USING SELF-HELP BIBLIOTHERAPY IN COUNSELLING

KARIN KRAMER

B.A., University of Calgary, 2006

A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF COUNSELLING

FACULTY OF EDUCATION
LETHBRIDGE, ALBERTA

January 2009

Abstract

Bibliotherapy is the use of books in counselling to support client change. Self-help books

make up a significant proportion of the materials used in bibliotherapy. However,

counsellors are rarely taught how to use bibliotherapy and therefore may not appreciate

the many factors that need to be considered when using this intervention. In this paper,

the term self-help bibliotherapy refers to the use of self-help books within a face-to-face

counselling context. The literature on the effectiveness of self-help book use in

counselling and recommendations for implementation are reviewed and summarized. A

manual for counsellors describing guidelines and recommended resources is included.

Table of Contents

Using Self-Help Bibliotherapy in Counselling

Bibliotherapy is the use of books in counselling to support client change (Campbell & Smith, 2003). Self-help books make up a significant proportion of the materials used in bibliotherapy (Norcross, Santrock, Campbell, Smith, Sommer, et al., 2003). Over 60% of Canadian counsellors have indicated they frequently use self-help books with their clients (Adams & Pitre, 2000; Warner, 1991). However, counsellors are rarely taught how to use bibliotherapy and therefore may not appreciate the many factors that need to be considered when using this intervention (Pehrsson & McMillen, 2005). This paper provides guidance for new and experienced counsellors on the effective use of self-help books in bibliotherapy. To start, the definitions of *bibliotherapy* and *self-help bibliotherapy* are provided. This is followed by an exploration of the theoretical explanations and empirical evidence relating to the effectiveness of using self-help books in counselling. A number of practice recommendations for counsellors interested in using this intervention are then described. These recommendations and a list of suggested self-help books are also documented in a manual for counsellors included in the Appendix. This paper focuses on self-help bibliotherapy with adult clients. The terms *therapy* and *counselling* are used interchangeably in this document.

What is Bibliotherapy?

The term *bibliotherapy* has been applied to the use of a broad range of audio and visual materials in counselling. These materials, which could be fictional or nonfictional, include books, pamphlets, websites, audio recordings, and movies. While bibliotherapy can refer to the use of all these materials in counselling, it has more often been used to describe counselling interventions that use specific subsets of materials. For example,

within the realm of social work, Barker (as cited in McCoy & McKay, 2006) suggested that bibliotherapy is "the use of literature and poetry in the treatment of people with emotional problems or mental illness" (p. 681). Researchers and practitioners interested in self-help interventions have used the term to refer to stand-alone treatments encapsulated in books (Bilich, Deane, Phipps, Barisic, & Gould, 2008; Hahlweg, Heinrichs, Kuschel, & Feldmann, 2008). Much has been written about the use of fictional materials in counselling, especially in working with children and adolescents (e.g., Hebert & Furner, 1997; Hipple, Comer, & Boren, 1997; Pardeck, 1995; Tussing & Valentine, 2001), but also with adults (e.g., Jackson, 2001; Jarjoura & Krumholz, 1998; Lanza, 1996). This discussion, however, will be limited to the use of nonfictional materials in counselling and specifically self-help books. These books can be used in a traditional paper format or as digital files on computers; no distinction is made between these formats. The phrase *self-help bibliotherapy* will be used throughout this document to mean the use of self-help books in counselling.

It is important to clarify what is meant by the use of self-help books in psychotherapy. As therapists start to incorporate new ways of delivering services, including phone and online counselling, the meaning of "in psychotherapy" becomes less clear. This discussion focuses on the use of self-help books in a face-to-face individual counselling context where contact with the therapist goes beyond merely assessing whether a book would be appropriate for self-administered treatment. Thus, self-help bibliotherapy is described as the use of self-help books for client change within the context of a face-to-face counselling relationship.

Who Uses Self-Help Bibliotherapy?

Researcher and practitioner interest in all types of bibliotherapy has grown since the 1970s; interest peaked in the 1980s, and then stabilized (Pehrsson & McMillen, 2005). However, the current self-help movement is putting a renewed focus on the use of self-help books for change with a number of studies being published within the past few years (e.g., Febbraro, 2005; Gregory, Canning, Lee, & Wise, 2004; Naylor, Antonuccio, Johnson, Spogen, & O'Dononhue, 2007). This research has focused on the success of using self-help materials with individuals diagnosed with a variety of mental health concerns. The format of treatment has typically included minimal or no therapist involvement. However, there is a strong interest in the use of self-help materials within the context of therapy. Almost 20 years ago, Warner (1991) found that 63.4% of Canadian clinical psychologists surveyed recommended self-help books to their clients as part of therapy. A decade later, a survey of counsellors with varied educational backgrounds found similar results; 68% of the respondents reported using self-help books with clients (Adams & Pitre, 2000). Numbers for American psychologists are even higher, with 85% of psychologists recommending self-help books, 46% recommending films, and 24% recommending autobiographies (Norcross, 2000).

Although many counsellors use bibliotherapy with clients, training in this intervention is not common (Pehrsson & McMillen, 2005). This may explain why experienced counsellors (those practicing more than 10 years) are more likely to use bibliotherapy than new counsellors (Adams & Pitre, 2000); it may take some experience to determine when it is appropriate or not to use this intervention. New counsellors may struggle with a trial-and-error approach, which is likely to be ineffective and which raises

ethical concerns (Pehrsson & McMillen, 2005). Some additional reasons for the higher usage by experienced counsellors may include greater exposure to materials, frustration with some of the limitations of talk therapy, and a desire to give clients more responsibility for change (Adams & Pitre, 2000). Adams and Pitre (2000) speculated that perhaps more experienced counsellors have greater caseloads and were using bibliotherapy to increase their efficiency, but their research indicated no significant connection between caseload and bibliotherapy usage. Clearly, there are opportunities to provide greater guidance to new counsellors who may want to consider using self-help bibliotherapy with their clients.

Norcross (2000) has described a love-hate relationship between counsellors and the self-help movement. He contended that although many counsellors recommend self-help books, they at the same time devalue self-change. He stated that "the self-esteem, professional regulation, and economic survival of psychotherapists are contingent on their distinctive ability to help people change. Thus, evidence of efficacy of self-change is threatening and frequently dismissed (Prochaska, Norcross, & DiClemente, 1995)" (Norcross, 2000, p. 373). One way of decreasing this feeling of threat may be to identify the ways self-help can be integrated into therapy, rather than replace therapy. In fact, some have suggested that in most cases, individuals following a self-help program fare significantly better with some therapist contact than with no contact (Mains & Scogin, 2003). Reasons for using self-help bibliotherapy and the empirical evidence supporting the use of this approach are discussed next.

Why Use Self-Help Books in Counselling?

Counsellors are interested in using self-help bibliotherapy with their clients for a number of reasons. These include providing an alternative method of learning for clients, encouraging client responsibility for change, accelerating therapy, and supporting clients' desires to work on secondary concerns when therapy time is being used on higher priority issues (Adams & Pitre, 2000; Campbell & Smith, 2003; Floyd, 2003). Sometimes self-help bibliotherapy is used at the request of the client (Adams & Pitre, 2000). Counsellors have also indicated they suggest books as a means to assess client motivation (Adams & Pitre, 2000). Exactly how this occurs is not clear. It may be that clients who are enthusiastic about using books or who come to sessions eager to discuss what they have learned from books are considered motivated. However, given that bibliotherapy is not suitable for all clients (Floyd, 2003), this may not be an effective measure of motivation. Rather, psychologists have identified bibliotherapy as a way to increase motivation by providing novel ways to learn (Campbell & Smith, 2003). Finally, bibliotherapy has been identified as a possible relapse prevention tool as clients re-read books after treatment to help maintain gains (Campbell & Smith, 2003; Norcross, 2006). Unfortunately, as will be shown, research supporting the validity of some of these uses of bibliotherapy is lacking.

Theoretical Explanations

Researchers and practitioners offer a variety of explanations for the effectiveness of bibliotherapy. These explanations are often tied to a particular theoretical orientation (Pehrsson & McMillen, 2005). In the case of self-help books that have been subjected to empirical research, many of the treatments are derived from cognitive-behavioural therapy (CBT; Bilich et al., 2008). Thus, the effectiveness of self-help books can be

attributed to the replacement of maladaptive learning with adaptive learning. This occurs through provision of exercises intended to teach new skills and challenge old ways of thinking. Floyd (2003) suggested that self-help books could enhance client self-efficacy because clients are responsible for the work. Thus, when they see progress, they are able to attribute some of this progress to their own efforts, rather than the efforts of their counsellors. When authors are celebrities, they may also function as motivating role models (Driscoll, 2000). Other theoretical explanations also fit. For example, from the perspective of Grawe's (2007) consistency theory, self-help bibliotherapy can be seen to satisfy basic human needs for control and orientation. Control comes from the ability to self-pace treatment while orientation comes from the rationale for treatment provided in many self-help books. Others talk about the importance of structure in change (e.g., Bohart & Tallman, 1999; Lambert & Ogles, 2004). Self-help books commonly provide step-by-step approaches to change.

