The effectiveness of creative bibliotherapy for internalizing, externalizing, and prosocial behaviors in children: A systematic review

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ABSTRACT

Introduction: Creative bibliotherapy is the guided reading of fiction and poetry relevant to therapeutic needs. Experiencing stories is hypothesized to act on the same mechanisms as cognitive behavioral therapy (CBT). This systematic review assesses the efficacy and effectiveness of creative bibliotherapy for the prevention and treatment of internalizing and externalizing behaviors, and the strengthening of prosocial behaviors in children (aged 5–16).

Method: An electronic search in seven major databases was conducted along with hand searches of key journals and bibliographies. Only randomized or cluster-randomized trials were included. Primary outcomes: internalizing behavior (e.g., anxiety and depression), externalizing behavior (e.g., aggression), and prosocial behavior (e.g., behavioral intentions and attitudes towards others). Secondary outcomes: parent–child relationship, peer relationship, educational attainment and reading ability.

Results: 9180 records were located after removing duplicates. 9134 were excluded prior to screening. Of the 46 full-text articles assessed for eligibility, eight met the inclusion criteria and 38 were excluded. Meta-analysis was inappropriate due to study heterogeneity. Overall results suggest that creative bibliotherapy has small to moderate effect for internalizing behavior (δ range: 0.48–1.28), externalizing behavior (δ range: 0.53–1.09), and prosocial behavior (δ range: 0–1.2).

Conclusion: Creative bibliotherapy can have a small to moderate positive effect on child behavior. Although no definitive model of creative bibliotherapy emerges from the included studies, to some extent all interventions reflected CBT mechanisms. Further research is required to: 1) model the change processes taking place when children experience stories; 2) develop and pilot an intervention; 3) assess subgroup effects by gender, age, modality and literacy.

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1. Introduction

Healthy behavioral development in children is critical at both the individual and societal levels. A longitudinal study showed that 73.9% of adults with mental disorders had a mental health diagnosis before the age of 18, and 50% had a diagnosis before the age of 15 — with particularly high correlation for conduct disorders and anxiety (Gregory et al., 2007; Kim-Cohen et al., 2003). At the society level, sizeable costs are associated with deficient child and adolescent behavioral development (Centre for Economic Performance, 2012).

This review considers the potential of creative bibliotherapy – guided reading of fiction and poetry relevant to children's therapeutic needs (Riordan & Wilson, 1989) – as a low-cost, easy-to-disseminate intervention for the prevention and treatment of internalizing and externalizing behaviors, and the strengthening of prosocial behaviors in children.

1.1. Description of the condition

Internalizing behaviors are mood disorders such as anxiety, fear, and depression (APA DSM-V, 2013). Overall depression prevalence in children under 13 is 2.8% (SE 0.5%) and in older children 5.7% (SE 0.3%; Costello, Erkanli, & Angold, 2006). The prevalence rate for anxiety disorders in the same population is 5%–19% (Costello, Egger, & Angold, 2004).

Externalizing behaviors include aggression, attention deficit hyperactivity disorder (ADHD), conduct disorders (CD), and oppositional defiant disorder (ODD) (APA DSM-V, 2013). Global ADHD prevalence is 5.29% (95% CI = 5.01–5.56) (Polanczyk, de Lima, Horta, Biederman, & Rohde, 2007), CD 1.5%–4% (Loy, Merry, Hetrick, & Stasiak, 2012) and ODD 2% (Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998)–16% (Cohen et al., 1993) depending on definitions used.

Prosocial behavior is typically defined as "voluntary behavior intended to benefit another" (Eisenberg, Fabes, & Spinrad, 2013, p. 301). Prosocial tendencies include prosocial moral reasoning, social competence, and self-regulation, which are strongly correlated with empathy (Eisenberg et al., 2013). A survey of American students aged 11–18 found that only 29%–45% reported they had "social competencies such as empathy, decision making, and conflict resolution skills" (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011, p. 405).

1.2. Description of the intervention

Bibliotherapy has conceptual roots dating back to Ancient Greece (Riordan & Wilson, 1989, p. 506) and can be categorized into two distinct typologies: creative and self-help.

Self-help bibliotherapy uses non-fiction self-help books for therapeutic purposes. It has been shown to be effective for adults with depression, panic disorder, and certain sexual dysfunctions (Fanner & Urquhart, 2008; Marrs, 1995) as well as for those with anxiety when compared to no treatment (Mayo-Wilson & Montgomery, 2007). Less research has been conducted among children; however, media-based self-help does appear to be moderately effective in treating behavioral disorders (Montgomery, Bjornstad, & Dennis, 2009).

Creative bibliotherapy uses fiction, poetry, and film as prevention or treatment for emotional and behavioral maladjustment. While the intervention delivery may differ substantially (Rubin, 1978), the critical element is the selection of age- and literacy-appropriate narrative materials conducive to the therapeutic objective at hand (Pardeck & Markward, 1995). There is very little research into the effects of creative bibliotherapy on psychosocial outcomes in adults or children (Fanner & Urquhart, 2008).

This review is concerned with creative bibliotherapy. While creative bibliotherapy is widely used in practice, it has not received the same attention as self-help bibliotherapy in experimental research, nor is there a consolidated evidence-base for its use with children.

