

BIBLIOTHERAPY AND THE K-5 MICHIGAN MODEL
FOR HEALTH CURRICULUM

by

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Abstract

Bibliotherapy is a general term applied to the use of literature in fostering self-understanding, growth, or healing; the practice involves reading, questioning, and discussing emotional issues encountered in literature. Clinical bibliotherapy is therapeutic in nature, while developmental or educational bibliotherapy serves to provide information and support. Many of the Social/Emotional Health lessons found in the K-5 Michigan Model for Health curriculum align with the recognized protocol for bibliotherapeutic practice: pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activities. Recommendations are made for including bibliotherapeutic reference information in Michigan Model teacher manuals and conducting further research to determine if successful bibliotherapy is actually implemented through the Michigan Model curriculum.

Chapter I: Introduction

Statement of Problem

Bibliotherapy, the use of literature incorporated into a continuum of activities to foster self-understanding, growth, or healing, involves reading, questioning, and discussing emotional issues encountered in quality literature (Rubin, 1978). Historically, bibliotherapy was borne the end of the eighteenth century when physicians prescribed the systematic use of books to treat persons with mental illness (Cornet & Cornet, 1980). Since that time, the practice has been adopted for use by an eclectic group including psychologists and educators.

A psychologist's training affords opportunities to acquire scientific knowledge and understanding of the problems of the reader; a teacher's training, however, likely lacks exploration of the nature of bibliotherapy and factors that may hamper the process (Bryan, 1939). Detractors suggest that teachers should not attempt bibliotherapy because the process is too difficult and potentially dangerous to be implemented by untrained persons (Russell & Shrodes, 1978). Bibliotherapy does not assume that every teacher is a skilled therapist or that all children are seriously maladjusted and in need of clinical treatment. Rather, bibliotherapy suggests that every teacher should be aware of the effects of reading upon each student and realize that literature may help many children solve their personal adjustment and developmental problems.

The Social/Emotional Health lessons of the K-5 Michigan Model for Health curriculum address a variety of personal adjustment and developmental problems that students face. The curriculum is typically presented by classroom, physical education, or health teachers who have attended a Michigan Model training. Many of the lessons incorporate literature into activities that foster self-understanding or emotional growth. To some degree, educators implement bibliotherapy even though they may be unaware of the bibliotherapeutic process.

Research Question(s)

Research Questions: Do the Social/Emotional Health lessons and selected books of the K-5 Michigan Model for Health curriculum incorporate principles of bibliotherapy? If so, how?

Chapter II: Review of Literature

*What Is Bibliotherapy?**Definitions*

In 1916, *Atlantic Monthly* published an article by Samuel Crothers in which he described the use of books in treatment situations (Cornett & Cornett, 1980). Crothers fused “biblio,” the Greek word for book, with “therapy” to name the process. Since Crothers coined the term “bibliotherapy,” a plethora of definitions has evolved. While not all definitions identify the need for bibliotherapy to be directed by a physician or therapist (Jack & Ronan, 2008), the assumption a particular problem exists is a commonality among all definitions of bibliotherapy.

Table 1

Definitions of “Bibliotherapy”

Reference	Definition
Moses and Zaccaria (1969)	The use of books for therapeutic rather than instructional purposes;
Cornett and Cornett (1980)	The use of books to help people;
Morawski (1997)	The guided reading of written materials to help the reader grow in self-awareness;
Jackson (2006)	The use of appropriate reading material to help solve emotional problems and to promote mental health;
Regan and Page (2008)	The use of literature for social/emotional development across ages;
Merriam-Webster Online Dictionary	The use of reading materials for help in solving personal problems or for psychiatric therapy.

The definition of bibliotherapy has evolved over time, and consequently, this broadened definition has resulted in considerable confusion regarding what does and does not qualify as bibliotherapy (Jack & Ronan, 2008). The assumption a particular problem exists, however, is a commonality among all definitions of bibliotherapy (Cornett & Cornett, 1980). A variety of terms are used interchangeably with bibliotherapy: bibliocounseling, bibliopsychology, bookmatching, literatherapy, library therapeutics, guided reading, and biblioguidance (Pehrsson & McMillen, 2005). The term “self-help” is defined by the Merriam-Webster Online Dictionary as “the action or process of bettering oneself or overcoming one's problems without the aid of others; especially: the coping with one's personal or emotional problems without professional help.” Self-help is also often substituted for bibliotherapy.

Rubin (1978) expresses discontent with the term bibliotherapy itself, stating the prefix *biblio-* is far too limiting as all types of audio and visual materials should be used to promote self growth; further, she notes the suffix *-therapy* is an unfortunate choice as bibliotherapy is not psychotherapy and does not claim to cure. Bibliotherapy, therefore, is a generic reference to the use of literature or films incorporated into a continuum of activities to foster self-understanding, growth, or healing.

Major Branches

While the terminology they use may differ, a number of researchers draw distinctions between separate practices of bibliotherapy. Berry (1978) identifies two major branches in the field of bibliotherapy: clinical and educational. Clinical bibliotherapy is a form of psychotherapy practiced by mental health professionals including psychiatrists, psychologists, social workers, counselors, ministers, nurses, and art therapists, whereas, educational bibliotherapy is practiced

by both mental health professionals and educators. According to Berry, several characteristic features distinguish clinical bibliotherapy from educational bibliotherapy.

Table 2

Characteristic Features of Bibliotherapeutic Practices Described by Berry (1978)

Characteristic Feature	Clinical Bibliotherapy	Educational Bibliotherapy
Facilitator role and function	Therapist	Group leader
Participants	“Sick” patients/clients	“Well” students
Goals	Getting well	Self-actualization or goal attainment

McArdle and Byrt (2001) provide two perspectives or approaches to the field of bibliotherapy. The first approach uses literature to diagnose and treat emotional problems; therapists use literature to focus interventions or advise clients on specific reading. The second approach is based on cognitive methods and incorporates the use of self-help books. Clients with significant mental health challenges complete assignments during a process guided by a nurse or therapist or, alternatively, clients who are experiencing relatively minor mental health problems work on assignments independently.