When self-help books become part of treatment within counselling, the theoretical underpinnings are likely to include the benefits derived from a strong therapeutic alliance. The common factors model (Hubble, Duncan, & Miller, 1999) identifies the therapeutic relationship as one of four factors that contribute to client change. When using self-help books, this relationship can provide support and help individualize the content to the client's situation. Client dialogue with others (therapist, group members, others) regarding the material is cited as a key element for effective bibliotherapy (Pehrsson & McMillen, 2005). Interestingly, some have wondered whether the role of the relationship is overstated given the evidence of effectiveness of pure self-help interventions (Newman, Erickson, Przeworski, & Dzus, 2003). A re-evaluation of the

data on self-help for anxiety found that meta-analytic research supporting pure self-help
has included studies with a variety of levels of therapist contact, making it difficult to
determine how much the therapeutic relationship contributed to successful outcomes
(Newman et al., 2003). Beyond this, Norcross (2006) stated:

> Good self-help materials are embedded within a therapeutic relationship, even if
> the author–therapist is not physically present. David Burns' (1999) *Feeling Good*,
> one of the best-selling self-help books in history, is warm and supportive. The
> author generously self-discloses and presents his own foibles. (p. 685)

Thus, it appears the therapeutic relationship can still be seen as an important factor in
client change even in pure self-help approaches. The empirical evidence for the
effectiveness of self-help bibliotherapy will be discussed next.

Empirical Support

There is little research available on the effectiveness of self-help bibliotherapy as
defined in this document (i.e., using self-help books within the context of face-to-face
counselling). Most bibliotherapy research with self-help books has focused on
interventions with minimal or no therapist contact (e.g., Febbraro, 2005; Naylor et al.,
2007). In cases where contact was involved, this occurred via e-mail or over the phone.
However, the findings with minimal contact may be able to inform self-help
bibliotherapy performed within the context of therapy. For example, therapists using self-
help books for treating a secondary concern may be able to use similar amounts of
session time to those used in the minimal contact conditions. Additionally, the content of
the discussion during the phone or e-mail contact can provide an initial agenda for a
counsellor to use when exploring client progress using these materials. The research in

this area will now be reviewed to determine how it can inform self-help bibliotherapy. Specifically, findings related to the evidence of effectiveness of self-help bibliotherapy for the presenting concern will be considered. If evidence exists, then other findings will be highlighted, such as whether specific materials are superior to others, whether certain client characteristics are relevant to outcomes, and the lengths and nature of therapist contact that may be most beneficial.

The scope of the research review extended to meta-analyses published between 1995 and 2008 and available in the PsycINFO database. Also included were controlled studies published since 2000 that were found with the search terms *bibliotherapy*, *self-help books,* and the combination of *self-help techniques* and *books*. Additional studies were located by reviewing reference lists. Research that looked at the use of brochures and pamphlets rather than self-help books was excluded except in cases where these materials were combined. Research on pure self-help treatments (i.e., no therapist contact) and therapy for medical conditions (e.g., tinnitus, vaginismus) was also excluded. Most of the research has focused on a specific client concern. The discussion of research is organized alphabetically according to these concerns.

Alcohol

Marrs (1995) conducted a meta-analysis on the effectiveness of bibliotherapy across a number of concerns, including alcohol use. Bibliotherapy was defined as using written material, computer programs, audiotapes or videotapes for developmental or therapeutic purposes. The materials had to be longer than 10 pages and research needed to include a comparison group. The analysis included 70 published and unpublished studies completed between 1968 and 1992. Amount of therapist contact was found to be

significant only for anxiety and weight loss concerns. An overall moderate effect size of 0.565 was found, but this varied by presenting concern. Alcohol concerns were combined with other issues deemed as impulse control (e.g., smoking) and for these a small effect size of 0.222 was found.

A similar effect size was found by Apodaca and Miller (2003) in their meta-analysis of self-help material use for alcohol problems. They looked at 22 studies published between 1980 and 2001. The materials included a wide range of formats from small brochures to lengthy manuals. In all the studies, participants had at most one session with some kind of health care worker. The methodological robustness of the studies was rated on 12 criteria, including effects of attrition rates, use of blind raters, and replication across different sites. The authors stated that overall the studies were of high quality. While the within-group effect size was relatively large (0.80 for self-referred individuals and 0.65 for individuals deemed at risk following a medical screening), the effect sizes compared to control groups were smaller (0.31 for the self-referred group and 0.21 for the medically screened group). There was no indication whether gender, culture, or severity of the problem were significant in the results.

A recent study explored the role of self-help material in alcohol concerns more closely (Apodaca, Miller, Schermer, & Amrhein, 2007). Participants were individuals admitted to hospital because of injury who also showed signs of an alcohol use disorder. Forty individuals, predominantly male (78%) of varied ethnicity took part. An intriguing element of this study was the measurement of the participant's stage of change using the Transtheoretical Model (TTM; Prochaska & DiClemente, 2005). Of the individuals in this study, 58% were assessed as being in the contemplation stage of change, meaning

they had acknowledged they had a problem, while 37% were in the action stage, meaning they were currently taking steps to resolve their problem. However, results showed that the stage of change was not significant. Half of the participants were randomly assigned to an assessment only condition and the other half to a bibliotherapy condition, which included an assessment and provision of a self-help booklet that was explained in less than 5 minutes. Although both groups indicated a significant decrease in drinking at the 5-month follow-up, the difference between groups was not significant. Thus, the researchers were unable to conclude that the provision of material made a difference, although most (93%) participants reported finding the material useful. In attempting to explain the difference in results between this study and the meta-analysis, the authors suggested that increased therapist contact may be a moderating factor. This is a possibility worth exploring. However, at this time, the research seems to indicate that the addition of self-help materials for alcohol concerns into therapy may not add significantly to outcomes.

Anxiety and Depression

A number of studies have looked at anxiety and depression together, so these concerns will be discussed as a single category. In the Marrs (1995) study mentioned earlier, effect sizes for anxiety and depression were 0.906 and 0.567, respectively. These sizes were calculated based on 15 studies for anxiety and 5 for depression, suggesting that the results for anxiety may be more robust. Interestingly, the amount of therapist contact correlated positively with outcomes for anxiety but not for depression. Other meta-analytic research has subsequently found higher effect sizes for depression. Cuijpers (1997) suggested that the effect size of using bibliotherapy for the treatment of

depression was 0.82. However, this was based on only six studies making it difficult to form any concrete conclusions. In 2004, Gregory et al. published a meta-analysis of depression studies using cognitive-behavioural based self-help materials. Their analysis looked at 29 studies that were published between 1967 and 1999, and from this 29, 17 were deemed to have robust research designs. From this subset, a between-groups effect size of 0.77 was calculated (effect size across all 29 studies was 0.99). There was no significant difference between group or self-administered programs, nor was there a difference due to treatment length. To be included in the meta-analysis, "brief contacts or group sessions could be used to introduce these materials, but in order to qualify as bibliotherapy, clients also had to read and apply the materials on their own time" (Gregory et al., 2004, p. 276). Thus, these studies were not self-help bibliotherapy as defined in this document. However, the effect size is impressive and it seems reasonable to expect that a format with more therapist support would be able to achieve similar or possibly greater results.

Similar effect sizes have been found in other meta-analyses. For example, Den Boer, Wiersm, and Van Den Bosch (2004) looked at anxiety and depression self-help studies published between 1983 and 1997 which covered concerns including phobia, depression, panic disorder with and without agoraphobia, and generalized anxiety disorder. There was a wide range of therapist contact across the studies, both in quantity and quality, from no contact except for an initial meeting to assess and orient the participant to six one-hour sessions that included going over some of the material. The average effect size for using self-help materials was 0.84 versus placebo or wait-list groups. At follow-up (which varied), the effect size was 0.76.

A study by Menchola, Arkowitz, and Burke (2007) attempted to provide greater clarity on the variables that contribute to the success of bibliotherapy for anxiety and depression. Thus, factors such as the inclusion of self-help groups, the wide range and type of therapist contact, the use of primarily nonclinical samples, and the inclusion of studies that did not use a reliable and valid instrument for screening participants were considered. Only studies where participants did not receive more than 15 minutes of phone contact per week were included. This contact needed to focus only on monitoring progress and clarifying procedures. Most of the self-help for depression involved using the self-help book by Burns (1980) and phone contact weekly for 4 weeks of treatment. Anxiety treatments ranged from 2 to 12 weeks and had no contact or contact at midpoint. Twenty-four studies met their quality criteria: 11 of these were depression studies and the remaining 13 were about anxiety. Most of the studies excluded participants with comorbid disorders. The participants included both adolescents and adults, which complicates extraction of conclusions specifically for adults. However, the average age of participants was 51 years with 13.7 years of education suggesting good applicability to an adult population. The majority of participants were female (79%). Only six studies reported ethnicity and in these 88% of the participants were identified as "White Caucasian." The average overall effect size for self-help treatments was 1.0 compared to no treatment, with depression at 1.28 and anxiety at 0.67. The anxiety category was further broken into panic disorder, which had an effect size of 0.45, and non-panic at 1.14. Compared to therapy, though, the overall effect size was -0.31, with depression at -0.44 and anxiety at -0.27 (panic disorders had no significant difference and non-panic was calculated as -0.38). The large effect size compared to no treatment combined with

the poorer results compared to traditional therapy suggests that the combination of self-help materials in a therapy setting may be more productive. Some of the limitations of this research were the small sample size and significant qualitative differences between studies. No client characteristics were shown to play a meaningful role in outcomes.

Another study using a self-help guide for anxiety and depression found that although participants improved over time, they did not differ from controls (Fletcher, Lovell, Bower, & Campbell, 2005). The material used was a custom-made self-help book which focused on a cognitive-behavioural approach to dealing with anxiety and depression. A small sample size may have contributed to the lack of findings. However, a subsequent study using the same guide and up to four short face-to-face sessions had similar results (Mead, MacDonald, Bower, Lovell, Roberts et al., 2005). The authors speculated that perhaps the specific self-help material used was contributing to the lack of results.