2. Theory

Although there is no definitive understanding of behavioral development in children and adolescents, it is theorized to consist of complex, interacting cognitive, social, and neurological processes (Bandura, 1969; Baron-Cohen & Wheelwright, 2004; Piaget, 1976; Schaffer, 1996). Internalizing and externalizing maladjustment occurs when individuals struggle to make sense of or misconstrue their experience of the world around them. Stories have the potential to help children find meaning and master social, emotional, and cognitive tasks (Bettelheim, 1976, p. 66):

> "*When all the child's wishful thinking gets embodied in a good fairy; all his destructive wishes in an evil witch; all his fears in a voracious wolf; all the demands of his conscience in a wise man encountered on an adventure; all his jealous anger in some animal that pecks out the eyes of his archrivals — then the child can finally begin to sort out his contradictory tendencies. Once this starts, the child will be less and less engulfed by unmanageable chaos.*"

Anchoring creative bibliotherapy in the best current evidence, we turn to cognitive behavioral therapy (CBT). CBT has demonstrated effectiveness in treating children with internalizing and externalizing disorders as compared to no treatment or other talking therapies (James, Soler, & Weatherall, 2012; Montgomery et al., 2009; O'Kearney, Anstey, Von Sanden, & Hunt, 2006). Briefly, a process of reframing negative thoughts underpins CBT: identifying unhelpful cognitions, challenging their meaning, and eliciting more realistic thoughts and assumptions (Hunot et al., 2013).

Table 1
Mapping reading processes to CBT processes.

CBT processes	Cognitive reading processes		Emotional reading processes		
	Recognition	Reframing	Empathy	Emotional memories	Identification
Identifying unhelpful cognitions	✔	✔	✔	✔	✔
Challenging their meaning	✔	✔		✔	✔
Eliciting more realistic assumptions and beliefs	✔	✔		✔	✔

Experiencing stories through fiction, poetry, and film could act on these same CBT mechanisms to teach "new attitudes and belief systems" among readers (Dwivedi, 1997, p. 29). When reading, both cognitive processes such as recognition (or assimilation) and reframing (or accommodation), and emotional processes such as empathy, emotional memories, and identification, occur (Oatley, 1994, 1999). These cognitive processes are key to the recognition of unhelpful cognitions and eliciting more realistic thoughts and assumptions. Emotional processes allow for the surfacing of previously unconsidered and unhelpful cognitions, to be challenged with new ways of interpreting these through insight into a fictional world and coming "to understand others and their plights from perspectives other than our own" (Oatley, 1994, p. 62). Table 1 maps these cognitive and emotional reading processes (Oatley, 1994, 1999) to the core constructs of a cognitive behavioral therapy model (Hunot et al., 2013).

3. Objectives

There is a strong case for creative bibliotherapy as both prevention and treatment for internalizing and externalizing behaviors, as well as for strengthening prosocial behaviors among children and adolescents. We hypothesize that experiencing a story mimics cognitive behavioral processes. This review assesses the effectiveness of creative bibliotherapy interventions for children (aged 5–16) for the prevention and treatment of (1) internalizing behaviors (e.g., depression and anxiety), (2) externalizing behaviors (e.g., conduct disorders, aggressive behavior, and anti-social behavior), and (3) the strengthening of prosocial behaviors (e.g., behavioral intentions and attitudes towards others).

4. Methods

4.1. Criteria for considering studies for this review

Randomized control trials and cluster randomized trials with a controlled, concurrently enrolled comparison condition were included in the review. Studies in which a majority of participants were children aged 5 to 16 years old were included, with the maximum age cut-off at 18 years. Given our interest in the preventative and treatment

properties of bibliotherapy, participants were either healthy or had a diagnosis for low-level internalizing (e.g., anxiety, depression) or externalizing (e.g., ODD or CD) disorders. Children with learning disabilities or autism spectrum disorder were excluded from the review.

Included studies must have delivered creative bibliotherapy, as defined above, either as a stand-alone intervention or as an adjunct to other therapy. There were no restrictions on type of literary material (e.g., written, audio-recorded), contact with others (e.g., therapist, parent, librarian, none), discussion format (e.g., group, individual), or setting of the intervention. Self-help bibliotherapy interventions were excluded. Only manuscripts in English were considered, and sufficient data to calculate effect sizes was required.

4.2. Outcomes

Meta-analysis was not possible given the heterogeneity of interventions, locations, participants, and measures.

Primary outcomes
1) Internalizing behaviors: measured subjectively (self-report, clinician-rated) and objectively (heart-rate, skin conductance).
2) Externalizing behaviors: measured subjectively (self-report, a clinical diagnosis of ODD, CD and ADHD) or objectively (neurotransmitter, physiological measurements).
3) Prosocial behaviors: measured globally (subjective reports) or situationally (manipulated activities).

Secondary outcomes
1) Parent–child relationship
2) Peer relationship
3) Educational attainment
4) Reading ability.

4.3. Search strategy for identification of studies

Published and unpublished manuscripts in English were considered for inclusion in this review, although the interventions could have been delivered in any language. No date restrictions were applied.

