Evidence In-Sight:
Self-help resources and bibliotherapy
The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the question:

- According to the literature, what are evidence-informed self-help resources for common presenting problems in children and youth?
- What is the level of evidence for bibliotherapy in child and youth mental health?

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.
1. Overview of inquiry
A child and youth mental health agency contacted Evidence In-Sight with an inquiry about evidence-based self-help resources for children and youth. The organization wanted to know if the Centre was aware of an existing list of resources for common topics such as anxiety, parenting strategies to reinforce positive mental health development, anger management, ADHD, Tourette Syndrome, obsessive-compulsive disorder, depression, trauma, social skills, emotion regulation and self-harm.

Evidence In-Sight will build from previous work done in this area to prepare a full report. Specifically, the report will address the question: What are evidence-informed, self-help resources for common presenting problems in children and youth. What is the evidence for bibliotherapy in child and youth mental health?

2. Summary of findings
- The terms self-help and bibliotherapy are often used interchangeably. “Self-help” tends to refer to interventions using various forms of multimedia not limited to books, and can be an adjunct to or be guided by a practitioner, or be unguided. For the purposes of this report, self-help does not include self-help groups. Bibliotherapy has traditionally been known as using reading materials for help in solving personal problems.
- Various individual studies and meta-analyses suggest self-help and bibliotherapy can be effective. We prepared a list of interventions that have various levels of evidence to support their use. It is important to note that oftentimes analyses of the effect of bibliotherapy do not include specific books used, which limits the books that can be included in this list.
- Much of the research conducted on self-help and bibliotherapy has involved adult populations. More research on self-help/bibliotherapy for children and adolescents is needed in order to assess the impact of these interventions on their mental health.
- A limited number of books and self-help resources have been evaluated for effectiveness with a child/adolescent population. Most often, these pertain to depression and anxiety disorders. Trends indicate that recent research favours computer based or internet based self-help methods for the younger population. Young people tend to be comfortable using such technology and seem to respond favourably to the anonymity provided by such methods.

3. Answer search strategy
- Search Tools: EBSCO HOST (Medline, PsycInfo, Psychology and Behavioural Science Collection, Biomedical Reference Collection), Google Scholar
- Search Terms: Self-help, bibliotherapy, children, adolescents, anxiety, depression, effectiveness

4. Findings
4.1 Definitions
The terms bibliotherapy and self-help are often used interchangeably, and consistent definitions are lacking. Intuitively, we would assume bibliotherapy describes the use of books for therapeutic reasons. It is defined in the Merriam-Webster dictionary as “the use of reading materials for help in solving personal problems or for psychiatric therapy.” In a meta-analysis of bibliotherapy, the definition was extended to include the use of audio files or computer programs, as well as books (Marrs, 1995). Specifically, the author defined bibliotherapy as “the use of written materials or computer programs or the listening/viewing of audio/videotapes for the purpose of gaining understanding or solving problems relevant to a person’s developmental or therapeutic needs” (Marrs, pp. 846, 1995). The latter conceptualization resembles the term self-help.
Self-help also lacks a consistent definition, but has been defined in one study as “a psychological treatment in which the client takes home a standardized psychological treatment protocol and works through it more or less independently” (Nordgreen et al., pp.13, 2012). Self-help ranges from being completely independent with no therapist involvement (unguided self-help) to an extension of a treatment program, resembling ‘homework’ assigned by a clinician (guided self-help).

4.2 Evidence for self-help and bibliotherapy

Self-help books are not new forms of psychological treatment; they were popular even in the 1950s and remain one of the best-selling types of books (Redding et al., 2008). Despite their popularity, research evaluating the use of self-help books as a form of evidence-based treatment is still needed (Lewis et al., 2012). Evidence is especially lacking for children, youth and young adults (Rickwood & Bradford, 2012). While more research has been called for, there is some existing evidence to indicate that self-help (books and other sources) is effective in treating various types of anxiety, depression, obsessive-compulsive disorder (OCD) and other mental health difficulties.