Stamps (2003), Pehrsson and McMillen (2005), and Cook, Earles-Vollrath, and Ganz (2006) all distinguish between *clinical* and *developmental* bibliotherapy. Clinical bibliotherapy is working toward specific mental health goals, and developmental bibliotherapy is implemented in educational settings (Pehrsson, et. al, 2007). Clinical bibliotherapy is facilitated by trained counselors, therapists, or psychologists working with clients experiencing serious emotional or behavioral problems. School personnel use developmental bibliotherapy to identify concerns of their students, to address social and emotional issues before problems arise, and to provide guidance for future development by providing knowledge of expectations and examples of how others have dealt with similar concerns (Cook, et. al., 2006).

*The Process of Bibliotherapy**Principle Components*

Bibliotherapy involves reading, questioning, and discussing emotional issues encountered in quality literature (Stamps, 2003). The principle components of bibliotherapy are: (a) the facilitator, (b) the participant, and (c) the “literature,” encompassing all possible literary forms as well as audio or video recordings (Berry, 1978). Researchers consistently support Caroline Shrodes’ (1949) theory that a reader passes through distinct stages during the bibliotherapeutic process: identification, catharsis, and insight (Moses & Zaccaria, 1969; Russell & Shrodes, 1978; Cornett & Cornett, 1980; Morawski, 1997; Jackson, 2006). While Shrodes’ theory details a fourth step of transference, researchers commonly fuse this process with identification.

Table 3

Stages Through Which a Reader Progresses in Bibliotherapy

Stage	Description
Identification	Reader empathizes with character. “Shock of recognition” occurs when reader becomes aware of parallels between own life and life presented in text.
Catharsis	Peak of Identification. Reader releases pent-up emotions under safe circumstances, feeling secure because he is not the actual person involved in the emotional circumstance. Similarities between characters’ and readers’ lives allow readers to gain new perspectives on their problems.
Insight	Result of Catharsis. Reader experiences an integration of mind and emotions. Possible solutions for a problem are identified.

Note. From *Bibliotherapy: The right book at the right time*, by C. E. Cornett and C. F. Cornett, 1980, Bloomington, IN: Phi Delta Kappa Educational Foundation.

While identification may not always lead through catharsis to insight (Spache, 1978), successful bibliotherapy mandates the reader experience all three stages of the process (Cornett & Cornett, 1980). A reader may dislike a character whose problems are reminiscent of one's own unsolved conflicts, and these personal anxieties may distort or completely thwart the anticipated character identification. Additionally, a reader may be stonewalled at a superficial level of identification due to circumstances surrounding the author, the condition of the reader or setting, or the methodology of the bibliotherapist; a vague sense of self-concept may also prevent the reader from recognizing any resemblance and identifying with a character. Catharsis may be impossible if the reader has had no emotional experience through which to prepare for empathizing with a character's feelings. Further, the reader may project personal motives onto a character, thereby reinforcing destructive feelings and preventing the perception of a solution to a problem.

Modifications

Bibliotherapy can be used to address a variety of emotional and developmental problems (Pardeck & Pardeck, 1992). However, given this context, the three-stage bibliotherapy process should only be implemented in its entirety by an experienced therapist who is addressing complex emotional problems. Bibliotherapy can be implemented by individuals not trained to conduct therapy if they do not attempt to move readers into the advanced stages of catharsis and insight; a facilitator who is assisting a reader with minor adjustment problems or developmental concerns should probably only move the reader through the identification stage. To some degree, non-therapists such as librarians and educators who know and use books in their professional work implement bibliotherapy, albeit, a simplified form even though they may not be aware of the bibliotherapeutic technique.

According to Stamps (2003), children may use the strategy by themselves, but the process is more beneficial when accompanied by a discussion facilitated by an adult who is familiar with the child's situation. A facilitator may structure the bibliotherapy situation in multiple ways: (a) a one-to-one encounter (individual bibliotherapy), (b) a one-to-many encounter with one facilitator and several participants (group bibliotherapy), or (c) varying the number of facilitators who work together as "co-therapists" (Berry, 1978).

Bibliotherapeutic techniques require slight modification when implemented with young children (Pardeck & Pardeck, 1992). The facilitator must encourage active participation using motor skills, cognitive tasks, and verbal skills following the reading of the book to assist young children in identifying with the story situation and characters. Young children maintain small vocabularies, difficulties with verbalization, limited ranges of experiences, and short attention spans; consequently, both the literature and bibliotherapy procedures must be adapted for younger children who cannot be confronted as directly as adolescents or adults.

Above all else, the reader is in control of the bibliotherapeutic intervention and may slow the pace as appropriate for feelings that are experienced (Jackson, 2006). If the bibliotherapeutic process becomes too intense, stimulating, or painful, the reader can discontinue the process completely; similarly, an individual being read to may assume the passive role of observer in an attempt to control an emotional response.

Use of Bibliotherapy

Bibliotherapy has been successfully used to help children face problems by providing them with safe means of confronting challenges (Stamps, 2003). Children can grow both intellectually and emotionally through bibliotherapy; by reading and discussing children's literature, students are able to deal with their emotions and work through choices to find

productive solutions. Bibliotherapy has been used to address a sizable range of problems including adoption, aggressiveness, chemical dependency, child abuse/neglect, conflict resolution, death, depression, diversity awareness, divorce, domestic violence, ethnic identity, foster care, giftedness, homelessness, nightmares, obsessive-compulsive disorder, self-destructive behavior, and separation and loss (Pehrsson & McMillen, 2005). The intervention can be used to teach how to get along with others, to identify with feelings, emotions, and identities, and to alleviate some of the problems with which children are confronted; bibliotherapy may also be used to help adolescents cope with social stressors in school settings (Regan & Page, 2008).