Table 2
Risk of bias in included studies.

| Study	Random sequence generation	Allocation concealment	Blinding of outcome assessment	Incomplete outcome data	Selective reporting
Group					
Betzalel and Shechtman (2010)	Unclear	Unclear	Unclear	Low	Low
Cameron, Rutland, Brown, and Douch (2006)	Unclear	Unclear	Low	High	Low
Chai (2010)	Unclear	Unclear	High	Low	Low
Newhouse and Loker (1983, 1987)	Unclear	High	Unclear	Unclear	Low
Rahill and Teglasi (2003)	Unclear	Unclear	Unclear	Low	Low
Shechtman (2000)	Unclear	Unclear	Low	Low	Low
Individual					
Shechtman (2006)	Unclear	Unclear	Unclear	Low	Low
Vezzali, Stathi, and Giovannini (2012)	Low	High	Low	Low	Low
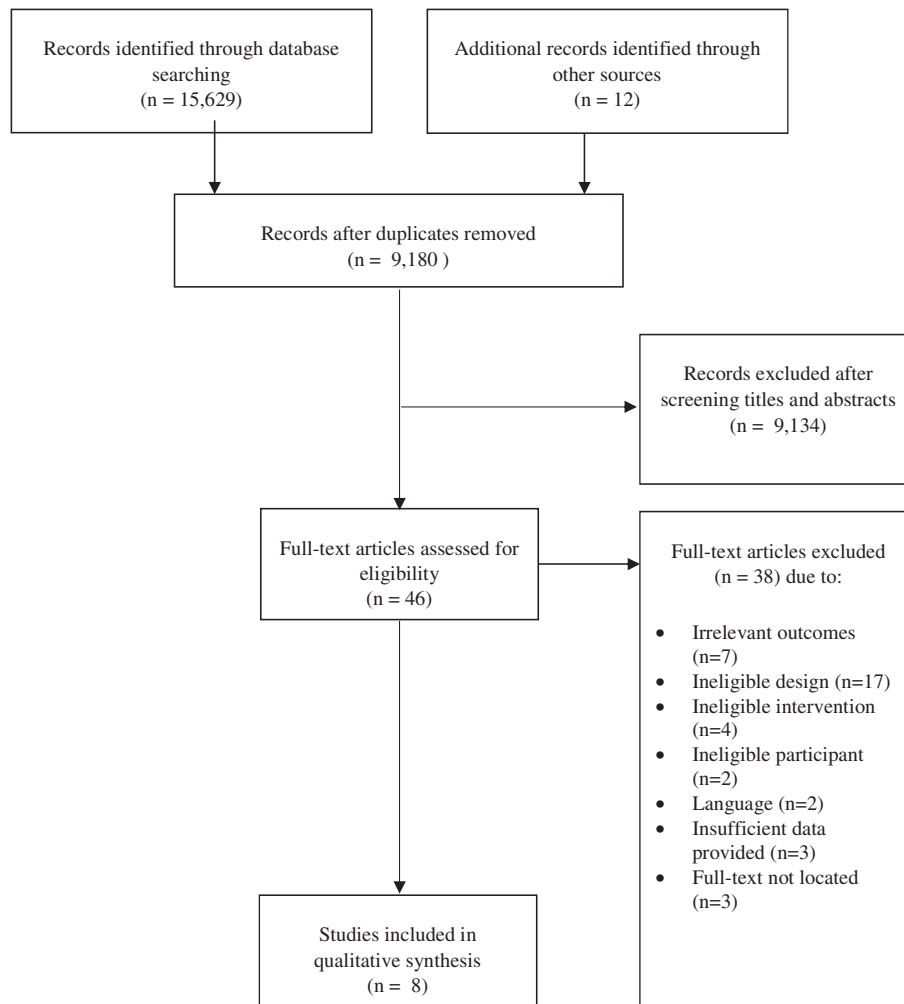
Fig. 1. Search PRISMA flowchart.

Electronic searches were conducted in the following databases: CINAHL; Cochrane Library; EMBASE; ERIC; LISA; MEDLINE; PsycINFO.

Search terms: (child* or adolescen* or youth* or teenager* or pupil).ti,ab. AND (bibliotherap* or reading therap* or poetry or fiction or literat* or audio-visual or audiovisual or video* or audio).ti,ab. AND (randomi#ed or experiment* or RCT or cluster random*).ti,ab.

References from previous reviews and articles returned during the electronic search were examined for additional studies. Hand searches of *Psychology in Schools*; *Child and Youth Services Review*; and *Reading Psychology* were conducted (2000–2014 inclusive). Gray literature was extensively searched for further studies not yet published in peer reviewed journals.

4.4. Data extraction

The review authors independently screened titles and abstracts to determine studies eligible for inclusion. The authors were not blind to study authors, institutions, journal of publication, or results. Disagreements were discussed and consensus on coding reached. Details and reason for exclusion of any relevant but excluded studies are available in Appendix 2.

The lead author extracted data into Excel, including: identifying information, methods, participants, intervention, comparison groups (trial arms) and outcomes.

Each study was coded using the Cochrane Risk of Bias tool (Higgins et al., 2011) and judged to be of low, high, or unclear risk of bias in relation to: sequence generation, allocation concealment, blinding of outcome assessors, incomplete outcome data, selective outcome reporting, and other sources of bias (see Table 2). Blinding of study personnel was excluded as being irrelevant in this context. No "overall" risk of bias was calculated, in line with Cochrane guidance (Higgins et al., 2011).

4.5. Data synthesis

Ideally, a meta-analysis of included studies would have been conducted. However, a systematic review without a meta-analysis is presented given the high degree of heterogeneity in the included population, intervention, outcomes, and comparator. Cohen's d effect sizes with a 95% confidence interval are provided, calculated by the lead reviewer using the Practical Meta-Analysis Effect Size Calculator (Wilson, 2001).

5. Results

5.1. Trial flow

The search strategy located 9180 records after removing duplicates (see Fig. 1). Electronic database searches located 9168 unique records; four records were retrieved from hand searches of three journals

Table 3
Effect of interventions.