For example, Floyd et al. (2006) looked at the use of self-help books for depression in older adults, and found self-help was comparable to individual psychotherapy, even after a two-year follow-up. A meta-analysis of bibliotherapy revealed an overall effect size of .56, indicating that bibliotherapy had a moderate, positive effect (Marrs, 1995). In particular, the results showed that anxiety-related problems seemed to be the most amenable to change with bibliotherapy. Sexual dysfunction and depression were also studied, and compared to anxiety these conditions showed a smaller, yet still positive effect sizes. Another meta-analysis of self-help that looked specifically at anxiety and depression showed that self-help produced significant positive effects compared to wait list conditions (Den Boer, 2004).

Lewis and colleagues (2012) conducted a systematic review of randomized controlled trials that evaluated self-help for various types of anxiety disorders in adults. Overall, self-help was superior to waiting list conditions, but was not as effective as therapist administered treatment (Lewis et al., 2012). However, therapist administered treatment did not show any significant benefit over guided self-help. Even minimal guidance has been shown to greatly improve motivation and treatment adherence compared to unguided or ‘pure’ self-help, which may explain this finding. This study included a variety of self-help modalities such as books, CD-ROMs, and internet-based interventions.

In addition to examining the effect of self-help compared to other forms of treatment or a wait list, research has also tested the amount of therapist involvement. Overall, evidence suggests that guided self-help produces more favourable responses than unguided self-help, in terms of adherence to treatment and overall outcome (Nordgreen et al., 2012; Rickwood & Bradford, 2012). However, Nordgreen et al. (2012) suggested that unguided clients who perceive the self-help intervention to be highly credible may not differ from clients completing a program with guidance from a therapist. Thus, while there are moderating factors that warrant further examination (i.e., to understand the conditions under which self-help is most effective) current research tends to favour some form of therapist involvement.

The majority of research evaluating self-help resources has been conducted with adult populations, and the need for more research specifically focusing on children and youth has been identified (Rickwood & Bradford, 2012). Self-help may be particularly well-suited to younger populations given their typical tendency to want to cope alone, issues related to stigma and low mental health literacy, etc. (Rickwood and Bradford, 2012). Self-help mediates some of these challenges as it is a modality that allows younger people to maintain their independence and anonymity.

In sum, there is evidence indicating that self-help strategies and bibliotherapy can be effective, but more research focusing on children and youth is needed. Another important note is that while studies use the term ‘bibliotherapy,’ in most cases, specific books used in interventions are not described. Many researchers advocate for more studies on
specific books or other multimedia formats, which would ensure that individual self-help interventions are actually effective. A limited number of interventions and/or books have been tested for effectiveness with a population of children, youth or adolescents.

4.3 Evidence-informed books or self-help interventions that have been subject to rigorous research
The following books or resources pertaining to depression or anxiety have some level of evidence to support their use. We placed a particular focus on studies that have used a population of children or adolescents, but in some cases, results involving adult populations were reported if the book or resource had a strong evidence base.

4.3.1 Depression
*Feeling Good: The New Mood Therapy* (Burns, 1980)
This book is rooted in Beck’s (1970) cognitive theory of depression, and in fact has been described as a “self-administered version of cognitive therapy” (Ackerson et al., pp. 685, 1998). Feeling Good has been chosen as the self-help resource in a number of randomized controlled trials (RCTs) because of its theoretical foundation. Typically, such studies have looked at adult populations and have found the bibliotherapy condition to be superior to the waitlist condition (e.g., Jamieson et al., 1995; Smith et al., 1998). Feeling Good has been used in one known study with adolescents, where youth were randomized into bibliotherapy or a waitlist condition (Ackerson et al., 1998). In both groups, adolescents participated in weekly phone calls for assessment. While therapy was not a component of each phone call, it is important to note this aspect of the study, because even minimal contact with self-help has been shown to improve treatment adherence rates over pure self-help (Nordgreen et al., 2012). Results showed that depressive symptoms in the bibliotherapy condition improved significantly more than those on the waitlist condition. The authors also noted that since adolescents are particularly reluctant to seek professional treatment, bibliotherapy is a promising intervention (Ackerson et al., 1998).

*Control Your Depression* (Lewinsohn et al., 1986)
Researchers describe this book as ‘behavioural’ bibliotherapy because the contents focus on behavioural strategies such as relaxation, pleasant activities and self-instructional techniques. It has been evaluated in one study which compared Control Your Depression to Burn’s Feeling Good (1980) (the latter is considered ‘cognitive therapy’). Results showed that both books produced results that were superior to the waitlist condition, but neither book was superior compared to the other. Participants in this study were moderately depressed older adults, and so while these results are positive, Control Your Depression has not been evaluated for effectiveness with a younger population.

