme terror and violence (Szente, 2016). Utilizing bibliotherapy may promote feelings of security while alleviating fears, which allows children to temporarily escape the horrors confronting them (Gangi & Barowsky, 2009; Rycik, 2006).

Other Populations or Diagnoses. While specific studies were not found to detail outcomes from bibliotherapy, researchers suggested the use of bibliotherapy with other populations. These include the following:

- Children and youth who have experienced divorce, which can lead to a sense of loss, feelings of distrust, feelings of being responsible for the situation, a lack of stability, loneliness, grief, lower school performance, and eating problems (Early, 1993; Pardeck, 1996; Pehrsson et al., 2007). Bibliotherapy is suggested to assist in adjustment to new roles and responsibilities, changes in family structure, separation, conflicting loyalty, and dealing with anger (Pardeck, 1996).
- Children or youth who have witnessed or experienced domestic violence (DV) can learn healthy conflict resolution (Thompson & Trice-Black, 2012). These children have a high incidence of social skill deficits, potential mental health issues such as PTSD, depression, trauma symptoms, decreased self-esteem, behavioral problems, poor conflict resolution skills, substance use/abuse, withdrawal, aggressiveness, more illness, and poor academic performance or problems in school (Butterworth & Fulmer, 1991; Salloum et al., 2015; Thompson & Trice-Black, 2012).
- Individuals whose parents abuse alcohol (Manning, 1987). One of the most important benefits of bibliotherapy with this population is helping children and youth to acknowledge the problem of alcohol abuse, as there may be denial by the child and the parent (Manning, 1987); Manning refers to this as “breaking down the defensive barriers” (p. 41).
- Children and youth whose parents are incarcerated (Lopez & Burt, 2013). These children are more likely to have difficulty with social and relational issues due to parental separation and feelings of loss. Due to their parent being in prison, children and youth may experience negative behaviors, or experience feelings of worry, anxiety, anger, embarrassment, and shame (Lopez & Burt, 2013). Bibliotherapy has the potential to improve social and behavioral issues by increasing a child's competency in knowing how to think about and talk with a family member. Sesame Street has a toolkit an online storybook for dealing with a family member who is incarcerated (Sesame Street, n.d.).
- Children living with their own behavioral health issues, including self-destructive behavior (Pehrsson & McMillen, 2005), anxiety and phobias (Leong, Cobham, de Groot, & McDermott, 2009; Lewis, Amatya, Coffman, & Ollendick, 2015; Santacruz, Mendez, & Sanchez-Meca, 2006), and eating disorders (McAllister, Brien, Flynn, & Alexander, 2014). Benefits for these issues include reduced

symptoms (Leong et al., 2009; Lewis et al., 2015), seeing that recovery is possible, empowerment, presenting of factual information in a non-authoritarian manner, and encouraging children to relate to others (McAllister et al., 2014).

Methods

Database Search

In developing this literature review, a variety of databases were searched to identify the outcomes of using bibliotherapy with children and youth who have experienced traumatic events. Database searches included CINAHL Plus, Education Research Complete, ProQuest Medical Library, ProQuest Psychological Journals, PubMed and PubMed Central, SportDiscus, PsychInfo, ERIC, PsycArticles, Science Direct, Social Work Abstracts, and Social Science Abstracts. Keywords used included bibliotherapy, children, trauma, pediatric, effects, and disability. A total of 720 articles were found using the keyword searches. Table 1 details the searches.

Inclusion/Exclusion Criteria

Research articles on bibliotherapy with children and youth, literature reviews on the process and benefits of bibliotherapy with children and youth, and articles summarizing bibliotherapy techniques were included in this review for the purpose of giving recreational therapists an accessible way to identify the practice, benefits, outcomes, and techniques of bibliotherapy for use in practice. In searching for relevant literature, peer-reviewed journals were the focus. Literature and research studies that were conducted with children and youth, ages 3–18 years old and not adults, were included for review. Additionally, topics focused on general bibliotherapy process and techniques, as well as specific references to trauma or experiences that often lead to trauma (e.g., abuse and neglect but not having a sibling with a disability). Studies considered within this review were inclusive of all types, including randomized control trials (e.g., Betzalel & Schectman, 2010; Salloum et al., 2015), mixed methods (e.g., Koppenhaver et al., 2001), and case studies (e.g., Farkas & Yorker, 1993; Kanewischer, 2013). Literature on bibliotherapy to facilitate an understanding of specific disabilities, such as autism or anxiety, were not included. Finally, articles that indicated bibliotherapy as a component of psychotherapy were not included due to references of using bibliotherapy to diagnosis and treat specific mental health conditions like depression or anxiety.

