A ten-year-old faces a crisis: a father in a diabetic coma. In another part of town, a young child watches, helplessly, as her parents engage in a variety of forms of domestic violence. Meanwhile, across the street, the children are being abused and neglected; their physical scars are visible and they appear as though they have not eaten for weeks.

**What is a Crisis?**

In each of the aforementioned situations, there are similarities. All of the scenarios involve children facing a crisis, defined by Dixon (1979) as a “functionally debilitating mental state resulting from the individual’s reaction to some event perceived to be so dangerous that it leaves him or her feeling helpless and unable to cope by usual methods” (p. 10). Dixon characterized a crisis as, “The existence of a subjectively defined precipitating event, unusual personality disorganization and impaired social functioning, debilitating emotional responses, and resolution within four to six weeks” (p.15).

**Who Are Crisis Interveners?**

Another similarity among each of the scenarios is that each child needs some type of assistance: someone to intervene on the child’s behalf. These professionals, whose goal is “to assist crisis victims to return to their pre-crisis levels of functioning and to seek avenues for positive change” (Hendricks & McKean, 1995, p. 11), are crisis interveners. Professionals such as firefighters, correctional workers, emergency medical personnel, ministers, probation officers, parole agents, victim advocates, teachers, school counselors, and others who come into contact with children in crisis may also be called upon to act as a crisis intervener.

**What are the Types of Crises?**

The nature of the crisis is another similarity in the vignettes. Erickson (1959, 1963) identified two types of crises that people may face: maturational-developmental and accidental-situational. Maturational-developmental crises occur during a transitional period of a person’s life; these periods are characterized by cognitive or affective upsets. Such crises for children may include, but are not limited to, moving to a new neighborhood, school situations (beginning kindergarten, moving from elementary to middle school or from middle school to high school), peer pressure, dating, relationships, prejudice, cultural differences, ethnic group mistrust and misunderstanding, nontraditional home environments, physical maturation, and the search for identity. Each of the children in the vignettes are facing as an accidental-situational crisis. This type of crisis is characterized by periods of psychological and behavioral upsets that are
precipitated by unexpected life hazards, usually involving a significant loss. For children, these crises occur frequently. Potential accidental-situational crisis situations confront children on a daily basis: substance abuse, illness, death, divorce, disabilities, crime, domestic violence, hate crimes, gang violence, and child abuse and neglect.

**What are the Effects of Crises on Children?**

Children have difficulty dealing with the trauma in their lives... often, children have less access to help in making it through such crises. Children can often mask their suffering from others, and adults can easily assume that children either do not understand the emotional impact of the crisis or are resilient enough to be unaffected (Rasinski & Gillespie, 1992).

Children can be influenced, often in negative and unforeseen ways, by events that occur within families and communities. Events such as substance abuse, death, and divorce can negatively affect children. Domestic violence, perhaps the most frequently occurring form of abuse, may be devastating to children. Hendricks (1985) states, “Research indicates that violent families are the breeding grounds for juvenile delinquency, alcohol and drug abuse, and intergenerational violence. Many of the children within these violent families become violent adults and violent parents” (p. 48). Mickish (1991) also expresses concern regarding children in violent homes: “The cost to children is immediate and cumulative... Children’s behavior may ‘regress.’ They may get poor grades because they are unable to concentrate in school or do their homework. They may act out violent behaviors toward objects, animals, siblings, and schoolmates” (p. 44).

Additional behavioral and psychiatric disorders in the child victim, particularly in intrafamilial child sexual abuse cases, may include affective problems (guilt, shame, anxiety, fear, depression, anger, low self-esteem, negative self-concept), physical complications (injuries, pregnancy, diseases), cognitive changes (short attention span), behavioral problems (misbehavior, antisocial behavior, isolation, delinquency, stealing, tantrums, substance abuse, withdrawal), self-destructive behaviors (mutilation, suicide), psychopathological behaviors (neurosis, multiple personalities), sexual behaviors (excessive masturbation, repetition of sexual acts with others, atypical sexual knowledge), social problems (interpersonal relationships), and Post-Traumatic Stress Disorder (Berliner & Wheeler, 1987; Lusk & Waterman, 1986).