Given such a wide range of uses and problem areas, bibliotherapy may be implemented to accomplish various goals (Pardeck, 1995). Goals include (a) providing information, (b) providing insight into a specific experience or situation, (c) providing alternative solutions to a problem, (d) stimulating a discussion of what the actual problem is, (e) communicating new values and attitudes with regard to a problem, or (f) helping readers understand that they are not the only ones who have experienced a specific problem. Additionally, bibliotherapy may be implemented specifically with children for a variety of reasons (Stamps, 2003). These reasons may be (a) helping develop self-concept and self-esteem, (b) increasing the possibility of understanding self and others more fully, (c) helping to appraise self honestly, (d) assisting in discovering interests outside of self, (e) helping relieve emotional pressures, or (f) enhancing constructive methods of solving a problem or meeting a challenge. Further, bibliotherapeutic intervention may have both affective and cognitive effects upon readers (Cornett & Cornett, 1980). Affective changes involve positive attitudes, personal and social adjustment, realization that good lies within all people, identification with socially accepted behaviors, examination of

moral values, character development, desire to emulate models, and tolerance, respect, and acceptance of others. Cognitive changes relate to critical thinking, perspective of problems, insight into human behavior and motives, self-evaluation, higher-level reasoning, and planning before taking a course of action.

Bibliotherapy may also be used as a preventive tool; a reader may gain insight about behavior and find solutions to preventing future problems using literature (Pardeck & Pardeck, 1992). Additionally, an individual might read about an emerging developmental crisis and find solutions for dealing with the crisis. Further, literature may be the only means through which an individual may see that one is not alone with a problem, thus helping to prevent neurotic tendencies and other psychological disorders through the reader's vicarious participation in a character's problems.

Who Is Qualified to Provide Bibliotherapy?

Historical Perspective

While the systematic use of books was being used to treat the mentally ill in France, England, and Italy by the end of the eighteenth century, American doctors did not recognize the therapeutic value of books until well into the nineteenth century (Cornett & Cornett, 1980). Physicians began prescribing religious reading to their patients, and mental hospitals gradually established libraries to serve as intellectual and emotional pharmacies for patients. In 1904, in response to the American Library Association's recognition of and support for the use of books as therapeutic tools, the first trained and specially qualified librarian was appointed to take charge of the library at a psychiatric hospital. Librarians eventually realized the potential for the application of book therapy outside the hospital setting and began working with juvenile delinquents, immigrants, and physically handicapped individuals who utilized public libraries.

Psychologists, members of the clergy, and educators soon recognized bibliotherapy was a tool they, too, could incorporate into their professional repertoires for the therapeutic purpose of helping people modify their thoughts, feelings, or behaviors.

Poetry therapy, the discipline that applies literature for healing and personal growth is used synonymously with the term bibliotherapy ([The National Federation for Biblio/Poetry Therapy](#) [NFBPT], 2006). The NFBPT was established in 2002; it is the only organization authorized to grant certification or registration in poetry therapy and establishes and maintains the professional standards and requirements for the field. As a therapeutic intervention, poetry therapy is still in its early stages of public acceptance. Certified poetry therapists (CPTs) and registered poetry therapists (PTRs) are licensed professionals who possess extensive mental health training and may work independently with emotionally troubled populations. Certified applied poetry facilitators (CAPFs) are credentials candidates who complete CPT or PTR requirements prior to licensure. CAPF training is geared to working with healthy populations, and CAPFs must be able to determine when distressed individuals need to be referred to mental health professionals. Training for certification in poetry therapy requires a bachelor's degree or higher for CAPF; for CPT and PTR, requirements include professional licensure plus a master's degree or higher in a mental health field or an M.D.

Although bibliotherapy is employed by therapists, the technique does not address psychological problems that necessitate therapeutic intervention by a specialist when implemented by teachers, parents, librarians, or counselors (Cornett & Cornett, 1980). A psychologist's training affords one the opportunity to acquire scientific knowledge and understanding of the problems of the reader, while a librarian's training prepares one for expert guidance in book selection (Bryan, 1939). Consequently, a psychologist is limited to choosing

from a comparatively small collection of books, while a librarian is limited to dealing with a comparatively small area of problems. The task of finding the right book, for the right reader, at the right time presents a three-pronged challenge: One must know books, the individual reader, and what effect bringing the two together might produce.

Personal Characteristics

While Bryan (1939) states the ideal person for the job of bibliotherapist should be a combination of librarian and psychologist, Rubin (1978) acknowledges bibliotherapy literature values the personal characteristics necessary for bibliotherapy above any professional qualifications. Bibliotherapy is an outgrowth of many professions and has been used by counselors, psychologist, psychiatrists, and educators (Pardeck & Pardeck, 1992).

Table 4

Personal Attributes a Bibliotherapist Should Possess

Attributes	Specific Characteristics
Academic Background	Biology and physiology; Psychology and sociology; Counseling; Teaching theory and methodology; Children's literature; Child development;
Abilities	Assess readers to determine needs and interests; Prescribe materials appropriate to reading interest and maturity; Evaluate materials to determine appropriateness for bibliotherapy; Plan for both individual and small-group sessions; Ask questions on all levels of thinking;

Attributes	Specific Characteristics
Abilities (continued)	<p>Use silent and wait times after questions and responses;</p> <p>Demonstrate verbal and nonverbal behaviors of a good listener;</p> <p>Translate basic learning principles into practical, creative strategies;</p> <p>Communicate effectively with children;</p> <p>Determine the effectiveness of strategies and materials;</p> <p>Observe each reader's legal and ethical rights to privacy;</p> <p>Use creative writing, creative movement, drama, art, and music;</p> <p>Determine when referral to a specialist is appropriate.</p>
Personal characteristics	<p>Believe in the worth and dignity of each person;</p> <p>Accept and tolerate the uniqueness of each person;</p> <p>Maintain a broad experience background;</p> <p>Friendly, outgoing, approachable, and available;</p> <p>Capable of empathy;</p> <p>Enthusiastic about reading and widely read;</p> <p>Open-minded and flexible;</p> <p>Capable of mature judgment;</p> <p>Emotionally stable and able to handle stress;</p> <p>Responsible;</p> <p>Organized;</p> <p>Intrinsically motivated.</p>

Note. From *Bibliotherapy: The right book at the right time*, by C. E. Cornett and C. F. Cornett, 1980, Bloomington, IN: Phi Delta Kappa Educational Foundation.