A study by Naylor et al. (2007) raises questions as to how much of the self-help material needs to be read in order to be effective. In a multiple-baseline single-case experimental design, five participants with depression were asked to read a later version of Burns (1999) self-help book, which is much longer than the original version. Participants were contacted weekly by telephone to check on progress. Calls were no longer than 10 minutes. The number of pages read of the book varied from 41 to 650; however, the individuals who read the most and the least had the worst symptoms at 3 months. A comprehension test for the material was given as well. The person who had read the least scored the highest on the test. This may suggest that the reason the person read so few pages was that he or she had already been exposed to the material. Thus,

although symptoms did improve for all the individuals, it is unclear whether this can be attributed to the self-help material.

Bilich et al. (2008) investigated the use of a custom-made self-help workbook for depression on 44 adults in Australia diagnosed with mild to moderate depression. A minimal contact group was phoned for up to 5 minutes once per week for the 8 weeks of treatment. An assisted support group received a 30 minute phone call each week. Adherence to treatment was tracked. The research team found that those in the assisted support group did significantly better than in the minimal contact group, although both improved. This differs from the Marrs (1995) finding that across all client concerns, the level of therapist contact was not correlated with outcomes. It may be that contact time is significant for some concerns, like depression, but not for others.

Not much attention has been paid to research on client characteristics that may be significant when using self-help materials. One exception is client age. A few studies have been completed looking at how individuals over 60 years of age respond to self-help materials for depression (Floyd, Scogin, McKendree-Smith, Floyd, & Rokke, 2004). The participants were called each week for a maximum of 5 minutes so that any questions could be answered. The Burns (1980) book was used and participants were asked to complete reading it in a month. Compared to a therapy group who were receiving 12 to 20 sessions of cognitive therapy, the self-help group did almost as well, falling short on one outcome measure at post-treatment. However, at 3-month follow-up, both groups were doing equally well. In a follow-up 2 years later, neither group showed significant deterioration (Floyd et al., 2006).

Overall, what does the self-help research on anxiety and depression indicate about self-help bibliotherapy in this area? Unfortunately, the limitations of the current research prevent drawing concrete conclusions. Some specific concerns that have been highlighted include small sample sizes, limited diversity of participants including lack of comorbidity, confounding effects of medication use during treatment, and that fact that the effect of treatment durations are not taken into account (McKendree-Smith, Floyd, & Scogin, 2003). Although all conclusions need to be tentative, it appears likely that the use of self-help materials with some therapist contact is beneficial. More contact seems to provide greater benefit and reading all of the material may not be necessary for significant gains to be achieved. Having said that, it is probably beneficial to find materials that are shorter rather than longer if the goal is to have the client read the entire book. Which material is used may be significant. Regarding client characteristics, it appears age is not a limiting factor, at least not for depression.

Panic Disorder

Panic disorder has already been discussed under the broader topic of anxiety. However, two recent studies specific to panic disorder are worth mentioning. The first is a study that explored relapse prevention for panic attacks (Wright, Clum, Roodman, & Febbraro, 2000). Participants were provided a custom-made manual and phoned three times for a maximum of 15 minutes each over a 6-month period. Participants had been involved in an earlier study where self-help with no therapist intervention was used (Febbraro, Clum, Roodman, & Wright, 1999). In this relapse prevention part of the study, results were mixed. However, the authors noted that outcomes were better in this phase

than in previous phases of the study and they speculated that this may have been due to the addition of phone contact.

One of the researchers of this study later went on to explore more closely the role of therapist contact. Febbraro (2005) looked at the use of a self-help book (Clum, 1990) on panic disorder and whether therapist contact affected client improvement. Participants using the book with and without therapist contact showed both statistically and clinically significant improvement versus the control group. However, the group with therapist contact fared significantly better on several measures of panic related symptoms. Once again, it appears that the level of contact may be significant for some concerns. Therapist contact involved a 15 minute phone call every 2 weeks over the 8 weeks of treatment. During the phone calls, therapists asked participants how they were doing with reading the book, whether they had any questions about what they had read, and whether they were using the coping strategies from the book. How to use the coping strategies was not discussed. Instead, participants were referred to the book for clarification. The fact that this minimal amount of interaction improved participant outcomes suggests that therapists using bibliotherapy as an adjunct with clients may only need to spend a few minutes in sessions discussing this treatment. Febbraro (2005) also found that although participants who had more severe symptoms at the start of treatment did improve by the end, they did not improve as much as those with less severe symptoms did. Thus, disorder severity may factor into the success of this treatment.

Parenting

One study in Germany looked at the impact of self-help material with therapist support on parenting concerns (Hahlweg et al., 2008). A total of 69 families with children

aged between 1 and 4 years were given a self-help parenting book and accompanying video. The parents were instructed to read the book and do the exercises over 10 weeks. During that time, they received seven phone calls of a maximum duration of 30 minutes. During that phone call, parents were provided guidance on child behavioral problems and questions were answered regarding concepts in the material. Significant effects were found in both the short term and at the 6-month follow-up. In this study, the amount of material read was monitored and a clear correlation emerged between some of the outcome measures (i.e., dysfunctional parenting) and the amount read. This is in contrast to the findings of the Naylor et al. (2007) study for depression. However, the small sample size in that study may explain the difference.

Other Client Concerns

Marrs (1995) looked at a number of other client concerns that have not yet been discussed. These included assertiveness, careers, self-concept, weight loss, studying, and an "other" category that included single studies on a number of concerns such as ethnocentrism and prisoner attitudes. Of these categories, self-concept, careers, and other showed moderate effect sizes (i.e., over 0.5) although the number of studies in each category was small, ranging from 3 (for self-concept) to 7 (for others). A large effect size was found for assertiveness (0.946) and this was based on 12 studies, tentatively suggesting that counsellors may have some confidence that bibliotherapy for this concern could enhance treatment. However, these results seemed to be based on higher use of audiovisual materials, suggesting that self-help books may not be as effective.

Summary of Empirical Support

Overall, there seems to be some evidence that self-help materials used with therapist contact can benefit clients but that this depends on the presenting concern. Anxiety and depression, which have received the most research attention, seem to respond well to the use of self-help materials, whereas the results are less clear for alcohol problems. The one study on parenting suggests potential in this area as well, but replication is required. Which materials are used may make a difference and there are mixed results about how much of the self-help material needs to be read in order to have a positive benefit. Not much is known about the impact of client cultural background and there is some information indicating disorder severity may affect success. In summary, though, it seems reasonable to conclude that therapists who use self-help materials with clients have a good chance of improving outcomes (although this is more likely for some concerns than others). This expectation of success is consistent with the reported clinical experience of psychologists. Norcross et al. (2000) found that 93% of psychologists surveyed believed their clients benefited from using recommended self-help books. At a minimum, it appears that using self-help in therapy is not likely to be harmful (Scogin et al., 1996), although this may depend on which material is used. Counsellors have identified a number of books across all subject areas that they believe should not be recommended to clients (Norcross et al., 2003). Counsellors rated a particular book "moderately bad" if it was considered "not a good self-help book; may provide misleading or inaccurate information" (Norcross et al, 2003, p. 10). A book was considered "extremely bad" if it "exemplified the worst of the self-help books; worst, or among worst in its category" (Norcross et al., 2003, p. 10). An example of a "strongly not

recommended" book from the addictions area is *The Miracle Method: A Radically New Approach to Problem Drinking* (Miller & Berg, 1995), and from the assertiveness area is *Winning Through Intimidation* (Ringer, 1973).

Clinical experience and empirical evidence have both been used as justifications for recommendations for the use of bibliotherapy. A synthesis of the research findings noted above and recommendations in the literature for using self-help bibliotherapy will now be presented.

Recommendations for Using Bibliotherapy

Recommendations for the use of bibliotherapy can be grouped into several different categories. These include recommendations to evaluate the influence of a variety of factors including client characteristics, choice of bibliotherapy materials, and level of integration of bibliotherapy into treatment. Beyond these factors, procedural suggestions have been made for introducing and structuring bibliotherapy with clients. Each category of recommendation will be presented in turn.

Factors to Consider

Client Characteristics

As discussed, the research findings on the effects of specific client characteristics on the success of self-help bibliotherapy is limited. High homogeneity of research participants contributed to the inability to draw conclusions about the role of ethnicity, education level, or socioeconomic status in outcomes. Age did not seem to be a concern when treating adults with depression (Floyd et al., 2006). Opportunities abound for further investigating the effects of client characteristics.

However, even without research, it is clear that certain characteristics will result in poorer outcomes when using self-help bibliotherapy. Floyd (2003) noted that individuals with cognitive difficulties such as concentration or memory problems are not likely to do well with self-help books. Another obvious limitation is low literacy skills. Similarly, if self-help materials suggest activities requiring specific physical or financial capabilities, these aspects of the client's situation need to be considered (Campbell & Smith, 2003). The financial burden of purchasing self-help materials may need to be considered. As a student counsellor interacting with low-income clients, I quickly realized that my clients found my suggestions to purchase a new or second-hand self-help book to supplement our treatment a financial burden. Accessing materials from a local library may not be an option. Bilich et al. (2008) noted that the self-help materials validated in efficacy studies tend to be costly and in some cases (e.g., rural environments) not easily available. Thus, income level and location of clients may be considerations. Another concern is for the client who has had painful school experiences. For this client, bibliotherapy may sound like homework, which can bring back difficult memories that may increase resistance (Floyd, 2003). In this case, a discussion about school experiences may be a way to alleviate client concerns (Floyd, 2003). Finally, client interest in reading was also highlighted as relevant. Clients who do not enjoy reading are unlikely to be motivated to engage in any form of bibliotherapy (Floyd, 2003).