**What are the Traditional Ways of Helping Children in Crisis?**

Helping children overcome the trauma of crisis situations can be accomplished thorough the use of victim-witness assistance programs or victim advocate programs. Over 7,000 communities throughout the United States offer some type of victim assistance program (National Institute of Justice, 1992). The purpose of these programs is to minimize witness discontent with the way they are treated by the criminal justice system and social services. Specialized victim-witness assistance programs, traditional victim-witness assistance programs and victim advocate programs provide a variety of services which include crisis intervention and follow-up counseling. Many changes are
being made in the techniques used in cases where children are victims. Victim-witness assistance programs have begun to use a variety of nontraditional practices in an attempt to meet the needs of children and the goals of crisis intervention.

**Why Bibliotherapy?**

Using a child’s natural desire and interest to communicate with those in their world through language and reading as a basis (Gullo, 1994; Norton, 1991), crisis interveners and social workers (Pardeck, 1990) are adopting a nontraditional form of intervention: bibliotherapy, defined by Good (1973) as:

The use of books to influence total development, a process of interaction between the reader and literature which is used for personality assessment, adjustment, growth, clinical and mental hygiene purposes; a concept that ideas inherent in selected reading material can have a therapeutic effect upon the mental or physical ills of the reader. (p. 58)

Pardeck (1990, p. 229) advocates the use of bibliotherapy with children in crisis by stating that bibliotherapy is a novel, but potentially very useful, approach for helping abused children. Cionciolo (1965) adds, “Books can provide a source of psychological relief from the various pressures and concerns that stem from the things that happen to children” (p. 898). Introducing issues through children's literature allows for discussions about issues and solutions in a nonthreatening manner. Rudman and Pearce (1988) concur, “Books can serve as mirrors for children, reflecting their appearance, their relationships, their feelings and thoughts in their immediate environment” (p. 159).

Traditional therapies in the treatment of child abuse may not be successful for several reasons: (1) children perceive the conventional methods of assessment and treatment as threatening; (2) abused children may not have the emotional and cognitive development requisite to benefit from conventional therapy, and (3) abused children fear being abused by others (Green, 1978; Naitove, 1978; Pardeck, 1990). Hollander (1989) claims “children’s books are neutral vehicles for teaching about specific often-embarrassing topics such as the proper terminology for body parts, bodily functions, private zones, uncomfortable touching, and fondling.” (p. 187). However, as a cautionary note, bibliotherapy cannot be used with all children, in all settings, or for all purposes. Pardeck (1990) warns, “. . . for bibliotherapy to be used successfully, other supportive therapies such as family treatment must be part of the therapeutic orientation for treating child abuse” (p. 229).

**How are Materials Selected for Bibliotherapy?**

One of the most important considerations when considering bibliotherapy is the selection of materials. Huck (1976) states:

A book may be considered as suitable for bibliotherapy if it tells an interesting story and yet has the power to help a reader (1) acquire information and knowledge about psychology and physiology of human behavior, (2) learn what it means to “know thyself,” (3) find an interest outside himself, (4) relieve conscious problems in
a controlled manner, (5) utilize an opportunity for identification and compensation and (6) illuminate difficulties and acquire insight into his own behavior. (p. 264)

For book selection, Jalongo (1983) provides a series of questions:

1. Can children identify with the plot, setting, dialogue and characters?

2. Does the book use correct terminology, psychologically sound explanations, and portray events accurately? Is the book professionally endorsed?

3. Are the origins of emotional reactions revealed and inspected?

4. Does the book reflect an appreciation for individual differences?

5. Are good coping strategies modeled for the child?

6. Does the book present crises in an optimistic, surmountable fashion? (p. 32)

Pardeck (1990) adds that the child must be able to identify with the victimized character; therefore, books should reflect (as nearly as possible) the victim’s familial situation and other critical circumstances related to the victimization. Similarities between the reader and the book character must be evident to the child.