Study	N = X (intervention, control) *Unless otherwise stated*	Mean age (standard deviation)	Gender (% female)	Group size (facilitator: participants)	Intervention effect on primary outcomes Cohen's d (δ, absolute values) with 95% confidence intervals as calculated by reviewer
Group					
Betzalel and Shechtman (2010)	N = 79 (AB n = 26, CB n = 26, Control n = 27)	12.10 (2.29)	45.60%	1: 6 to 7	*Internalizing*: Both bibliotherapy conditions experienced a statistically significant drop in self-report levels of anxiety versus control: AB moderate to large effect at post-treatment δ = 0.94 (0.38, 1.51) maintained at 3-month follow-up; CB small effect at follow-up δ = 0.38 (0.15, 0.93). Only children in AB experienced a statistically significant reduction in teacher-rated internalizing behaviors, with a moderate effect δ = 1.03 (0.53, 1.52) *Externalizing*: Only children in AB experienced a statistically significant reduction in externalizing behaviors, with a moderate effect δ = 0.68 (0.20, 1.16)
Cameron et al. (2006)	N = 261 (DI n = 69, CGI n = 68, DC n = 70, Control n = 54)	Age group 5–8: 7.16 (0.5) Age group 9–11: 10.5 (0.6)	54%	1: 2 to 3	*Prosocial*: All three models of extended contact had a combined moderate effect versus control on negative out-group attitudes towards refugees, δ = 0.44 (0.13, 0.77). DI condition had statistically superior effects compared to the CGI and DC conditions, δ = 0.42 (0.13, 0.72). There was no main effect of combined extended contact conditions on intended behavior towards immigrants, although there was a small effect of DI vs CGI and DC, δ = 0.37 (0.10, 0.65)
Chai (2010)	N = 96 (51, 45)	Not reported (kindergarten and 1st grade, US — age 5–7)	44.80%	1: class (~24)	*Prosocial*: Researcher rated scores showed a statistically significant effect on post-test social problem solving scores, δ = 0.84 (0.42, 1.26) which was maintained at 3 week follow-up
Newhouse and Loker (1983, 1987)	N = 30 (15, 15)	Not reported (2nd grade, US — age 7–8)	Not reported	Not reported	*Internalizing*: No effect on Link's children Fear scale after 28 weeks, but statistically significant reduction of fear by week 56 with a large effect δ = 1.28 (0.17, 2.39)
Rahill and Teglasi (2003)	N = 82 (STORIES n = 35, Skillstreaming n = 28, Non-specific counseling n = 19)	STORIES: 9.37 (1.11) Skillstreaming: 10.62 (.54) Non-specific counseling: 10.64 (1.19)	14.60%	1: 4 to 6	*Internalizing*: "STORIES" participants reported more favorable scores than "Skillstreaming" participants on teacher rated overall behavioral symptoms index, δ = 0.69 (0.18, 1.20), although no effect was found versus integrative counseling *Prosocial*: No effect was found on social competency or anti-social behavior as rated by teachers and other school personnel
Shechtman (2000)	N = 70 (34, 36)	Not reported in detail. 20 students aged 10–11; 50 aged 12–15	21%	1:1 (3) 1:2 (4) 1: very small group (5)	*Internalizing*: Treatment children experienced a statistically significant reduction in self-reported internalizing behaviors (withdrawal δ = 0.64 (0.13, 1.15), social problems δ = 0.51 (0.01, 1.02), anxiety/depression δ = 0.65 (0.14, 1.16)) and teacher-reported internalizing behaviors (anxiety/depression δ = 0.64 (0.16, 1.13), thought problems δ = 0.48 (0.00, 0.97)) *Externalizing*: Treatment children experienced moderate to high effect on externalizing behavior on self-rated aggressive behavior δ = 0.76 (0.25, 1.28), and teacher-rated attention problems, δ = 0.75 (0.25, 1.25) and aggressive behavior, δ = 0.53 (0.05, 1.02)
Individual					
Shechtman (2006)	N = 61 (ICB n = 24, IC n = 24, Control n = 13)	12.07 (1.69)	0%	1:1	*Externalizing*: ICB and IC both improved aggression outcomes versus control (ICB and IC did not differ significantly from each other), self-rated δ = 1.09 (0.45, 1.74) and teacher-rated δ = 1.15 (0.51, 1.80) *Prosocial*: ICB had a statistically significant effect on empathy, with a small to moderate effect compared to IC alone, δ = 0.49 (0.08, 1.06)
Vezzali et al. (2012)	N = 96 (INC n = 33, NC n = 33, Control n = 30)	12.81 (0.57)	47%	0:1	*Prosocial*: INC had a moderate to large effect on intergroup attitudes, δ = 1.20 (0.74, 1.05), intergroup behavioral intentions, δ = 0.72 (0.28, 1.15) and desire for future contact, δ = 0.67 (0.23, 1.10)

AB — affective bibliotherapy; CB — cognitive bibliotherapy; DI — dual identity; CGI — common group identity; DC — decategorization; INC — intercultural book; NC — non-intercultural book.

(*Psychology in Schools, Child and Youth Services Review*, and *Reading Psychology*); six from bibliography searches; and two from gray literature. After screening titles and abstracts, 46 qualified for further inspection. Full text articles were acquired and coded by the reviewers. Eight studies met the inclusion criteria (see Appendix 1) and 38 were excluded (see Appendix 2) due to irrelevant outcomes (n = 7), ineligible research method design (n = 17), ineligible intervention (n = 4), ineligible participants (n = 2), manuscripts not in English (n = 2), insufficient data (n = 3) or being unable to locate the full text report (n = 3).

