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A Bibliotherapy Evaluation Tool: Grounding Counselors in the Therapeutic Use of Literature

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BIBLIOTHERAPY EVALUATION TOOL

A Bibliotherapy Evaluation Tool:

Grounding counselors in the therapeutic use of literature

A Bibliotherapy Evaluation Tool: Grounding counselors in the therapeutic use of literature.

Come, and take choice of all my library,

And so beguile thy sorrow.

William Shakespeare, *Titus Andronicus* (Act IV, Sc1, 1.34)

Introduction

The idea that the arts can benefit the emotional well-being of the observer, creator or reader has been around at least since Aristotle proposed the notion of emotional catharsis. Freud, on the occasion of his 70th birthday, acknowledged his intellectual debt to creative artists suggesting that they, not he, had first discovered the unconscious (cited in Shrodes, 1950, p.2). Certainly creative artists have become visible and valuable participants in the therapeutic milieu over the last century in the United States (Junge, 1994). Freud further suggested that, in the therapeutic process, “Storytellers are valuable allies and their testimony is to be rated high, for they usually know many things between heaven and earth that are not yet dreamt of in our philosophy.” (Freud, 1956, p.27) Storytellers have also asserted their place in the ranks of therapists (e.g., Healing Story Alliance at <http://www.healingstory.org/>). Unlike art, dance and music therapies, the use of literature in therapy, although currently in widespread use, has not really established itself as a legitimate focus of therapy training or accreditation. Our development of a tool to systematically evaluate literature for therapeutic use and the incorporation of our tool into a teaching module for graduate counseling students attempt to address this deficit.

Definitions of Bibliotherapy

According to several sources (Afolayan, 1992; Bernstein, 1989; Myracle, 1995; Pardeck & Pardeck, 1998b) Samuel Crothers first coined the term ‘bibliotherapy’ in 1916 (Atlantic Monthly, Aug 1916: 291). Although bibliotherapy is the most commonly used term, harvested from the literature are discussions using the terms bibliocounseling, bibliopsychology, bookmatching, literatherapy, library therapeutics, guided reading and biblioguidance. Likewise, definitions vary from the simple, “treatment through books” (Pardeck & Pardeck, 1998a, p.25) to the sublime “process of dynamic interaction between the personality of the reader and literature under the guidance of a trained helper.” (Shrodes, 1950, p.32). Probably the most useful distinction to emerge was that between ‘clinical bibliotherapy’ which is implemented by a qualified counselor or therapist, and ‘developmental bibliotherapy’ which may be used by teachers and other lay helpers to facilitate normal development and self-actualization with an essentially healthy population (Afolayan, 1992; Kramer & Smith, 1998; Rubin, 1978).

Historical Perspectives

The use of storytelling and reading as a therapeutic tool has been extensively discussed over the course of the 20th century, although the fields in which it was primarily used have shifted. Originally associated more with libraries working in conjunction with the medical profession, the practice of bibliotherapy later became more widespread in the ‘helping professions.’ In the early 1900’s the American Library Association was active in establishing libraries for hospitals and other therapeutic institutions. In the 1930’s Karl and William Menninger, of Menninger Clinic fame, promoted the use of books for patients with mild neuroses or alcohol problems, or as support for relatives of patients and for parents of

children (Smith & Burkhalter, 1987). In 1950, Shrodes' dissertation provided perhaps the first scholarly discourse on the possible psychological mechanisms through which bibliotherapy worked. Twelve years later, an entire issue of *Library Trends* (Oct 1962, no. 2) was devoted to the subject. By the late seventies, a review of the literature by Rubin (1978) found that 35 % of articles appeared in library journals and 65 % were in fields such as psychology, education, nursing and occupational therapy. Bernstein and Rudman (1989) claim that the first college credit course in bibliotherapy was offered at Villanova University's Graduate School of Library Science in 1980. At the time their article was written, they noted that an individual could become certified as a poetry therapist by completing a two-year program, but that little formal training and no certification existed for bibliotherapy (p.26). Another way to get an overview of the shifting practice landscape is to look at the number of articles written in the various fields of literature for the last 30-40 years. (See Table 1)