Teacher Implementation

Elementary classroom teachers typically possess many of the personal attributes necessary for bibliotherapy listed in Table 4. However, the problem with teacher participation in bibliotherapy is the degree of success the teacher attains through initiating and bringing the process to fruition, as the task is much more complex than simply bringing a book and a reader together (Spache, 1978). A teacher must be conscious of the nature of bibliotherapy and factors that may hamper the process in addition to being aware of any personal limitations that may affect a working relationship with an individual reader. While detractors suggest that language arts teachers should not attempt bibliotherapy because the process is too difficult and potentially dangerous to be implemented by untrained persons, Russell and Shrodes (1978) disagree. Bibliotherapy does not assume that every teacher is a skilled therapist or that all children are seriously maladjusted and in need of clinical treatment; rather, bibliotherapy suggests that every teacher should be aware of the effects of reading upon each student and realize that literature may help many children solve their personal adjustment and developmental problems.

Many children grow up amidst a wide range of situational problems that hinder healthy development and may lead to severe long-term problems (Jackson, 2006). Children may experience increases in self-esteem, competence, and a sense of belonging through participation in educational programs that teach social and emotional skills such as assertiveness, decision-making, problem-solving, and respectful communication (Michigan Model for Health, 2006). Bibliotherapy is a noninvasive, child-friendly technique that incorporates reading, naturally lending itself to implementation in a classroom environment. Teachers who desire to implement bibliotherapy need not be clinical psychologists. Rather, the main qualifications for a facilitator are a concern for children and a desire to explore children's literature. Good language arts

teachers maintain a knowledge and understanding of books and child development; they simply need to be directed along a bibliotherapeutic channel leading to therapy through literature (Russell & Shrodes, 1978). Generally, the best approach to bibliotherapy is often a co-operative effort involving a teacher, librarian, school counselor or psychologist, and others who know the reader well.

Cautions

While the benefits of bibliotherapy have been well documented, Cornett and Cornett (1980) warn of the potential of harm to a reader during bibliotherapy. The wrong book at the wrong time for a reader can aggravate a situation. A book written at an overly-challenging reading level can greatly hamper the bibliotherapeutic process, while a book with too low a reading level may prove insulting (Pardeck, 1998). In addition to being aware of a reader's limitations and abilities, a facilitator must be aware of personal prejudices and attitudes as some materials that are popular with children and have potentially great effects on them are scorned by adults (Rubin, 1978). Book selection for bibliotherapy offers both challenges and opportunities; many children's books address various childhood issues, emotions, and events, but they vary in quality (Jackson, 2006).

Bibliotherapy Versus Literacy Instruction

Bibliotherapy

While Samuel Crothers (1916) has been credited for coining the term bibliotherapy in discussing a technique of prescribing books to patients needing help understanding their problems, in 1930, G. O. Ireland became the first to explicitly discuss the use of literature to address students' inner turmoil by offering solutions to their problems (Ouzts, 1991). Increasingly, teachers and their students are using books to influence total development rather

than simply practice reading skills (Russell & Shrodes, 1978). Bibliotherapy involves a planned intervention with established goals (Cornett & Cornett, 1980). In order for reading to be called bibliotherapy, a need must be identified, a book must be selected specifically to address the need of the particular reader, and both presentation and follow-up plans must be implemented. How then, does bibliotherapy differ from general literacy instruction?

Similar to other language learning activities, bibliotherapy incorporates the cognitive and language skills of reading, listening, speaking, and analysis, and, therefore, many teachers will feel comfortable implementing the technique in the classroom (Jackson, 2006). When preparing to utilize bibliotherapy, Cornett and Cornett (1980) emphasize the need for ample preparation. Specific student needs may be identified using a variety of methods including direct observation, examination of school records, parent conferences, writing samples, rating scales, and art activities. When contemplating potential bibliotherapy materials for identified needs, the facilitator must consider a student's reading ability, interest level, and maturity in addition to the book's major themes, character believability, illustration of creative problem solving, setting identifiability, and format enhancement of content. The facilitator must then determine the setting, time, and activities to be used.

Four-Step Process

Teachers who implement bibliotherapy should be guided by a four-step process: pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activity (Jackson, 2006). Pre-reading activities involve the activation of a student's background knowledge and making predictions. During this pre-reading stage, the facilitator should motivate and pique a student's interest in suggested reading materials by making book recommendations or displaying books or book jackets (Cornett & Cornett, 1980).

During guided reading, if the story is read aloud the facilitator should infuse prepared questions into the reading, responding to the student's comments and concerns as appropriate in an effort to focus attention on the story's major points (Jackson, 2006). While some young children are accomplished readers, the majority of young readers will benefit more from books being read aloud (Pardeck & Pardeck, 1992). The facilitator should be mindful of the author's style, personality traits of characters, unusual words or phrases, and the illustrations as well as understand that level of pitch, tone of voice, and pacing are critical factors in successful implementation. Once the reading, listening, or viewing experience has been provided, the facilitator should allow the student incubation time; generally speaking, a facilitator will realize the greatest success when the follow-up takes place the day after the story has been completed (Cornett & Cornett, 1980).

At the conclusion of the story, the student's comprehension should be assessed by asking for a retelling of the plot and an evaluation of the feelings and situations that major characters encountered (Jackson, 2006). In an effort to help the student identify with the story's characters and events, the facilitator should ask probing questions, alternating between knowledge and recall questions to those that require analysis and evaluation.

