

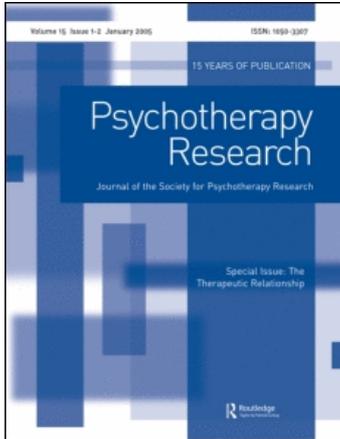
This article was downloaded by: [University of Haifa]

On: 17 May 2010

Access details: Access Details: [subscription number 744660371]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Psychotherapy Research

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t713663589>

The contribution of bibliotherapy to the counseling of aggressive boys

Zipora Shechtman ^a

^a Faculty of Education, University of Haifa,

To cite this Article Shechtman, Zipora(2006) 'The contribution of bibliotherapy to the counseling of aggressive boys', Psychotherapy Research, 16: 5, 645 – 651

To link to this Article: DOI: 10.1080/10503300600591312

URL: <http://dx.doi.org/10.1080/10503300600591312>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

The contribution of bibliotherapy to the counseling of aggressive boys

ZIPORA SHECHTMAN

Faculty of Education, University of Haifa

(Received 10 March 2005; revised 22 September 2005; accepted 22 September 2005)

Abstract

This study investigated the contribution of bibliotherapy to the counseling of aggressive boys by novice counselors in Israel. Counseling for all children was provided within an integrative model (Hill, 2005); bibliotherapy was added as adjunct to the counseling process only in 1 group. Boys from 24 classrooms (3 per class) were randomly assigned to 1 of 3 conditions: integrative counseling (IC), integrative counseling plus bibliotherapy (ICB), or no counseling. Results of the comparison among the 3 conditions indicated reduced aggression and increased empathy in both IC and ICB conditions compared with the control condition. A difference between IC and ICB conditions was found for empathy and therapist satisfaction, with higher gains in ICB. In the ICB condition, boys also demonstrated higher stages of change (Prochaska, 1999) and had higher frequencies of insight and therapeutic change (Hill, 2005) compared with boys in the IC condition.

The purpose of this study was to investigate the adjunctive efficacy of bibliotherapy to the counseling of aggressive boys. Most of the research on bibliotherapy relates to self-help books for adults. Framed within a cognitive-behavioral orientation, bibliotherapy has proven to be an effective form of psychotherapy for adults (for a review, see McKendree-Smith, Floyd, & Scogin, 2003). With children, literature is often used by counselors and therapists as an adjunct to the counseling process (Gladding, 2005).

Cognitive-behavioral treatment (CBT) is most often used with aggressive children (Dodge & Schwartz, 1997). Yet research suggests that these children also have affect disorders; they exhibit high levels of emotional arousal (Lochman, Fitzgerald, & Whidby, 1999), low levels of empathy (Feshbach, 1997), and difficulties in self-expressiveness (Pollack, 1998). The multidimensional nature of aggression can best be addressed through an integrative treatment orientation, such as the three-stage model suggested by Hill (2005) or the six-stage model suggested by Prochaska (1999), both empirically and widely investigated, including with children (e.g., Shechtman, 2004).

According to the Hill model (exploration, insight, and action), a client needs first to explore his or her problem, then to understand what causes the problem behavior, and finally to make a commitment to change. Whereas the exploration and insight stages

use humanistic and psychodynamic methods, the action stage applies cognitive-behavioral techniques. The therapist uses helping skills (e.g., reflection of feelings) to move the client through the process of change (Hill, 2005). Similarly, Prochaska (1999) suggests that the change process begins with the establishment of a strong therapist-client alliance, because the client is in a state of denial. Next, the client admits to the problem but is not willing to make a change; therefore, he or she needs to understand the advantages and disadvantages of his or her aggression. Only after there is motivation to change can the cognitive-behavioral methods be applied.