Table 1

Number of Bibliotherapy Articles Published in Various Disciplines Since 1961

Years	Education	Psychology	Medicine	Healthcare	Library
	(ERIC)	(PsycInfo)	(Medline)	(CINAHL)	
1961-70	26 (5 yrs)	0	8 (6 yrs)		
1971-80	155	61	34		
1981-90	174	160	47	22 (9 yrs)	66
1991-00	128	136	68	44	69

Note. Figures are the results of searching the relevant electronic periodical indexes using ‘bibliotherapy’ as a controlled subject term. If a database did not cover the entire 10 year span, the number of years indexed is indicated in parentheses. CINAHL is the Current Index to Nursing & Allied Health Literature. ERIC is the Educational Resources Information Center database.

Current Relevance of Bibliotherapy

Literature published since 1990 indicates that bibliotherapy has been employed in nearly every helping profession, with every age group and in multiple populations. Among the groups that use bibliotherapy are school counselors (Gladding & Gladding, 1991), social workers (Pardeck & Pardeck, 1998a), mental health nurses (Farkas & Yorker, 1993), teachers (Kramer & Smith, 1998) and librarians (Bernstein & Rudman, 1989). There is a sizable range of problems which bibliotherapy has been used to address including: aggressiveness (Shechtman, 1999, 2000), adoption/ foster care (Pardeck, 1993; Sharkey, 1998), diversity awareness/ valuation (Pardeck & Pardeck, 1998a; Tway, 1989), death & dying (Meyer, 1994; Todahl, Smith, Barnes, & Pereira, 1998), chemical dependency (Pardeck, 1991), divorce (Early, 1993; Kramer & Smith, 1998; Meyer, 1991), obsessive-compulsive disorder (Fritzler, Hecker, & Losee, 1997), giftedness (Hebert, 1995), conflict resolution (Hodges, 1995), child abuse/ neglect (Jasmine-DeVias, 1995; Pardeck, 1990), nightmares (Barclay & Whittington, 1992), ethnic identity (Holman, 1996), depression (Ackerson, Scogin, McKendree-Smith, & Lyman, 1998), separation & loss (Bernstein & Rudman, 1989), family violence (Butterworth & Fulmer, 1991), homelessness (Farkas & Yorker, 1993), self-destructive behavior (Evans et

al., 1999). Pardeck and Pardeck (1998b) have compiled additional reviews of the bibliotherapy literature.

Conversely, the benefits that have been reported include increased self-awareness (DeFrances, 1982, cited in Afolayan, 1992, p.146), clarification of emerging values and development of one's ethnic/cultural identity (Holman, 1996; Tway, 1989). Individuals may also come to have greater empathic understanding of others (Adler & Foster, 1997; Pardeck & Pardeck, 1998a) and an increased appreciation of different cultures, viewpoints and lived experiences (see Ch.2 of Bernstein & Rudman, 1989 for a review of this research). Coping skills can be improved as alternative responses to problems are explored (Hodges, 1995). Negative emotions such as stress, anxiety and loneliness can be reduced. Self-esteem, interpersonal skills and emotional maturity are often facilitated (Borders & Paisley, 1992; Garagn, 1983, cited in Afolayan, 1992, p.146). If nothing else, stories can serve as a stimulus or vehicle for expression of emotions and telling of one's own story.

Hypothesized Therapeutic Mechanisms of Bibliotherapy

Clearly, how bibliotherapy is understood to promote change depends on the therapeutic orientation of the proponent. In the field of art therapy, early divisions between those who viewed art as revealing versus those who viewed it as healing were quite passionate about what the focus of therapy should be (Junge, 1994). Likewise, divergent interventions have evolved in the practice of bibliotherapy, primarily split along the lines of cognitive behavioral versus more psychodynamic advocates. Shrodes (1950), a pioneer in bibliotherapy as we know it today, wrote one of the earliest works attempting to explain how literature could aid therapeutic work. Her psychodynamic model focused on the processes of identification (or universalization), catharsis (or abreaction) and insight (and integration) as