4.3.2 Anxiety
This book has been studied in one known randomized controlled trial. As suggested by the title, it is written for parents to guide their child through various cognitive-behavioural based stages for dealing with anxiety. One study randomly assigned children aged 6-12 to group cognitive-behavioural therapy (CBT), bibliotherapy administered by parents, or a waitlist (Rapee et al., 2006). Results showed that children taking part in group CBT improved more than those in bibliotherapy, but those in bibliotherapy demonstrated improvements over the waitlist. Therefore, researchers suggested that while bibliotherapy may not replace well-researched treatment methods like CBT, given the high cost, limited resources for such programs, and long waiting lists, bibliotherapy may be valuable in certain situations.
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MoodGym
This intervention was developed in Australia, and is available online at no cost. It has five CBT-based modules that can be completed at one’s own pace. It has been studied in one RCT with university students aged 18-23 with a diagnosis of mild to moderate depression or anxiety (Sethi et al., 2010). Students were assigned to one of four conditions: face-to-face CBT, MoodGym combined with face-to-face CBT, MoodGym without any therapist interaction and a waitlist. The most significant improvements were shown in the face-to-face CBT group and the MoodGym plus some face-to-face contact group. This is consistent with other research that indicates even a small amount of face-to-face contact can improve treatment outcomes (Rickwood & Bradford, 2012).

CoolTeens CD-ROM
CoolTeens is a twelve week cognitive-behavioural based computer program. An RCT with 43 adolescents aged 14-16 randomly assigned to either the computer program treatment condition or to a waitlist condition was conducted (Wuthrich et al., 2012). CoolTeens participants showed significant reductions in anxiety disorders, total symptoms and severity of symptoms. The authors noted that the use of a computer may be particularly effective for younger people who tend to be familiar with technology and hard to engage in traditional treatment methods.

Online Anxiety Prevention Program
This cognitive-behavioural based online prevention program includes six sessions focusing on education, relaxation training and cognitive restructuring. It was developed at the University of Queensland in Australia, and has been subject to one RCT (Kenardy et al, 2003). In this study, 83 university aged students were randomly assigned to the intervention or a waitlist control group. The intervention group showed some improvements, but overall, there was a lack of significant findings in this study. At a six month follow up, decreases in anxiety sensitivity were evident for the intervention group and the control group (Kendardy et al., 2006), but the decrease in the intervention group could not be proven associated with the program.

A number of other self-help books for anxiety have been reported in the literature (Fullana & Marks, 2008). These include:

- Coping with Panic: A Drug Free Approach to dealing with Anxiety Attacks, by George Clum (1999)
- Mastery of your Anxiety and Panic, by Michelle G. Craske and David H. Barlow (2007)
- Living with Fear by Issac M. Marks (2001)

Each of these books has been included as a self-help tool in one or more RCTs with varying amounts of therapist contact. However, none of these studies have included youth or adolescent populations (see Ghosh et al., 1988, Hecker et al., 2004, Febraro, 2005 for more details on these books).

In addition, the following computer-assisted self-help interventions have been empirically examined:

- FearFighter (www.fearfighter.com)
  - FearFighter is an online self-exposure therapy for panic and or phobia. It has been recommended by the National Institute for Clinical Excellence (NICE) and has a strong evidence base. It was assigned a minimum reading age of 11, but has not actually been studied in a population of adolescents.
FearFighter has been evaluated in multiple clinical randomized trials (e.g., Marks et al., 2004; Schneider et al., 2005). The lead author and developer is Dr. Issac Marks.

- Beating the Blues (www.beatingtheblues.co.uk)
  - Beating the Blues is an online CBT intervention for depression that is also recommended by the NICE guidelines. Similar to FearFighter, it has not been tested in younger populations, but has been evaluated in a number of randomized trials and effectiveness studies (e.g. Proudfood et al., 2003; Cavanagh et al., 2006).

### 4.4 Evidence-informed self-help books that have been discussed in the literature

One study listed the top 50 best-selling self-help books for anxiety, depression and trauma related disorders (Redding et al., 2008). Researchers developed a scale informed by the bibliotherapy literature and had psychologists with expertise in each area rate books in terms of usefulness, grounding in psychological science, the extent to which expectations of treatment were outlined for the reader, the specificity of guidance for implementing and evaluating the self-help techniques, and whether any harmful advice was included. The five books receiving the highest score on the developed scale are listed below. The highest score that could be received was 95. Scores received by each book are provided in brackets.