Pardeck and Pardeck (1984, 1986) and Rubin (1978) outline the major principles of material selection:

1. Use reading materials with which the intervener is familiar.

2. Be conscious of the length of the reading materials. Complex materials with extraneous details and situations should be avoided.

3. Consider the crisis; materials should be related to the crisis, but not necessarily identical to it.

4. Consider the reading ability of the child; reading aloud to the child is acceptable if he/she can not read or has reading deficiencies.

5. Consider the emotional and chronological age of the victim.

6. Select materials that express the same feelings or mood as the victim.

Bernstein (1983) stresses that a selection of materials from which the child can choose should be provided and then the intervener should wait until the child is ready to read them.

**How can Bibliotherapy be Used to Help Children in Crisis?**

Bibliotherapy can be utilized in a variety of situations to deal with a variety of issues, from the relatively simple to the complex. For example, when a child is being prepared
for testifying in court, books such as *Carla Goes To Court* (Beaudry & Ketchum, 1983), *The ABCs of Family Court: A Children's Guide* (Alberton, 1987), *The Judiciary: Laws We Live By* (Summer & Woods, 1992), and *To Tell the Truth* (Ogawa, 1988), may assist in acquainting the child with the courtroom, the proceedings and personnel involved in a trial. In *Carla Goes To Court*, the main character, Carla, witnesses a burglary. She tells her story to the police and then is asked to identify the suspect from a lineup. The story takes readers through the entire process from answering questions during the preliminary interviews to testifying at a preliminary hearing and a jury trial. Carla's feelings are also clearly explained which provides the opportunity for bibliotherapeutic techniques to be used. Once charges are filed and statements are recorded (written, videotaped, etc.), social workers and therapists may use bibliotherapy to help the child resolve the crisis situation.

In another example, Allison's mother has just informed her that Mary, her best friend who lives across the street, has been sexually abused by a man in the neighborhood. Allison is devastated by the news. She is afraid to go outside and cries at night. Her mother decides Allison needs assistance in understanding what has happened and what will happen to Mary and the man in the neighborhood. A crisis intervener, familiar with bibliotherapy and children's books related to sexual abuse, initiates a discussion with Allison. The intervener recommends that Allison read *Margaret's Story* (Anderson & Finne, 1986). A return visit is scheduled so that Allison and the crisis intervener can discuss the book. During the next session, the book is discussed with Allison. It is the crisis intervener’s task to determine whether or not Allison has been able identify with the characters and situations in the story, and whether or not Allison can interpret the relationships between characters and their motives. The intervener monitors the child’s reaction to the literature, the degree of similarity between the child’s own emotional experience and the problem being considered, and the emotional experiences of the child through his or her identification with the story character. The final step is developing insight into the problem, possibly trying to encourage Allison to understand what her friend, Mary, may be going through and how she may be feeling.

**How Do I Find Appropriate Books?**

What Issues Cloud the Use of Bibliotherapy?

One issue that affects the use of bibliotherapy is the misperception that there is only one type of bibliotherapy. Rubin (1978) has identified three types of bibliotherapy; only one type, developmental bibliotherapy, is relevant. Developmental bibliotherapy uses both imaginative and didactic literature with individuals or groups of “normal” individuals in a crisis situation. Developmental bibliotherapeutic sessions are led by a librarian, teacher, or other helping professional to promote normal development and self-actualization or to maintain mental health through discussions of the readings. Developmental bibliotherapy can help people with common tasks (learning to get along with peers, starting a family, selecting a mate, etc.) in addition to helping people cope with individual problems such as divorce, death, and other crisis situations. Self-help books are often categorized as developmental bibliotherapeutic materials.