the key steps for therapeutic benefit to occur. Many writers since then have relied on these same constructs (Afolayan, 1992; Bernstein, 1989; Farkas & Yorker, 1993; Kramer & Smith, 1998; Morawski, 1997; Pardeck, 1998; Zaccaria, 1968). This model is more typically applied when fiction or other imaginative literature is used than when non-fiction/ self-help books are the tools. Non-fiction/self-help literature is the genre of choice for most cognitive-behavioral therapists. Shrodes (1950, p.33) contends, however, that while “didactic literature may contribute to the reader’s understanding of his (sic) motivations and behavior...(it) is more apt to contribute to man’s (sic) intellectual awareness whereas imaginative literature is more likely to afford the reader an emotional experience without which effective therapy is impossible.” There are obvious parallels to the therapeutic process in general and most authors are quick to point out that using literature is an adjunct to, not a substitute for the therapeutic process (e.g., Holman, 1996). Shrodes and subsequent writers also emphasize that individual reactions to a given work will never be identical: “For no two persons can there be an absolute equivalence of symbols, for no two people have identical psychological fields” (p.85).

Some authors additionally comment on the dynamics of the group as being therapeutic, such as getting feedback from others, a chance to learn about and practice alternative interpersonal behaviors, hearing other perspectives. (Shechtman & Ben-David, 1999). This raises another essential and commonly noted point about bibliotherapy. Whether used in groups or individually, it is the additional work that goes on in the group or between the therapist and client that leverages the potential benefits, not just exposure to the literature. Suggestions for how to usefully process the story with various populations and age groups

are abundant in the literature (Afolayan, 1992; Bernstein & Rudman, 1989; Davis & Wilson, 1992; Kramer & Smith, 1998; Pardeck, 1992; Pardeck & Pardeck, 1997).

Effectiveness of Bibliotherapy

As with other therapeutic interventions utilizing the arts, demonstrating the effectiveness of bibliotherapy proves more challenging than reporting on its varied uses. Those who have attempted meta-analyses of the research literature in the use of art or literature in psychotherapy run into the same types of problems (Marrs, 1995; Reynolds, Nabors & Quinlan, 2000). There is an abundance of case study literature and anecdotal report, but limited numbers of empirical studies. In fact Marrs (1995) found so few empirical studies that used imaginative literature that he didn't include them in the analysis. Sample sizes are often small and populations so diverse that comparisons across studies are inappropriate. There's virtually no standardization in the approaches using art or literature, and often insufficient specificity in the studies described to allow for replication. Finally, it's hard or impossible to separate the unique contribution of the particular artistic intervention from the effects of therapy in general. In fact, Reynolds et al (2000) are forced to conclude that "art therapy appears to be effective, but not usually more effective than the standard therapy" (p.211) and Marrs is held to the conservative assertion that his analysis "provides some limited evidence for the effectiveness of Bibliotherapy" (p.865). Pardeck and Pardeck (1998a) reviewed 14 studies published in the 1980's, which used self-help books and found that all but three confirmed beneficial effects. Similar results were found for studies done in the 1990's. In summarizing surveys of the literature done in such fields as counseling, psychology, psychiatry and medicine, Pardeck & Pardeck, (1993) conclude that the results are consistently stronger for the efficacy of non-fiction than fiction. Yet many genres of

literature continue to be widely used. Based on their own survey of the literature and research, Zaccaria and Moses (1968) wisely counsel that although “the rather substantial body of research points up bibliotherapy as an effective procedure... It is not a panacea... neither can it be used with all individuals” (p.41).

People are drawn to stories. In these days when brief counseling interventions are often mandated by limited budget and staff or by bureaucratic guidelines, therapists are searching for ways to maximize the therapeutic impact. Therapists are attempting to become more efficient and more effective. As with art therapy, bibliotherapy can offer a low cost yet effective alternative (Marrs, 1995; Reynolds et al, 2000). Preparing students to appropriately utilize such approaches to enhance client growth is not only theoretically grounded and ethically sound, but makes practical sense as well.