Because aggressive boys are highly resistant to treatment, a program was developed that includes bibliotherapy as an adjunct to counseling using an integrative orientation under the assumption that this indirect method reduces the level of defensiveness. Bibliotherapy assists children in gaining control over their lives by identifying with others and finding both unique and universal solutions. At the identification stage, children intellectually identify with characters and situations, participating in the story safely and vicariously. They also go through a stage of catharsis, sharing motivations, conflicts, and feelings with the character while releasing tension. Following these processes, children apply the outcomes of the story to their own lives, develop insight,

Correspondence: Zipora Shechtman, Iowa State University, Psychology Department, Ames, IA 50011. E-mail: ziporas@construct.haifa.ac.il

and make a commitment to change (Gladding, 2005).

Previous research on this program indicates reduced aggression for treatment children compared with control children, equal outcomes in individual and group therapy, and progress on Prochaska's stages of change (Shechtman, 2003). The current study compares this program with an intervention having the same theoretical orientation, only without the use of literature, to assess the unique contribution of bibliotherapy to the counseling of aggressive boys.

Three hypotheses were advanced: First, integrative counseling plus bibliotherapy (ICB) would be more effective in reducing aggression and increasing empathy than would integrative counseling (IC), and both would be more effective than no treatment (wait-list control). Second, both children and therapists would be more satisfied with ICB than with IC, the former perceiving it as a less threatening intervention model and the latter finding it easier to work with a more structured procedure. Third, boys in ICB would function more productively in the therapy process than boys in IC. That is, they would reach a higher stage in the change process and would demonstrate higher rates of constructive client behavior and less resistance.

Method

Participants

The study included 61 aggressive boys (30 Arabs and 31 Jews) from 24 classrooms (and schools) in the northern part of Israel. Ages ranged from 8 to 16 years ($M = 12.07$, $SD = 1.69$); 64% of the boys fell within the 11- to 12-year-old range. In addition, 48 therapists (24 Arabs and 24 Jews), mostly women (45) and all novices in counseling, participated. Their ages ranged from 20 to 60 years ($M = 28.03$, $SD = 9.16$).

Treatment Modalities

The two counseling modalities were based on the change process suggested by both Hill and Prochaska. A typical IC session is largely unstructured, yet it focuses on aggressive behavior. The counselor uses helping skills to assist the client in exploring feelings related to his aggression, the causes of his aggression, the consequences of such behavior, and possible ways to change. An ICB session includes the same sequence of topics; however, it starts with a story, poem, or film relating to aggressive behavior and its consequences. The client first identifies the emotions involved in the situation, then discusses the reasons for a particular behavior, and finally searches

for alternative, nonaggressive ways to handle the situation. Until this point, the discussion of aggression is indirect. Next, the client is asked to identify parallels with his own behavior and to see whether he wants to make a change. In sum, although both treatment modalities rely on the same integrative orientation, bibliotherapy allows an indirect discussion of aggression before personal involvement is sought.

Instruments

Aggression was measured by a short version of the Child Behavior Checklist (CBCL) and the Teacher Report Form (TRF) developed by Achenbach (1991a, 1991b). The two questionnaires are identical except for some rewording to adjust them to participants (e.g., "I tend to hurt people" for the self-report; "He tends to hurt people" for the teachers' reports). The scale covers two broad dimensions: internalizing and externalizing behavior. Internal consistency, test-retest reliability, and construct validity are high (Achenbach, Howell, McConaughy, & Stranger, 1995). Eighteen items of the Aggression and Delinquency subscales were used (2 items referring to drug abuse were excluded by request of research authorities). Responses were given on a 3-point scale (1 = not true, 2 = sometimes true, and 3 = often true). Internal consistencies for the CBCL and TRF in the current study were .85 and .86, respectively.

The Index of Empathy for Children and Adolescents (IECA; Bryant, 1982) describes emotional reactions in varying situations. Participants are asked to indicate the accuracy of each of 22 statements in terms of their own emotional state on a 7-point scale (1 = not at all, 7 = very accurate). Evidence of validity was based on a comparison with other relevant scales (e.g., aggressiveness). Test-retest reliabilities ranged from .74 to .85 (Bryant, 1982). Internal consistency in the present study was .73.

The Client Satisfaction Scale (Larson, Attkisson, Hargreaves, & Nguten, 1979) was revised to measure both client and therapist satisfaction. Each scale included 6 items, and responses ranged from 1 to 4 (a higher score representing higher satisfaction). Sample items include "To what extent did you like to attend the group?" (children) and "To what extent did you like to conduct these sessions?" (counselors). Internal consistencies for therapists and clients were .64 and .93, respectively.