Another issue that affects the use of bibliotherapy is the lack of professional standards governing who should engage in bibliotherapy. Currently, there are few, if any, licensing regulations regarding who can conduct bibliotherapy. Rudman, Gagne and Bernstein (1993) state:

Some feel that bibliotherapy should only be undertaken by those well-versed in psychodynamics, neurosis, and psychotherapy. Others, such as ourselves, feel that it can be and is safely undertaken by those with less sophisticated expertise in human nature: teachers, librarians, doctors, lawyers, parents, and others. . . adults who find themselves in guiding positions need not and should not feel embarrassed by their inadequate backgrounds in psychology. Perhaps, instead, adult guides should try to meet other obligations. These include the obligations of knowing how and when to introduce the materials, being sufficiently familiar with the materials, and knowing each child’s particular situation. (p. 39)

Aiex (1993) adds:

Whether you are a classroom teacher, a librarian, or a mental health professional, be advised that bibliotherapy must be handled with great delicacy, and not every practitioner possesses the personal qualifications to be a facilitator in the process. Those who are interested, however, should possess personal stability; a genuine interest in working with others; and the ability to empathize with others without moralizing, threatening, or commanding. (p. 1)

A final issue which must be addressed is the potential misuse of bibliotherapy. Like any strategy, practice, technique, etc., such as whole language, phonics, etc., bibliotherapy can be abused by inappropriate behaviors on the part of the facilitators. Handing a child a book about death to help him/her understand what has happened to Grandpa is inappropriate and unethical. Nearly all users and/or researchers of bibliotherapy emphasize the importance of discussion: “. . . the process of growth, change, and healing that occur in clients are not so much in the reading of material by individuals as in the guided dialogue about the material” (Gladding & Gladding, 1991, p. 8). According to Hynes and Hynes-Berry (1986), a trained facilitator uses guided
discussions to help the developmental participant(s) integrate both feelings and cognitive responses to a literature selection.

Pardeck (1990, p. 231) states that involvement of the facilitator is the critical element that distinguishes bibliotherapy from the normal reading process. Rubin provides bibliography practitioners with a warning: there is one vital common characteristic to bibliotherapy: discussion of the material after reading. A second potential misuse of developmental bibliotherapy is to assume that it can be used with all children, in all settings, for all purposes, or that one book about death will work with every child who experiences such a loss.

**What Does the Future Hold for Bibliotherapy and Children in Crisis?**

In her article, entitled "The Cycle of Violence," Cathy Spatz Widom (1992) presents some startling information:

> In one of the most detailed studies of the issue to date, research sponsored by the National Institute of Justice (NIJ) found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40 percent. . . being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent. . . being abused or neglected in childhood increased the likelihood of arrest for females--by 77 percent over comparison group females. (pp. 1-3)

This information leads to the conclusion that strategies and practices currently employed to help children in crisis situations are not as effective as they might be. Children who are victims urgently need intervention. Hendricks (1985) states, "Individuals have two main concerns when they approach a conflict. One of these concerns is people, both themselves and other people. The second, and equally important concern, is for the resolution of the conflict" (p.33). For crisis interveners to successfully assist child victims in resolving conflicts, they need to be aware of the developmental strengths, weaknesses and characteristics of children and that when children become victims, they are thrust into a system that traditionally does not differentiate between children and adults (National Institute of Justice, 1992).

Whitcomb, Goodman, Runyan and Hoak (1994) suggest "since maternal support was consistently found to be an important factor contributing to children's psychological well-being, it follows that if personnel in the justice system direct greater attention to the mothers' needs, the mothers, in turn, will be better able to support their children" (p. 6). It would seem reasonable, then, that bibliotherapy may produce additional positive benefits. Besides helping the child victim realize that he/she is not alone, bibliotherapy could provide the link between the child victim, and the mother. If mothers and children were reading together, spontaneous discussions regarding the victimization could enhance both the victim's and mother's understanding of the crisis situation and the effects it may or may not have on each of them.

Crisis interveners, particularly social workers, have begun to endorse this strategy. In
his 1989 study, Giblin found that 81% of the 206 therapists, psychologists, counselors, social workers, psychotherapists, and researchers he surveyed used bibliotherapeutic intervention; 94% indicated their clients thought it was a helpful experience. These data help support the notion that it is time to either revisit or to further explore the multiple uses of children's books as a way to resolve children's crises. Rubin (1978) states "Bibliotherapy clearly is-and should be further developed as-an interdisciplinary field" (p. 18).
References


Holt, Rinehart & Winston.