5.2. Study characteristics

5.2.1. Setting of the studies

The earliest included study was published in 1983, with the remaining seven included studies published during or after 2000. With almost 60% of excluded studies also published since 2000, this trend suggests a growth in interest in bibliotherapy programs for children and adolescents.

Three studies were conducted in the USA (Chai, 2011; Newhouse, 1987; Newhouse & Loker, 1983; Rahill & Teglasi, 2003); three were conducted in Israel (Betzalel & Shechtman, 2010; Shechtman, 2000, 2006); one in England (Cameron et al., 2006); and one in Italy (Vezzali et al., 2012).

5.2.2. Characteristics of participants

In total, the studies included 767 children aged 5–15 years old. Four included studies involved healthy school pupils with no reported maladjustment (Cameron et al., 2006; Chai, 2011; Newhouse, 1987; Newhouse & Loker, 1983; Vezzali et al., 2012). Two studies involved children with teacher-identified behavioral difficulties (Shechtman, 2000, 2006); one with children in a residential home likely to have suffered significant emotional trauma (Betzalel & Shechtman, 2010); and one with children with special educational needs due to emotional disabilities (Rahill & Teglasi, 2003).

5.2.3. Interventions

In six of the included studies, creative bibliotherapy was delivered to groups of participants, with materials read aloud by a supervising adult followed by discussion or reinforcement activities. Facilitators included teachers (Chai, 2011), psychologists, counselors (Betzalel & Shechtman, 2010; Rahill & Teglasi, 2003; Shechtman, 2000), or researchers (Cameron et al., 2006). In one trial involving "oral readings" followed by a "supervised discussion," it was unclear who actually delivered the intervention (Newhouse, 1987; Newhouse & Loker, 1983). Two included studies were delivered at the individual level: one in which participants read alone with no discussion component (Vezzali et al., 2012) and one as an adjunct to an integrative counseling session using a story, poem, or film (Shechtman, 2006).

All interventions typically had one or two weekly defined contact sessions. Only two interventions were conducted over six months or more: 56 weeks (Newhouse, 1987; Newhouse & Loker, 1983) and 25 weeks (Rahill & Teglasi, 2003). The other six interventions lasted between 2 and 16 weeks.

The intervention arm in all studies used materials involving fictional stories, poems, or films. Stories were selected such that characters' experiences related to outcomes of interest in participants. None of the included interventions were designed explicitly around a CBT model; however, this does not preclude the possibility that core components acted on evidence-based cognitive behavioral mechanisms.

Further details are provided in Appendix 1 (characteristics of included studies).

5.2.4. Methodological quality

Table 2 summarizes the risk of bias in included studies analysis. All studies were described as randomized controlled trials, although none specified the method of sequence generation or allocation concealment. Three studies were at low risk of bias for blinding outcome assessment (Cameron et al., 2006; Shechtman, 2010; Vezzali et al., 2012); one had high risk of bias, as it appears the researcher was directly involved in administration of assessment (Chai, 2011); the remaining four provided insufficient detail to assess. In one study it was unclear whether there was incomplete outcome data, as only the group mean and standard deviation were reported (Newhouse, 1987; Newhouse & Loker, 1983), and another had unexplained inconsistencies in the total number of participants reported in each statistical assessment, which raises questions about completeness (Cameron et al., 2006).

All eight studies risked selection bias — most described the schools selected as those who responded and were willing to participate, or in which staff was specifically interested in testing new methods. Furthermore, one study was open to potential statistical bias, as it had only a few, small clusters (seven classes across three intervention conditions) and did not measure baseline differences (Vezzali et al., 2012).

5.3. Outcomes

All included studies measured at least one primary outcome under consideration in this review. There were a variety of measures used, which are presented in Appendix 1. Only one included study addressed one of this review's pre-specified secondary outcomes: peer relationships (Rahill & Teglasi, 2003), using peer and teacher socio-metric questionnaires. No study reported parent–child relationship, educational, and reading attainment. Unfortunately, few of the measures used have been widely validated, such as the Child Behavior Check List (CBCL) and Teacher Report Form (TRF) (Achenbach & Edelbrock, 1991a, 1991b). Table 3 summarizes the effect of interventions on primary outcomes.

5.3.1. Creative bibliotherapy versus no treatment control

5.3.1.1. Internalizing outcomes. Three included studies measured internalizing outcomes for creative bibliotherapy interventions versus a no treatment control group, overall demonstrating modest positive effects on adjustment, anxiety, and fear: δ range (all measures): 0–1.28; δ range (known validated measures): 0.48–1.03.

Betzalel and Shechtman (2010) compared 79 participants across three conditions: 1) "affective bibliotherapy" (AB) which used fictional stories to prompt emotional self-exploration, repressed thoughts and experiences through a connection with the characters; 2) "cognitive bibliotherapy" (CB) which used realistic literature relating directly to fear, anxiety and behavioral difficulties to inform coping techniques; and 3) a no intervention control. AB had a moderate effect on self-reported anxiety at post-treatment compared to a control condition, $\delta = 0.94$ (0.38, 1.51), which was maintained at 3-month follow-up. AB also had a moderate to large effect on teacher-reported internalizing behaviors at 3-month follow-up, $\delta = 1.03$ (0.53, 1.52). CB had a smaller effect on anxiety as compared to the control condition at follow-up, $\delta = 0.38$ (0.15, 0.93), and no effect on externalizing behaviors.