Analyses of Transcripts

The change process (Prochaska, 1999) includes six stages of change: precontemplation (lack of

awareness); contemplation (awareness but no commitment to take action); preparation (intention to take action); action (modifying behavior). Maintenance and termination were not evaluated owing to the short-term intervention (for examples, see Shechtman, 2003). Each boy was classified once per session on the highest stage he reached. The two raters first identified the relevant statement with 95% agreement and then independently classified those statements into one of the first four stages, coding them *yes* or *no*. Sixty sessions were rated by two raters, and the remainder were rated by only one rater. Kappas were .70, .69, .80, and .76 for the four stages respectively.

Client Behavior System (CBS; Hill & O'Brien, 1999) measures a client's verbal responses in therapy and consists of eight behaviors: resistance, agreement, recounting, appropriate request, cognitive exploration, affective exploration, insight, and therapeutic change (for definitions and examples, see Hill & O'Brien's, 1999, Appendix E). The first four are considered less productive (Hill & O'Brien, 1999); therefore, agreement, recounting, and appropriate request were combined into one score, labeled simple response. Resistance was used as a separate variable because of its relevance to the rationale of using bibliotherapy in this study. The psychometric properties of the CBS include high internal consistency, convergence, and construct validity (see Hill, 2001). Kappa in the present study (based on 60 sessions and a total of 3,171 speech turns) ranged from .70 to .84.

Helping Skills System (HSS; Hill & O'Brien, 1999) includes 11 helping skills: approval and reassurance, closed questions, open questions, re-statement, reflection of feelings, interpretation challenge, self-disclosure, information, guidance and other (Hill & O'Brien's, 1999, Appendix A). Rater agreement ranged from .55 to .94, and content validity was established (see Hill, 2001). In the current study, kappa based on 3,174 speech turns ranged from .70 to .80.

Procedure and Statistical Analyses

In each class, the teacher selected the aggressive students based on an evaluation form that contained a description of verbal and physical aggression and a rating scale of 1 to 4. Boys who scored 3 or 4 on either type of aggression were selected for the study. The 3 boys in each classroom were randomly divided into three treatment conditions: IC, ICB, and no treatment. When more than 3 boys met the criteria, 3 were selected randomly; when fewer than 3 met the criteria, only 2 were selected, and both were

assigned to one of the experimental conditions, because the between-treatment difference was the major interest of this study. Because of this policy, there were fewer boys in the control group ($n = 13$). The boys and their parents were told that they would be engaged in conflict-resolution training.

The boys were counseled individually in the school, in ten 45-min sessions, over the course of 4 months, by 48 counseling students, who were also randomly divided into treatment conditions (IC: $n = 24$; ICB: $n = 24$) but matched by ethnicity. All counseling students participated in an advanced graduate course (final year of their program) on treating child aggression that I conducted. The course provided training and group supervision in both counseling methods. The students were told that the effectiveness of their interventions would be measured. These trainees provided the counseling within their internship as part of their routine participation in the school. Participation in the course and in the study was voluntary.

The pre-post measures were completed before treatment and 2 weeks after termination. Process analyses were based on every second session and carried out by two trained raters unrelated to the study. Agreement between raters was based on 60 sessions; the rest of the sessions were coded by each of the two raters alone. Child and counselor behaviors were measured in terms of proportions of the total speech units. Counselor behavior was analyzed to check for adherence; no difference between interventions (multivariate analysis of covariance [MANCOVA]) was found on any of the counselor helping skills.

Results

Outcome Variables: Aggression and Empathy

Means, standard deviations, and F values are presented in Table I. Differences among the groups were examined with a MANCOVA, using children's ages and ethnicity as covariates. Residual gain scores were used, owing to pre-post correlations (TRF: $r = .44$, $p < .01$; CBCL: $r = .41$, $p < .01$; IECA: $r = .70$, $p < .001$), and computed by regressing each post score on the prescore. Significant differences were found for all three measures. Simple contrasts indicated significant differences between the two treatment groups and the control on all three measures. On empathy, a significant difference was also found between the two treatment groups: Gains were higher for ICB ($p = .01$). The first hypothesis, therefore, was fully supported only in regard to empathy.

Table I. Means and F Values on Aggression and Empathy by Group.