**Appendix A**

**Children’s Books About Death and Dying**


The girl in this story realizes that her grandfather is getting old. She is unprepared for his death, and must learn to cope.


Tony and Joel disobey Mr. Bates which results in Tony’s death. Joel’s guilt feelings about being with Tony when he drowned are the topic of discussion.


Oliver’s world is turned upside down when his great-uncle dies. It is not a positive book about coping with death, but does show that not everyone copes with the loss of a loved one in the same manner.


Freddie learns about the cycle of life through his friend Daniel, another leaf. Freddie must come to terms with his fall during winter.


Jimmie has to explain Uncle Pete’s accidental death to his mother. He recalls how his father died tragically. Jimmy learns to cope with his feelings of guilt after Uncle Pete’s death.

Bodger, Christopher's dog, was hit by a car and killed. When Christopher went to find another dog, he had to deal with his feelings about Bodger.


After he was hit by a car, Betsy's friend, Peter dies. Betsy tries to cope with her friend's death. In a question-and-answer format, the author discusses many questions children often ask about death.


A father's and daughter's grieving process after the wife/mother dies is the focus of this story. The author creates analogies with the four seasons, beginnings and endings, and death.


Walter spies a hummingbird and wants to capture it. While attempting to do this, Walter kills the bird. Then, with his sister's help, he learns about the needs of animals.


Douglas and Sam react differently to the news of their grandpa's death. The funeral process is explained, as is the gathering of the family at their grandma's house after the funeral. Memories of Grandpa are shared.


Mustard, the cat, is getting old. After Mustard gets into a fight with a dog, he dies. The family works together to cope with Mustard's death.


After two children find a dead butterfly, Grandfather explains the life cycle of the butterfly. The children remember what they learned about butterflies to help them cope with the loss of their grandfather.


Daniel thinks his Uncle Tim is the best uncle in the world. There is only one problem; Uncle Tim is dying of AIDS. Daniel's emotions are the focus of the story.


Ben's dog, Max, dies of old age. Ben works through his grief with the help of a friend named Zach. Also discussed is the issue of replacing Max with a new puppy almost immediately after Max’s death.


Molly and Meg are sisters. Molly is dying; however, this information is never told to Meg. Meg is very jealous of all the attention Molly receives until she realizes Molly will never be coming home from the hospital.

Many living things and their lifespans are explained. The authors discuss beginnings, endings and the living in between.


John’s grandfather is dying of cancer. John’s thought processes in attempting to deal with the impending death are discussed. After an episode while deer hunting, John’s views of life and death are changed.


Jess and Leslie create Terabithia. They rule as king and queen. Jess learns to cope with the unexpected tragedy of his friend’s death. The stages of mourning: denial, guilt, anger, grief, and acceptance are explained.


Timothy and his father have a springtime tradition: hot chocolate and buying geraniums. One spring Timothy decides not to participate in the tradition; on the way home, his father is killed in an automobile accident. Timothy begins to wonder, “what if.”


Readers learn about the guilt and sadness associated with the death of something or someone close to them. The differences between sleep and death, as well as the burial process, are also explained.


This book contains three poems about death: a young man who dies at a young age, a young boy who dies as a result of an accident, and a grandmother who dies as a result of illness. Reactions toward death and coping with death are also discussed. Many helpful ways to cope with death are suggested.


When a bird dies, the grandfather explains death to his granddaughter. When the grandfather dies, the girl recalls what he said and uses that information to help her understand the finality of death.


Suzy learns of her grandmother’s death, and, through her eyes, readers learn about funerals. What happens from the time the news of a death is received until some sense of normalcy is restored is shared.


Barney, the cat, has died. Funeral services are arranged by the boy and his family. He must come up with ten good things about his pet. The grieving process and the rituals associated with death, including a eulogy, are the focus of this story.