One of the few characteristics that did receive some research focus was disorder severity. Gregory et al. (2004) made a case that for clients with severe forms of depression, self-help interventions are not appropriate because of high suicide risk. However, this recommendation comes from a premise of no or minimal therapist contact.

On the other side, Febbraro's (2005) research with clients experiencing panic disorder suggests severe conditions will respond to bibliotherapy; although not improving as much as those with milder forms, those with severe conditions did achieve significant improvement. Furthermore, a self-help bibliotherapy approach as defined here may improve outcomes for clients with severe conditions because of the increased contact. It is important to consider, though, that severely depressed clients struggle to engage in activities of any kind and that this may be the real limiting factor (Floyd, 2003). Campbell and Smith's (2003) suggestion of using audiotapes rather than books may be appropriate in this case. Another explanation may be that individuals who have severe emotional distress may struggle to process the information in self-help books. Mood can have a significant effect on cognitive abilities like attention, perception, memory encoding, and memory retrieval (Eich, 2000). Counsellors need to understand that asking severely distressed clients to read and work through self-help materials may be setting their clients up for failure. Other interventions may be more appropriate, at least initially, to bring down distress levels. Once symptoms are managed, clients will likely find it easier to concentrate on self-help readings and will probably remember more of what they learned.

General client resistance or defensiveness has been identified as another important characteristic to evaluate when considering the use of self-help books. Some have extrapolated the research on treating clients with high defensiveness or resistance and from this have suggested that the non-directive nature of bibliotherapy may make it an appropriate intervention for these clients (Campbell & Smith, 2003). However, Floyd (2003) noted from his experience dealing with older, depressed clients, that those who

were resistant to homework and suggestions from their therapist were also disinclined to read a self-help book. Thus, this recommendation should be viewed as tentative and requiring further investigation.

The client's stage of change (Prochaska & DiClemente, 2005) has also been identified as potentially relevant to bibliotherapy (Campbell & Smith, 2003). The stage of change indicates the client's readiness to engage in changing her or his situation. For example, clients in the contemplative stage (meaning they are intending to take action but have not yet started) may benefit from materials that highlight some of the pros and cons of addressing concerns. These same clients may balk at materials that provide active steps to take to overcome a problem. This is an intriguing proposal that has not at this point received empirical support. The one study by Apodaca et al. (2007) that measured this variable found it was not significant in predicting outcomes. However, it may explain some of the conflicting messages around client resistance and bibliotherapy. It may be that the type of bibliotherapy material offered to clients is significant in increasing or reducing resistance--in particular, when that material does or does not correspond to the client's stage of change. This client characteristic is especially interesting because it is conceivable that most self-help books assume the client is in the action stage of change (meaning ready to engage in change activities). Research investigating whether the most successful participants using self-help books are in the action stage would shed light on this issue. In the meantime, however, the recommendation to consider the client's stage of change must be viewed as tentative.

Bibliotherapy Materials

When deciding which bibliotherapy materials to use with a particular client there are a number of factors to consider. First, a counsellor needs to explore whether there is any empirical evidence that the use of a particular book contributes to positive client outcomes (Adams & Pitre, 2000). Unfortunately, most self-help material has not been empirically validated (Norcross, 2006). Adams and Pitre (2000), recognizing this difficulty, suggested counsellors use criteria proposed by Rosen (1981) for a scientific evaluation of self-help materials. These criteria included whether the book had been subjected to clinical trials. For books that have not been empirically validated, the other criteria can provide some guidance for choosing between books. Rosen's (1981) criteria can be summarized as follows:

1. Have the curative claims (if any) made by the author been empirically validated?

2. Are references to empirical support accurate?

3. Are the limitations of the treatment clearly identified and explained?

4. Does the book provide a valid and reliable way for clients to diagnose themselves?

5. Is there empirical support for the techniques utilized in the book?

6. Has the book been tested in clinical trials and, if so, how do the study conditions compare with the counsellor's intended use?

7. How does this book compare to others purporting to address the same concern?

An additional recommendation is for counsellors to consider whether the author is qualified to speak on the matter contained in the book (Adams & Pitre, 2000).

Finding material that meets these criteria is not an easy task. Much of the material used in research is custom-made and therefore not always available to clinicians (Fletcher et al., 2005). Another challenge is that because of the time it takes to conduct and publish research, some of the books tested are now quite old and may not have up-to-date information. Norcross (2006) has proposed that until the research on self-help books catches up with the demand for their use, clinicians may need to rely on "collective clinical wisdom" (p. 687). The book he and his colleagues (Norcross et al., 2003) have published makes available this clinical wisdom. However, recommendations by other clinicians should not be accepted blindly (Adams & Pitre, 2000). In one study, most of the 149 counsellor-recommended books failed to meet more than one or two of Rosen's (1981) criteria (Adams & Pitre, 2000). Only the Burns (1980) self-help book for anxiety and depression met all of the criteria. Thus, counsellors need to use the same critical judgement when evaluating a recommended book as when selecting one that has no recommendation. Another possibility is for researchers and clinicians to follow the example of Carlbring, Westling, and Andersson (2000) whose excellent article reviewed self-help books for panic disorder. The review included noting which books had been empirically validated and for those that had not, identified which self-help books were also likely to be helpful based on their knowledge of effective treatments for panic disorder. In the interim, a list of self-help books that were recommended in the articles reviewed here are provided as part of the counsellor manual in the Appendix. The list includes books that have been empirically validated in studies and which may have been used without therapist contact. Also listed are a number of highly recommended books identified in Norcross et al. (2003) for some common client concerns.

Beyond the empiricism question, a number of other recommendations have been proposed for selecting self-help materials. Norcross (2006) suggested selecting materials based on the client's theory of the cause of their problem and the associated cure. For example, he noted that clients predisposed to a disease model of addictions may prefer material that comes from this perspective. Others have indicated that counsellors should have reviewed the book so they can answer questions from clients (Adams & Pitre, 2000). Clearly, material that is culturally relevant to a client is desirable. Unfortunately, self-help materials that take different aspects of culture into account are not readily available (Norcross, 2006). Counsellors should also remember that self-help books may come in formats other than the traditional paper bound offering. Books can be read on computers or heard using audiotapes or digital recordings. Norcross (2006) suggested that adolescents may be more likely to read material on a computer than in paper format.

Level of Integration

Specific research is lacking on how much a therapist needs to focus on bibliotherapy in sessions in order to assure effectiveness (Fletcher et al., 2005). A wide range of focus is possible ranging from just an initial assessment followed by self-administered bibliotherapy while other treatment is going on, brief check-ins on progress each session, or full integration into therapy sessions. The research on self-help oriented bibliotherapy suggests that this intervention can be effective when clients do the work with minimal session focus (e.g., Gregory et al., 2004), but that more support may improve outcomes (e.g., Bilich et al., 2008; Febbraro, 2005). Recommendations that derive from the reviewed research include spending at an average of 15 minutes (with a minimum of 5 minutes) each session discussing the self-help work. Counsellors should

consider increasing the time spent if progress is lacking. Floyd (2003) has cautioned that some clients may view bibliotherapy as an indicator that therapists are not interested in them or that therapists find their problems trivial. Counsellors should try to assess whether this is the case for their clients and if so, they may want to consider increasing the amount of time spent in session discussing the self-help part of treatment.

Content of discussions around self-help material can include answering questions and providing encouragement. Others have recommended progress tracking to ensure symptoms don't worsen (Mains & Scogin, 2003) and checking in with clients as to whether they are finding the self-help materials helpful (Adams & Pitre, 2000).

Procedural Suggestions

When using self-help bibliotherapy with clients, a number of procedural suggestions have been made by clinicians and researchers. One such suggestion is that counsellors thoroughly explain the advantages, disadvantages, and expected benefits of using self-help materials to their clients prior to starting (Campbell & Smith, 2003). This is consistent with ethical codes that require counsellors to be clear about the costs and benefits of any treatment suggested to the client (Canadian Psychological Association, 2000). Counsellors should also discuss any extravagant claims noted on self-help books, whether from the author, publisher, or reviewers (Adams & Pitre, 2000). This helps to set realistic expectations of progress.

When introducing self-help materials into treatment, a natural way to do so is as part of a homework assignment (Floyd, 2003). The level of integration into therapy can then be negotiated with the client. However, Campbell and Smith (2003) provided a cautionary note:

[Counsellors need to] guard against intellectualizing of a self-help book as a diversion from therapy. Some patients are quite skilled in 'talking about' a subject in a way that seems action oriented. If the patients are interesting and articulate, the diversion can be even more difficult to detect. (p. 182)

Counsellors need to watch for and respond to this behaviour.

Floyd (2003) indicated that clients who are doing poorly in therapy will likely not improve with the introduction of bibliotherapy. A recommendation following from this is that therapists not use bibliotherapy in the hopes of turning around a client who is struggling. Rather, the focus should be on identifying the source of the difficulties and adjusting treatment accordingly.

Finally, counsellors need to remember that the use of self-help books with clients does not preclude the use of other types of bibliotherapy material. This discussion has focused on self-help books but other types of material may integrate well with these books. For example, Norcross (2006) described a client who read both a self-help book and an autobiography and appeared to find the combination helpful, as follows:

Consider the case of Ms. Andrews, a 60-year-old married woman suffering from bouts of clinical depression, the most recent precipitated by learning that her husband had been diagnosed with mid-stage Alzheimer's disease. On her own, she had purchased and read the self-help book *The 36-Hour Day* (Mace & Rabins, 1999), which she found "quite helpful" in providing information and rendering practical advice. She did, however, find it lacking in emotional resonance and interpersonal support. I recommended John Bayley's (1999) autobiography *Elegy for Iris* (later adapted into the film *Iris*). In our next psychotherapy session, Ms.