Newhouse and Loker (1983, 1987) read selected stories on fear-related topics to the intervention children, followed by a supervised discussion. The Link Children's Fear Scale (Link, 1976) was administered pre-intervention, after 28 sessions and after 56 sessions. No difference was found between intervention and control at 28 sessions, but there was a moderate statistically significant effect at 56 weeks on self-reported fear, $\delta = 1.28$ (0.17, 2.39), although the 95% confidence interval was wide (n = 30).

Shechtman (2000) allocated 70 children from special education classrooms who were nominated by their teachers as aggressive into an experimental bibliotherapy or control condition. Adjustment problems were measured on a self-report version of the CBCL and on the

teacher completed TRF. Treatment children experienced statistically significant reductions in self-reported and teacher-reported internalizing behaviors, δ ranging from 0.48 to 0.65 (see Table 3 for details).

5.3.1.2. Externalizing outcomes. Two included studies that measured internalizing outcomes versus a no-treatment control also measured externalizing outcomes (Betzalel & Shechtman, 2010; Shechtman, 2000). Overall, these studies demonstrated a positive effect, δ range: 0.53–0.76. Betzalel and Shechtman (2010), showing that AB significantly affected externalizing behavior measured on the TFR, δ = 0.68 (0.20, 1.16), with no effect found in the CB condition. Shechtman (2000) found a small to moderate effect of bibliotherapy on externalizing outcomes, ranging from an effect size of δ = 0.53 to δ = 0.76 (details in Table 3).

5.3.1.3. Prosocial behavior. Three included studies look at prosocial behavior outcomes versus a no-treatment control. Small to large effects were found on outcomes intergroup attitudes, intended behavior, empathy, and social problem solving skills although none of the measures have been extensively externally validated: δ range (all measures): 0.37–1.2.

Cameron et al. (2006) tested three models of extended contact using versions of fiction in which different group characteristics were emphasized versus a school-as-usual control in a study involving a total of 261 children. The intervention conditions were: 1) common group identity (CGI), which emphasized category membership, 2) de-categorization (DC), which emphasized individual identity, and 3) dual identity (DI), which emphasized individual and category identity. All three extended contact conditions had a combined moderate effect versus control on negative out-group attitudes towards refugees, δ = 0.44 (0.13, 0.77). DI had statistically superior effects compared to the CGI and DC, δ = 0.42 (0.13, 0.72). There was no main effect of combined extended contact conditions on intended behavior towards immigrants, although there was a small effect of DI versus CGI and DC, δ = 0.37 (0.10, 0.65).

Chai (2011) used stories emphasizing skills related to social problem-solving, such as interpreting social cues, generating possible responses, and putting plans into action as an intervention, along with reinforcement activities (e.g., role playing) to improve the social problem solving skills of 96 kindergarten children. The Wally Child Social Problem Solving Game (Webster-Stratton, 1990) was used to assess social problem skills pre- and post-intervention. A one-way ANCOVA controlling for pre-test scores found a significant effect on improved problem solving skills in the intervention group as post-test, δ = 0.84 (0.42, 1.26), which was maintained at 3-week follow-up.

Vezzali et al. (2012) drew on extended contact models to improve 96 adolescents' attitudes and behavioral intentions towards immigrants. Ahead of the summer vacation, pupils in each active group were given a reading list containing intercultural (INC) or non-intercultural (NC) reading depending on their allocation and asked to read one book. The control group received no instructions. INC had a moderate to large effect on intergroup attitudes, δ = 1.2 (0.74, 1.05), intergroup behavioral intentions, δ = 0.72 (0.28, 1.15) and desire for future contact, δ = 0.67 (0.23, 1.10).

5.3.2. Creative bibliotherapy as an adjunct to other therapy

Shechtman (2006) compared integrative counseling with a bibliotherapy adjunct (ICB), to stand alone integrative counseling (IC) and a no-treatment control (n = 61). IC sessions were mostly unstructured, focusing on aggressive behavior, with the ICB condition starting sessions with a story, poem, or film relating to aggressive behavior and its consequences. Both IC and ICB produced statistically similar large effects versus control for aggressive behavior outcomes, self-rated δ = 1.09 (0.45, 1.74) and teacher-rated δ = 1.15 (0.51, 1.80). A small effect was also found in the ICB condition versus the IC condition on empathy, δ = 0.49 (0.08, 1.06). Process analysis suggests that boys treated with ICB

attained a higher stage of therapist-rated positive change and were less resistant to the therapeutic process.

5.3.3. Creative bibliotherapy versus other treatments

Rahill and Teglasi (2003) allocated 82 children with emotional disabilities in a large suburban school district in the US to three conditions: 1) "STORIES", focused on social information processing, using fictional stories, and peer group processes as mechanisms for increasing the number of strategies available for interpreting situations and generating responses to negative or hostile peer interactions; 2) "Skillstreaming", a manualized nine-step intervention comprising planned and systematic instruction of acceptable social skills; and 3) a non-specific counseling group addressing topics raised by the children or group leader, not the researchers. On overall internalizing problem behavior as rated by teachers, "STORIES" participants scored more favorably than "Skillstreaming" participants, δ = 0.69 (0.18, 1.2), however, this effect size was deemed small by researchers, accounting for only 9.8% variation in scores across groups. No difference was found between "STORIES" and non-specific counseling. No significant difference was found on teacher-rated social competency or anti-social behavior, nor on any peer-relationships.