Follow-up problem-solving/reinforcement activities should emphasize that students need to select long-term solutions to solve their problems (Jackson, 2006). A variety of options for expression should be considered: art work, poetry, story writing, and role-play activities. For a reader who is able to articulate ideas, this stage provides an opportunity to discuss the effect the book has had through open-ended questions posed by the facilitator; this process may inspire the reader to reflect on the experience and share conclusions and future directions (Cornett & Cornett, 1980). Some children may need encouragement to respond, and Pardeck and Pardeck

(1992) recommend the facilitator implement follow-up activities that encourage children to use cognitive abilities as well as verbal and motor skills to help express feelings about the story read. The facilitator may select from a wide variety of writing and thinking activities to be employed as follow-up activities: (a) role-playing character actions and conversations, leading to better comprehension of emotions and motives; (b) using context clues to complete a paragraph using vocabulary from a chapter; (c) checking on initial predictions after reading to determine which have proved to be correct; (d) creating a timeline of events to increase understanding of sequencing or putting events in order; (e) determining cause-effect relationships through a matching exercise or a diagram with fill-in boxes; (f) thinking up a different ending for the story; (g) comparing two major characters; or (h) composing a letter to be sent to a character, summarizing the entire story.

Bibliotherapy involves pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activities. When implemented by a teacher, bibliotherapy should be educational rather than therapeutic in nature. However, if a reader experiences the three stages of identification, catharsis, and insight, clinical bibliotherapy will have occurred.

The Michigan Model for Health K-5 Curriculum

Educators are united by a common desire to make a positive difference in students' lives, and schools have provided health classes to help students stay safe and healthy for many decades (Michigan Model for Health, 2006). Accordingly, the Michigan State Board of Education (2003) believes that schools must do all they can to promote student health and well-being, for schools cannot achieve their primary mission of education if students are not physically, mentally, and socially healthy.

The Michigan Model for Health (MM) curriculum was developed as a cooperative effort by a State Steering Committee made up of representatives from the Michigan Department of Community Health - Public Health Administration, Division of Mental Health Services to Children and Families, and Substance Abuse Services; Department of Human Services; Department of Education; and State Police Department (Michigan Model for Health, 2006). The MM K-12 curricular framework was guided by several principles including: (a) Centers for Disease Control and Prevention's categories of risky behaviors; (b) personal health and wellness; (c) social and emotional health; (d) focused on critical content and skills with the emphasis on skill development that will impact health behavior; (e) correlated to health education standards and benchmarks or grade level content expectations; and (f) addressing age-appropriate health issues. Rather than being determined by individual facilitators, the State Steering Committee has identified problems that the MM curriculum addresses.

The K-5 MM curriculum addresses several key topics: Social/Emotional Health; Nutrition and Physical Activity; Safety; Alcohol, Tobacco, and Other Drugs; and Personal Health and Wellness. Individual grade-level curricula contain non-sequential, developmentally-appropriate, scripted lesson plans which address each topic area in a separate unit; many lessons include extension activities as suggestions to further reinforce lesson concepts.

Trade books are incorporated into lesson plans in several units across grade levels. The K-5 Social/Emotional Health lessons include a total of twenty nine books. Lesson plans using ten of the books detail all four steps of the bibliotherapy process; lesson plans incorporating the remaining nineteen books all include pre-reading, guided reading, and follow-up problem-solving/reinforcement activities but fail to detail instructions for post-reading discussions (see Appendix for complete listing of book titles).

Chapter III: Results and Analysis Relative to the Problem

As described in the review of literature, several characteristic features distinguish clinical bibliotherapy from educational bibliotherapy (Berry, 1978). In educational bibliotherapy, the facilitator functions as a group leader, participants are students who are considered to be “well,” and the goal is self-actualization or goal attainment. School personnel use developmental bibliotherapy to identify concerns of their students, to address social and emotional issues before problems arise, and to provide guidance for future development by providing knowledge of expectations and examples of how others have dealt with similar concerns (Cook, et. al., 2006). In what follows, I analyze how the K-5 Social/Emotional Health lessons of the Michigan Model for Health (MM) curriculum align with the characteristic features that distinguish educational bibliotherapy. Specifically, I use the review of literature to structure this chapter and offer critiques of how MM lessons met the principles of bibliotherapy.

Cornett and Cornett (1980) argue that successful bibliotherapy mandates the reader experience three specific stages: identification, catharsis, and insight. While the MM does not formally assess whether a reader advances through each stage, the potential for students to experience all three stages does exist. For example, in Lesson 1 of the 1st grade Social/Emotional unit (“Predicting How People Feel”), the teacher reads *Alexander and the Terrible, Horrible, No Good, Very Bad Day* by Judith Viorst, stopping at certain points to ask students how the characters might feel; students are asked to support their answers by citing clues given in the narrative or stating how they would feel in the story situation (identification). Additional activities involve children labeling paper with feeling categories and then drawing pictures to illustrate personal examples of having felt the indicated emotions (catharsis) as well as thinking of how someone might feel in different situations described by the teacher (insight).

By reading and discussing children's literature, students are able to deal with their emotions and work through choices to find productive solutions (Stamps, 2003). The MM curriculum illustrates this process. For example, Lessons 7-9 of the 2nd grade Social/Emotional unit ("Managing Anger and Other Strong Feelings," "Making Good Decisions," and "Practicing the WIN Steps"), incorporate stories from *Getting Along* by the Children's Television Resource and Education Center to identify and practice decision-making and problem-solving steps.

Bibliotherapy is used to address a range of problems and accomplish a variety of goals. Within the MM curriculum, objectives for Social/Emotional Health lessons that incorporate literature include: (a) identify caring touch as a comforting and important part of positive relationships; (b) identify and describe different kinds of feelings; (c) predict the potential feelings of others; (d) find out how others are feeling; (e) recognize a variety of personal feelings; (f) describe situations that may elicit mixed emotions; (g) demonstrate the ability to manage strong feelings; (h) demonstrate strategies to avoid trouble; and (i) set a personal goal and plan the steps necessary to achieve the goal. Bibliotherapy is used as a preventive tool, as a reader may gain insight about behavior and find solutions to preventing future problems using literature (Pardeck & Pardeck, 1992). The MM curriculum also addresses prevention. For example, in Lesson 8 of the 5th grade Social/Emotional unit ("Practicing the WISE Way to Avoid Trouble"), the teacher reads *Bully on the Bus* by Carl Bosch, and students are asked to write stories featuring themselves as the main characters running into potentially troublesome or violent situations and successfully using the WISE steps to avoid trouble.