Andrews related that she had "consumed" the book in 2 days and that she found it

a sensitive tale of loss, grieving, and remembrance of times past with her husband.

She stated that the autobiography "was exactly what I needed—someone who

understands what I am feeling." (p. 685)

Thus, counsellors need to realize that application of self-help material may be enhanced

by supplementing it with other types of readings.

Conclusion

Despite the limited empirical support for self-help bibliotherapy, there is enough

anecdotal evidence and theoretical justification for the continued use of self-help

bibliotherapy. The use of self-help books in counselling has grown over the years but

counsellors do not usually receive training in this intervention. A manual that

consolidates clinical wisdom and research findings into guidelines for self-help

bibliotherapy will be a helpful tool for clinicians.

References

Adams, S. J., & Pitre, N. (2000). Who uses bibliotherapy and why? A survey from an underserviced area. *The Canadian Journal of Psychiatry, 45*(7)*,* 645-649.

Apodaca, T. R., & Miller, W. R. (2003). A meta-analysis of the effectiveness of bibliotherapy for alcohol problems. *Journal of Clinical Psychology, 59*(3)*,* 289–304.

Apodaca, T. R., Miller, W. R., Schermer, C. R., & Amrhein, P. C. (2007). A pilot study of bibliotherapy to reduce alcohol problems among patients in a hospital trauma center. *Journal of Addictions Nursing, 18*(4), 167-173.

Bilich, L. L., Deane, F. P., Phipps, A. B., Barisic, M., & Gould, G. (2008). Effectiveness of bibliotherapy self-help for depression with varying levels of telephone helpline support. *Clinical Psychology and Psychotherapy, 15*(2)*,* 61-74.

Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work*. Washington, DC: American Psychological Association.

Burns, D. (1980). *Feeling good: The new mood therapy*. New York: Guilford Press.

Burns, D. (1999). *Feeling good: The new mood therapy*. New York: Guilford Press.

Campbell, L. F., & Smith, T. P. (2003). Integrating self-help books into psychotherapy. *Journal of Clinical Psychology, 59*(2)*,* 177-186.

Canadian Psychological Association (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa: Author. Retrieved June 10, 2007, from http://www.cpa.ca/cpasite/userfiles/Documents/Canadian%20Code%20of%20Eth ics%20for %20Psycho.pdf

Carlbring, P., Westling, B. E., & Andersson, G. (2000). A review of published self-help

    books for panic disorder. *Scandinavian Journal of Behaviour Therapy, 29*(1), 5-

    13.

Clum, G. A. (1990). *Coping with panic*. Pacific Grove, CA: Brooks/Cole Publishing.

Cuijpers, P. (1997). Bibliotherapy in unipolar depression: A meta-analysis. *Journal of

    Behavior Therapy and Experimental Psychiatry, 28*(2)*,* 139-147.

Den Boer, P. C. A. M., Wiersma, D., & Van Den Bosch, R. J. (2004). Why is self-help

    neglected in the treatment of emotional disorders? A meta-analysis. *Psychological

    Medicine, 34*(6)*,* 959–971.

Driscoll, M. (2000). *Psychology of learning for instruction* (2nd ed.). Toronto: Allyn and

    Bacon.

Eich, E. (2000). *Cognition and emotion* [Electronic version]. New York: Oxford

    University Press.

Febbraro, G. A. R. (2005). An investigation into the effectiveness of bibliotherapy and

    minimal contact interventions in the treatment of panic attacks. *Journal of

    Clinical Psychology, 61*(6)*,* 763-779.

Febbraro, G. A. R., Clum, G. A.,. Roodman, A. A., & Wright, J. H. (1999). The limits of

    bibliotherapy: A study of the differential effectiveness of self-administered

    interventions in individuals with panic attacks. *Behavior Therapy, 30*(2)*,* 209-222.

Fletcher, J., Lovell, K., Bower, P., & Campbell, M. (2005). Process and outcome of a

    non-guided self-help manual for anxiety and depression in primary care: A pilot

    study. *Behavioural and Cognitive Psychotherapy, 33*(3)*,* 319–331.

Floyd, M. (2003). Bibliotherapy as an adjunct to psychotherapy for depression in older

    adults. *Journal of Clinical Psychology, 59,* 187-195.

Floyd, M., Rohen, N., Shackelford, J. A., Hubbard, K. L., Parnell, M. B., Scogin, F., et al.

    (2006). Two-year follow-up of bibliotherapy and individual cognitive therapy for

    depressed older adults. *Behavior Modification, 30*(3)*,* 281-294.

Floyd, M., Scogin, F., McKendree-Smith, N., Floyd, D., & Rokke, P. D. (2004).

    Cognitive therapy for depression: A comparison of individual psychotherapy and

    bibliotherapy for depressed older adults. *Behavior Modification, 28*(2), 297-318.

Grawe, K. (2007). *Neuropsychotherapy: How the neurosciences inform effective*

    psychotherapy. Mahwah, NJ: Lawrence Erlbaum Associates.

Gregory, R. J., Canning, S. S., Lee, T. W., & Wise, J. C. (2004). Cognitive bibliotherapy

    for depression: A meta-analysis. *Professional Psychology, Research and Practice,*

    35(3)*,* 275-280.

Hahlweg, K., Heinrichs, N., Kuschel, A., & Feldmann, M. (2008). Therapist-assisted,

    self-administered bibliotherapy to enhance parental competence: Short- and long-

    term effects. *Behavior Modification, 32*(5)*,* 659-681.

Hebert, T. P., & Furner, J. M. (1997). Helping high ability students overcome math

    anxiety through bibliotherapy. *Journal of Secondary Gifted Education, 8*(4)*,* 164-

    178.

Hipple, T., Comer, M., & Boren, D. (1997). Twenty recent novels (and more) about

    adolescents for bibliotherapy. *Professional School Counseling, 1*(1), 65-67.

Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Jackson, S. A. (2001). Using bibliotherapy with clients. *Journal of Individual Psychology, 57*(3)*,* 289-297.

Jarjoura, G. R., & Krumholz, S. T. (1998). Combining bibliotherapy and positive role modeling as an alternative to incarceration. *Journal of Offender Rehabilitation, 28*(1), 127-139.

Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbooks of psychotherapy and behavior change* (5th ed., pp. 139-193). New York: John Wiley & Sons.

Lanza, M. L (1996). Bibliotherapy and beyond. *Perspectives in Psychiatric Care, 32*(1)*,* 12-14.

Mains, J. A., & Scogin, F. R. (2003). The effectiveness of self-administered treatments: A practice-friendly review of the research. *Journal of Clinical Psychology, 59*(2)*,* 237-246.

Marrs, R. W. (1995). A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology, 23*(6)*,* 843-870.

McArdle, S., & Byrt, R. (2001). Fiction, poetry and mental health: Expressive and therapeutic uses of literature. *Journal of Psychiatric and Mental Health Nursing, 8*(6)*,* 517-524.

McCoy, H., & McKay, C. (2006). Preparing social workers to identify and integrate culturally affirming bibliotherapy into treatment. *Social Work Education, 25*(7), 680-693.

McKendree-Smith, N.L., Floyd, M., & Scogin, F.R. (2003). Self-administered treatments for depression: A review. *Journal of Clinical Psychology*, *59*(3), 275–288.

Mead, N., MacDonald, W., Bower, P., Lovell, K., Richards, D., Roberts, C., et al. (2005). The clinical effectiveness of guided self-help versus waiting-list control in the management of anxiety and depression: A randomized controlled trial. *Psychological Medicine*, *35*(11), 1–11.

Menchola, M., Arkowitz, H. S., & Burke, B. L. (2007). Efficacy of self-administered treatments for depression and anxiety. *Professional Psychology: Research and Practice, 38*(4), 421-429.

Miller, S. D., & Berg, I. K. (1995). *The miracle method: A radically new approach to problem drinking*. New York: Norton.

Naylor, E. V., Antonuccio, D. O., Johnson, G., Spogen, D., & O'Donohue, W. (2007). A pilot study investigating behavioral prescriptions for depression. *Journal of Clinical Psychology in Medical Settings, 14*(2), 152-159.

Newman, M. G., Erickson, T., Przeworski, A., & Dzus, E. (2003). Self-help and minimal-contact therapies for anxiety disorders: Is human contact necessary for therapeutic efficacy? *Journal of Clinical Psychology, 59*(3), 251-274.

Norcross, J. C. (2000). Here comes the self-help revolution in mental health. *Psychotherapy, 37*(4), 370-377.

Norcross, J. C. (2006). Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice, 37*(6)*,* 683-693.

Norcross, J. C., Santrock, J. W., Campbell, L. F., Smith, T. P., Sommer, R., & Zuckerman, E. L. (2003). *Authoritative guide to self-help resources in mental health* (Rev. ed.). New York: Guilford Press.

Pardeck, J. T. (1995). Bibliotherapy: An innovative approach for helping children. *Early Child Development and Care, 110,* 83-88.

Pehrsson, D. E., & McMillen, P. (2005). A bibliotherapy evaluation tool: Grounding counselors in the therapeutic use of literature. *The Arts in Psychotherapy, 32*(1)*,* 47-59.

Prochaska, J. O., & DiClemente, C. C. (2005). The transtheoretical approach. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp. 147-171). New York: Oxford Press.

Ringer, R. (1973). *Winning through intimidation*. Beverly Hills, CA: Los Angeles Book Company.

Rosen, G. M. (1981). Guidelines for the review of do-it-yourself treatment books. *PsycCRITIQUES, 26,* 1-3.