6. Discussion

Overall, the eight randomized controlled trials included in this review suggest that creative bibliotherapy has small to moderate effect on prevention and treatment among children for internalizing behaviors (δ range: 0.48–1.28), externalizing behaviors (δ range: 0.53–1.09), and prosocial behaviors (δ range: 0–1.2). The data for augmented impact in using bibliotherapy as an adjunct to existing counseling interventions was only assessed in one study (Shechtman, 2006), where it showed a small superior effect to stand-alone counseling on a prosocial indicator: empathy, δ = 0.49 (0.08, 1.06). In light of GRADE guidelines, although the upper-ranges of these effect sizes are large, we have modified their interpretation given study limitations and imprecision due to small sample sizes (Guyatt et al., 2011). Furthermore, meta-analysis was inappropriate due to heterogeneity of intervention types, duration, delivery models, participant characteristics, and outcomes measured.

The included studies provide support for the hypothesis that creative bibliotherapy acts along CBT mechanisms. Through careful reading of the description of included interventions, the authors were able to assess that each fictional story used provided opportunity for identification of unhelpful beliefs and behaviors, challenging of their meaning, and the development of new beliefs and behaviors. In all but one case (Vezzali et al., 2012) the delivery model facilitated this process.

Generalizability of the research insights is promising. All studies were conducted in high-income but culturally varied countries (England, Israel, Italy, USA), with all but one conducting the intervention in English (Vezzali et al., 2012 in Italian). A variety of participants, representative of gender (although >75% were male) and aged 5 to 15 were included. Most children attended mainstream, government-provided education facilities — except for one study conducted in a children's home and one special education center. Most participants were healthy children facing typical growing-up challenges, although two studies included children with teacher-identified aggression and behavioral problems (Shechtman, 2000, 2006), and one included children with emotional disabilities (Rahill & Teglasi, 2003).

6.1. Limitations

The review identified eight trials of variable quality. Implementation details were scarce across all included studies, reducing the applicability of the evidence. Furthermore, all studies limited discussion to statistical significance, failing to also address clinical significance. Only one study involved independent reading without

facilitated discussion or reinforcement activities delivered by a teacher, therapist, or researchers; thus intervention effectiveness was confounded by the delivery mechanism (e.g., reader relationship or group dynamics).

While recruitment methods varied between studies, participants were included based on either membership of a participating class/institution or identification by school/institution as suffering from a specific behavioral condition. All schools were willing to participate in researching new methods, so results may not generalize to cases lacking similar motivation.

Surprisingly, given the importance placed on literacy-appropriate texts (Pardeck & Markward, 1995), none of the studies discussed the literacy levels of participants. Only one intervention (Vezzali et al., 2012) required independent reading of a text. In the others, texts were read aloud by a teacher, therapist, or researcher. It is unclear the extent to which these interventions can be generalized to an illiterate or lower-literacy population.

6.2. Implications for practice

This review suggests that creative bibliotherapy can have a small to moderate positive effect on child and adolescent internalizing,

externalizing, and prosocial behaviors (effect size δ range from 0.48–1.28). Although no definitive model of creative bibliotherapy emerges from the included studies, all interventions reflected to some extent the evidence-based steps of CBT. There is insufficient evidence to show superiority of any modality (e.g., books, poetry, film, audiobooks). Clinicians and practitioners might critically evaluate the current evidence and opt to use literature in their practice with children to augment therapeutic aims, particularly as no evidence of negative effects has been found.

6.3. Implications for further research

This review constitutes the first comprehensive effort to synthesize existing evidence on the use of creative bibliotherapy for internalizing, externalizing, and prosocial behaviors in children aged 5–16 years old. It provides direction for further research with objectives to 1) explicitly model the change processes taking place when children read or listen to literature; 2) develop and pilot an intervention drawing on this theory of change; 3) assess subgroup effects by gender, age, modality and literacy to understand for whom this intervention is effective.

Appendix 1. Characteristics of included studies

Study, year (country)	Participants (age)	Activity, aim, delivered by	Unit of randomization	Intervention (# sessions × minutes)	Control	Relevant primary outcomes considered in this study
Group						
Betzalel & Shechtman, 2010 (Israel)	Children living in a residential home (12–15)	• Two types of literature featuring fear, anxiety and behavioral difficulties • Improve adjustment and reduce anxiety • Counselor	Individual	(1) Affective bibliotherapy (AB) — fictional text to promote self-exploration (2) Cognitive bibliotherapy (CB) — realistic literature to identify coping techniques (8 × 45)	No treatment	*Internalizing*: Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985); Teacher Report Form (internalizing subscales) (TRF; Achenbach & Edelbrock, 1991a, 1991b) *Externalizing*: TRF (externalizing subscales)
Cameron et al., 2006 (England)	English (i.e., non refugee) school children (5–11)	• 3 models of extended contact using fiction • Improve intergroup attitudes and intended behavior towards refugees • Researcher	Individual	(1) Common group identity (CGI) — category membership emphasized (2) Decategorization (DC) — individual identity emphasized (3) Dual identity (DI) — individual and category identity emphasized (6 × 15–20)	School as usual	*Prosocial*: Intergroup attitude Likert Scale (author developed); Intended behavior scale (Lewis & Lewis, 1987)
Chai, 2011 (USA)	School children (5–7) excluding severe behavior problems, learning disabilities or developmental delays	• Stories featuring social skills, with reinforcement activity using puppets • Improve social skills • Teacher	Class	(1) Intervention (4 × 30 over 2 weeks)	Wait-list control	*Prosocial*: Wally Child Social Problem Solving game (Webster-Stratton, 1990)
Newhouse & Loker, 1983; Newhouse, 1987 (USA)	School children (7–8)	• Reading stories related to fear plus discussion • Reduce fear • Supervisor	Individual	(1) Intervention phase 1 (28 × 60) (2) Intervention phase 2 (additional 28 × 60)	School as usual	*Internalizing*: Link Children's Fear Scale (Link, 1976)
Rahill & Teglasi, 2003 (USA)	Children with emotional disabilities schooled in special education centers (7–12)	• Stories and group discussion • Improve social competency • School psychologist	Class	(1) STORIES (Teglasi & Rothman, 2001) based on social information processing (25 × 40–45)	(1) Skill-streaming program (McGinnis & Goldstein, 1997) — planned and systematic instruction of social skills (2) Non-specific counseling — topics and strategies raised by participants (25 × 40–45)	*Internalizing*: Behavior Assessment System for Children (BASC) Behavior Symptoms Index (BSI) (Reynolds & Kamphaus, 1992) *Prosocial*: School Social Behavior Scale (SSBS) — Social competence and antisocial behavior (Merrell, 1993)