- The OCD Workbook (94), written by B.M. Hyman, 1999
- Dying of Embarrassment (92), written by B. Markway, 1992
- The Shyness & Social Anxiety Workbook (92) written by M.M. Antony, 2000
- Overcoming Compulsive Hoarding (90), written by F. Neziroglu, 2004
- Stop Obsessing (90), written by E.B. Foa, 2001

In addition to ranking the top 50 books according to highest scores, the authors offered the following important key findings:

- The overall scale used to generate each book’s total score had various sub-scales. There were strong correlations between sub-scales, indicating that books that scored high on one area of the scale tended to score high on all.
- High scoring books tended to have a cognitive behavioural orientation, were written by a mental health professional and/or someone with a doctoral degree, and focused on specific problems
- Similarly, books with low scores tended to be written by authors who were not mental health professionals and had a broad focus rather than a specific focus.

### 4.5 Other self-help books with some level of expert review

The Family Resource Centre at McMaster University has developed booklists and resources for children and youth on a variety of mental health topics. The lists were developed by having a pediatrician and child psychologist rate each resource, and then parent reviews were incorporated to come up with a final list. The lists can be accessed via the webpage, [http://www.communityed.ca/booklists.cfm](http://www.communityed.ca/booklists.cfm), and have been prepared for the following topics:

- Attention Problems
- Attention Problems for Children
- Anger
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- Anxiety
- Anxiety for Children and Youth
- Aspergers Syndrome
- Autism
- Dating and Sexuality
- Discipline
- Divorce
- Divorce for Children and Youth
- Emotions and Feelings
- Grief and Bereavement
- Learning Problems
- Living with Disability
- Mood and Depression
- Obsessive Compulsive Disorder
- Parenting
- Teasing and Bullying
- Social Skills
- Stress Management and Relaxation

Carolyn Houlding works with the Children’s Centre Thunder Bay, and has compiled a list of books, therapist manuals and other resources related to mental health in children and adolescents. To be included in this list, authors had to have published efficacy or effectiveness research in the topic area of their book or manual. For access to this list, simply request it from Stacie at the Centre, scarey@cheo.on.ca.

Iris the Dragon is a series of children’s books on a variety of topics related to mental health and healthy development. The mission of the series is to provide educational material for adults and young readers that can facilitate a conversation among parents, teachers and children about issues relating to mental health and wellness in a non-threatening manner. Dr. Simon Davidson, the Chief Strategic Planning Executive at the Centre of Excellence and the Chair of the Child and Youth Advisory Committee at the Mental Health Commission of Canada, has endorsed this book series. The list of books is available at the following website: http://www.iristhedragon.com/index.html.

The University of Pittsburgh’s school-based behavioural health project has generated a list of books according to mental health topic. Each list is accompanied by a short paper providing background on each topic. The books included in the list are described in terms of the evidence available to support their use, the author and the content of the book. Bibliotherapy book lists can be accessed at the website, http://www.sbbh.pitt.edu/Bibliotherapy-Lists/245/Default.aspx, and are provided on the following topics:

- Anxiety
- Bereavement and grief
- Bullying
- Chronic disease
The American Psychological Association (APA) owns a company that publishes books for children on variety of topics, called Magination Press. Topics range from starting school, normal childhood fears, and shyness to more serious issues such as divorce, depression and chronic illness. The books are written by mental health professionals to teach children about the issue and suggest various coping strategies. A full list of Magination Press books can be found here: http://search.apa.org/publications?query=&facet=&pubtype=magination&section=subject&sort=title_asc.

For a complete listing of the resources covered in this report, see Appendix A for titles and authors according to mental health concern and level of evidence.

5. Next steps and other resources

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

http://www.excellenceforchildandyouth.ca/what-we-do or check out the Centre’s resource hub at
For general mental health information, including links to resources for families:
http://www.ementalhealth.ca
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References


### Appendix A – Evidence informed self-help resources for child and youth mental health

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Author/ Developer</th>
<th>Topic</th>
<th>Studied population(s)</th>
<th>Description of research evidence</th>
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