Scogin, F., Floyd, M., Jamison, C., Ackerson, J., Landreville, P., & Bissonnette, L. (1996). Negative outcomes: What is the evidence on self-administered treatments? *Journal of Consulting and Clinical Psychology, 64*(5)*,* 1086–1089.

Tussing, H. L., & Valentine, D. P. (2001). Helping adolescents cope with the mental illness of a parent through bibliotherapy. *Child & Adolescent Social Work Journal, 18*(6), 455-469.

Warner, R. E. (1991). Bibliotherapy: A comparison of the prescription practices of

Canadian and American psychologists. *Canadian Psychology, 32*(3)*,* 529-530.

Wright, J., Clum, G. A., Roodman, A., & Febbraro, G. A. R. (2000). A bibliotherapy

approach to relapse prevention in individuals with panic attacks. *Journal of*

Anxiety Disorders, 14(5)*,* 483-499.

Appendix

Counsellor Manual

Using Self-Help Bibliotherapy with Adult Clients:
A Guide for Counsellors

Table of Contents

What is Self-Help Bibliotherapy?

Bibliotherapy is the use of books in counselling to support client change. *Self-help bibliotherapy* is the specific use of self-help books in this process. Self-help books make up a significant proportion of the materials used in bibliotherapy. Over 60% of Canadian counsellors have indicated they frequently use self-help books with their clients (Adams & Pitre, 2000; Warner, 1991). However, counsellors are rarely taught how to use bibliotherapy and therefore may not appreciate the many factors that need to be considered when using this intervention. This manual provides guidance for new and experienced counsellors on how to effectively integrate self-help books into counselling with adult clients. The contents of this manual are derived from a literature review on using self-help materials in counselling (Kramer, 2008). The terms *therapy* and *counselling* are used interchangeably in this document.

Why Should I Use Self-Help Books in Counselling?

Counsellors are interested in using self-help bibliotherapy with their clients for a number of reasons. Some reasons that have been identified include providing an alternative method of learning for clients, encouraging client responsibility for change, accelerating therapy, enhancing motivation, and supporting clients' desires to work on secondary concerns when therapy time is being used on higher priority issues. Self-help bibliotherapy has also been identified as a possible relapse prevention tool as clients re-read books after treatment to help maintain gains. It is important to consider that while it may seem reasonable that self-help bibliotherapy will fulfill some of these objectives, research into whether this actually occurs is lacking. Overall, the research evidence exploring the effectiveness of using self-help books in therapy is minimal. Some support exists for a few client disorders, such as anxiety and depression. Despite the lack of formal evidence, many clinicians believe self-help books enhance the likelihood of successful outcomes for their clients.

How Does Self-Help Bibliotherapy Help Clients Change?

Self-help bibliotherapy helps clients succeed in meeting their goals by utilizing a number of change mechanisms. The first change mechanism is acquisition of new skills. Many empirically validated self-help books are based on treatments derived from cognitive-behavioural therapy. The theoretical premise is that clients improve by replacing maladaptive learning with adaptive learning. In self-help books this often occurs through the provision of exercises that teach new skills and challenge old ways of thinking. For example, in *Ten Days to Self-Esteem* (Burns, 1993) readers are constantly (yet gently) reminded that they must do the written exercises if they want to change. Many of the exercises teach how to identify and dispute distorted thoughts. Another exercise involves increasing the number of pleasurable activities in the reader's life. As clients acquire new learning about healthy thinking habits and are encouraged to practice

these and other new behaviours, they gradually replace their maladaptive behaviours with more adaptive strategies.

Self-help books also help client change by building self-efficacy. Self-efficacy is an important ingredient in successful change efforts. When clients do much of the work on their own time, outside of the counselling session, it becomes more difficult to say "My success was due to my fabulous therapist." Counsellors can support client self-efficacy by reminding clients that it was their hard work outside of therapy that made change happen. Self-efficacy is also built up by self-help books that provide gradually more challenging learning and exercises. Readers are able to have mastery experiences, a key contributor to self-efficacy, from the first chapter onward. For example, in *Ten Days to Self-Esteem* readers learn how to dispute cognitive distortions by first learning about and doing some simple exercises on the relationship between feelings and thoughts. This is followed by instruction and practice regarding how to identify automatic thoughts. The next step teaches how to identify cognitive distortions. After numerous exercises using sample scenarios and then the reader's own life, the reader gradually moves on to learning a number of strategies for disputing distorted thoughts. This slow-paced learning and numerous practice exercises provide ample opportunities to acquire feelings of competency.

Self-help bibliotherapy can also help increase client motivation to change. When authors of self-help books are celebrities, clients may be inspired to follow in their footsteps. For example, some clients might be inclined to believe the messages in a book like *The Art of Happiness* because one of the authors is the Dalai Lama. The same messages coming from their therapists may not have as much weight.

Another way self-help bibliotherapy supports client change is by providing a structured treatment approach. Research evidence suggests that structure is associated with better therapy outcomes (Castonguay & Beutler, 2006). Self-help workbooks in particular tend to provide a well-articulated step-by-step approach to change. Clients then generally know what to expect from therapy each week, which can help reduce anxiety.

When self-help books are used in the context of a counselling relationship, the working alliance between the client and counsellor also contributes to client change. Counsellors can provide support and help individualize the content to the client's situation. Client dialogue with others (therapist, group members, others) regarding the material is cited as a key element for effective bibliotherapy. A relationship also exists between the client and the author of the self-help book. Norcross (2006) has stated the following:

> Good self-help materials are embedded within a therapeutic relationship, even if the author–therapist is not physically present. David Burns' (1999) *Feeling Good*, one of the best-selling self-help books in history, is warm and supportive. The author generously self-discloses and presents his own foibles. (p. 685)

Is Self-Help Bibliotherapy Appropriate For My Client?

The following table presents a list of factors to consider when exploring whether self-help bibliotherapy is appropriate for a particular client.

Factor	Considerations
Presenting concern	If the presenting concern is assertiveness, anxiety, or depression, then there is some research evidence suggesting that self-help bibliotherapy will enhance outcomes. Current research suggests that people with alcohol concerns may get limited benefit from self-help materials. Research is minimal or nonexistent for other client concerns. However, this does not mean self-help bibliotherapy would be ineffective.
Symptom severity	Self-help bibliotherapy may not be suitable for individuals with high levels of emotional distress. High emotion can affect attention, perception, and memory. Once symptoms have been managed, self-help bibliotherapy may then be appropriate.
Cognitive abilities	Clients with concentration difficulties may find self-help bibliotherapy difficult.
Reading interest	Clients who like to read will probably respond better to this intervention.
Income level	Clients with low incomes may find it difficult to purchase self-help materials or engage in recommended activities that have an associated cost.
Physical abilities	Self-help books that contain activities with physical components may need to be tailored for clients with physical challenges.
Literacy level	Clients who struggle with reading are not good candidates for self-help bibliotherapy.

An ideal candidate for self-help bibliotherapy would therefore be someone who has mild to moderate emotional distress; has a presenting concern of anxiety, depression, or assertiveness; enjoys or at least does not dislike reading; has the ability to concentrate and understand written materials; and has the financial resources to purchase a self-help book and undertake the recommended activities.

How Do I Select Self-Help Materials?

Probably the most difficult task for counsellors is deciding which self-help book to use with a particular client. The choices are overwhelming! Some guidelines for choosing a book are as follows:

1. Wherever possible, choose a book that has been empirically validated in research.
2. When an empirically validated book is not available, choose a book that is based on empirically supported principles or uses empirically supported techniques.
3. Ensure that any references to empirical support are accurate.
4. Choose books that clearly explain the limitations of the proposed treatment.
5. Choose books written by authors who are qualified to write about the particular subject.
6. Choose books that provide a way for readers to diagnose themselves and assess suitability of the treatment.
7. Be wary of books that make extravagant claims. If you do decide to use one, discuss these with your client to ensure expectations are realistic.

Unfortunately, most self-help books have not been empirically validated. As a result, most counsellors rely on recommendations by their peers for helpful books. However, it is still important to view recommended books with a critical eye. A helpful source of recommended self-help (and other) materials for counsellors is *The Authoritative Guide to Self-Help Resources in Mental Health* by Norcross, Santrock, Campbell, Smith, Sommer, and Zuckerman. The recommendations are based on surveys of mental health professionals in the United States. The book provides a rating and a brief description of the recommended books. Books that have been flagged as potentially harmful or having limited benefits are also identified. It is important that counsellors should review any self-help books they suggest to clients so they are able to answer any questions that may arise. A short list of recommended books is included at the end of this manual.

How Do I Integrate Self-Help Bibliotherapy Into Treatment?

A number of questions arise when considering how to implement self-help bibliotherapy. These include whether to use the self-help book as an adjunct or as the primary treatment focus, how to introduce the intervention to the client, and what sessions look like in an adjunct or primary treatment approach.

Should I use books as an adjunct or as the primary treatment?