Appendix 1 (*continued*)

Study, year (country)	Participants (age)	Activity, aim, delivered by	Unit of randomization	Intervention (# sessions × minutes)	Control	Relevant primary outcomes considered in this study
Shechtman, 2000 (Israel)	Students from disadvantaged backgrounds with behavior problems (10–15)	• Stories, poetry and film featuring aggression plus discussion of cognitive behavioral strategies • Reducing aggression • Counseling graduate students	Individual	(1) Intervention (10 × 45)	Wait-list control	*Internalizing*: Child Behavioral Check List (CBCL; Achenbach, & Edelbrock, 1991)) & TRF (internalizing subscales) *Externalizing*: CBCL & TRF (externalizing subscales)
Individual Shechtman, 2006 (Israel)	Aggressive students in normal school (12)	• Adjunct to Integrative counseling using stories, poems or films featuring aggressive behavior • Reduce aggressive behavior • Counselor	Individual	(1) Integrative counseling plus bibliotherapy (ICB) (10 x 45 over 4 months)	(1) Integrative counseling (IC) only (2) No counseling or treatment	*Externalizing*: CBCL & TRF (total score) *Prosocial*: Index for Empathy for Children and Adolescents (Bryant, 1982)
Vezzali et al., 2012 (Italy)	School children (12)	• Summer book to read alone, with no other treatment component • Improve attitude and behavior towards immigrants	Class	(1) Intercultural book (INC)	(1) Non-intercultural book (NC) (2) No book	*Prosocial*: Intergroup behavioral intentions; Intergroup attitudes (Liebkind & McAlister, 1999); Desire for future contact

Appendix 2. Characteristics of excluded studies

Authors (year)	Reason for exclusion
Irrelevant outcomes	Outcome used
Baruchson-Arbib (2000)	Increase in reading
Clearinghouse (2007)	Fluency and literacy
Cadieux and Boudreault (2005)	Reading and general academic ability
Green (2013)	Literacy, motivation or interest in reading and writing
Morrow and Young (1997)	Literacy
Agness (1980)	Perception
Wagener (1976)	Self-concept
Ineligible design	Study design
Adler and Foster (1996)	Non-experimental design
Clearinghouse (2006a, 2006b)	Non-systematic literature review which did not include effect size
Clearinghouse (2006a, 2006b)	As above
Demetraides-Guyette (2002)	Non-randomized, matched design
Aram & Aviram (2009)	Non-randomized design
Beardsley (1982)	Although did commence with a random allocation of classes to intervention and control, the researcher confined statistical analysis to pre- post-test within the intervention group without comparison to the control
Borders and Paisley (1992)	Non-randomized design
Felder-Puig et al. (2003)	Non-randomized design
Harper (2010)	Non-randomized design using archival data
Kanarowski (2012)	Quasi-experimental design
Leming (2000)	Quasi-experimental design
Leifer, Gordon, and Graves (1974)	Non-experimental design
Newman and Powell (2007)	Quasi-experimental design
Riquelme and Montero (2013)	Quasi-experimental design
Tunney and Boore (2013)	Quasi-experimental design
Cameron and Rutland (2006)	No control group
Shechtman (2003)	Non-randomized design
Ineligible intervention	Actual intervention
Block (1993)	Problem solving techniques
Scott et al. (2010)	Parenting program intervention
Sylva, Scott, Totsika, Ereky-Stevens, and Crook (2008)	Parenting program intervention
Faver and Alanis (2012)	Parent level intervention
Ineligible participants	Ineligible characteristic
Bhavnagri and Samuels (1996)	Participants under 5
Milonnet (2008)	Participants under 5
Manuscript not in English	Language
Chang and Liu (2011)	Taiwanese
Kaluza, Margraf-Stiksrud, and Wnuk (2002)	German

Appendix 2 (*continued*)

Authors (year)	Reason for exclusion
Insufficient data provided	Explanation
Leifer (1973), Leifer et al. (1974)	Protocol only
Sipsas-Herrmann et al. (1996)	Initially included, but insufficient data available such as total number of participants and their allocation to the Fiction, Non-Fiction or Control group. Authors uncontactable
Nuccio (1997)	Initially included, but author could provide insufficient data to understand the whole group level effect of the intervention
Full text not located	Explanation
Clore and Bray (1977)	No response from contacted authors
Davis (1998)	Located on ERIC, insufficient details to locate paper
Shakirova (1990)	Insufficient details to locate paper

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