Variable	IC (n=24)		ICB (n=24)		Control (n=13)		F(2, 56)	η
	Pre	Post	Pre	Post	Pre	Post		
TRF							6.83**	.25
M	2.04	1.70	2.23	1.70	2.19	2.14		
SD	0.31	0.31	0.32	0.25	0.34	0.39		
CBCL							6.17**	.23
M	1.77	1.52	1.93	1.55	1.86	1.87		
SD	0.37	0.25	0.42	0.25	0.34	0.37		
Empathy							9.73***	.32
M	4.26	4.57	4.17	4.92	3.68	3.83		
SD	0.98	0.75	0.94	0.67	1.25	1.01		

Note. IC = integrative counseling; ICB = Integrative counseling plus bibliotherapy; TRF = Teacher Report Form; CBCL = Child Behavior Checklist.

** $p < .01$. *** $p < .001$.

Client and Therapist Satisfaction

Means for therapist satisfaction on the Client Satisfaction Scale were 3.02 ($SD = .46$) and 3.43 ($SD = .25$) for IC and ICB, respectively; for child satisfaction, 3.57 ($SD = .44$) and 3.77 ($SD = .25$), respectively. Results of the MANCOVA (controlling for child's age and ethnicity) indicated a significant difference only for therapist satisfaction: Those using ICB were more satisfied with the process than those using IC, $F(1, 24) = 7.16$, $p < .05$, $\eta = .23$; no difference was found among the children, $F(1, 24) = 1.53$, $p = .23$, $\eta = .06$. Thus, the second hypothesis was supported for therapist satisfaction.

Process Variables

Stages of change. To test the difference in the change process, first Friedman's chi-square test was used for the entire process within each group followed by pairwise comparisons within each group (Wilcoxon's Z) to identify the time of the significant change; finally, between-group Z s were conducted for each of the five times. The process was found significant for both groups: IC, $\chi^2(4, N=4) = 21.13$, $p < .001$; ICB, $\chi^2(4, N=4) = 27.25$, $p < .001$. Within-group pairwise differences between sessions were significant for the first time measurement (between Sessions 1 and 3): IC, $Z = 3.12$, $p < .01$; ICB, $Z = 2.15$, $p < .05$. They were not significant for the second and third time measurements but were again significant for the fourth measurement, although only in the ICB group ($Z = 2.03$, $p < .05$). Between-group differences were nonsignificant for the first four times and significant for the fifth ($Z = 2.81$, $p = .005$). These results show that aggressive boys in ICB ended up at a higher stage of change.

Client behavior. Differences in client behavior were assessed with two MANCOVAs, the first consisting

of resistance and simple response (nonconstructive functioning) and the second, of cognitive exploration, affective exploration, insight, and therapeutic change (constructive functioning). (Both used children's age and ethnicity as covariates.) Results indicated that ICB was characterized by larger proportions of insight and change and by a lesser proportion of resistance among clients than the other treatment; however, effect sizes were quite small (Table II). Thus, Hypothesis 3 was only partially supported.

Discussion

This study investigated the effectiveness of a form of treatment in which bibliotherapy was an adjunct to counseling (ICB) by comparing it with an intervention similar in orientation but that did not use literature (IC). Results of the outcomes supported the efficacy of ICB for empathy and therapist satisfaction. Process analyses supported the effectiveness of ICB on both measures: boys treated with ICB attained a higher stage of positive change and demonstrated more constructive behavior and less resistance to the therapy process.

The enhancement of empathy in ICB can be attributed to its unique features. In the process of discussing a poem or a story, the focus on the character's emotions and the attempt to understand his or her motives and behavior provide a model for empathic interaction. In addition, by dealing with literary characters rather than real people, even tough kids can soften up. After all, empathy is more than understanding; it involves a strong motivational component (Hoffman, 1997). Alternatively, perhaps the counselors' preference for ICB facilitated a better alliance, which in turn increased empathy. Nevertheless, the outcome in regard to empathy is important, because aggression and em-

Table II. Frequency of Client Behaviors (in Proportions) by Type of Counseling, F Values, and Effect Sizes by Group.