A key decision counsellors need to make when using self-help bibliotherapy is whether to treat the self-help component as an adjunct to therapy or use it as the primary treatment focus. Some reasons to use an adjunct approach include:

- *The client wants to work on several issues in parallel and a self-help book exists for one of those issues.*

> If the client appears to have the emotional energy and drive to work on a secondary concern (i.e., a concern that is not the current focus in sessions), then a self-help book gives the client the option of doing some work on her or his own time. Counsellors can offer this as an option while letting clients know that they are welcome to bring up concerns in sessions. Counsellors need to be careful that clients don't see a suggestion of self-help as an adjunct as an indication that their problems are being trivialized. Clients need to be reassured that this is not the case and provided an explanation of the reasons for suggesting this approach. The script that follows provides one approach to introducing adjunctive self-help bibliotherapy:

> | *Counsellor:* | You mentioned that you also had a desire to work on your spider phobia, but that right now it isn't a big priority for you. I wanted to let you know that there is a self-help book that has some good exercises you can do on your own to work on that, if you wanted to make some progress there. |
> |---|---|
> | *Client:* | That sounds interesting. But I'm afraid I won't be able to do it by myself. |
> | *Counsellor:* | I can understand your fear. However, you don't need to do it entirely by yourself. You are welcome to talk to me about how it is going and any obstacles you might need help with. If you do decide to go with it, I could make a point of asking each time we meet how it is going so you feel comfortable bringing up any concerns. |
> | *Client:* | Well, then it might not be as scary. I'll have to think about it. |
> | *Counsellor:* | That makes sense. You'll want to think about whether you have the energy and time to work on two priorities, and what the pros and cons are of doing so. If you do want to go ahead, just let me know and I'll help you get started. |
> | *Client:* | Okay. |

> CAUTION: Counsellors need to be careful with this approach because splitting the focus of treatment may reduce effectiveness for both the primary and secondary concern. If the secondary concern is straightforward, as in some simple phobias, then this may be appropriate. Otherwise, it may be more helpful if the adjunct work supports the primary treatment. For example, if the primary focus of treatment is communication issues at work, then a supportive adjunct treatment may involve working on self-esteem using a self-help book. An increase in self-esteem will likely help the client be more assertive in the workplace.

- *The counsellor believes it will be beneficial for the client to work through the primary concern using material from different sources and viewpoints.*

  Many clients will probably benefit from viewing their concerns from different perspectives. A self-help book suggested as an adjunct to treatment can provide this alternative view. This book does not need to become the focus of treatment; rather, it can be a different way of looking at the presenting concern. For example, a client who is working through grief issues may find it helpful to read a book like *Life Lessons* (Kübler-Ross & Kessler, 2000) which describes the words of wisdom of many people who were dealing with difficult situations.

- *The counsellor believes it will accelerate therapy.*

  Most clients have access to a small number of therapy sessions because of time or financial constraints. Using a self-help book in parallel to treatment may enable the client to achieve gains more quickly.

- *The client has made some gains in one area and is ready to move onto a different focus in treatment but relapse is a possibility.*

  If a client has fears about a possible relapse in a certain area, a self-help book may be a way to reinforce learning and provide encouragement during the maintenance phase of change. For example, a client may come to counselling to work on relationship issues after overcoming an addiction. The client may fear that the relationship work will make it harder to maintain sobriety. A counsellor could recommend a self-help book like *Sober and Free: Making Your Recovery Work for You* (Kettelhack, 1996) as a supportive adjunct to treatment. The client can use this book as a resource during this period and into the future.

Another option is to use self-help bibliotherapy as the primary treatment. Some reasons for using this approach might include:

- *The client seems to need some help remembering what was learned from session to session.*

  An advantage to using a self-help book as the primary focus of treatment is it allows the client to take home via the book a well-written description of what the therapy sessions are about, what the key concepts are, and tips and pointers for what to do between sessions.

- *The client is looking for or will benefit from a well-defined, structured treatment where the route to change is clearly articulated.*

Some clients may find it comforting to know ahead of time precisely what therapy will entail. A treatment using a self-help book gives the client the opportunity to feel oriented throughout the process. This may help reduce anxiety.

Once counsellors have decided whether they are going to use self-help books as an adjunct or as the primary treatment, they will be able to determine how much session time needs to be devoted to discussing the self-help material. If used as an adjunct, counsellors should probably spend at least 5 to 15 minutes checking in with their clients regarding the self-help work. When clients are struggling to make progress, it may be necessary to increase this time. At a minimum, client progress needs to be monitored to ensure some benefits are being realized from the self-help treatment and that the client's health is not deteriorating. When the self-help book is used as the structure for the primary treatment, then the entire counselling session would be spent discussing and working from the book.

How do I introduce self-help bibliotherapy to my client?

Once you have decided that your client is a good candidate for self-help bibliotherapy, you then need to decide how to introduce this intervention to your client. There are a number of key points that need to be discussed. These are:

- *The rationale for suggesting self-help bibliotherapy for the client's concern.*

  You will need to explain why you think this is a beneficial intervention for your client. Some advantages you can highlight are:

  - You believe the use of a self-help book will help your client work through her or his problem more quickly.

  - Research indicates that this self-help treatment is likely to work well for your client's presenting concern (only say if this if you are recommending an empirically validated book or a book based on an empirically validated treatment).

  - Many other counsellors have indicated they have found this self-help book helpful for their clients (this is true for books recommended in *The Authoritative Guide to Self-Help Resources in Mental Health* mentioned earlier).

  - The book can clearly describe what the client needs to do to get better and because the client can take it home, it acts as a helpful memory aid for important concepts.

- ▪ The book can be a resource the client can return to after treatment for a "booster."

- *The potential disadvantages of this approach.*

    These may include:

    - ▪ The cost of the materials.

    - ▪ The time needed to do reading and homework exercises outside of sessions.

- *Whether the materials will be used as an adjunct or as the primary treatment approach and the reason for this decision.*

    It may be helpful to describe what the counselling sessions will look like in each case.

    - ▪ If the book will be used as an adjunct, then let clients know that you will mainly just be checking in with them each session on how it is going and helping them through any obstacles.

    - ▪ If the book will be used as the primary treatment, explain that sessions will be used to work through some of the exercises, answering questions, and finding ways to apply the learning to more areas of the client's life.

- *The reason for selecting a specific book.*

    - ▪ You will want to describe the book and have a copy available so the client can look at it.

    - ▪ You will need to find out where the client can get the book and have a good idea of how long this might take. If a book is not readily available, this may impact your treatment schedule. You may want to have extra copies of books you commonly recommend on hand for clients to purchase. At a minimum, find out where in your community the books you recommend can be purchased and tell your client about these sources.

    - ▪ You will want to know how much a book will probably cost your client. This is information your client needs to determine how to manage treatment costs.

If after discussing the above points your client agrees to the treatment, you can then suggest that a homework exercise from the current session is that the client purchase the book and read the first chapter (or whatever makes sense) before your next session. Alternatively, if the book will be used as the primary treatment approach, you can start

introducing some of the concepts in that session and/or go through some practice exercises to reduce any anxiety about the work ahead.

What do sessions look like in an adjunct approach?

In an adjunct treatment, you will probably only be spending 5 to 15 minutes at the start of each session discussing the self-help intervention. Here are some suggestions for what to cover with your clients:

- *Progress to date*

    - Questions like "How did you do with the self-help work?" and "What kinds of obstacles are you encountering?" can be used to assess how well your clients are progressing through self-help material. There is an opportunity here to boost self-efficacy by emphasizing that any gains clients make are due to their own efforts. A question from Solution Focused Therapy can be used when clients have overcome obstacles on their own; this can be framed as "How did you know what to do to make that happen?"

    - Some self-help books may include self-assessments that readers are asked to do at regular intervals. Ask to see your client's self-assessment results and use these to get a sense of whether the self-help treatment is benefiting your client. If your client is not improving or is deteriorating, inquire about this. Are the exercises being done? Has there been a change in the client's situation that is significant?

- *Key learning*

    - Asking your clients to tell you the key messages or skills they are learning from the self-help treatment can help them consolidate their learning. It also provides you another assessment opportunity; if the messages are not changing week to week this may mean the treatment is stalled. Some helpful questions may be "What areas in the book have you found confusing?" or "What parts do you disagree with?" Another benefit of reviewing key learning with clients is you may be able to identify themes that would be helpful to integrate into other parts of treatment.

    - It is important that clients apply what they learn to their daily lives. Asking "How have you been able to put into practice what you've learned?" can highlight whether this is happening. If not, you can spend a few minutes discussing some strategies with your clients for generalizing their learning.

- *Next steps*

    - You can help your clients stay on track with the self-help treatment by inquiring whether they foresee any obstacles in completing the next step. You should be familiar with the self-help material so you will know what the next step entails. You may be able to briefly summarize some of the key elements and see if your client has concerns regarding any of them that need to be addressed. If you notice signs that your client may struggle with an upcoming phase of the self-help treatment, this is your opportunity to provide some extra support. Extra training or a tailoring of the step (e.g., "I know the next chapter is pretty big and has a lot of exercises in it – did you maybe want to scale back your goal for this week to just doing the first half?") can help set clients up for success.

What do sessions look like in a primary treatment approach?

When using self-help bibliotherapy as the primary treatment, the entire session will be organized around the self-help book. Therefore, the specific book selected will dictate to some degree what is discussed. Nevertheless, the general structure of the session will be similar to that used in the adjunct treatment.

- *Progress to date*

    - As in the adjunct treatment, it will be important for you to first check in on your client's progress. You can use a similar approach, using questioning, self-assessments, or whatever assessment procedures you usually use to track client progress.

- *Key learning*

    - The exploration of key learnings can be done in greater depth when you are using self-help bibliotherapy as the primary treatment. You will want to discuss with clients which messages from the self-help book were most significant for them, as in the adjunct approach, but you can also go further and look at the exercises your clients completed and discuss these in more detail. In this way, you can identify any potential roadblocks or misunderstandings of the material. A question like "Which of the exercises did you find the most challenging?" can be a lead into this discussion.

    - You can also spend more time identifying strategies for incorporating new learning and skills into your client's daily life. Some useful questions may be "How do you see this being useful to you in your day?" and "What kind of obstacles, if any, do you foresee in using this learning or skill immediately?"