Limitations of Literature Review

Conditions identified as restrictive to the scope of this literature review included lack of differentiation, limited sources, and nondistinguishable outcomes. There was a lack of differentiation between bibliotherapy and other interventions that hold components of bibliotherapy such as family play therapy, storytelling, family puppet interviewing, and the animal attribution story-telling technique. This caused confusion regarding what intervention techniques actually fit the bibliotherapy definition. A common limitation found in articles was the pairing of bibliotherapy with other therapeutic interventions (e.g., psychotherapy or art therapy by professionals with specializations in these areas). This presented difficulty in identifying which outcomes were associated with which interventions. Additionally, only databases available through Grand Valley State University were utilized in the literature search. Other databases not available may have been useful in collecting the information needed for

Table 1*Database Search*

Database	Keywords	# of "hits"	Usable hits
CINAHL Plus with Full Text	Bibliotherapy AND children	95	1
	Bibliotherapy AND trauma	11	1
	Bibliotherapy AND trauma AND children	7	0
Education Research Complete	Bibliotherapy AND trauma AND children	9	0
ProQuest Medical Library	Bibliotherapy AND trauma AND children	74	0
ProQuest Psychology Journals	Bibliotherapy AND children OR pediatric AND trauma	206	0
PubMed	Bibliotherapy AND children AND effects	20	2
	Bibliotherapy AND children AND trauma	67	3
SportDiscus	Bibliotherapy AND children	4	1
PsychInfo	Bibliotherapy AND children AND trauma	23	0
ERIC	Bibliotherapy AND (children OR pediatric) AND trauma	6	0
PsycArticles	Bibliotherapy AND children AND trauma	73	0
Science Direct	Bibliotherapy AND children AND trauma	108	0
Social Work Abstracts	Bibliotherapy AND children AND trauma	16	1
Social Science Abstracts	Bibliotherapy AND children AND trauma	1	0

this review. Finally, there was only one article (a literature review) regarding the use of bibliotherapy as a recreational therapy intervention. Books on bibliotherapy techniques were not explored; this review focused on peer-reviewed research articles.

Delimitations of Literature Review

The researchers have limited this study in terms of population, diagnosis, and corresponding bibliotherapy techniques. In order to be included in the study, the literature had to review the specific population of children and youth which only included children and youth from 3 to 18 years of age. Secondly, all articles used for this research focused on children and youth who have experienced trauma. Another limiting factor included the specific bibliotherapy techniques that were used in the research. By only using articles that specifically used the term bibliotherapy and provided specific bibliotherapy techniques, researchers were able to limit the amount of studies to be considered when acquiring information. This may also be considered a limitation of the study in that other sources, such as handbooks and journals specific to poetry therapy, were not used.

Results

Table 2 displays the articles used from the methodology section. The table provides information in the following categories: investigators, subjects, intervention/activity, theoretical foundation, focus, measure, and outcome.

While numerous articles were identified, a total of nine were useable in this literature review. These peer-reviewed research articles ranged from 1993 to 2015. It is noticeable that there is a significant amount of research on bibliotherapy, but much of the research was irrelevant to this study in terms of the effects of bibliotherapy on children and youth who have experienced traumatic events. Additionally, the majority of articles summarized other findings on bibliotherapy uses, or provided recommendations on the process of utilizing the intervention (e.g., all of Pardeck's work mentioned in this article). With the limitation of relevant outcome articles, all nine articles were used in this review to provide evidence supporting the effect of bibliotherapy with children and youth who have experienced trauma. There are few research articles that use randomized control trials to compare the effects of bibliotherapy on children and youth who have experienced trauma.