Counseling Student Preparation

Bibliotherapy is widely used by agency and school counselors; Pardeck and Pardeck (1998b) found over 40 articles published in just two school counseling journals during a four-year period. However, nothing in the literature addresses this as a professional or educational need for fledgling counselors. Gladding and Gladding (1991) expressed concerns that many school counselors do not know how to use bibliotherapy with their students. Zaccaria and Moses (1968) suggest that before using books in therapy, counselors should understand the nature and dynamics of bibliotherapy and incorporate its theoretical aspects into a functional theory. It is this significant gap between current practice and professional preparation that is addressed with the development of an evaluation tool and its introduction into the counselor education curriculum.

Choosing a Book

How does a counselor choose just the right book for a particular client? A seasoned counselor considers multiple factors based on prior experiences, learned from clinical trial and error. Theoretical framework, therapeutic context, client needs and situation, costs, developmental level of the client and developmental stage of therapy are just some of the concerns weighed in the decision of book-to-client fit. There is much to consider.

Unseasoned counselors lack sufficient relevant experience to fully appreciate the complexity of this decision making process. They too could learn from experimentation; however, choosing the wrong book could have ethical and detrimental consequences that might impact the client, counselor or clinical setting reputation. Choosing an appropriate book with explicit pictures may have a positive therapeutic impact on a child who is struggling with the fallout from sexual abuse. It could have disastrous impact if the school board does not approve of such materials in the counseling office or if the parents have not been notified. Therefore, as educators for emerging mental health professionals, there is an ethical imperative to prepare our novice therapists to choose books or other forms of literature effectively and appropriately for the particular therapeutic situation.

Bibliotherapy Evaluation Tool Development

The development of the Bibliotherapy Evaluation Tool (BET) emerged from an extensive review of the mental health and education literature, emphasizing material published since 1990. The clinical experience of the authors, who have used books and literature within multiple academic and clinical contexts, further informed the tool's development. These contexts include universities, schools, mental health agencies, industry, hospitals and private practice settings. Moreover, the authors have utilized bibliotherapy interventions with several populations, including school age children, children effected by trauma, adults with

depression, geriatric inpatients, children with disabilities, clinicians and university students. Various therapeutic modalities, using books as an adjunct, have also been employed, such as group, individual, psycho-educational and guidance counseling. Literature has been incorporated in numerous ways such as reading, storytelling, story writing, oral reading by the therapist, silent reading, shared reading, assigned reading, information gathering and reaction writing. Because of this extensive experience with literature in therapeutic interactions, the depth of the analysis within each category was enhanced. The major categories developed for the instrument include: general format / structure, subject matter, reading level / suitability, text and pictures, developmental level, context/ environment or situation/ use, and therapeutic use. General information is also recorded, including author, illustrator, publisher and publication date. Students are asked to provide their overall impression, comments and recommendations after working through the categories.

The BET has been a work-in-progress that continually evolves in response to ongoing researcher and student/ practitioner feedback. The original paper and pencil version of the tool was developed in the winter of 2000 and was initially piloted in a graduate level counseling class, "Advanced Counseling Theories and Techniques." In winter of 2003, the authors applied for and received two teaching grants that allowed us to initiate work moving both the tool and the collection of book evaluations to the web. The conversion from even the refined version of the paper and pencil tool to a web-based format for entering data required a significant revision of the questions and format. The process has resulted in a much improved product. The web-based version is still undergoing usability testing and refinement, and the database of evaluations will grow as students and practitioners utilize the

tool. The web site for the Bibliotherapy Education Project, which provides access to the Bibliotherapy Evaluation Tool, is: <http://bibliotherapy.library.oregonstate.edu>.

Bibliotherapy Learning Module

Students are provided information about the definitions, historical and current applications, hypothesized therapeutic mechanisms, research on effectiveness, potential benefits and cautions for using bibliotherapy. Students are then introduced to the tool and the categories of evaluation are explicated. The evaluation process is modeled for the students. Possible approaches to using books with individuals and groups are discussed. The follow-up activities require students to evaluate additional books using the tool. In the first three years of teaching this module, student feedback was informally gathered from this interactive process. Subjective reports from students indicated that, based on this learning experience, the tool helped them evaluate materials for their clinical work. Additionally students report increased confidence with the evaluation process itself.