- You can give clients the opportunity in session to get more practice with key skills or concepts. Some self-help books, like *Ten Days to Self-Esteem*, are set up to be used in group therapy and therefore provide a facilitator's manual. These manuals often identify sections of the material that people tend to find difficult or confusing. Suggestions for helping clients through these trouble spots are usually provided. You can use these manuals to guide your work in session.

- *Next steps*

  - If your client is managing well with the key learnings on her or his own, then you may find the majority of the session focuses on looking ahead to the next step in the treatment. You can help your client's progress by introducing some of the concepts or skills that will be delivered in the next part of the self-help book and answering any questions. If you are aware of areas that may be confusing, you can spend some time introducing and practicing these with your client.

  - As in the adjunct treatment, you will want to spend some time discussing the plan for completing the next part of the book and reviewing strategies to overcome potential obstacles. The goal is to find ways to set your client up to succeed in the next step of the treatment.

Cautions and Opportunities

1. Clients who are not responding well to regular therapy are unlikely to improve with the introduction of a self-help book. Rather than adding this into treatment, it is probably better to find out why your client is not improving.

2. Some clients may use self-help books as a way to avoid talking about themselves. They may want to spend time discussing the material from an intellectual standpoint rather than discussing what it means for them personally. Counsellors need to be on guard for this kind of behaviour.

3. Finally, remember that just because you use a self-help book in therapy with a client, this does not mean you can't use other types of material as well. Norcross (2006) described a client who read both a self-help book and an autobiography and appeared to find the combination helpful:

> Consider the case of Ms. Andrews, a 60-year-old married woman suffering from bouts of clinical depression, the most recent precipitated by learning that her husband had been diagnosed with mid-stage Alzheimer's disease. On her own, she had purchased and read the self-help book *The 36-Hour Day* (Mace & Rabins, 1999), which she found "quite helpful" in providing information and rendering practical advice. She did, however, find it lacking in emotional resonance and interpersonal support. I recommended John Bayley's (1999) autobiography *Elegy for Iris* (later adapted into the film *Iris*). In our next psychotherapy session, Ms. Andrews related that she had "consumed" the book in 2 days and that she found it a sensitive tale of loss, grieving, and remembrance of times past with her husband. She stated that the autobiography "was exactly what I needed—someone who understands what I am feeling." (p. 685)

Recommended Books

Client Concern	Recommended Book	Source of Recommendation	Empirically validated
Anger	Lerner, H. (1997). *The dance of anger: A woman's guide to changing the patterns of intimate relationships.* New York: Harper Perennial.	Norcross et al., 2003	Unknown
	McKay, M., & Rogers, P. (2000). *The anger control workbook.* Oakland, CA: New Harbinger.	Norcross et al., 2003	Unknown
Anxiety/panic	Beckfield, D. F. (1998). *Master your panic and take back your life!* (2nd ed.). Atascadero, CA: Impact Publishers.	Carlbring, Westling, & Andersson (2000)	No
	Clum, G.A. (1990). *Coping with panic.* Pacific Grove, CA: Brooks/Cole Publishing.	Carlbring, Westling, & Andersson (2000)	Yes
	Craske, M. G., & Barlow, D. H. (2000). *Mastery of your anxiety and panic III.* Albany, NY: Graywind.	Norcross, 2006	Yes
	Franklin, J. (1996). *Overcoming panic: A complete nine-week home-based treatment program for panic disorder.* Carlton, Victoria, Australia: Australian Psychological Society Ltd.	Carlbring, Westling, & Andersson (2000)	No
	Marks, I. M. (1978). *Living with fear.* New York: McGraw-Hill: Berkshire.	Carlbring, Westling, & Andersson (2000)	Yes

Client Concern	Recommended Book	Source of Recommendation	Empirically validated
	Zuercher-White, E. (1998). *An end to panic: Breakthrough techniques for overcoming panic disorder* (2nd ed.). Oakland, CA: New Harbinger Publications.	Carlbring, Westling, & Andersson (2000)	No
Assertiveness	Alberti, R., & Emmons, M. (1995). *Your perfect right: A guide to assertive living* (7th ed.). San Luis Obispo, CA: Impact Publishing.	Norcross et al., 2003	Unknown
	Phelps, S., & Austin, N. (1997). *The assertive woman* (3rd ed.). San Luis Obispo, CA: Impact Publishing.	Norcross et al., 2003	Unknown
Depression	Burns, D. (2003). *Feeling good: The new mood therapy.* New York: Avon.	Mains & Scogin, 2003	Yes (but using older versions)
	Lewinsohn, P., Munoz, R., Youngren, A., & Zeiss, A. (1996). *Control your depression.* Englewood Cliffs, NJ: Prentice-Hall.	Mains & Scogin, 2003	Yes
	Phipps, A., Edelman, S., Perkins, D., Barisic, M., Deane, F., & Gould, G. (2003). *The good mood guide: A self-help manual for depression.* Wollongong, New South Wales, Australia: Lifeline South Coast (New South Wales).	Bilich et al., 2008	Yes
Eating disorders	Fairburn, C. G. (1995). *Overcoming binge eating.* New York: Guilford.	Norcross, 2006	Unknown

Client Concern	Recommended Book	Source of Recommendation	Empirically validated
	Sacker, I. M., & Zimmer, M. A. (2001). *Dying to be thin: Understanding and defeating anorexia nervosa and bulimia*. New York: Warner Books.	Norcross et al., 2003	Unknown
Grief	Colgrove, M., Bloomfield, H., & McWilliams, P. (1991). *How to survive the loss of a love* (2nd ed.). Los Angeles: Prelude.	Norcross et al., 2003	Unknown
	Rando, T. (1991). *How to go on living when someone you love dies*. New York: Bantam.	Norcross et al., 2003	Unknown
Obsessive-Compulsive Disorder	Foa, E. B., & Wilson, R. (1991). *S.T.O.P. obsessing*. New York: Bantam.	Norcross et al., 2003	Unknown
Parenting	Gordon, T. (1975). *Parent effectiveness training*. New York: Peter Wyden.	Mains & Scogin, 2003	Yes
	Phelan, T. W. (1996). *1-2-3 magic: Effective discipline for children 2-12*. Glen Ellyn, IL. Child Management.	Mains & Scogin, 2003	Yes
Post Traumatic Stress Disorder	Herman, J. L. (1997). *Trauma and recovery*. New York: Basic Books.	Norcross et al., 2003	Unknown
Relationships	Beck, A. (1988). *Love is never enough*. New York: Harper & Row.	Norcross et al., 2003	Unknown
	Gottman, J., & Silver, N. (2000). *The seven principles for making marriage work*. New York: Crown.	Norcross et al., 2003	Unknown
Stress Management	Davis, M., Eshelman, E. R., & McKay, M. (2000). *The relaxation and stress reduction workbook* (5th ed.). Oakland, CA: New Harbinger.	Norcross et al., 2003	Unknown

Client Concern	Recommended Book	Source of Recommendation	Empirically validated
	Madders, J. (1997). *The stress and relaxation handbook: A practical guide to self-help techniques.* London: Vermilion.	Norcross et al., 2003	Unknown

Client Concern	Recommended Book	Source of Recommendation	Empirically validated

References and Selected Bibliography

Adams, S. J., & Pitre, N. (2000). Who uses bibliotherapy and why? A survey from an underserviced area. *The Canadian Journal of Psychiatry, 45*(7)*,* 645-649.

Bilich, L. L., Deane, F. P., Phipps, A. B., Barisic, M., & Gould, G. (2008). Effectiveness of bibliotherapy self-help for depression with varying levels of telephone helpline support. *Clinical Psychology and Psychotherapy, 15*(2)*,* 61-74.

Burns, D. D. (1993). *Ten days to self-esteem*. New York: HarperCollins.

Campbell, L. F., & Smith, T. P. (2003). Integrating self-help books into psychotherapy. *Journal of Clinical Psychology, 59*(2)*,* 177-186.

Carlbring, P., Westling, B. E., & Andersson, G. (2000). A review of published self-help books for panic disorder. *Scandinavian Journal of Behaviour Therapy, 29*(1), 5-13.

Castonguay, L. G., & Beutler, L. E. (2006). *Principles of therapeutic change that work*. New York: Oxford University Press.

Kettelhack, G. (1996). *Sober and free: Making your recovery work for you*. New York: Simon & Schuster.

Kramer, K. (2008). *Using self-help bibliotherapy in counselling*. Unpublished manuscript, University of Lethbridge, Alberta, Canada.

Kübler-Ross, E., & Kessler, D. (2000). *Life lessons*. New York: Simon & Schuster.

Lama, D., & Cutler, H. C. (1998). *The art of happiness:A handbook for living*. New York: Riverside.

Mains, J. A., & Scogin, F. R. (2003). The effectiveness of self-administered treatments: A practice-friendly review of the research. *Journal of Clinical Psychology, 59*(2), 237-246.

Norcross, J. C. (2000). Here comes the self-help revolution in mental health. *Psychotherapy, 37*(4), 370-377.

Norcross, J. C. (2006). Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice, 37*(6), 683-693.

Norcross, J. C., Santrock, J. W., Campbell, L. F., Smith, T. P., Sommer, R., & Zuckerman, E. L. (2003). *Authoritative guide to self-help resources in mental health* (Rev. ed.). New York: Guilford Press.

Rosen, G. M. (1981). Guidelines for the review of do-it-yourself treatment books. *PsycCRITIQUES, 26,* 1-3.

Warner, R. E. (1991). Bibliotherapy: A comparison of the prescription practices of Canadian and American psychologists. *Canadian Psychology, 32*(3), 529-530.