Evidence from Literature Search

One of the themes from the nine studies was that a few researchers completed multiple studies on the use of bibliotherapy with children and youth who have experienced trauma. For example, Allen and Shechtman participated in two studies each. Publication dates were also a trend. The studies used were completed between 1993 and 2015. These dates were unexpected considering that bibliotherapy has been around since the early 1800s. It was surprising not to locate earlier publication dates or prior implementation techniques to compare against the newer studies.

Another theme was the variability and differences within the reviewed studies. For example, there were varying numbers of research participants, settings used, ratios of females to males, and diagnoses of the individuals who participated. All of the studies involved children and youth aged five through 16 years of age with varying diagnoses from trauma related to natural disaster to abuse and neglect. Four of the nine studies involved group use of bibliotherapy.

Table 2

Summary Review of Literature

Investigator/s and Year	Subjects	Intervention or Activity	Trauma/ Diagnosis	Focus	Measure/s	Outcome/s
Amer (1999)	<i>N</i> = 27 aged 7–16, referred to a pediatric endocrinologist	Bibliotherapy using specific books related to diabetes mellitus and/or short stature	Children with Type 1 diabetes or short stature	Child read book and then participated in an interview	Semi-structured interviews	Open discussion of feelings, condition, relationship, and coping related to chronic condition
Berns (2003-2004)	Elementary, middle, and high schools students	Bibliotherapy	Children who have experienced the death of a parent, sibling, or significant other	Weekly group sessions lasting 90 minutes; bibliotherapy is one of activities used in program to share experiences and reduce isolation	Observation	Recommendations for setting up program, selecting books, role facilitator
Beitzalel & Shechtman (2010)	<i>N</i> = 79 (43 boys, 36 girls), aged 6–15; in Israel who live in a residential home	Affective and cognitive bibliotherapy; random assignment – 26 to affective, 26 to cognitive, 27 to control	Parental abuse or neglect, or parents unable to provide care	Eight texts for each focus on changing cognitive-behavioral (cognitive); focus on emotional exploration, repressed feelings and experiences (affective)	Anxiety measured with Revised Children's Manifest Anxiety Scale; adjustment with Teacher's Report Form	Reduced social anxiety from both affective and cognitive bibliotherapy sessions; reduced adjustment issues in affective bibliotherapy

Table 2 (cont.)

Farkas & Yorker (1993)	<i>N</i> = 3 (1 male, 2 female), aged 8 & 9; children living in a transitional homeless shelter in an urban area in the southeastern U.S.	30 minutes each week for four months, using a variety of books	Experiencing homelessness	Explore themes of homelessness	Case study format; session recordings, audiotapes, drawings	Increased comfort in expressing feelings and concerns
Kanewischer (2013)	Children removed from parents	Story and activities entitled, “Do You Ever Feel that Way?”	Children who have been removed from their parents due to abuse and neglect, and are in the foster care or adoption system	Facilitate discussion about feelings, family, and safety	None	Suggestions for activities, questions, and processing of story related to feelings using bibliotherapy
Koppenhaver, et al. (2001)	<i>N</i> = 6, girls aged 6–7, and their mothers	Stories read in the home to improve communication	Girls with Rett syndrome	Use of stories to improve communication and labeling, as well as evaluate hand splints, augmentative communication and other assistive technologies	Observation	Substantial increases observed in frequency of symbolic communication and labeling

Table 2 (cont.)

Reupert et al. (2012)	Children whose parents have a mental illness	Family support groups (psycho- education, CBT, therapist led), peer-support groups (art, games, singing, exercise, adaptive coping strategies, mental health literacy, talking), online programs (websites), bibliotherapy	n/a	Systematic literature review on effectiveness of interventions	Perceived Stress Scale, Social Problem- Solving Inventory, Short Mood and Feelings Questionnaire, self-developed scales, observation	No evidence of efficacy with children whose parent has a mental illness
Salloum, Scheeringa, Cohen, & Storch (2015)	N = 17, ages 3 to 6 years (Part 1), N = 3 (Part 2)	Part 1: 12 sessions of therapist led CBT with use of education, coping skills, drawing; Part 2: stepped care; 6-week parent-led, therapist- assisted sessions, 11 parent-child meetings at home using bibliotherapy	Children who experienced trauma- 53% hurricane, 24% repeated events such as domestic violence, 24% single event. Diagnoses of PTSD, ODD, major depression, separation anxiety disorder, ADHD	Developing coping skills using education, drawing, bibliotherapy	Part 1: Preschool Age Psychiatric Assessment – PTSD module; Part 2: Diagnostic Infant and Preschool Assessment, Trauma Symptom Checklist for Young Children, Clinical Global Impression- Improvement scale, Child Behavior Checklist	Part 1: reduced PTSD symptoms and functional impairment; Part 2: reduced PTSD symptoms, reduced stress at own behavior