The National Federation for Biblio/Poetry Therapy defines bibliotherapy as "books, or literature, to serve or help medically" (NFBPT, 2006). This perspective does not differentiate between different branches of bibliotherapy, and the emphasis upon medical treatment requires

one to be a licensed mental health or other medical professional in order to legitimately practice the therapeutic technique. When implemented by teachers, bibliotherapy does not address psychological problems that necessitate therapeutic intervention by a specialist (Cornett & Cornett, 1980). Bibliotherapy does not assume that every teacher is a skilled therapist or that all children are seriously maladjusted and in need of clinical treatment; rather, bibliotherapy suggests that every teacher should be aware of the effects of reading upon each student and realize that literature may help many children solve their personal adjustment and developmental problems (Russell & Shrodes, 1978). In Michigan, all elementary teacher candidates are required to take six credit hours of reading courses that meet specific standards (Michigan Department of Education, 2008a). Candidates must demonstrate an understanding of how to teach reading as “the process of constructing meaning through the dynamic interaction among the reader’s existing knowledge, the information suggested by the written language, and the context of the written situation.” Further, candidates’ instructional practices must demonstrate their knowledge of the reciprocal relationship between language, culture, and individual identity. Additionally, candidates must encourage students’ development of skills for critical thinking, problem solving, and performance and motivate students to build understanding and encourage the application of knowledge, skills, tools, and ideas to real world issues.

Cornett & Cornett (1980) detailed a number of personal attributes a bibliotherapist should possess. Professional standards for Michigan teachers align well with their recommendations: (a) understand and respect varying points of view and the role, rights, and value of the individual in a free democratic society; (b) demonstrate the abilities and skills necessary for effective communication in speech, writing, and multimedia using content, form, voice, and style appropriate to the audience and purpose (e.g., to reflect, persuade, inform, analyze, entertain,

inspire); (c) apply knowledge of human growth, development, and learning theory to implement instruction for the continuing development of students' cognitive, affective, physical, emotional, and social capacities; (d) discern the extent to which personal belief systems and values may affect the instructional process, and adjust instruction and interactions accordingly; (e) promote critical and higher order thinking skills, foster the acquisition of deep knowledge, and provide connections beyond the classrooms; (f) engage students in activities that demonstrate the purpose and function of subject matter to make connections to the world beyond the classroom and enhance the relationship and relevance to a global society; (g) promote positive peer interactions and positive self-esteem to ensure that each student is a valued participant in an inclusive learning community; (h) understand and uphold the legal and ethical responsibilities of teaching; (i) develop positive relationships with other teachers, parents/guardians, students, administrators, counselors, and other personnel to benefit students; and (j) analyze the effects of teacher dispositions, decisions, and actions upon others and adjust interactions accordingly (Michigan Department of Education, 2008b).

Bibliotherapy involves a planned intervention with established goals (Cornett & Cornett, 1980). Each MM lesson was planned through a cooperative effort between parents, teachers, and professional organizations and includes established objectives (Michigan Model for Health, 2006). In order for reading to be called bibliotherapy, a need must be identified, a book must be selected specifically to address the need of the particular reader, and both presentation and follow-up plans must be implemented. The State Steering Committee identified student health education needs and selected books to address each need; individual MM lesson plans detail presentation and follow-up activities. Cornett & Cornett (1980) suggest facilitators consider students' reading abilities, interests, and maturity when selecting potential bibliotherapy

materials for identified needs. These factors are not accounted for with the MM curriculum; materials to address developmental needs have been pre-selected, and, aside from deciding whether to incorporate books suggested as extension activities, no book choices are provided.

Jackson (2006) believes teachers who implement bibliotherapy should be guided by a four-step process: pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activity. A variety of pre-reading activities are found throughout the MM lessons. For example, in Lesson 3 of the kindergarten Social/Emotional Health unit (“Caring Touch”), students are asked to name people who care for them and identify ways people show caring. In Lesson 4 of the kindergarten Social/Emotional Health unit (“So Many Different Feelings”), the teacher explains how having different feelings is similar to having different colors in the world, utilizing visual aids to discuss how people often look when they feel happy, upset, or surprised. In Lesson 8 of the 5th grade Social/Emotional Health unit (“Practicing the WISE Way to Avoid Trouble”) the teacher reviews how to spot potential trouble and leads a discussion about the importance of friendship. The class discusses positive and negative friends, and students analyze friendships from stories, television programs, or movies to determine if they are positive or negative and describe the impact of each type of friendship on a person.

The MM presents guided reading activities in differing formats. For example, Lesson 7 of the 2nd grade Social/Emotional Health unit (“Managing Anger and Other Strong Feelings”) incorporates the story “There ‘Otter’ Be a Better Way” from the collection *Getting Along* by the Children’s Television Resource and Education Center. The teacher is provided with explicit instructions regarding how to read, “...beginning on page 46. Stop on page 47 after the sentence, ‘Oscar just laughed and started to turn away.’” as well as what to say, “Think about what I’ve read so far. What did Owen want?” Meanwhile, Lesson 8 of the 5th grade Social/Emotional

Health unit (“Practicing the WISE Way to Avoid Trouble”) includes an additional lesson plan for presenting *Bully on the Bus* by Carl W. Bosch. This lesson also provides explicit instructions: “Read pages 1, 3, and 5 without stopping to ask the questions at the bottom of each page. When you have finished reading page 5, state: ‘Let’s say Jack decides to fight with Nick.’ Read pages 11 and 50. State: ‘Jack didn’t use the WISE steps we learned for solving problem. How do you think I know he didn’t use them?’”