Evaluation of the Learning Module

Starting in winter term of 2004, we administered a more formalized survey prior to and following the bibliotherapy teaching and practice module. The survey consisted of 15 items, each with a 5-point scale, covering the information delivered in the teaching and practice module as well as one measure of self-reported comfort with using books in therapy (see Appendix). A Wilcoxon related samples procedure, appropriate for use with non-parametric data, was performed for students' pre- and post-scores on each variable. Results were significantly better at the .001 level or beyond for the post-teaching module scores on all variables (see Figure 1 and Table 2). These quantitative results validate earlier subjective reports of students that the teaching and practice module improves their understanding of this

therapeutic approach. Further, students significantly increase their perceived sense of comfort with using books in therapy or educational settings.

Figure 1. Median pre/post-test scores for Bibliotherapy Knowledge Survey (winter 2004)

Table 2**Pre-post significance levels using Wilcoxon Z-scores (n=19)**

Variable Name	Z-score	Significance (2-tailed)
Historical Development	-3.901 (a)	.000
Psychological Model	-3.794 (a)	.000
Definitions	-3.685 (a)	.000
Benefits	-3.690 (a)	.000
Cautions	-3.885 (a)	.000
Research	-3.872 (a)	.000
Relevance	-3.878 (a)	.000
Age Appropriateness	-3.357 (a)	.001
Political Implications	-3.879 (a)	.000
Group Representation	-3.769 (a)	.000
Different Populations	-3.895 (a)	.000
Illustrations	-3.872 (a)	.000
Best Buy	-3.858 (a)	.000
Therapeutic Use	-3.862 (a)	.000
Comfort Level	-3.663 (a)	.000

Note: (a) Based on negative ranks

Value of the Bibliotherapy Training

It's essential that practitioners have a theoretical framework in which to apply specific therapeutic interventions. Situating the use of the Bibliotherapy Evaluation Tool and the

learning module in the context of a Counseling Theories and Techniques course provides the necessary theoretical and therapeutic grounding. Introducing graduate students to the history, practices and effectiveness of bibliotherapy demonstrates how to approach any previously untried therapeutic intervention in a responsible and systematic fashion. The actual evaluation tool serves as a framework for systematically evaluating the possible utility of a book for therapy. It guides the practitioner to discover the potential benefits or drawbacks that may result from using certain materials with clients. Clearly the tool and the learning process have a subjective aspect. No two individuals will use this tool to evaluate materials in exactly the same way. Practitioners have their own theoretical constructs, technique focus, clinical style, and unique populations that they serve. This tool serves to promote critical thinking about key elements of the material, and can serve as a model for creating an individualized systematic evaluation process with other types of creative materials and interventions in one's future practice.

Recommendations for Counselor Educators

Emerging therapists are most effective when empowered with a solid theoretical base and armed with tools and techniques that fit within their personal therapeutic construct. As Bruce Moon reminds us in his preface to a discussion about educating art therapists, "...success with educating our students will one day affect the lives of clients who come to them seeking help. Thus educators have an important responsibility to students and future clients alike" (2003, x). It is recommended that bibliotherapy be included as a curriculum unit within Counselor Education programs. Students should understand the historical context of bibliotherapy, its potential benefits and limitations, ethical implications, various techniques

for use, and its applications to specific populations. In addition, the educational process and BET framework will assist students to make informed decisions in choosing books.

It is recommended that professors explain the bibliotherapy evaluation process thoroughly and model its use to students. Students report that demonstration of using the tool to evaluate and select a book, clarifying each selection criterion in the process, is most helpful. Live modeling of the process of category review is optimal but video taped demonstrations would be useful as well. Student work groups, using the tool together, provide enhanced opportunities for shared and in-depth learning. This learning process could be incorporated in a class focused on the use of expressive arts in counseling or presented in an advanced theories or techniques class. Special topic workshops could offer this learning experience as well. Additionally, this module could be offered within a practicum or internship setting as another avenue for preparation. Students and clinicians will use books. It is essential that they be effectively prepared.