Table 2 (cont.)

Stewart & Ames (2014)	N = 20 (6 males, 14 females), aged 7–12 from New Orleans who had survived Hurricane Katrina and spent time in the Superdome during the disaster	Bibliotherapy in group	Trauma related to natural disaster	90 minutes, 2x/wk. over 2 years using 15 different books that were culturally relevant	Facilitator feedback forms and journal entries, interventions with children, observation, academic performance/ grade level	Increased self- awareness and self- esteem, improved literacy, improved relationship development, expression of feelings related to events
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The last of the themes related to outcomes identified in the reviewed studies. Every study reviewed in this table showed significant improvements from the use of different bibliotherapy techniques. Outcomes included decreased social anxiety and depression, as well as improved communication, coping, and self-expression. The research included in this study supports the use of bibliotherapy with children who have experienced trauma.

Discussion

After reviewing the literature on using bibliotherapy with children and youth who have experienced trauma, the initial research questions were as follows:

- Is bibliotherapy an effective treatment to address the symptoms of trauma in children and youth who have experienced trauma?
- What are the therapeutic outcomes of using bibliotherapy as an intervention with children and youth who have experienced trauma?
- Can recreational therapists utilize bibliotherapy techniques as an intervention when working with children and youth who have experienced trauma?

The first question of effective treatment of symptoms was supported by various outcomes of the studies that found a reduction in frequency of symptoms and improved coping with life changes. The researchers reviewed studies on children who have experienced specific types of trauma including abuse and neglect, foster care and adoption, aggression attributed to trauma, chronic illness and disability, death and bereavement, homelessness, natural disasters, parental mental illness, and terrorism and societal acts of violence. Additional articles were found that discussed using bibliotherapy with other populations that experienced trauma, but were not research studies that demonstrated outcomes. In each included study, the research supported the use of bibliotherapy, and discussed the positive effects on emotion, behavior, communication skills, and coping. There were many positive outcomes that supported the notion that bibliotherapy is an effective intervention for children and youth who have experienced traumatic events. Therefore, this literature review supports the effectiveness of bibliotherapy with children and youth who have experienced trauma.

In response to the second research question, “What are the outcomes of using bibliotherapy as an intervention with children who have experienced trauma?”, the researchers found significant evidence that bibliotherapy provided positive benefits for children and youth who have experienced trauma. The outcomes included aspects of cognitive, behavioral, and emotional domains. Cognitive outcomes focused on coping skills, conflict resolution, problem solving, attitudinal changes, and realizations about other people. Emotional outcomes included empathy, positive attitudes and self-image, identification and expression of feelings, reduction in self-blame, and enhancement of self-concept. Lastly, social outcomes included new interests, personal and social adjustments, identification and utilization of supportive adults, and respect and acceptance of others.

The third question asked if recreational therapists can use bibliotherapy with children and youth who have experienced trauma. The researchers found no information that indicated the use of bibliotherapy in recreational therapy. One article by Pola and Nelson (2014), which provided an evidence based literature review, stated that recreational therapists should consider bibliotherapy as an evidence based

intervention to improve the coping of children who experienced trauma. Using the recreational therapy process of assessment, planning, implementation, evaluation and documentation, recreational therapists can use bibliotherapy effectively. No other articles within the recreational therapy profession were identified. However, facilitating social skills development, teaching coping skills, and improving self-esteem and self-expression are areas within the recreational therapy scope of practice (National Council for Therapeutic Recreation Certification, 2016). The use of books and literature, games, art and music activities, and discussion groups are also interventions used by recreational therapists (Bureau of Labor Statistics, 2015). Recreational therapists' training and understanding of child development, the therapeutic process, facilitation of groups, and process/debriefing also demonstrate that bibliotherapy is an intervention RTs can use in working with children who have experienced trauma.