The death of Elfie is hard for his owner to accept. However, he is comforted in knowing that every night he told Elfie, “I’ll always love you.”
Appendix B

Children’s Books About Child Abuse/Neglect


Shari is abused, both emotionally and physically, by her mother. Her mother's verbal abuse really hurt, "the nonphysical hurts were hardest to deny."


Jason’s mother doesn't take care of him so he is placed with foster families. Eventually, after counseling and therapy, Jason moves back with his mother. Following the story is a factual discussion about abuse and the rights of children.


Liza is home alone during the day, uncared for and unsupervised by her father. When Liza gets into trouble, a police officer learns that Liza has been neglected. Children's rights and neglect are discussed.


Margaret played at Thomas' house until he sexually abuses her. Margaret tells her parents what Thomas did. Her preparation for court and her appearance in court are discussed. Facts children should know, resources and a glossary are included.


Michael is an abused child who receives assistance from a counselor. The counselor suggests family therapy for Michael and his family. Factual information is included at the end of the story.


Robin is physically abused by her mother. After an injury, the abuse is reported and appropriate steps are taken. Definitions of physical abuse and disciplinary strategies (other than spanking) are provided.


Two girls find Squib in a park. He has a bruised leg and does not talk. Kate and Robin help to save Squib from a life of abuse.


Upon the death of Minty’s parents, she is shuffled from one abusive relative to another. Only when Minty is taken to her grandmother’s house does the abuse end.


The author tells of his experiences as an abused child at a boarding school.

Physical and sexual abuse are discussed in terms that young children may understand.


Shane is sexually abused while on a fishing trip with a family friend. The emotional turmoil Shane experiences is presented in this story.


Georgie is afraid to go home at night because he is abused. When he is nearly killed, neighbors and authorities step in. Georgie is sent to live with a therapeutic group.


Mary Jane was being physically abused by her mother. This story tells about the abuse Mary Jane suffered, the denial of the problem, the attempts of people to help, the role of the judicial system, and the unwillingness of people to get involved in the case.


This book focuses on the emotional trauma associated with the physical abuse and malnutrition Willie has endured. Mr. Tom helps Willie recover, and sends him back to his mother as requested, only to find that Willie’s mother continued her abusive ways.


No-No, a small seal, is sexually abused by his Uncle Seal while his parents are away. After some convincing, No-No finally tells his parents and they promised Uncle Seal would never hurt No-No again.


Laurie is always having “accidents,” at least that is the way her mother explains it to everyone. Eventually, after a near fatal beating, Laurie is helped by her grandmother. She also learns that her mother was abused as a child.


Annie tells a white dove that she doesn't like her daddy sometimes. This leads to Annie's conversation with the dove about the sexual abuse she has suffered at the hands of her father. Annie explains how the abuse began, the feelings of guilt, and the fears she has about telling.


Mama and daughter used to have fun until Daddy left. Then, Mama neglects and physically abuses her daughter. The teacher and the school nurse report the abuse so that Mama can receive the help she needs.


Historical origins of child abuse are presented in this non-fiction book. Definitions of all types of abuse are provided.

This book explains many types of sexual abuse. The two main issues presented are ways to avoid being sexually abused and ways to handle an abusive situation.


This book consists of several scenarios which illustrate different “strategies” used by potential abusers to sexually abuse their victims. Each of the scenarios explains how children get confused and think they did something to cause the abuse.


Timmy tells his coach of his secret: he is being emotionally and physically abused by his mother. Immediately after the beatings, his mother talks of love which confuses Timmy. Coach Johnson assures Timmy that he will help and does so by notifying authorities.
Appendix C

Children’s Books About Spousal Abuse


Alma and her baby are being physically abused by her husband, Billy Ray. Cracker and his friend try to help her. Alma decides against going to a shelter, and is abused again. Then, she seeks the help she needs.


Lisa’s mother and step-father are emotionally and physically abusive to her and her brothers. Lisa says her stepfather is trying to teach the children to respect authority, but Lisa believes they are just learning to be afraid. The children have a difficult time understanding why their parents treat them as they do. Eventually, they seek help.