Response	IC (<i>n</i> = 24)	ICB (<i>n</i> = 24)	<i>F</i> (1, 44)	η
Resistance			6.23*	0.13
<i>M</i>	0.038	0.014		
<i>SD</i>	0.040	0.017		
Simple response			0.03	0.01
<i>M</i>	0.529	0.516		
<i>SD</i>	0.326	0.325		
Cognitive exploration			0.17	0.01
<i>M</i>	0.090	0.091		
<i>SD</i>	0.064	0.053		
Affective exploration			1.77	0.04
<i>M</i>	0.021	0.028		
<i>SD</i>	0.021	0.017		
Insight			5.42*	0.12
<i>M</i>	0.022	0.036		
<i>SD</i>	0.028	0.020		
Therapeutic change			4.28*	0.10
<i>M</i>	0.004	0.011		
<i>SD</i>	0.007	0.014		

Note. IC = integrative counseling; ICB = integrative counseling plus bibliotherapy.

**p* < .05.

pathy were found in other studies to have an inverse relationship; enhancement of the latter was related to a reduction of the former (Feshbach, 1997).

Notwithstanding the lack of difference between the two treatment modalities on the aggression measure, results suggest that both have valuable outcomes compared with no treatment at all. This supports results from earlier studies using the same model of ICB (e.g., Shechtman, 2003). The lack of a difference between the modalities could be attributed to the similarity in their theoretical orientation, which perhaps is more meaningful than unique models, as suggested in the literature (Lambert & Ogles, 2004). The lack of differences between treatment modalities in terms of the therapist's helping skills supports this line of thought. It validates the use of the same method of treatment and that the only difference was the adjunct of bibliotherapy to counseling.

The fact that the more therapeutically productive work in ICB was not reflected in a reduction of aggression scores may be attributed to the difficulty in changing actual behavior (compared with attitudes). It is important to note the lower rates of resistance to treatment in ICB; after all, this was the rationale for using bibliotherapy in the current study. Finally, the higher therapist satisfaction with ICB may be attributed to the fact that the therapists were all novices in counseling. Thus, the structure of ICB might have been useful to them. This is an important finding in terms of implications for practitioners.

The study is limited in terms of generalization of outcomes because of the specific population (chil-

dren and counselors), the lack of follow-up measurements, and the use of a somewhat loose definition of aggression, based on teacher evaluations. The study's strength, alternatively, includes the random assignment of boys and counselors, validated measures of outcomes and process, and a comparison of interventions within the same well-grounded theories.

Future investigation of the contribution of bibliotherapy to the treatment of aggressive boys is definitely needed before a salient conclusion can be reached. However, the results of the current study suggest that there is some merit in methods used in psychotherapy, at least in treating aggressive children, which the literature tends to dismiss (Lambert & Ogles, 2004). Aggressive boys are difficult to treat, and any model that helps them connect to their feelings, develop insight, and enhance empathy to another's pain is worth further exploration.

References

- Achenbach, T. M. (1991a). *The Child Behavior Checklist (CBCL)*. Burlington: University of Vermont, Department of Psychiatry.
- Achenbach, T. M. (1991b). *Teacher's Report Form (TRF)*. Burlington: University of Vermont, Department of Psychiatry.
- Achenbach, T. M., Howell, C. T., McConaughy, S. H., & Stranger, C. (1995). Six-year predictors of problems in a natural sample of children and youth: I. Cross-informant syndromes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 336-347.
- Bryant, B. K. (1982). An index of empathy for children and adolescents. *Child Development*, 53, 413-425.
- Dodge, K. A., & Schwartz, D. (1997). Social information processing mechanisms in aggressive behavior. In D. M. Stoff, J. Breiling & J. D. Maser (Eds), *Handbook of antisocial behavior* (pp. 171-180). New York: Wiley.
- Feshbach, N. D. (1997). Empathy: The formative years: Implications for clinical practice. In A. C. Bohart & L. S. Greenberg (Eds), *Empathy reconsidered: New direction in psychotherapy* (pp. 33-59). Washington, DC: American Psychological Association.
- Gladding, S. T. (2005). *Counseling as an art* (4th ed.). Alexandria, VA: American Counseling Association.
- Hill, C. E. (2001). *Helping skills: The empirical foundation*. Washington, DC: American Psychological Association.
- Hill, C. E. (2005). *Helping skills: Facilitating exploration, insight, and action* (2nd ed.). Washington, DC: American Psychological Association.
- Hill, C. E., & O'Brien, K. M. (1999). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.
- Hoffman, M. A. (1997). The contribution of empathy to justice and moral judgment. In N. Eisenberg & J. Strayer (Eds), *Empathy and development* (pp. 47-80). New York: Cambridge University Press.
- Lambert, M. J., & Ogles, B. M. (2004). Methodology, design, and evaluation of psychotherapy research. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 16-43). New York: Wiley.
- Larson, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguten, T. D. (1979). Assessment of client/patient satisfaction: Develop-