Post-reading discussions in the MM curriculum vary in respect to how explicitly instructions are stated. For example, in Lesson 3 of the kindergarten Social/Emotional Health unit (“Caring Touch”), discussion questions for *Loving Touches* by Lory Freeman are detailed: (a) What are the three things everyone needs?; (b) What are some of the loving touches we read about?; and (c) What are some ways you can ask for a loving touch when you want one? However, Lesson 2 of the 1st grade Social/Emotional Health unit (“Asking Others How They Feel”) advises the teacher to read *Double-Dip Feelings: Stories to Help Children Understand Emotions* by Barbara S. Cain but only provides general themes for the post-reading discussion. Teachers are instructed to “Talk with students about having different feelings at the same time, such as feeling both proud and scared about the first day of school. Review some of the pages where caring people help children manage their emotions.”

The MM includes a wide variety of follow-up problem-solving/reinforcement activities. For example, in Lesson 3 of the kindergarten Social/Emotional Health unit (“Caring Touch”), after listening to *Loving Touches* by Lory Freeman, students are asked to draw pictures of people who care about them by giving them positive, caring touches that they like. In Lesson 4 of the kindergarten Social/Emotional Health unit (“So Many Different Feelings”), after listening to *How Do I Feel?* by Norma Simon and Joe Lasker, students practice expressing feelings of

different intensities through pantomime. In Lesson 2 of the 2nd grade Social/Emotional Health unit (“Handling Mixed Feelings”), after listening to *The Berenstain Bears and Mama’s New Job* by Stan and Jan Berenstain, students play “Mixed Feelings,” a BINGO-type game. In Lesson 7 of the 2nd grade Social/Emotional Health unit (“Managing Anger and Other Strong Feelings”), after listening to the story “There ‘Otter’ Be a Better Way” in *Getting Along* by the Children’s Television Resource and Education Center, students are asked to write about what they will do the next time they have strong feelings. In Lesson 13 of the 5th grade Social/Emotional Health unit (“Setting Positive Goals for Health and Happiness”), after listening to *The Patchwork Quilt* by Valerie Flournoy, students develop specific plans in order to achieve goals.

Many of the Social/Emotional Health lessons in the K-5 Michigan Model for Health curriculum involve the four steps of the bibliotherapeutic process: pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activities. The MM curriculum is designed for implementation by teachers and, therefore, lessons incorporating literature should align with educational or developmental bibliotherapy practices. However, a potential exists for students to pass through the three stages of clinical bibliotherapy: identification, catharsis, and insight.

Chapter IV: Conclusion

Recommendation

While only licensed mental health or medical professionals may pursue formal credentialing in the field of bibliotherapy, teachers implement a variety of the techniques in an educational rather than a therapeutic context. Bibliotherapy from a clinical vantage point addresses severe emotional or behavioral issues, while educational bibliotherapy focuses upon social and developmental concerns. The Michigan Model for Health curriculum incorporates literature into many Social/Emotional Health lessons, approaching developmental topics identified by a State Steering Committee. However, since the MM curriculum is presented to a universal student audience, it is reasonable to believe that students with severe emotional or behavioral issues may receive classroom instruction.

Cornett and Cornett (1980) state successful bibliotherapy mandates the reader experience all three stages of the process (identification, catharsis, insight), while Pardeck and Pardeck (1992) believe the three-stage bibliotherapy process should only be implemented in its entirety by experienced therapists addressing complex emotional problems. An analysis of the Social/Emotional Health lessons from the K-5 MM curriculum reveals a potential for students to experience identification, catharsis, and insight during lessons featuring ten trade books. A number of these lessons address concerns that may impact students' emotional health (touching, anger management, change, bullying), and the curriculum does not instruct teachers in how to appropriately address these potentially sensitive topics.

For example, child sexual abuse is a topic taught in developmentally-appropriate lessons at several grade levels in the Safety unit of the K-5 MM curriculum. The instructions for implementing these lessons include several pages of teacher reference information entitled

“Teaching Personal Safety.” In addition to educating teachers regarding the extent of child sexual abuse and providing a rationale for prevention, the section provides suggestions for teaching the content: (1) set a comfortable tone for discussion; (b) clearly introduce the topic; (c) define all terms; (d) answer all questions clearly and simply; (e) adhere to specific guidelines during the presentation and discussion; (f) be aware of students’ behaviors; and (g) be aware of own feelings (Michigan Model for Health, 2006). Further, the section includes information regarding what a teacher should do if a student discloses abuse, complete with excerpts of the Michigan Child Protection Law.

If teachers who present the MM curriculum have the potential for guiding their students through the therapeutic process of bibliotherapy, perhaps a similar teacher reference section addressing bibliotherapy should be incorporated into the teacher’s manual. Relevant topics to address might include definitions, historical and current applications, research on effectiveness, potential benefits, and cautions for using bibliotherapy.

Areas for Further Research

While this analysis of the Social/Emotional Health lessons from the K-5 Michigan Model curriculum reveals a potential for students to experience all three stages of the bibliotherapeutic process, a research study must be conducted to determine whether students actually progress through identification to catharsis and insight during classroom instruction.

A 5th grade teacher trained in the MM curriculum working in collaboration with a mental health professional (school counselor, social worker, or psychologist) who is familiar with bibliotherapeutic principles should conduct the research study in the teacher’s general education classroom. Lesson 8 of the 5th grade Social/Emotional unit (“Practicing the WISE Way to Avoid Trouble”) provides a strong foundation to be studied. The lesson plan details a problem-solving

model, incorporating the book *Bully on the Bus* by Carl Bosch into pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activities.

Prior to beginning the lesson, the teacher should instruct students to write personal stories about being bullied. (If students have not experienced being bullied, they should base their stories on witnessing someone else being bullied; if students have not witnessed acts of bullying, they should base their stories on bullying scenarios they have read about or viewed on television or in movies.) Students should be encouraged to focus their writing on the feelings of the bullied character.

Once stories have been completed, the teacher should implement the lesson, including the “Lesson Plan for the Extension Activity: *Bully on the Bus*.” The mental health professional should be present to observe throughout the implementation, intervening as appropriate if any student demonstrates a strong emotional reaction to the lesson content. At the conclusion of the lesson, students should be instructed to revise their bullying stories, continuing to focus their writing on the feelings of the bullied character. The teacher should avoid providing explicit instructions to incorporate lesson content into their revised stories.