Considerations

Training. There are no specific credentials or training exclusively required for the provision of bibliotherapy; however, there is specific training and certification for poetry therapists which includes bibliotherapy (see International Federation for Biblio/Poetry Therapy). Facilitators of bibliotherapy needed to have a foundation and understanding of child development, psychopathology, and trauma (Berns, 2003–2004; Heath et al., 2005). The therapist who facilitates bibliotherapy must be capable and competent to address the trauma issues facing the child (Heath et al., 2005). Furthermore, facilitators should be empathetic, non-judgmental, and create an environment of respect and openness (Berns, 2003–2004).

Tools for book selection. Pehrsson and McMillen (2005) developed the Bibliotherapy Evaluation Tool (BET) based on the literature to evaluate different aspects of books such as subject matter, reading level, developmental level, and context or situations for use. Additionally the authors developed a learning module for use with students, and found it to be beneficial to future counselors (Pehrsson & McMillen, 2005). This tool may be beneficial in assisting recreational therapists in evaluating books to use for bibliotherapy.

Use of bibliotherapy. Bibliotherapy should not be used as the sole intervention but should be used as a complement to other therapies to address trauma experiences in children (Heath et al., 2005; Pehrsson et al., 2007)

Conclusion

The purpose of this literature review was to identify the benefits of bibliotherapy as an intervention for children who have experienced traumatic events, including impact on symptoms of trauma and outcomes of the bibliotherapy intervention, as well as to identify if bibliotherapy was an intervention for recreational therapists to utilize. The articles reviewed support the reduction of trauma symptoms following the use of bibliotherapy. Additionally, there are many positive outcomes that have been identified throughout the literature. Outcomes have been broken into emotional, social, and cognitive categories that impact the child's quality of life and functioning. Although there is a lack of research regarding the use of bibliotherapy as a recreational therapy intervention, available resources indicated that bibliotherapy is an effective intervention to use with children who have experienced a traumatic event.

This literature review is significant as it explores the process and techniques of bibliotherapy, its benefits and outcomes to improve recreational therapy professional practice and service delivery. By conducting a literature review of bibliotherapy, the authors discovered the effectiveness of bibliotherapy with children and youth who have experienced trauma, and suggest this is an appropriate tool for recreational therapists. The studies demonstrated the emotional and behavioral issues that develop from those traumatic events and identified research that supported bibliotherapy techniques to use to produce the most impactful outcomes. As recreational therapists strive to implement practice based on evidence, this review provides a better understanding of the outcomes and effectiveness of bibliotherapy.

Three questions served as the basis for the research, which was conducted using 13 databases through Grand Valley State University: CINAHL Plus, Education Research Complete, ProQuest Medical Library, ProQuest Psychological Journals, PubMed and PubMed Central, SportDiscus, PsychInfo, ERIC, PsycArticles, Science Direct, Social Work Abstracts, and Social Science Abstracts. Keywords used included bibliotherapy, children, trauma, pediatric, effects, and disability. Out of the 720 articles found on bibliotherapy and children who experienced trauma, only nine articles were used in the literature review.

Recommendations for Further Research

Based on existing research, there are two recommendations for further research. The first is that further research should be conducted on the use of bibliotherapy within the profession of recreational therapy. While the benefits of bibliotherapy are clearly positive on children and youth who have experienced trauma, there is no specific support for use of bibliotherapy as a recreational therapy intervention. Because of this, the researchers can only speculate that bibliotherapy is beneficial for recreational therapists to utilize based on recreational therapists' training, competencies, and skills.

The second recommendation is that there is a need for research on the long term effects of this intervention. No studies were reviewed that examined the long term outcomes of bibliotherapy interventions. The research was mainly focused on the immediate effects of bibliotherapy. To ensure that the outcomes are influential, research must be expanded to focus on the long term effects.

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