- ment of a general scale. *Evaluation and Program Planning*, 2, 197–207.
- Lochman, J. E., Fitzgerald, D. P., & Whidby, J. M. (1999). Anger management with aggressive children. In C. E. Schaffer (Ed.), *Short-term psychotherapy groups for children* (pp. 301–350). Northvale, NJ: Aronson.
- McKendree-Smith, N. L., Floyd, M., & Scogin, F. R. (2003). Self-administered treatments for depression: A review. *Journal of Clinical Psychology*, 59, 275–288.
- Pollack, W. (1998). *Real boys*. New York: Holt.
- Prochaska, J. O. (1999). How do people change, and how can we change to help many more people? In M. A. Hubble, B. L. Duncan & S. D. Miller (Eds), *The heart and soul of change* (pp. 227–258). Washington, DC: American Psychological Association.
- Shechtman, Z. (2003). Therapeutic factors in individual and group treatment for aggressive children: An outcome study. *Group Dynamics: Theory, Research, and Practice*, 7, 225–237.
- Shechtman, Z. (2004). Client behavior and therapist helping skills in individual and group treatment of aggressive boys. *Journal of Counseling Psychology*, 51, 463–472.

Zusammenfassung

Der Beitrag von Bibliothherapie zur Beratung von aggressiven Jungen

Diese Studie untersuchte den Beitrag von Bibliothherapie zur Beratung von aggressiven Jungen durch Beratungsanfänger in Israel. Die Beratung aller Kinder wurde innerhalb der Anwendung eines integrativen Modells (Hill, 2005) gegeben. Die Bibliothherapie wurde zusätzlich zum Beratungsprozess nur bei der Gruppe 1 angewendet. Jungen von 24 Klassen (3 aus jeder Klasse) wurden dem Zufall nach einer von drei Bedingungen zugewiesen: Integrative Beratungen (integrative counseling [IC]), integrative Beratungen plus Bibliothherapie (ICB), oder keine Beratung. Die Ergebnisse zum Vergleich zwischen den drei Bedingungen wiesen einen Rückgang der Aggressionen und einen Anstieg von Empathie unter der IC und der ICB Bedingung im Vergleich zur Kontrollgruppe auf. Ein Unterschied zwischen der IC und der ICB Bedingung wurde für Empathie und Therapeutenzufriedenheit gefunden, mit größeren Anstiegswerten für ICB. Unter der ICB Bedingung zeigten die Jungen auch höhere Veränderungsniveaus (Prochaska, 1999). Im Vergleich zu den Jungen unter der IC Bedingung zeigten sie häufiger Einsicht und therapeutische Veränderung (Hill, 2005).

Résumé

La contribution de la bibliothérapie dans le counseling de garçons agressifs

Cette étude a investigué la contribution de la bibliothérapie dans le counseling de garçons agressifs par des conseillers novices en Israël. Le counseling pour tous les enfants était procuré dans le cadre d'un modèle intégratif (Hill, 2005); la bibliothérapie était rajoutée comme un supplément au processus de counseling dans un seul groupe. Des garçons de 24 classes (3 par classe) étaient attribués au hasard à 1 de 3 conditions : counseling intégratif (CI), counseling intégratif plus bibliothérapie

(CIB), pas de counseling. Les résultats comparatifs entre les 3 conditions montrent une agression diminuée et une empathie augmentée dans les conditions CI et CIB par rapport à la condition contrôle. Une différence entre CI et CIB se trouvait pour l'empathie et la satisfaction des thérapeutes, avec des gains supérieurs en CIB. Dans la condition CIB, les garçons montraient aussi des niveaux supérieurs de changement (Prochaska, 1999) et ils avaient plus d'insight et de changement thérapeutique (Hill, 2005) en comparaison avec les garçons de la condition CI.