Recommendations for Future Research

There are numerous research directions possible for training helping professionals to employ bibliotherapy and for the further development of the Bibliotherapy Evaluation Tool. We plan to continue development of the student/practitioner data bank of resources. Bibliotherapy guidelines could be developed specifically for librarians who assist helping professionals, for educators, or for therapists working with particular populations or clinical issues. For example, protocols for bibliotherapy interventions with traumatized child clients and in group settings are being designed and investigated. Ideally research would examine the correlation of bibliotherapy evaluations with therapeutic outcomes. Many of the

moderating variables identified by Marrs (1995) have yet to be systematically studied in bibliotherapy work.

Conclusion

Bibliotherapy is a widely employed adjunct to the therapeutic process with broad applications. In spite of its utilization by virtually all of the helping professions, including counselors and therapists, there has been no discussion in the literature of how to prepare and assist graduate students in the appropriate selection of materials and their use. The approach described here addresses this deficit by giving students an introduction to the research supporting bibliotherapy. It provides a tool, which incorporates the major selection criteria, derived from a literature review and clinical experience. It furnishes the opportunity to use and discuss the tool in a supervised setting. Students reported that they found the training to be beneficial and that they were able to attain greater awareness of and fluency with appropriate criteria to evaluate books for potential use after practice evaluations. Educators play a seminal role in preparing students for effective clinical practice. Educating neophytes in evaluating books as therapeutic tools demonstrates the ethical and clinical rigor expected of all counselors. Seasoned practitioners also have a responsibility for professional development as they take on the use of new therapeutic interventions such as bibliotherapy.

In sum, an extensive review of the literature found no substantive discussion regarding the training of counselors in bibliotherapy, in spite of its widespread use. Discussion of the development of the Bibliotherapy Evaluation Tool was presented. Suggestions for pedagogical strategies were offered. Books and literature provide multiple opportunities for therapeutic intervention for emerging and experienced counselors, educators, and the clients

served. The existing research directions for bibliotherapy are stimulating, and possibilities abound.

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Appendix

Bibliotherapy Knowledge Survey

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_____ Pre-Test

____ Post-Test Name of Participant _____ Date _____

On a scale of 1-5, mark the number that most accurately identifies your knowledge level related to the question. 1 = little or no knowledge. 5 = high level of knowledge.

1.	I have no knowledge of this area
2.	I have little knowledge of this area
3.	I have an elementary level of knowledge of this area
4.	I have a fair amount of knowledge of this area
5.	I have an advanced level knowledge of this area

Questions

1. I can discuss relevant historical developments in the therapeutic use of bibliotherapy.					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

2. I can discuss at least 1 psychological model of how bibliotherapy works.					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

3. I can distinguish between developmental & clinical uses of bibliotherapy					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

4. I can identify at least 3 potential benefits for the use of literature in therapy					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

5. I can identify 2-3 major cautions for the use of literature in therapy					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

6. I can identify 2-3 major researchers in the area of bibliotherapy					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

7. I can evaluate material for content relevance to the client's issues					
<i>Circle the number that is most representative of your knowledge level</i>					
<i>Least Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 Most Knowledge</i>

8. I can evaluate if material is appropriate for various ages					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

9. I can evaluate literary materials for cultural and political impact in a therapeutic setting					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

10. I can evaluate materials for appropriate depiction of underrepresented groups					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

11. I can evaluate if material is appropriate for differing populations.					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

12. I can identify 2-3 criteria for the effective use of illustrations in literature for therapy					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

13. I can evaluate literature as to the “best buy” for the clinician					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

14. I can identify various therapeutic modalities for the use of literature in therapy					
<i>Circle the number that is most representative of your knowledge level</i>					
Least Knowledge	1	2	3	4	5 Most Knowledge

15. I feel comfortable using books and other literature formats in a therapy setting.					
<i>Circle the number that is most representative of your comfort level</i>					
Not at all Comfortable	1	2	3	4	5 Very Comfortable