When all stories have been revised, the teacher and mental health professional should conduct independent analyses on each student’s writing, comparing the first draft to the revised story to ascertain students’ abilities to extrapolate the bullying content from the lesson and apply it to their personal situations. The goal of the analysis is to determine if individual student’s writing demonstrates progression from identification (empathizing with character) through catharsis (releasing pent-up emotions, gaining new perspectives) and insight (identifying possible solutions for bullying situation). Analysis must include specific examples from student writing to show evidence of each step of the bibliotherapeutic process. After completing their

independent analyses, the teacher and mental health professional should collaborate to reach a consensus on whether individual students appear to have successfully experienced the three stages of bibliotherapy.

The mental health professional should conduct follow-up interviews with students whose writing demonstrated progression through the three-step bibliotherapy process as agreed by the mental health professional and the classroom teacher. The goal of each unstructured interview is for students to discuss what led to changes in their stories, thereby identifying how *Bully on the Bus* may have provided insight and understanding.

Summary and Conclusion

Bibliotherapy, the use of literature in fostering self-understanding, growth, or healing, involves reading, questioning, and discussing emotional issues encountered in literature. The field has commonly been divided into two fields; clinical bibliotherapy is therapeutic in nature, and developmental or educational bibliotherapy provides information and support. While teachers may implement developmental or educational bibliotherapy, the National Federation of Biblio/Poetry Therapy only offers credentialing to trained professionals licensed as mental health practitioners or M.D.s.

Within the K-5 Michigan Model for Health curriculum, ten of the twenty-nine Social/Emotional Health lessons that incorporate literature align with the recognized protocol for bibliotherapeutic practice: pre-reading, guided reading, post-reading discussion, and follow-up problem-solving/reinforcement activities. Guided by teachers who have no knowledge of the potential dangers of bibliotherapy, students may unwittingly pass through the three stages of clinical bibliotherapy: identification, catharsis, and insight. Therefore, further research is

essential to determine if students actually experience successful bibliotherapy through implementation of the curriculum.

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Appendix

Table A1

K-5 Michigan Model for Health Social/Emotional Health Lessons Incorporating Trade Books

Grade	Lesson #	Book Title	Author	Bibliotherapy
K	1	<i>Manners</i>	Aliki	No
K	1	<i>I'm Sorry</i>	McBratney, Sam	No
K	2	<i>Making Friends</i>	Rogers, Fred	No
K	2	<i>The Berenstain Bears and the Trouble with Friends</i>	Berenstain, Stan and Jan	No
K	3	<i>Loving Touches</i>	Freeman, Lory	Yes
K	3	<i>I Like Me</i>	Carlson, Nancy	No
K	4	<i>How Do I Feel</i>	Simon, Norma and Lasker, Joe	Yes
K	4	<i>Today I Feel Silly: and Other Moods that Make My Day</i>	Curtis, Jamie Lee and Cornell, Laura	No
K	4	<i>On Monday When It Rained</i>	Kachenmeister, Cherryl	No
K	5	<i>It's Hard to Be Five: Learning How to Work My Control Panel</i>	Curtis, Jamie Lee and Cornell, Laura	No
K	6	<i>Growing Up Is Hard</i>	Schlessinger, Dr. Laura	No
K	8	<i>Families are Different</i>	Pellegrini, Nina	No

Grade	Lesson #	Book Title	Author	Bibliotherapy
K	8	<i>Why Am I Different?</i>	Simon, Norma	No
K	8	<i>Helping Hands</i>	Meyer, Eric Christopher	No
K	8	<i>The New Baby</i>	Mayer, Mercer	No
1	1	<i>How Do I Feel</i>	Simon, Norma and Lasker, Joe	Yes
1	1	<i>Alexander and the Terrible, Horrible, No Good, Very Bad Day</i>	Viorst, Judith	Yes
1	1	<i>On Monday When It Rained</i>	Kachenmeister, Cherryl	No
1	1	<i>Lizzy's Ups and Downs</i>	Harper, Jessica	No
1	2	<i>We Are Best Friends</i>	Aliki	Yes
1	2	<i>Double-Dip Feelings: Stories to Help Children Understand Emotions</i>	Cain, Barbara S.	Yes
1	2	<i>Growing Up Is Hard</i>	Schlessinger, Dr. Laura	No
1	3	<i>The Recess Queen</i>	O'Neill, Alexis and Hulishka-Beith, Laura	No
1	4	<i>I'll Always Love You</i>	Wilhelm, Hans	Yes

Grade	Lesson #	Book Title	Author	Bibliotherapy
1	4	<i>Have You Filled a Bucket Today?</i>	McCloud, Carol	No
1	5	<i>Helping Hands</i>	Meyer, Christopher	No
1	7	<i>Matthew and Tilley</i>	Jones, Rebecca	No
2	2	<i>The Berenstain Bears and Mama's New Job</i>	Berenstain, Stan and Jan	Yes
2	7	<i>Getting Along</i>	Children's Television Resource and Education Center	Yes
2	8	<i>Getting Along</i>	Children's Television Resource and Education Center	Yes
2	9	<i>Getting Along</i>	Children's Television Resource and Education Center	Yes
3	4	<i>I Am Blind</i>	Haydon, Julie	No
3	4	<i>I Am Deaf</i>	Hammonds, Heather	No
5	8	<i>Bully on the Bus</i>	Bosch, Carl	Yes
5	13	<i>The Patchwork Quilt</i>	Flournoy, Valerie	Yes

Bibliotherapy, a therapeutic approach that uses literature to support good mental health, is a versatile and cost-effective treatment option often adapted or used to supplement other types of therapy. Proponents of the approach suggest mild to moderate symptoms of several mood-related conditions can be successfully treated with reading activities. Both individual and group therapy may utilize this method, which is considered appropriate for children, adolescents, and adults. Mental health professionals may encourage those in therapy and those who are waiting for therapy to read for guidance or