Resumen

Contribución de la biblioterapia al counseling de jóvenes agresivos

Este estudio investigó la contribución de la biblioterapia al counseling de chicos agresivos realizado por consultores novicios en Israel. Se suministró counseling a todos los chicos dentro de un modelo integrativo (Hill, 2005), y se agregó biblioterapia al proceso en un grupo. En 24 aulas, tres chicos por aula se asignaron al azar a 1 de 3 condiciones: counseling integrativo (IC), counseling integrativo más biblioterapia (ICB) o ningún counseling. Los resultados de la comparación entre las tres condiciones fueron: agresión reducida y aumento de empatía tanto en la IC como en la ICB comparadas con la condición control. Se encontró una diferencia entre la IC y la ICB para la empatía y la satisfacción del terapeuta, con mayores mejoras en la ICB. En esta, los chicos demostraron también niveles mayores de cambio (Prochaska, 1999), mayores frecuencias de insight y de cambio terapéutico (Hill, 2005) en comparación con chicos de la condición IC.

Resumo

As contribuições da biblioterapia para o aconselhamento de rapazes agressivos

Este estudo investigou a contribuição da biblioterapia para o aconselhamento de rapazes agressivos por conselheiros principiantes em Israel. O aconselhamento para todas as crianças foi baseado no modelo integrativo (Hill, 2005); tendo-se adicionado a biblioterapia ao processo de aconselhamento apenas num grupo. Os rapazes de 24 salas (3 de cada sala) foram aleatoriamente distribuídos para uma das três condições: aconselhamento integrativo (IC), aconselhamento integrativo mais biblioterapia (ICB), ou nenhum aconselhamento. Os resultados da comparação entre as 3 condições indicaram redução da agressão e aumento da empatia nas condições de IC e ICB quando comparadas com a condição de controle. Foi encontrada uma diferença entre as condições de IC e ICB em termos da empatia e satisfação do terapeuta, com maiores ganhos na ICB. Na condição ICB, os rapazes demonstraram maiores estádios de mudança (Prochaska, 1999) e tinham maiores frequências de insight e mudança terapêutica (Hill, 2005) comparados com os rapazes da condição de IC.

Sommario

Il contributo della biblioterapia al counseling di ragazzi aggressivi

Questo studio ha indagato il contributo della biblioterapia al counseling dei ragazzi aggressivi effettuato da counselors principianti in Israele.

Il counseling per tutti i bambini è stato fornito all'interno di un modello integrato (Hill, 2005); la biblioterapia è stata fatta come aggiunta al processo di counseling solo in un gruppo.

I ragazzi di 24 classi (3 per classi) sono stati assegnati casualmente ad 1 di 3 condizioni: counseling integrato (IC), counseling integrato più biblioterapia (ICB) o assenza di counseling.

I risultati del confronto tra le 3 condizioni hanno indicato riduzione di aggressività e incremento di empatia sia nella condizione IC che nella ICB, rispetto alla condizione di controllo. Una differenza tra le condizioni IC e ICB è stata trovata nell'empatia e nella soddisfazione

dei terapeuti, con migliori risultati nell'ICB. Nella condizione ICB, inoltre, i ragazzi hanno mostrato più alti stati di cambiamento (Prochaska, 1999) ed avevano più alte frequenze di insight e cambiamento terapeutico (Hill, 2005) rispetto ai ragazzi nella condizione IC.

圖書治療對於諮商男童攻擊行為之效果研究

摘要

本研究調查以色列新手諮商師對具有攻擊行為男童用圖書治療的諮商效果。所有兒童均是以統整性模式加以諮商(Hill, 2005)，僅有其中一組男童的諮商過程額外加上圖書治療。男童來自 24 班（每班 3 位），被隨機分派到以下三個情境：統整性諮商 (IC)、統整性諮商加上圖書治療(ICB)，或是不提供任何諮商。結果發現和控制組相比較，兩組實驗組的攻擊行為均有降低，同理心亦均有提高。兩組實驗組的同理心與對治療師的滿意度有差異，即圖書治療組(ICB)的分數較高；圖書治療組(ICB)的兒童在不同階段的轉變亦較明顯(Prochaska, 1999)，洞察的頻率與治療改變也比較明顯(Hill, 2005)。